Telling the Story of Suicide in Your Community: State and County Level Mortality and Morbidity Data Sources

Presented at Alliance Data and Evaluation Committee Meeting

Taylor Chambers, Public Health Suicide Prevention Coordinator

Meghan Crane, Zero Suicide in Health Systems Coordinator

Oregon Health Authority

Understanding Suicide Data: Why is Data Important to Suicide Prevention?

Describe patterns

Track trends

Project future resource needs

Detect suicide clusters or contagion

Evaluate programs and policies

Oregon Health Authority

Note on Data Systems

- Data systems, like our institutions, have been developed within systems of oppression and racism.

- House Bill 3159, known as the Data Justice Act, passed in 2021.

  - Requires healthcare providers to collect and report to the Oregon Health Authority (OHA) data on their patients' sexual orientation and gender identity, race, ethnicity, preferred language, and disabilities.

  - Directs OHA to develop a database for storing and analyzing patient demographic data

Oregon Health Authority

A Note on Small Numbers

- Counties with low counts may need to look to state, regional and national data as opposed to individual county level data

Suicide deaths and Rates by County Designation, Oregon, 2016-2020

County	Rate per 100,000 population (age-adjusted)	Deaths (average annual)	Population (average annual)
Frontier counties	23.7	23	92,591
Rural counties	25.0	218	826,905
Urban counties	17.3	596	3,256,849
Oregon State	18.9	837	4,162,345

Oregon Health Authority

Data Systems Administered by OHA Injury and Violence Prevention Program

- Oregon Violent Death Reporting System (ORVDRS)
- Oregon Electronic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE)
- Oregon Association of Hospital and Health System (OAHHS) Data Set

Oregon Health Authority

Oregon Violent Death Reporting System (ORVDRS)

- Collects information on violent deaths (homicide, suicide and firearm deaths) from death certificates, medical examiner reports, and law enforcement reports

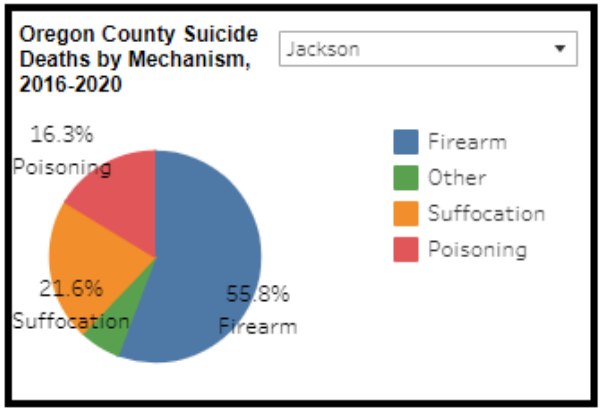
- Information available through OHA Violent Death Dashboards

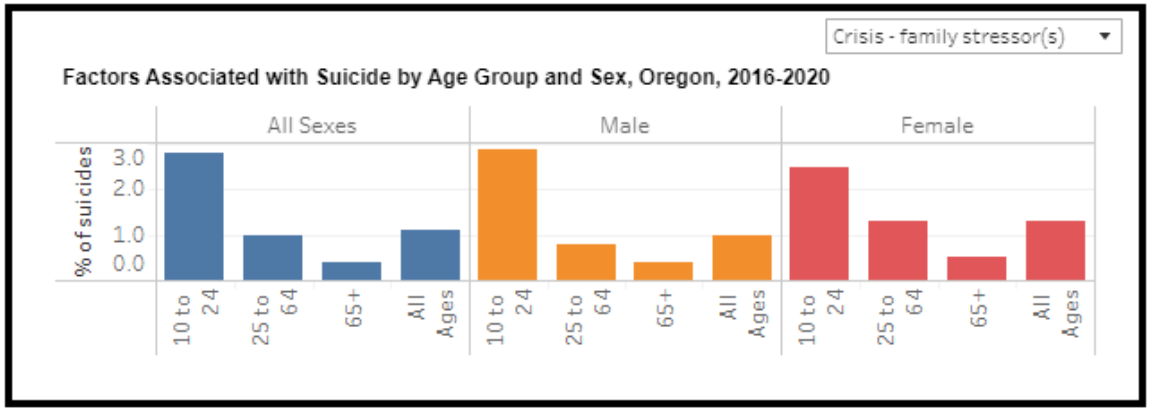
- Entities that meet the OHA Public Health Division data use requirements (Ex: Local Public Health Authorities, suicide/violence grant recipients and contract agencies) can request access to county level data. Request OVDRS Data Use Agreement from Meghan or Taylor.

