A Public Health Approach

Suicide Prevention and Suicide-Related Indicators

Lena Heilmann, Ph.D., M.N.M. (*she/her/hers*) ~sibling suicide loss survivor~

Lena.Heilmann@state.co.us

Office of Suicide Prevention, Suicide Prevention Strategies Manager

COLORADO
Department of Public Health & Environment

OVERVIEW

Brief overview of suicide prevention at CDPHE

Update on 2020 Data and provisional 2021 data

Colorado initiatives for your radar

Questions?

1 Introduction to suicide prevention at CDPHE

Office of Suicide Prevention

The mission of the Office of Suicide Prevention is to serve as the lead entity for suicide prevention, intervention, and postvention efforts in Colorado, collaborating with communities statewide to reduce the number of suicide deaths and attempts and people experiencing suicidal despair.

What guides our suicide prevention work?

2 DATA

DATA RESOURCES

- Colorado Violent Death Reporting System, Vital Statistics
- Interactive Public Facing Dashboard
- Child Fatality Prevention System
- Maternal Mortality Review Team
- Hospital and Emergency Department Data Sets
- Healthy Kids Colorado Survey
- Behavior Risk Factor Surveillance System
- and more!

DATA TAKEAWAYS

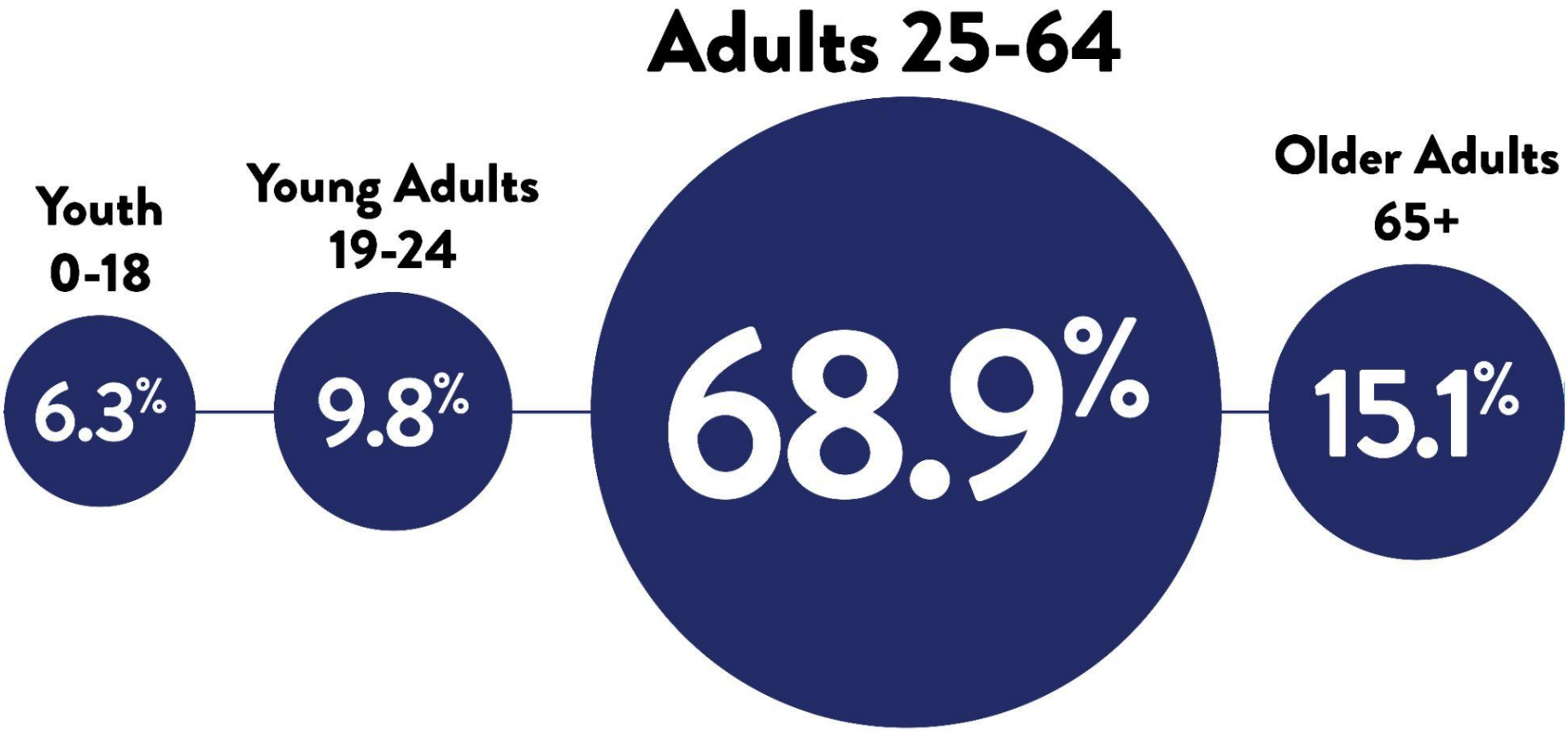
- 2021 data are provisional and subject to change.
- Colorado did not see a statistically significant increase in suicide-related indicators in 2020 for all ages combined, nor for youth ages 10-18.
- Colorado suicide fatality rates have been stable for the past few years.
- In 2020, there were statistically significant increases in homicide and unintentional overdose.

