Bringing equity to suicide prevention: How can we support communities at elevated risk of suicide?

Health equity means that everyone has a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded, or dismissed from achieving this potential. Health equity emphasizes shifts in power and systems and requires the removal of systemic obstacles to health for groups that are more likely to experience health inequities, such as communities of color. Module 3 explores how communities can apply national trend data, local surveillance data, and data-informed, community-driven strategies to support equitable suicide prevention planning. This activity packet contains exercises and reflection questions from the module. To access the full contents of the module, visit: https://preventioninstitute.org/suicide-prevention/modules.

Learning outcomes:

- Understand recent national trends and identify communities at elevated risk for suicide.
- Use interactive tools to identify groups at elevated risk for suicide in your local community.
- Explore promising interventions addressing the unique needs of high-risk communities to support equitable planning.

Populations at elevated risk

Some populations experience elevated risk of suicide because of historical and current-day policies, laws, practices, and procedures that shape the determinants of health: https://preventioninstitute.org/countering-inequities. One of the seven strategies included in the CDC's Preventing Suicide: A Technical Package of Policy, Programs, and Practices is to identify and support people at risk. Who are the populations at elevated risk for suicide? The CDC regularly tracks and reports national-level data on suicide and leading causes of death for different groups in the U.S. These data indicate that people in certain age groups, from marginalized identities or geographical areas, with certain life experiences, and who work in certain industries are at elevated risk of suicide.

National Data Sources
This tool from the Suicide Prevention Resource Center includes a number of common sources of national suicide data. Follow the links to further explore national data trends: https://www.sprc.org/strategic-planning/problem-context.

Reflection Questions

- *How is your community supporting the mental health and wellbeing of healthcare workers and essential workers during the pandemic?*

- *Read this article about mental health challenges in the Asian-American community in the context of xenophobia and anti-Asian violence during the coronavirus pandemic: https://ct.counseling.org/2020/04/the-psychosocial-impact-of-covid-19-on-asian-americans-counselor-interventions-and-considerations/. What are some ways that infrastructure disruptions can marginalize communities further?*

- *What lessons from the coronavirus pandemic can be applied to future infrastructure disruptions?*

Identifying populations at elevated risk in your community

How can you identify populations at elevated risk for suicide in your community specifically? The first step is to understand your community's demographics overall. State and local governments collect and track a range of demographic data including race, ethnicity, sex, age, and income. Although less common, some communities also gather data on LGBTQ+ populations. Identifying these populations supports more equitable suicide prevention planning.

National data sets, including data collected by the Census Bureau, Bureau of Labor Statistics, and other federal agencies can help to fill in gaps and round out locally available data. For example:

- Explore Census Data generates customized reports at the city or county level: https://data.census.gov/cedsci/.
- The CPS Table Creator can provide state level summaries of key demographics, with the ability to "cross-tab" data to learn how different demographics intersect with each other: https://www.census.gov/cps/data/cpstablecreator.html.
- USDA tracks county-level data about rural communities, including rural industries: https://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/data-for-rural-analysis.aspx.
- COVID-19 Demographic and Economic Resources (https://covid19.census.gov/) provides demographic and economic data at the state and county level about populations and industries at elevated risk for COVID-19.
- The Household Pulse Survey (https://www.census.gov/data-tools/demo/hhp/#/) documents state and county-level impacts of COVID-19 on mental health, food insecurity, employment, housing, and a range of other outcomes.

Use one or more of the national resources above to explore data available for your community.

Reflection Questions

- *Which populations at elevated risk for suicide according to national data are present in your community?*

- *What are some gaps in available demographic data in your community?*

Tracking suicide data in your community

National data sets often miss small and hard to reach communities:

- Sometimes, these communities' numbers are too small to be considered statistically reliable in nationally representative data sets — often the case for indigenous communities.
- Sometimes national data sets fail to collect data in a way that allows the information to be disaggregated (broken down into more specific categories) so that the data are locally meaningful — a major problem for AANHPI (Asian American, Native Hawaiian, and Pacific Islander) communities.
- Some populations are considered "hard to reach" because they are likely to be missed by traditional sampling strategies. This is often true for people experiencing homelessness or living in rural areas.

