

Illinois Suicide Prevention Alliance
Data Workgroup
Tuesday, October 9, 2012
Conference Call
Approved February 11, 2013

Introductions

Jennifer Martin	Illinois Department of Public Health
Mary Mayes	Illinois Department on Aging
Suzanne McLone	Child Health Data Lab, Ann & Robert H. Lurie Children's Hospital of Chicago
Steve Moore	American Foundation for Suicide Prevention

Approval of June 11, 2012 minutes

Copies of the minutes were distributed to the members prior to the meeting. Mr. Moore motioned for the approval of the minutes, with a second from Ms. Mayes. All in favor, motion carried.

Presentation from Child Health Data Lab regarding Youth Risk Behavior Surveillance Report on teen suicide deaths in Chicago

The workgroup was interested in learning more about an article entitled "Chicago Leads Nation in Teen Suicide Planning, Attempts." The article was based on data released in the annual Youth Risk Behavior Surveillance (YRBS) Report by the U.S. Centers for Disease Control. Since Child Health Data Lab (CHDL) at the Ann & Robert H. Lurie Children's Hospital of Chicago collects the YRBS data for Illinois, the workgroup invited CHDL epidemiologist, Suzanne McLone, to discuss the data.

The article reported when looking at the 21 largest urban school districts that were surveyed, Chicago had the highest percentage of students who answered "yes" to questions with regard to attempted suicide and suicide attempts treated by a doctor or nurse. Ms. McLone provided a spreadsheet of the suicide-related data Chicago, Illinois and the United States for the past three survey years (2007, 2009 and 2011.) When looking specifically at Chicago data, it was found the majority of the suicide-related questions had an increase in the rate of students who reported "yes" to the following questions:

Same rate over the three-year period

- "Felt sad or hopeless" – same

Increase rate over the three-year period, not significantly important

- "Seriously considered attempting suicide" – increase 2009 to 2011
- "Made a plan about how they would attempt suicide" – increase 2009 to 2011

Increase rate over the three-year period, significantly important

- "Attempted suicide one or more time" – increase over time
- "Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse" – big increase 2007 to 2009.

Ms. McLone mentioned when you compare Chicago to other larger cities, Chicago stands out. However, when you put in context of Illinois and across time, the data doesn't seem alarming.

Ms. McLone also shared data from other sources. 1) Suicide data from the Illinois Violent Death Reporting System – looked at data from 2005-2011 for Chicago residents' ages 14 to 18 years of age, which indicated an increase rate in 2011. The workgroup members asked if the CHDL could look at the narratives for those

incidents to determine what the contributing factors were. 2) Suicide attempt data from hospital discharge and emergency department data – looked at data from 2008-2011 for suicide attempts requiring medical treatment for Chicago residents’ ages 14 to 18 years of age, which showed a variation across time.

Ms. McLone wanted the workgroup members to know she is a resource and invited them to feel free to contact to her with any questions. She can be reached at 312-227-7036 or smclone@luriechildrens.org

Announcements

Newly released National Strategy for Suicide Prevention – Ms. Martin provided an overview of what changed since the 2001 national plan. With regard to data, there has been an increase in suicide rates and numbers; also there are documented reports of suicidal thoughts/ behavior/attempts. Data shows an increase risk for the following populations – juvenile justice, children in foster care, LGBT youth

There are four strategic directions for the national plan – 1) Healthy and Empowered Individuals, Families and Communities; 2) Clinical and Community Preventative services; 3) Treatment and Support Services and 4) Surveillance, Research and Evaluation. The fourth direction specifically relates to data related activities (starting on page 66,) which include three goals. Also, a list of suicide data and surveillance resources can be found in the appendix on page 134.

- Goal 11 – Increase the timeliness and usefulness of national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use the information for action (e.g., improve the timeliness of reporting vital records data, improve the usefulness and quality of suicide-related data, improve and expand state/territorial, tribal, and local public health capacity to routinely collect analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions; increase the number of nationally representative surveys and other data collection instruments that include questions on suicidal behaviors, related risk factors and exposure to suicide.)
- Goal 12 – Promote and support research on suicide prevention (e.g., develop a national suicide prevention research agenda with comprehensive input from multiple stakeholders, disseminate the national suicide prevention research agenda, promote the timely dissemination of suicide prevention research findings; develop and support a repository of research resources to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors.)
- Goal 13 – Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings (e.g., evaluate the effectiveness of suicide prevention interventions; assess, synthesize, and disseminate the evidence in support of suicide prevention interventions; examine how suicide prevention efforts are implemented in different states, territories, tribes, and communities to identify the types of delivery structures that may be most efficient and effective.)
- What can we do to advance the goals and objectives
 - **State, Territorial, Tribal, and Local Governments Can:**
 - Analyze and identify strategies to increase the efficiency of state-based processes for certifying, amending, and reporting vital records related to suicide deaths. (Objective 11.1)
 - Implement CDC’s action plan for improving external cause of injury coding. (Objectives 11.2 and 11.3)
 - Adopt recommended self-directed violence uniform definitions and data elements developed by CDC and VA. (Objective 11.2)
 - Improve data linkage across agencies and organizations, including hospitals, psychiatric and other medical institutions, and police departments, to better capture information on suicide attempts. (Objective 11.2)

- **Businesses and Employers Can:**
 - Evaluate the effectiveness of workplace wellness programs in reducing suicide risk. (Objective 13.1)
- **Health Care Systems, Insurers, and Clinicians Can:**
 - Implement the recommendations for health care providers in CDC's action plan for improving external cause of injury coding within administrative data, such as emergency department and hospital discharge systems. (Objective 11.2)
 - Routinely document suicide-related information (e.g., alcohol use, drug use, description of intent) in emergency department charts. (Objective 11.2)
 - Initiate continuous quality improvement studies to determine the effectiveness of policies and procedures intended to rapidly connect individuals at risk for suicide with services. (Objective 13.1)
- **Schools, Colleges, and Universities Can:**
 - Conduct research to identify new, effective policy and program interventions to reduce suicide and suicidal behavior. (Objective 12.1)
 - Share suicide-related research findings with state and local suicide prevention coalitions, health care providers, and other relevant practitioners. (Objective 12.3)
- **Nonprofit, Community-, and Faith-Based Organizations Can:**
 - Work with a local university to evaluate your suicide prevention program. (Objective 13.1)
- **Individuals and Families Can:**
 - Participate in surveys and other data collection efforts addressing suicide and related behaviors. (Objective 11.4)
 - Support evaluation of suicide prevention programs. (Objective 13.1)

Set agenda items for next meeting

- Introductions
- Announcements
- Approval of minutes
- Discuss any newly released suicide-related data
- New business
- Set agenda items for next meeting

Submitted by Jennifer Martin