SUICIDE FATALITIES IN COLORADO

- Every number represents a life lost to suicide and has had devastating impacts on their loved ones left behind and their communities.
- “Statistics are merely aggregations of numbers with the tears wiped away.” — Dr. Irving Schikoff
- Colorado is a quickly growing state, so important to consider both counts and rates.

Suicide Deaths

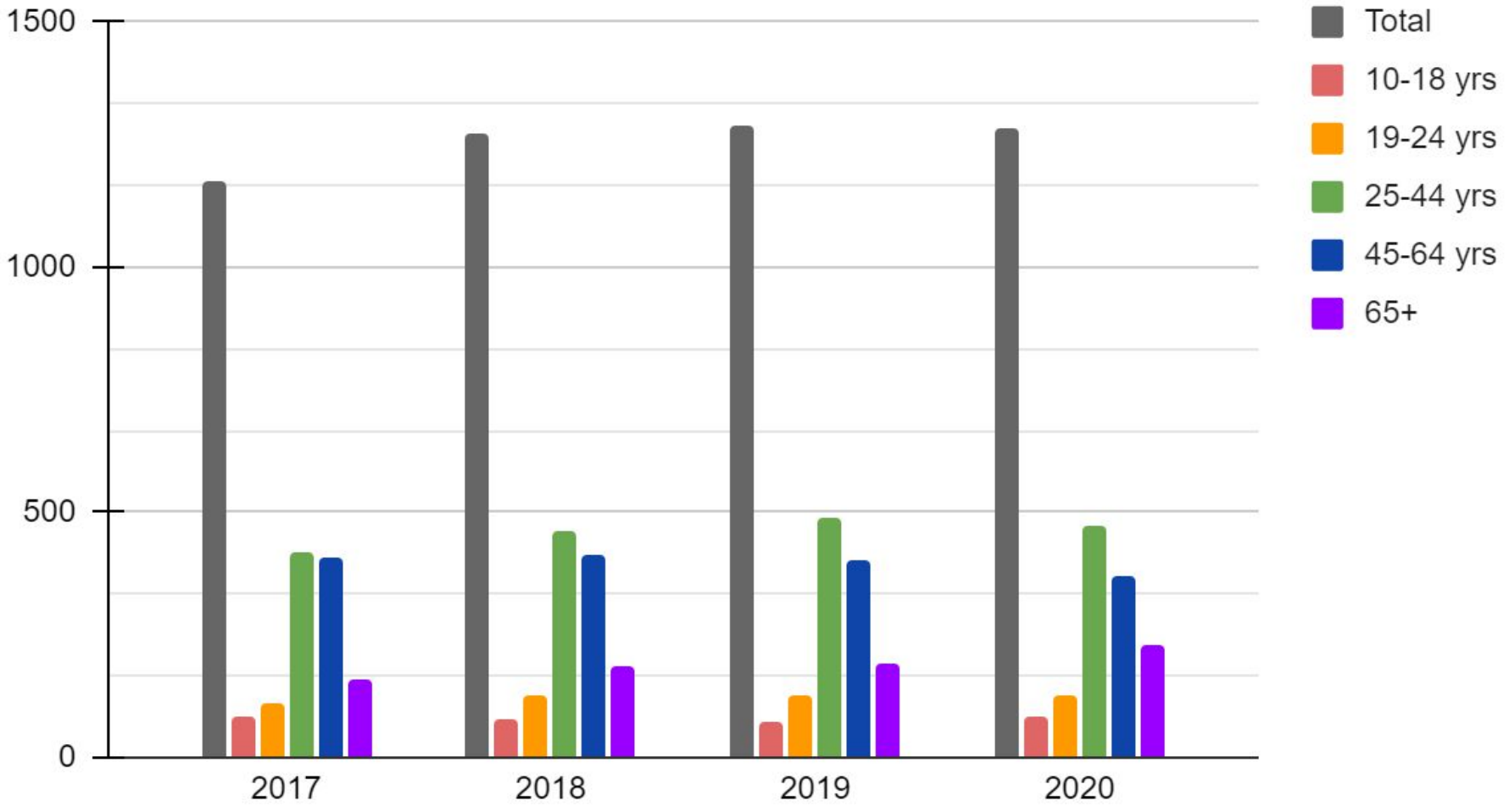
2016-2020



Source: Colorado Vital Statistics System, Colorado Department of Public Health and Environment.

COLORADO
Department of Public Health & Environment

Colorado Suicide Deaths, by age group, 2017-2020



Source: Vital Statistics Program, Colorado Department of Public Health and Environment.