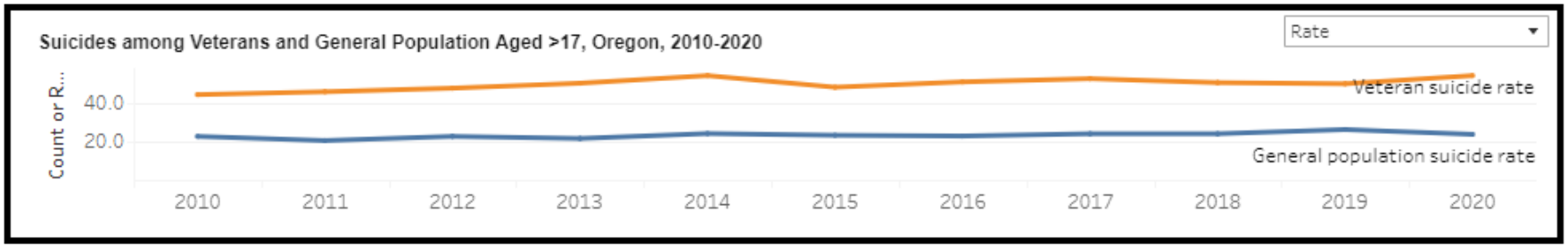
Oregon Violent Death Reporting System (ORVDRS)

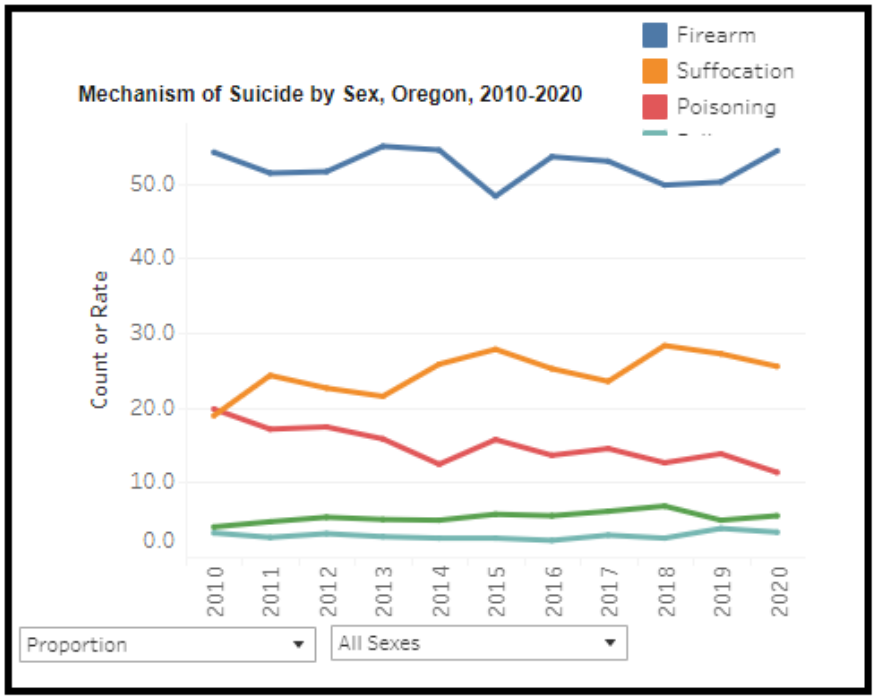
Data Elements Include:

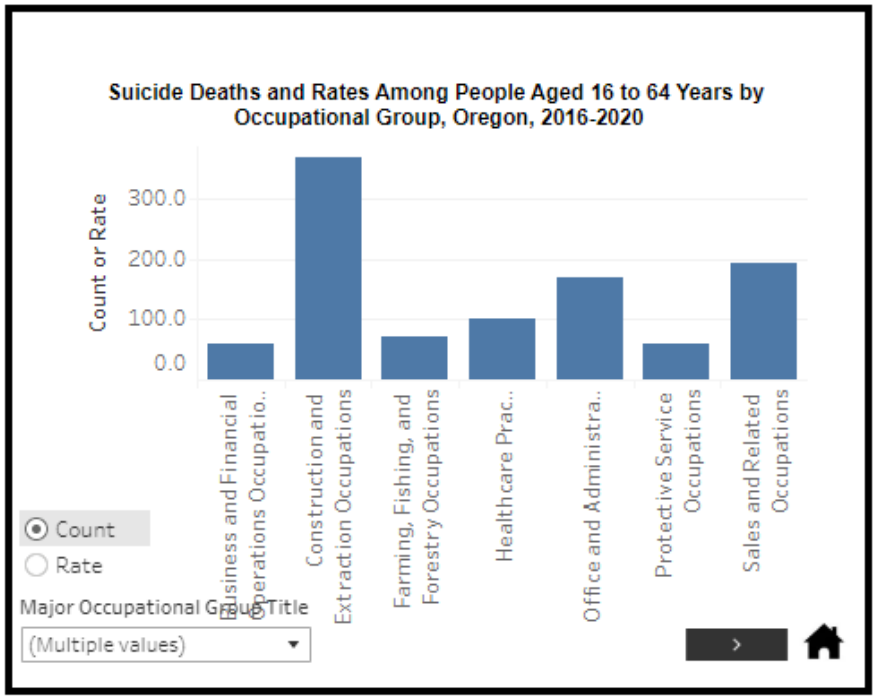
- Decedents' demographics (age, sex, race/ethnicity)
- Injury and death (time, location)
- Circumstances surrounding incident (Mental and behavioral health status, financial crisis…
- Toxicology test results
- Substance use (history and treatment)
- Occupational group data


Oregon County Suicide Deaths by Mechanism, 2016-2020
Jackson
16.3%
Poisoning
21.6%
Suffocation
55.8%
Firearm
Firearm
Other
Suffocation
Poisoning


Crisis - family stressor(s)
Factors Associated with Suicide by Age Group and Sex, Oregon, 2016-2020
All Sexes
Male
Female
% of suicides
3.0
2.0
1.0
0.0
10 to 24
25 to 64
65+
All Ages


Suicides among Veterans and General Population Aged >17, Oregon, 2010-2020
Rate
Count or R...
40.0
20.0
Veteran suicide rate
General population suicide rate
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020


Firearm
Suffocation
Poisoning
Mechanism of Suicide by Sex, Oregon, 2010-2020
Count or Rate
50.0
40.0
30.0
20.0
10.0
0.0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
Proportion
All Sexes


Suicide Deaths and Rates Among People Aged 16 to 64 Years by Occupational Group, Oregon, 2016-2020
Count or Rate
300.0
200.0
100.0
0.0
Business and Financial Operations Occupatio..
Construction and Extraction Occupations
Farming, Fishing, and Forestry Occupations
Healthcare Prac..
Office and Administra..
Protective Service Occupations
Sales and Related Occupations
Count
Rate
Major Occupational Group Title
(Multiple values)

Note about Center for Health Statistics Data

- OHA's Vital Statistics, Center for Health Statistics provides death data including violent deaths through review of death certificates.

- Information is available by state, county, age, race, ethnicity and sex.

- Preliminary death data, including suicide deaths, are updated monthly through the OHA Vital Statistics Death Data Dashboards. Data is finalized 10 to 11 months after the calendar year. For example, data from 2021 will be finalized by November 2022. There is also an Injury Death Dashboard with state and county level data available using finalized data.