For all of these reasons, you cannot rely exclusively on national data to understand your community. Once you have a sense of which populations at elevated risk for suicide are present in your community by understanding overall demographics, you can use state- and local-level suicide trend data as well as qualitative data to further hone in on your community's risk profile.

Where can you find suicide data to support planning in your community? The tool below from the Suicide Prevention Resource Center can be used to determine where you might find the data you need. In this tool, you will be asked to answer questions about a variety of parameters, including the type of data you need, whether you need information on youth or adults, and whether you need information at the national, state, or local level. Based on your answers to these questions, the tool will generate suggested data sources. Several types of suicide data might be available about your community, including suicide deaths, suicide attempts, suicidal ideation, and risk and protective factors for suicide.

The resource below from the Suicide Prevention Resource Center defines each of these data types: https://www.sprc.org/strategic-planning/problem-context.

Reflection Questions:

- *What suicide data is available in your community?*

- *What did you learn from available data about local suicide rates in your community?*

- *How do available suicide prevention efforts in your community align with what you have learned about trends?*

- *How might you redirect resources based on what you have learned to achieve greater equity?*

Data-informed, community-driven interventions

What are some promising interventions to consider to equitably support high-risk populations in your community? The CDC's Preventing Suicide: A Technical Package of Policy, Programs, and Practices offers strategies and approaches that are supported by best available research. This means that many promising interventions with supporting contextual or experiential evidence are not included. Frequently, data-informed, community-driven interventions tailored to some of the communities at highest risk for suicide fall into this category. To equitably prevent suicide in in populations at elevated risk, these types of promising interventions merit consideration as part of your planning process.

See Module 3 for brief descriptions of some promising interventions that have demonstrated potential to support different populations at elevated risk, including indigenous communities, LGBTQ+ youth, and Black and Latino youth.

Reflection Question:

- *Based on what you've learned, how might you need to shift your suicide prevention efforts to be more equitable for communities with marginalized identities?*

Community-level strategies for high-priority populations

In reviewing literature and speaking with communities, one common thread across populations at risk for suicide because of marginalized identity, age, geography, industry, or stressful life circumstances is that their increased risk of suicide is linked to one or more community conditions/THRIVE factors. These factors can intersect to create unique risks for these groups. Understanding the relationship between THRIVE factors and suicide risk can help you to identify specific risk and protective factors that may be particularly important to address with these populations.

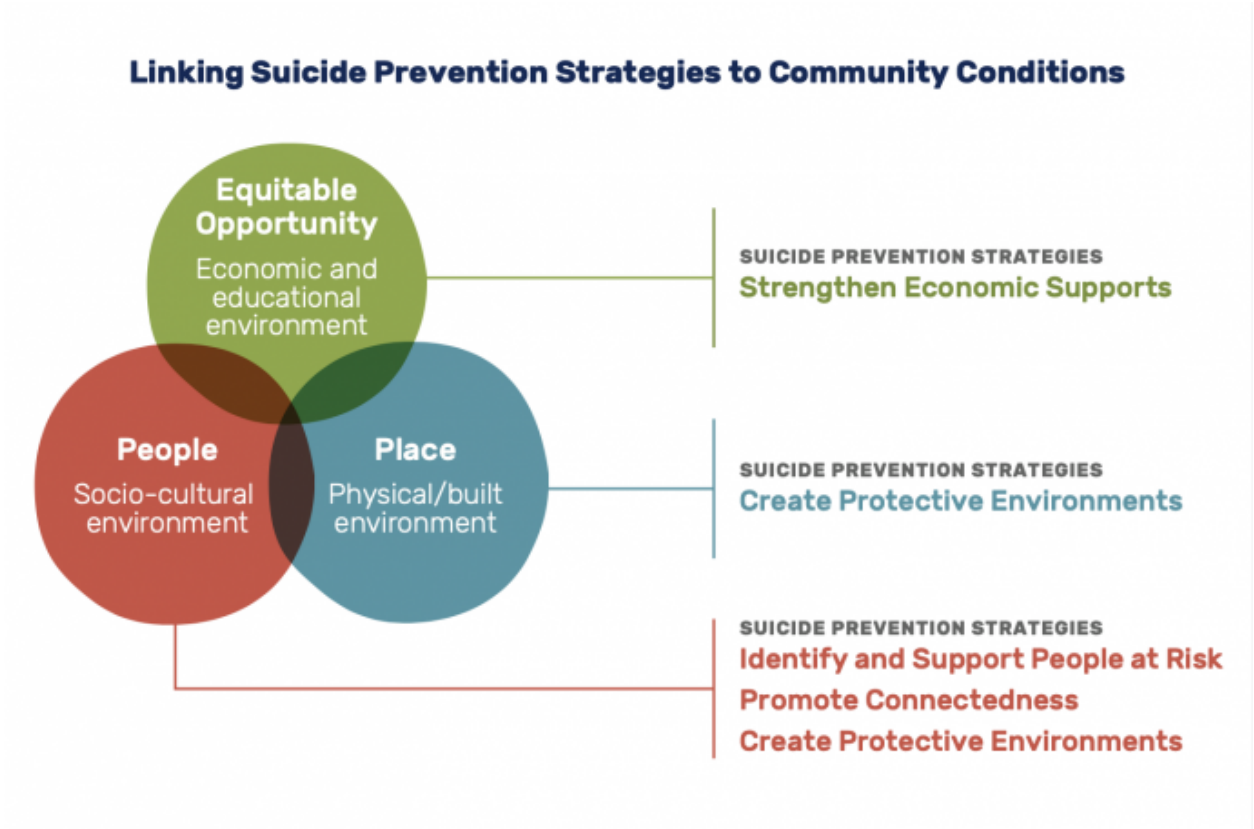
Suicide risk and protective factors with particular impact on high-priority populations