Suicide fatality counts and crude rates per 100,000 population for Colorado residents all ages

Year	Count	Crude rate (rate per 100,000)	Lower confidence level	Upper confidence level
2017	**1,175**	**20.9**	19.7	22.1
2018	**1,271**	**22.3**	21.1	23.5
2019	**1,306**	**22.7**	21.4	23.9
2020	**1,294**	**22.3**	21.1	23.5
Jan-Jun 2021	**631**	**21.3**	20.2	22.5

Note: Differences in rates over this time period are not statistically significant, based on formal statistical testing for significance.

COLORADO
Department of Public Health & Environment

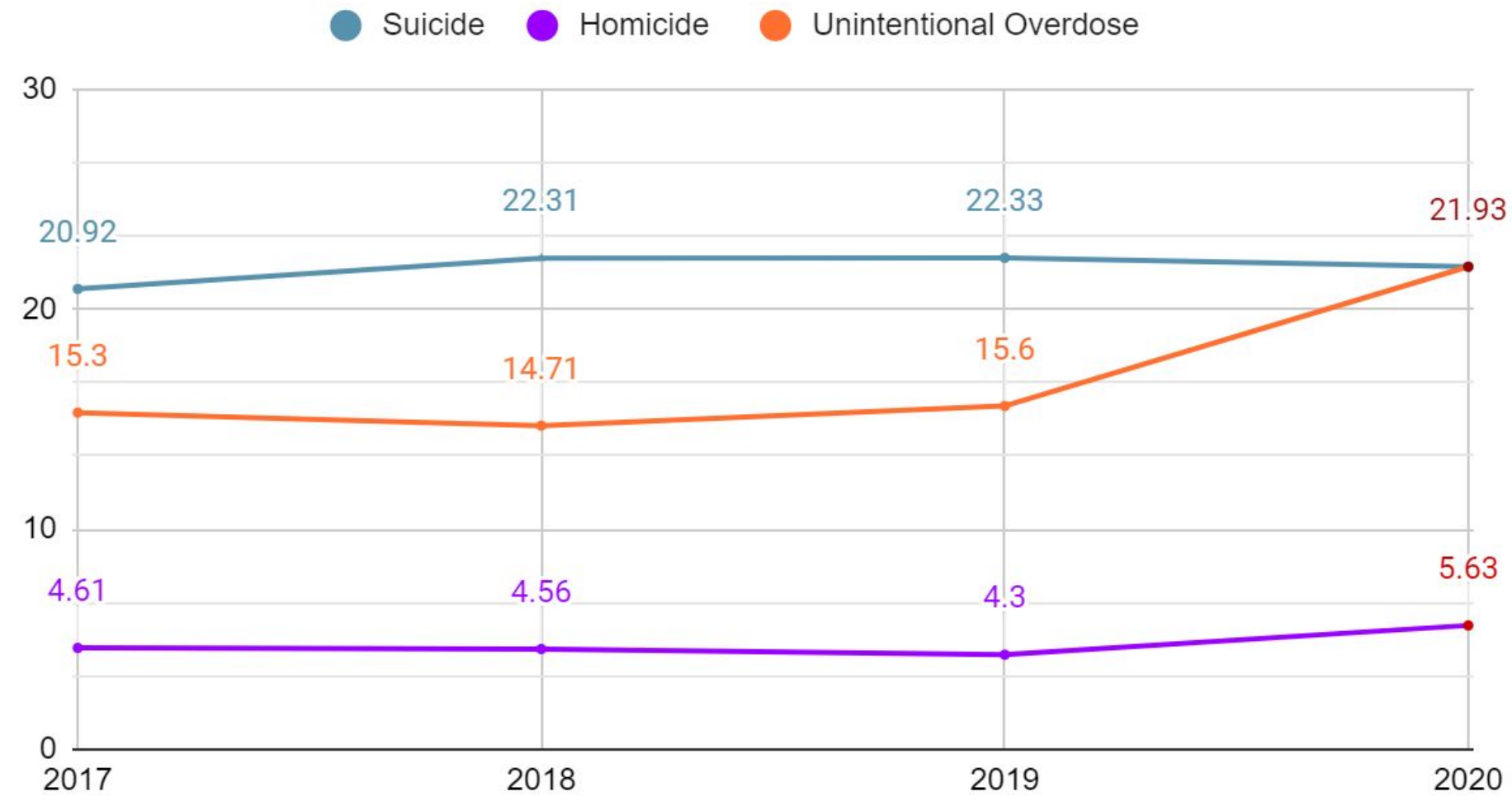
Suicide fatality counts and crude rates per 100,000 population for Colorado residents ages 10-18

Year	Count	Crude rate (rate per 100,000)	Lower confidence level	Upper confidence level
2017	**81**	**12.2**	9.6	14.9
2018	**77**	**11.5**	9.0	14.1
2019	**75**	**11.2**	8.7	13.7
2020	**87**	**13.0**	10.3	15.8
Jan-June 2021	**36**	**10.7**	8.2	13.2

Note: Differences in rates over this time period are not statistically significant, based on formal statistical testing for significance.

