Toward a Healthy Future

A Policy Agenda to Promote the Health, Welfare, and Safety of Chicago Individuals, Families, and Communities
Acknowledgements

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Introduction

In April 2007, the Chicago Department of Public Health (CDPH) convened a day-long forum that began a new chapter in CDPH work. At *Toward a Healthy Future: A Public Health Paradigm for Physical and Mental Health*, speakers presented emerging research findings on a public health\(^1\) approach to the prevention\(^2\) of mental and physical illness, demonstrating the importance of broad, cross-systems work in prevention, intervention, and services.

The forum underscored that good health\(^3\) is based on multiple, complex, interrelated factors. Social and environmental determinants of health include income, social support, education, employment and working conditions, housing, the physical environment, coping skills, and child development. Adverse childhood experiences—even parental divorce and common types of household dysfunction—can considerably increase the risk of illness to individuals. This means that prevention must be a multi-

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1. Public health activities include organized community efforts aimed at the prevention of disease and promotion of health. The mission of public health is to assure the conditions in which people can be healthy.

2. Prevention includes (1) activities designed to minimize the instances of an illness/exposure to health threats in a population and to reduce, as far as possible, the risk of new cases appearing; (2) activities aimed at reducing the prevalence of an illness in a population and to reduce its duration, and to detect and treat disease in the early stages, and (3) activities to reduce the incidence of chronic incapacity or recurrences in a population, and to alleviate the effects of disease and injury.

3. Health is a state of complete physical, mental and social well-being and not merely the absence of disease. Optimal health has been described as a balance of physical, emotional, social, spiritual, and intellectual health.

Prevention must be a multi-disciplinary effort, with the health, substance abuse, human service, mental health, housing, criminal justice, and education systems all sharing the role of assuring population health.
How to Use the *Toward A Healthy Future* Policy Agenda

There are four overarching priorities that organize the agenda:
1) Assure Access to High-Quality, Prevention Focused Health Care
2) Promote Collaborative, Integrative Human Service Systems that Support Wellness
3) Support Healthy Development and Quality Education for Children and Youth
4) Assure Safe and Financially Stable Communities

Listed underneath these priorities are policy agenda items, which vary in terms of their level of detail. While some items are general and others are very specific, each describes the multi-disciplinary legislation, policy, and/or actions that are needed to advance disease prevention and health promotion.

Individuals

Individuals can advocate for health by contacting elected officials and/or by writing a letter to the editor of a local newspaper. See the *Toward a Healthy Future* tool kit for resources to get you started.

Organizations

We invite you to: (A) add these policy items to your own policy or legislative agenda, (B) incorporate these policy items into your own internal policies and work practices, and C) use the agenda to guide your programmatic priorities. Further, government agencies may use this agenda to encourage sister agencies to make policy changes, while private agencies can use the agenda to guide public advocacy with governmental agencies. We hope you will take interest in an area that goes beyond your typical purview, and take action by developing new collaborations or new areas of advocacy.

This agenda should be used by all stakeholders of the health, welfare, and safety of Chicago individuals, families, and communities. Everyone should find a way to take action and advocate for good health.
I. Assure Access to High Quality, Prevention-Focused Health Care

All people should have access to quality health services—which include both physical and mental health care. However, many people do not get the care they need. Nearly 26% of Chicagoans are uninsured. Vulnerable and special need populations require special protection to assure that they too have high quality health care. Those at increased risk are persons who are impoverished, persons with mental illness, persons with disabilities, abused and neglected children, homeless youth, persons who are incarcerated, and children and youth in the criminal justice system.

A quality health care system focuses on keeping people well. Our current system, however, is centered on disease. In order to provide the best care, prevention services must be prioritized. Evidence-based prevention services should be the core of our system. All services need to be well-coordinated, and disease management practices are also required for good care.

In order to provide the highest level of preventive care and early intervention, all medical and health care professionals should be well-versed in the assessment of and intervention for psychosocial stressors and symptoms of mental illness and substance abuse. A mental health system that delivers coordinated, evidence-based services and pays for prevention and early intervention, with sustainable funding is needed. Services must be provided across the entire lifespan, from infancy to older adults.

Preventing depression during pregnancy and postpartum is an especially powerful way to influence the subsequent physical and mental health of women and their children. About 10% of women develop major depression while pregnant, twice the rate of gestational diabetes or hypertension. Depression during pregnancy increases the risk of emotional, cognitive and behavioral problems in offspring. Validated screening tools can identify women at risk for perinatal depression and detect perinatal depression in its early stages so that treatment can begin promptly and complications can be prevented.