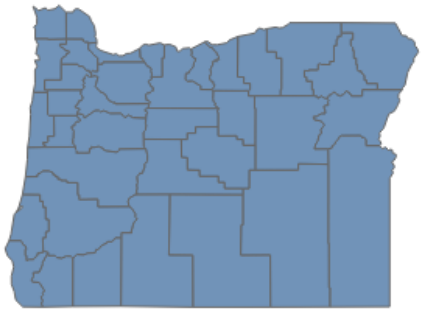
- CHS data can be requested if the requestor has a valid need for the information, the requestor is authorized to receive the information; and the integrity of the vital record or report ca be assured. Learn more and request data via the OHA Vital Statistics Data Use Request webpage.

OHA Preliminary Mortality Death Dashboard

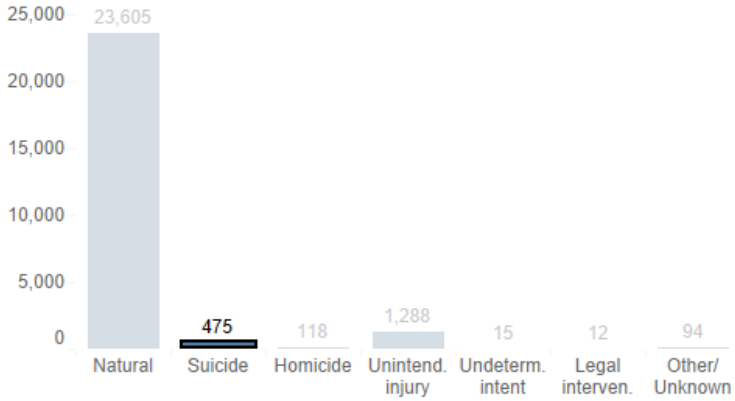
Deaths by manner
Oregon residents, preliminary data

Oregon Health Authority
Center for Health Statistics

Choose residence county
Click, ctrl-click, or click-and-drag; or choose from list below



Deaths by manner, Oregon residents
2022 year-to-date (January-July)



Choose a focus year:
- 2021
- 2022

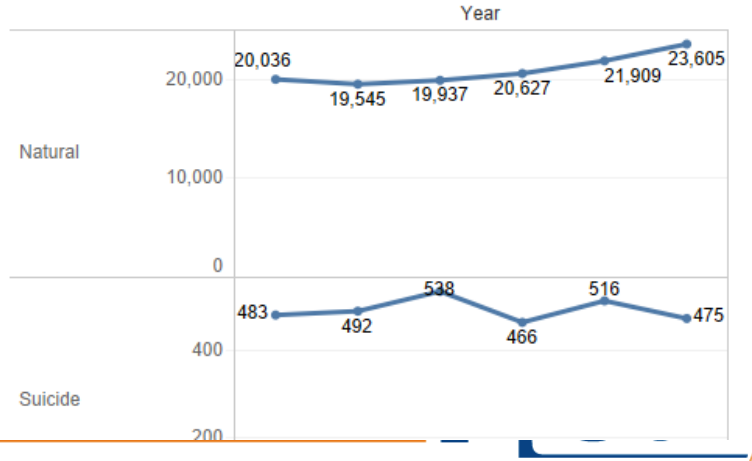
Choose a measure:
- Number of deaths
- Crude death rate

Month dashboard
Age dashboard
Medical examiner dashboard
Instructions / notes
Download table

Deaths by manner of death and residence county, 2022 year-to-date (January-July)

Residence county	Manner: Natural	Suicide	Homicide	Unintend. injury	Undeterm. intent	Legal interven.	Other/ Unknown
Grand Total	23,605	475	118	1,288	15	12	94
Baker	155	3	1	7	–	–	1
Benton	333	6	–	26	1	–	–
Clackamas	2,161	31	5	104	1	1	9
Clatsop	294	7	–	13	–	–	1
Columbia	322	7	–	14	–	–	1
Coos	625	12	3	32	–	1	2
Crook	170	5	–	15	–	–	–
Curry	231	7	1	11	1	–	17
Deschutes	866	33	4	91	1	1	8
Douglas	999	23	1	46	2	1	5

Deaths by manner, Oregon residents
Annual trends for January-July period



Always note that this is preliminary data.