COLORADO
Department of Public Health & Environment

Crude Fatality Rates, 2017-2020



Source: Vital Statistics Program, Colorado Department of Public Health and Environment.
**Yearly fluctuations across suicide rates not statistically significant

COLORADO
Department of Public Health & Environment

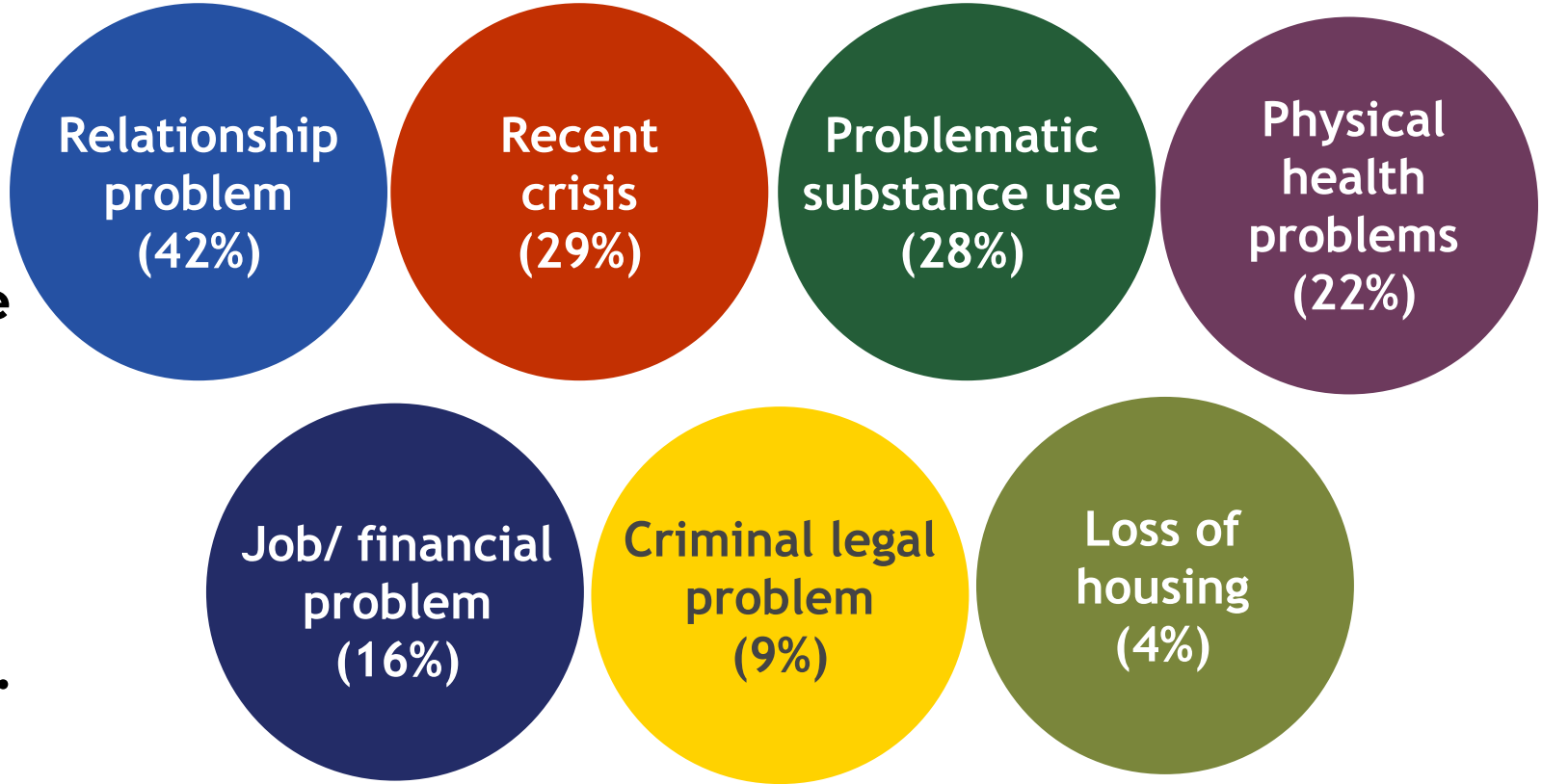
THE IMPACT OF COVID-19 ON SUICIDE IN COLORADO

Based on data collected and analyzed by CDPHE, we have not observed an increase in suicide-related death or non-fatal injuries in 2020.

It is difficult to predict the impacts of COVID-19 on suicide rates. While the pandemic has left some individuals and communities in a heightened state of isolation or facing greater hardships, others feel more connected to their families or communities as a result of changes to daily routines.

Many factors contribute to suicide among those with and without mental health conditions.