Low health literacy contributes to poor health outcomes, and often results in misuse of the health care system that causes waste in the system. Educating the public about mental health and mental illness will reduce stigma and promote mental health literacy, reducing barriers to accessing mental health care. Increasing mental health awareness amongst lawmakers, policymakers and others is imperative to achieving mental health parity.

A substantial number of persons seeking primary care services have symptoms of substance abuse or mental illness. In addition, there is almost always a mental health component to physical health problems. Integrating primary care, mental health, and substance abuse services, which may include clinical, structural, and financial integration, improves patient access to care and outcomes, as well as reduces costs.

Employment practices can have a profound effect on well-being. Paid sick and family leave should be a right of every employee. Employer-specific policies should support employee wellness, such as policies that focus on reducing stress, work-life balance, mental health, chronic disease, exercise, and nutrition.
1. **Health Care Access.** Assure access to health care and human services.

A) Support legislation and efforts aimed toward universal health care.
B) Support mental health and substance abuse parity.
C) Support measures to assure equitable, population and need-based geographic distribution of health and human services.
D) Promote policies and funding that improve health literacy, such as incentives for health professionals to address health literacy, and research toward improving the health literacy of those most at risk.
E) Health care providers should ensure that consumers receive understandable, respectful care compatible with their cultural beliefs, in their preferred language, from staff who receive ongoing education and training in culturally and linguistically appropriate service delivery.

2. **Workforce Education and Training.** Assure earlier identification of and intervention for psychosocial stressors, (including interpersonal issues, family dysfunction, job and financial issues, trauma, domestic violence, community violence, and teen dating violence) substance abuse, and symptoms of mental health disorders in persons across the lifespan through education, training, and consultation.

A) Require training and professional development for medical and health professionals leading to the identification and assessment of psychosocial problems, symptoms of substance abuse, perinatal depression, and other mental illness; ensure appropriate use of screening and assessment tools.
B) Promote understanding of mental health promotion, prevention of illness, risks of untreated symptoms of mental illness, child development, child and adolescent brain development, self-care and recovery.
C) Support training on intervention and treatment; when and how to refer to community services.
D) Fund consultation to clinic settings that serve large numbers of pregnant women on how to establish: 1) a depression screening program and 2) a stepped-up care model.

3. **Mental Health and Substance Abuse System Reform.** Support comprehensive, coordinated, high-quality, prevention and recovery-oriented mental health and substance abuse services for infants, children, youth, adults, seniors, children in families, and expectant families.

A) Fund vigorous research that defines and measures quality, and fund programs and implement policies that assure that research informs practice.
B) Support the development and use of the University of Illinois at Chicago, Department of Psychiatry Hub model, an evidenced-based, model intervention program for individuals experiencing first-episode psychosis that addresses family caregiver needs and includes plans for early identification and referral.

C) Support public awareness campaigns designed to promote mental health and well-being.

D) Invest in strategies to ensure adequate numbers of mental health professionals.

E) Support adequate and sustainable funding for mental health and substance abuse services.

4. Integration of Health Services. Support quality co-location and integration efforts that most effectively meet the needs of clients.

A) Support the research of barriers to the clinical, financial, policy and organizational integration of mental and general health care, as well as demonstrated best-practice solutions, and support, sponsor, evaluate and market innovative integrated health service models.

B) Support collaborative public awareness campaigns (mental/physical health) with unified messaging about coordinated, integrated service models.

C) Support efforts that move toward interoperable electronic medical records.

5. Employee Wellness. Advocate for policies and legislation that assure employee health.

A) Support employers in developing a comprehensive, public-health oriented wellness perspective and in implementing programs and activities that promote the physical and mental health of staff.

B) Pass legislation to mandate paid sick days and paid family medical leave.

A quality health care system focuses on keeping people well. In order to provide the best care, prevention services must be prioritized.
II. Promote Collaborative, Integrative Human Service Systems that Support Wellness

Well-coordinated and integrated human services, in which different agencies and systems work together to provide services, increase access and decrease service fragmentation. Services may be coordinated and/or integrated to varying degrees. The alignment of policies, assessment practices, and funding strategies, along with high levels of staff communication, are important features.

School-based and child-related systems that provide mental health services—both preventive and treatment services—also remove common barriers to accessing mental health care and improve service coordination. Universal school interventions benefit all children and youth. Research on SEL (social emotional learning) indicates that quality SEL programming positively affects a wide range of social, health, behavioral, and academic outcomes.

Collaborations between mental health and law enforcement and the criminal justice system are important ways to combat the overrepresentation of mentally ill persons in jail and to improve quality of mental health care for persons who are incarcerated. Crisis intervention training (CIT) programs educate law enforcement about mental illness, helping to protect the well-being of persons with mental illness and decrease their criminalization.