- ***Factors related to equitable opportunity*** **in the economic and educational environment:** Rural communities, people experiencing homelessness, and people that work in certain high-risk industries all face challenges in the equitable opportunity THRIVE cluster. Living wages and local wealth/assets are particularly important. Economic stress and economic recession have been linked to increased suicide risk in rural communities, and people who work in industries experiencing decline, such as manufacturing and mining, also experience higher suicide risk. For young people experiencing homelessness, access to tangible assistance such as tents, showers, and fare for public transportation are protective and have been linked to decreased suicide risk. Suicide prevention strategies that strengthen economic supports are particularly important to consider to address suicide risk for these populations.

- ***Factors in the physical/built environment*****:** Rural communities, people experiencing homelessness, people that work in certain high risk industries, as well as young people and elderly people face challenges associated with the THRIVE place cluster. What's sold and how it's promoted is of particular importance. Increased access to lethal means, particularly access to firearms, is linked with increased suicide risk in each of these populations. Reduced access to lethal means, especially firearms, is protective for each of these populations. Suicide prevention strategies that create protective environments by reducing access to lethal means are critical to reducing suicide risk across these groups.

- ***Factors in the socio-cultural environment*****:** Elderly people, young people, and people experiencing homelessness face challenges with the people THRIVE cluster, particularly in terms of norms and culture in the settings where they interact. Norms, culture, social networks and trust are particularly important. Unsafe school climate and high levels of victimization at school place young people at heightened risk, particularly LGBTQ+ young people and young people experiencing homelessness. Screening young people for anxiety and ACEs and linking them to appropriate treatment and supports has been found to be protective. For elderly people, gatekeeper training in long term care facilities helped to reduce stigma and isolation. Identifying and supporting people at risk and promoting connectedness are key suicide prevention strategies to consider for supporting these populations.

There is evidence that some of the seven strategies included in the CDC's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*[1] may be particularly beneficial for certain high-risk populations based on the related THRIVE factors. For example, strengthening economic supports by increasing the minimum wage, creating safe environments by reducing access to firearms, and identifying and supporting people at risk through gatekeeper training might be particularly effective for reducing suicide for these populations.



[1] https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

Reflection Questions:

- *What is the relationship between the THRIVE factors and suicide risk for one of the high-risk populations that you identified in your community?*

- *What is one additional intervention under each of the suicide-prevention strategies listed above that you might consider to equitably meet the needs of these populations?*