54% of people who died by suicide <u>did not</u> have a known mental health condition.



Source: 2018 CDC Vital Signs Report, National Violent Death Reporting System, 2015 data.

COLORADO
Department of Public Health & Environment

Although suicide fatalities have not increased, many risk factors for suicidal despair have increased.

For some, isolation. Anxiety. Substance use. Economic stress. Relationship stressors. Trauma and loss. Uncertainty.

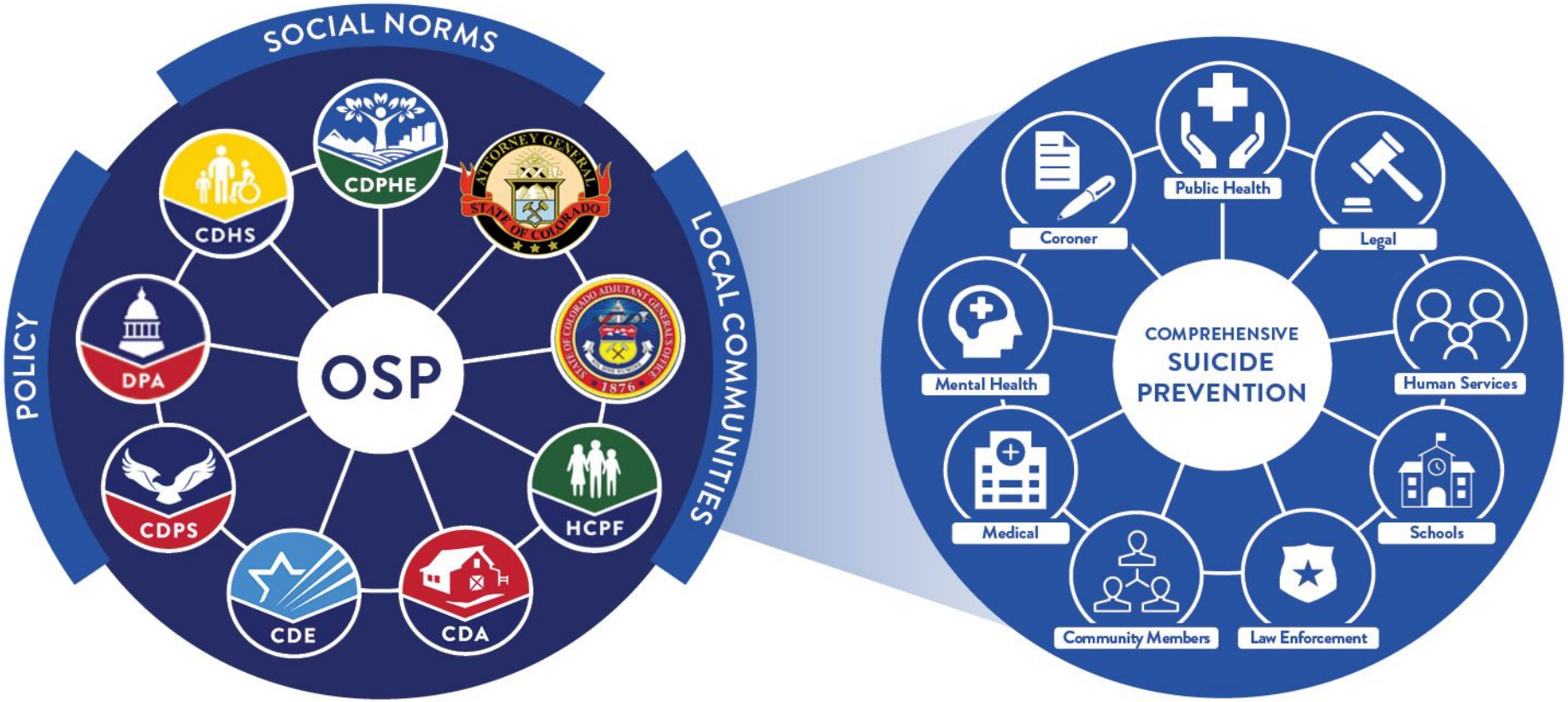
DATA: SUICIDAL DESPAIR, IDEATION, AND ATTEMPTS

The CDC estimates that for every death by suicide, there are about 30 non-fatal suicide attempts and about 230 individuals who experience suicidal ideation.

Two helpful data sets:

- hospital/ED data
- self-reporting through the Healthy Kids Colorado Survey

Each agency has a role to play in suicide prevention.



COLORADO
Department of Public Health & Environment

Suicide injury-related hospitalizations and emergency department visits with crude rates per 100,000 population for Colorado residents

	Hospitalizations				Emergency Department Visits			
	All Ages		Age 10-18 Years		All Ages		Age 10-18 Years	
Year	Count	Rate (per 100,000)	Count	Rate (per 100,000)	Count	Rate (per 100,000)	Count	Rate (per 100,000)
2017	3,557	63.3	1,013	153.0	8,693	154.8	3,129	472.7
2018	3,245	57.0	828	124.0	9,069	159.2	3,197	478.6
2019	3,237	56.2	830	124.0	8,330	144.5	2,985	445.8
2020	3,024	52.0	891	133.4	8,331	143.3	3,069	459.5

Understanding suicide attempt data

Only a proportion of all suicide attempts result in a hospital or ED visit, so there are likely suicide attempts that are not included in our data sets.