1. Service Integration. Support the integration of mental health and social services across systems.

A) Fund the integration of mental health services into all child-related systems and services, including infant, early childhood, and school systems; evidence-based alternative juvenile offender programming, such as the Juvenile Intervention Support Center (JISC); and for at-risk in-school and out-of-school youth programming.

B) In schools, equip children and youth of all ages with the social and emotional knowledge, skills, and supports that build resilience and reduce the likelihood of developing illness, using alcohol/drugs, and engaging in risky behaviors. Train adults and teachers to support this objective, and provide them respite.

C) Support partnerships between schools and health care centers/health care professionals that are consistent with American Academy of Pediatrics 2004 Policy Statement on school-based mental health treatment, which suggests strategies for appropriate mental health integration in schools and emphasizes the importance of a) positive adult role models b) involving a parent or other supportive adult in children’s mental health services and c) confidentiality, particularly with adolescent health issues.

D) Support the use of Crisis Intervention Teams (CIT) by Chicago law enforcement, which serve to de-escalate crises and prevent the criminalization of mental illness.

E) Support jail diversion programs that include mental health treatment, substance abuse treatment, and housing.

F) Support the coordination and integration of human services such as rental, utility, and financial assistance, shelter, food and clothing, domestic violence assistance, drug rehab, job training and prisoner re-entry.

G) Fund Department of Juvenile Justice (DJJ) to hire after-care workers dedicated to young offenders.

2. Cross-system Collaboration. Assure that systems collaborate to best serve consumer needs.

A) Where appropriate, work toward assessment tool alignment across child welfare, human service, public health, justice, and education systems.

B) Provide infant/toddler and child care programs with access to mental health consultation, services, and support.
Child development and education are closely linked to health and well-being. School completion is correlated with decreased socioeconomic and racial/ethnic health disparities, reduced lifetime health care costs, and a reduction in unhealthy behaviors. Research has proven positive outcomes for youth that are engaged in school, such as decreased drop-out rates and reduced teen pregnancy in girls. In addition, the mortality rate for children whose mothers had completed 16 or more years of school is significantly lower than for children whose mothers had completed 11 years or less of school.

Quality child care and youth development services benefit children and youth of every age. Quality child care has been linked to improved language abilities, cognitive development, academic performance, and social skills. Out-of-school time programs have been shown to support child development; improve youth feelings, attitudes and behavior; reduce aggression, conduct problems, and drug use; and increase school and achievement test scores.

Vulnerable populations, such as children with incarcerated parents, need additional supports. Family and parenting supports facilitate positive family interactions, increase parenting skills, and promote bonding, which are essential for healthy development. Children and youth who have experienced trauma also need additional supports.

1. **Family and Parenting Support.** *Assure that all families have access to services and supports that allow them to be effective parents and promote children's healthy development.*

   A) Fund universal prevention interventions for families with children of all ages, such as parent hotlines and other non-punitive family preserving interventions that provide support and referral.

   B) Support/Fund evidence-based home visiting programs, parent coaching programs, and parent training programs, such as Healthy Families, Parents Too Soon, and Strengthening Families Illinois.

   C) Increase funding support for Illinois Safe from the Start and Chicago Safe Start, which provide services to children who have experienced or witnessed violence.

   D) Provide child support and family-focused case management to incarcerated parents, such as a designated family liaison officer responsible for promoting and facilitating positive family involvement during incarceration and pre-release.

   E) Increase supports for children of incarcerated parents with the goal of strengthening relationships within families and supporting overall child health and development, including improvements to parent-child contact during incarceration, such as video conferencing.

   F) Fund programs to that support seniors who are re-parenting.

2. **Child and Youth Development Programs.** *Support infant, toddler, and early childhood development needs through quality programs.*

   A) Fund accessible, high quality infant, toddler, and early childhood development programs, including Head Start.

   B) Expand public and private sector resources for not-for-profit children and youth service providers to finance facilities and capital improvements.

   C) Increase funding for and assure access to structured youth development, after-school, and out-of-school programming.

   D) Ensure that youth workers are provided with ongoing, evidence-informed professional development on child and adolescent development, the impact of childhood trauma, and programming.
3. **Education.** *Assure quality education and supportive services for all children and youth.*

A) Strongly advocate for an eight-hour school day (and/or more teaching days) to: (1) Provide more teaching hours (2) Allow time for recess

B) Improve homeless/foster youth access to quality education opportunities.

C) Provide funding to teach teachers de-escalation strategies/sensitivity training to better prepare them to meet the emotional needs of their students.

D) Provide funding for peer-tutoring.