An increase in ED visits may or may not reflect an increase in actual suicide attempts among people of any age.

Suicide is always a complex issue. There is never just one reason why someone will attempt or die by suicide.

The majority of people who experience suicidal despair do not go on to attempt or die by suicide.

It is important to share stories of survival!

Colorado initiatives for your radar

Populations of Focus

- Working-Age Adults (25-64)
- Veterans
- Youth (0-18)
- Older Adults 65+
- Young Adults (19-24)
- LGBTQ+ Community

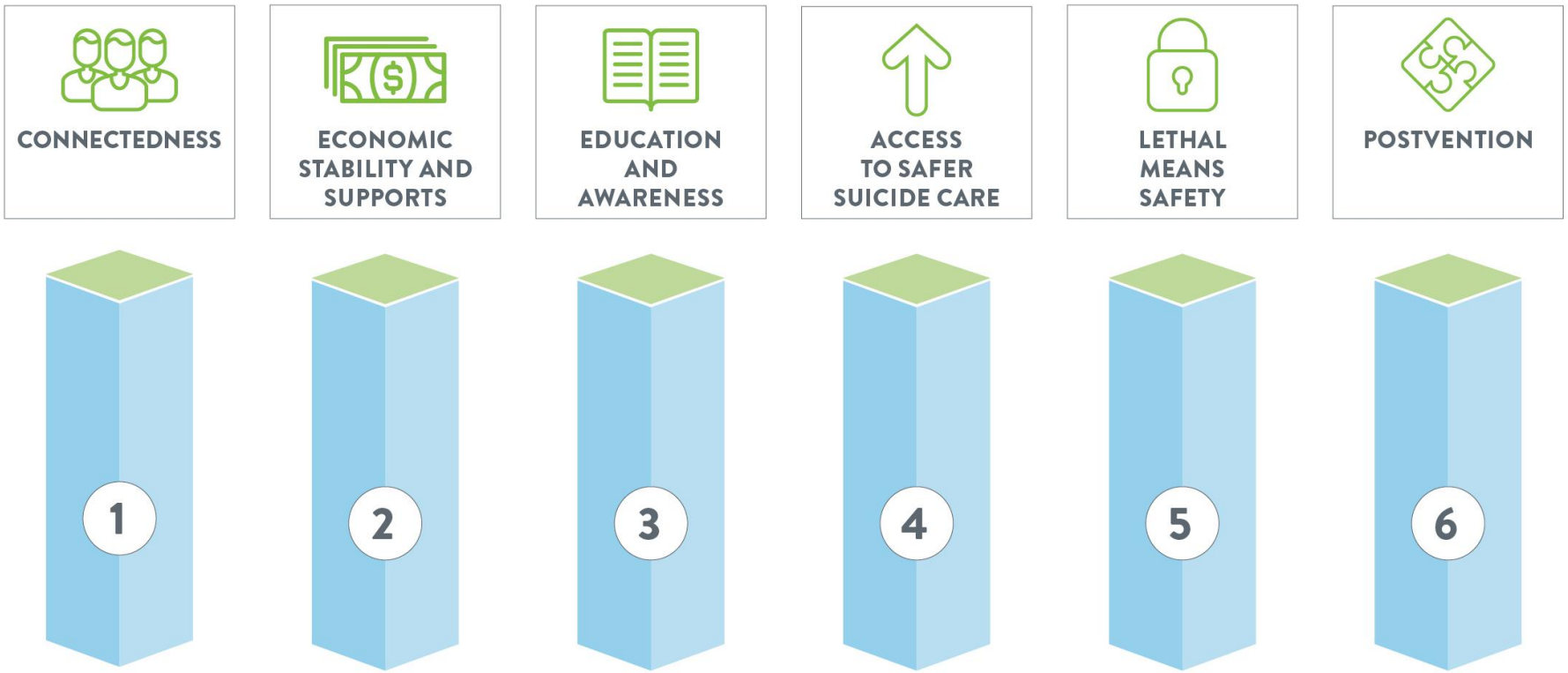
Comprehensive Suicide Prevention Approach

Coordinated and full-scale comprehensive prevention efforts demonstrate a measurable reduction in suicide rates and numbers at the population level (county and state).

To prevent suicide at the population level, we must to focus on all supports (mental and behavioral health, community support, and upstream work).

Integration and coordination across sectors and settings is critical.

A Comprehensive Suicide Prevention Approach



COLORADO
Department of Public Health & Environment

Q & A

THANKS!

Questions? Contact me:

Lena Heilmann

Lena.Heilmann@state.co.us

Workforce Initiatives

Health Care Services Reserve Corps Task Force

Health Care Worker Resilience and Retention Initiative

Curt Drennen, PsyD, RN, CEM
Operations and Response Supervisor
Office of Emergency Preparedness and Response

COLORADO
Department of Public Health & Environment

1

HB21-1005 Health Care Services Reserve Corps Task Force

HB21-1005

House Bill 21-1005, signed into law July 6, 2021, establishes the Health Care Services Reserve Corps Task Force.

Purpose: to evaluate and make recommendations on the creation of a Health Care Services Reserve Corps program.

COLORADO
Department of Public Health & Environment

HB21-1005

Make findings and recommendations on issues including, but not limited to:

- Types of medical professionals who could participate in a Health Care Services Reserve Corps program, including how to ensure an appropriate cross section of providers.
- Types of emergencies and disasters for which the program could prepare and provide assistance, and whether the program could be deployed out of state.
- Any legal or regulatory obstacles to creating such a program.
- Liability protections for professionals and facilities participating in the program.

HB21-1005

The taskforce will consist of 10 and no more than 11 members appointed by Executive Director of CDPHE.

1. Executive Director of CDPHE or the Executive Director's designee
2. One member from a statewide organization representing each of the following:
   - Paramedics
   - Nurses
   - Physicians
   - Physician Assistants
   - Hospitals
   - Health insurance industry
   - Local public health officials
   - A member representing plaintiff's attorneys
3. One member with experience managing a health care clinic

HB21-1005

Next steps:

- Office of Emergency Preparedness and Response (CDPHE), Division of Disease Control and Public Health Response (CDPHE), and CDPHE leadership are in the process of identifying committee members.
- The task force shall report to the legislature by December 1, 2023.

2 Healthcare Worker Resilience and Retention Initiative

Overview

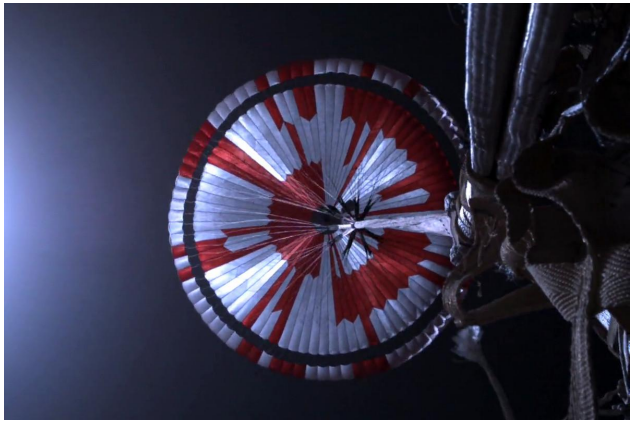
- History
- Mission
- Advisory Group

White Paper

"Effective interventions to promote healthcare worker resilience and retention (HCW R&R) culture: Identifying key findings, options and gaps in a rapid literature review."

Authors:

- Aimee Voth Siebert, MA, DCPHR OEPR
- Stephanie Madsen-Pixler, Summitstone Health Partners
- Thom Dunn, PhD, UNC, DHHA
- Rylie Meyer, CO Spirit CCP
- Steve Cox, CDPHE, HFEMSD
- Hayley Gleeson, HCPF
- Deb Hutson, CDHS OBH



Background - HCWs face burnout, vicarious trauma, compassion fatigue, moral injury and distress, and other forms of work-related impact that are impacting resilience and overall health contributing to poor retention and turnover.

Purpose - Review findings from current research to identify characteristics of effective interventions.

Method - Not systematically or comprehensively structured. Sought a sufficient survey and synthesis of relevant, research-informed themes to guide a multidisciplinary, multisystemic coalition addressing COVID-19 stress and other impacts on workforce resilience and retention.

COLORADO
Department of Public Health & Environment

Clearing House - Gathering resources in Colorado

Goal: ID and vet resources available to CO HCWs

Process: Gathering and reviewing resources through multiple channels.

Developed a rubric to evaluate each resource:

- An evidence based of its effectiveness;
- Supported by a literature review;
- A specific focus within 'resilience';
- Been implemented;
- Generalizable.

Criteria: A resource/program had to have a score of 3 or higher based upon all reviews of the committee.

Once the evaluation was completed, each resource was reviewed by the full committee for final inclusion in the resource list.