*Quality child care has been linked to improved language abilities, cognitive development, academic performance, and social skills. School completion is correlated with decreased socioeconomic and racial/ethnic health disparities, reduced lifetime health care costs, and a reduction in unhealthy behaviors.*
Economic security is fundamental to the health and well-being of communities, families, and individuals. Research consistently demonstrates the correlation between low income and health. As salaries decrease, individuals tend to be more stressed, and generally lead less healthy lifestyles. The poor tend to suffer worse health and have more limited access to health care. People who live in extreme poverty tend to have more chronic illnesses with more frequent and serious disease complications.

The built environment can have profound, directly measurable effects on both physical and mental health outcomes. Stable, affordable, and safe housing improves health outcomes by freeing up family resources, reducing stress, and decreasing adverse health outcomes.

All residents should feel safe in their home, community, public venues, and workplace. Threats to safety should be actively identified and addressed with the community. A commitment to healthy child development addresses the barriers that restrict a child’s connection to and movement within their community.

While in years past, violence has been viewed as a criminal justice issue, violence is a public health issue that requires multi-sectoral involvement. Proven prevention interventions that reduce violence should be a funding priority.

1. Housing. Increase the development and availability of affordable housing, as well as programs and services for persons that are currently homeless that move them toward permanent housing.

A) Support legislation that funds programs that assist persons who are homeless and those at risk of homelessness, such as the Transportation, Housing, and Urban Development Appropriations (T-HUD) bill.

B) Support legislation that establishes sources of funding for the production, preservation, and rehabilitation of affordable homes for low and very low-income families, such as the National Affordable Housing Legislation Act.

C) Support the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.).

D) Increase funding for case management, employment, and other supportive services needed to end homelessness.

E) Eliminate limits on the dollar amount eligible for construction costs under the Supportive Housing Program.

F) Increase funding to meet housing and service needs of homeless youth and families, and youth living in foster care or transitioning out of the foster care system.

G) Increase affordable housing opportunities for the “near senior” population (ages 50-62).

2. Homelessness. Increase funding for support services targeted to populations at risk of homelessness, including ex-offenders, veterans, homeless and runaway youth, and domestic violence victims.

A) Support legislation, programs, and services for ex-offenders, such as the Second Chance Act.

B) Support increases in funding of mental health, substance abuse, and dually-diagnosed programs for the homeless.

C) Enact the Services for Ending Long Term Homelessness Act and a System of Care within SAMHSA to ensure that people with mental illness who are at risk of homelessness are served.

D) Support increase in funding for Runaway and Homeless Youth ACT.

3. Violence. Advocate for policies and programs that support child development, strengthen families, support nonviolent alternatives, increase economic development, support parents, grandparents, and caregivers, provide quality mental health and substance abuse services, and funding for school-based social emotional competency.
building programs. Address and prevent violence through proven legislation, effective policies, and best practices.

A) Increase funding for community-based, universal violence prevention programs.
B) Fund programs that have demonstrated effectiveness in reducing interpersonal violence, including social development training, pre-school enrichment, home visitation, parenting training, therapeutic foster care, educational incentives for at-risk, disadvantaged high school students, school-based dating violence prevention and intervention programs, academic enrichment, mentoring, and family therapy.
C) Fund the research of programs that use promising practices in reducing violence.
D) Foster one-to-one interpersonal connections at the community level, through encouraging business owner, school, and clergy responsibility to their communities.
E) Support domestic violence court.
F) Support violence prevention strategic planning that includes prevention as well as intervention strategies in communities addressing violence.
G) Support alternative sentencing for nonviolent juvenile offenders.


Increase resources for programs and services that ensure economic opportunity, combat poverty, and support the well-being of low-income and working families, and eliminate policies that threaten the financial well-being of persons who are incarcerated.

A) Support the Living Wage Law.
B) Support youth programs that provide valuable early work experience through targeted summer jobs programs and ongoing career readiness training, and support job training for careers with expected job growth.
C) Support changes in TANF that increase education and training activities that count toward work activities.
D) Support quality childcare assistance to working families.
E) Increase funding to support human service centers, prevention and outreach services, and job creation programs, such as through for CSBG (Community Services Block Grant).
F) Increase funding to support human service delivery systems, emergency food programs, and homeless services, such as CDBG (Community Development Block Grant).
G) Increase funding through the LIHEAP (Low Income Home Energy Assistance Program).
H) Increase support services, including mental health services, to persons who currently live in public or affordable housing, to keep them healthy, stable, and living independently.
I) Provide management assistance for child support debt after prison.
J) Eliminate policies that treat incarceration as “voluntary unemployment”.
K) Modify, reduce or suspend child support payment orders while a parent is incarcerated and increase incentives to pay upon release.
L) Support Social Security reform efforts that serve to reduce poverty among low income seniors, such as minimum benefit guarantees for long-service, low-paid workers, improving benefits for widowed spouses, and increasing benefits for those who are at a very advanced age.
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