Contributors:

- Lynn Garst, M.Ed. - Responder Health and Safety Specialist, OEPR, CDPHE
- Aimee Voth Siebert, MA - Behavioral Health Lead, OEPR, CDPHE
- Colin Martin, MA., Strategic Planning and Information Worklead, OEPR, CDPHE
- Liza Elkin, CCP Regional Coordinator, OEPR, CDPHE
- Holly Kingsbury, CO Community Health Network
- Calvin Paries, DrPH, LMFT, CEAP, EAP/Health & Wellness Manager, Profile EAP
- Chad Morris, Ph.D, Professor of Psychiatry, Director Behavioral Health & Wellness Program, University of Colorado, Anschutz Campus

Website

Central hub for healthcare professionals seeking resources, support

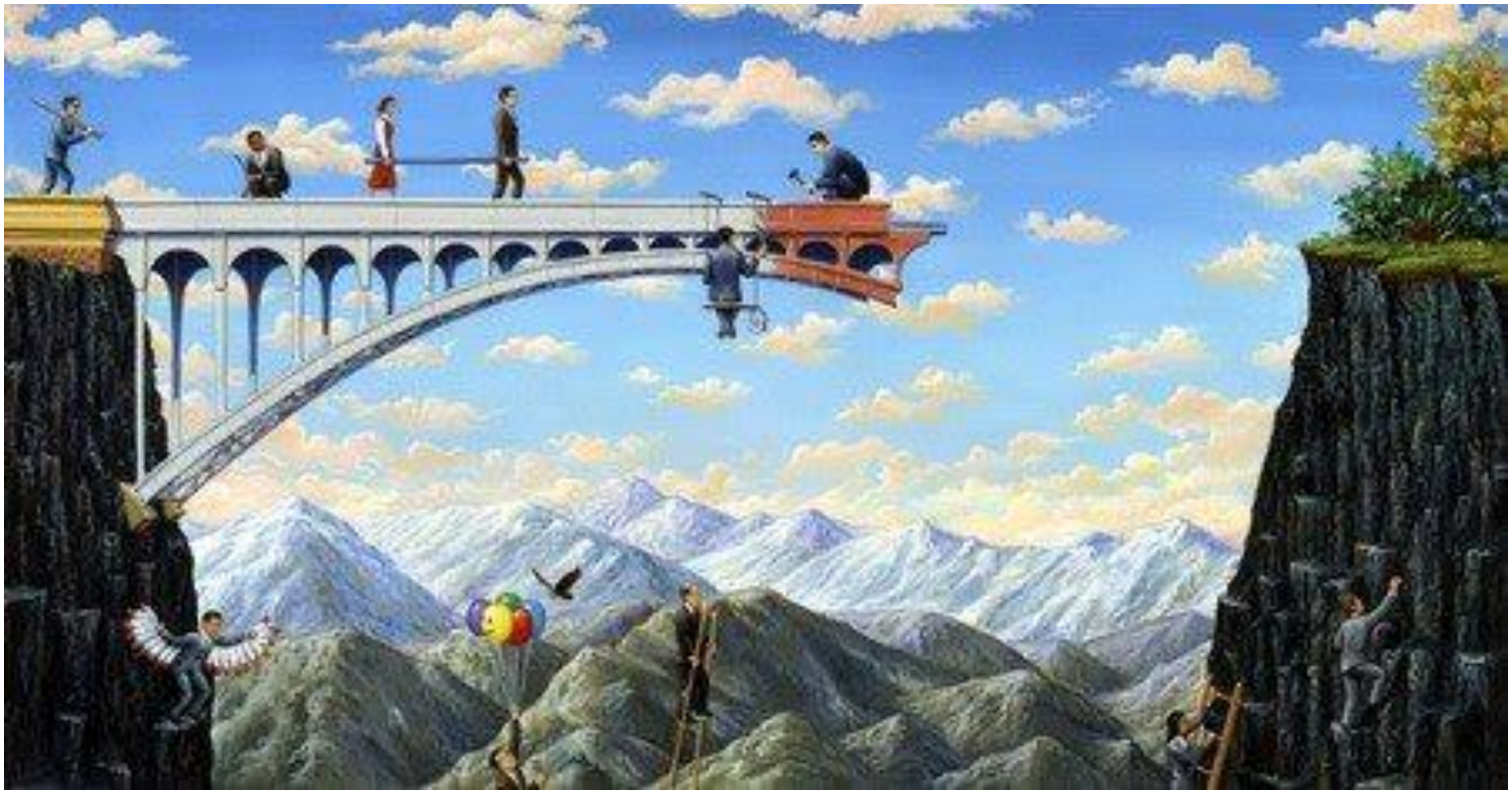
1. Specific to recovery
2. NOT for any other resources, support (e.g. vaccine mandate info)

Content | Landing page leading to subpages

1. Clearing House-approved resources
2. Podcast information and access to episodes
3. White Paper

Next Steps

- Utilize Seed Fundings from the Public Health Workforce grant to create a 10 person Wayfinder Outreach Program
- Begin exploring the possibilities of a Rural HCW Peer Support program.
- Identify new resources to grow the program.
- Start connecting Healthcare Workers with resources (focused on Rural CO).



We are building bridges between people and resources

COLORADO
Department of Public Health & Environment

Q & A

THANK YOU!

Questions? Contact me:

Curt Drennen

curt.drennen@state.co.us