What's the Difference between CHS and ORVDRS?

- The number and rates of deaths will be different form one another because data are collected and defined differently.
- Which data are used needs to be based on what questions are to be answered:
  - For example, if **descriptions** about deaths are needed, ORVDRS data should be used
  - If data are needed **as soon as possible**, then preliminary CHS data may be more helpful
- Do not compare across sources
- Instead, compare each source to itself over time, *How many suicides occurred in 2017 compared to 2018 based on CHS data?*
- You can use multiple sources of information to describe general trends, *Both CHS data and ORVDRS data show an increase in the number of suicides between 2017 and 2018.*

Oregon Violent Death Reporting System (ORVDRS)

ORVDRS data can provide help answer questions like:

- What occupation group accounted for the greatest number of suicide deaths?

*Leading Normal Occupations among Suicide Decedents, Lane County, OR 2003 - 2015**

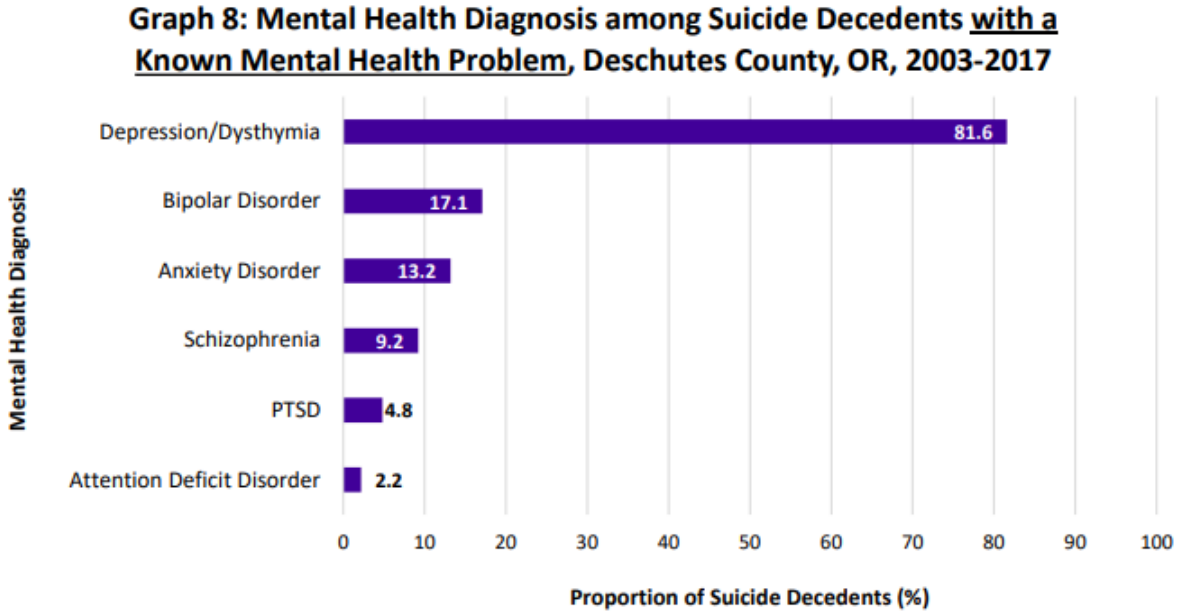
	Total (N = 902) Count	%
Occupation		
Construction and Extraction	84	9.3
Unemployed	57	6.3
Disabled	51	5.7
Healthcare Practitioners and Technical Support	47	5.2
Production/Fabrication	46	5.0
Food Preparation and Service Industry	44	4.9
Homemaker	42	4.7
Retired	40	4.4
Installation, Maintenance and Repair	37	4.1
Sales and Related	32	3.6
Arts, Design, Entertainment, Sport and Media	27	3.0
Other	611	67.7
Unknown	57	6.3

Table 9. Data Source: Oregon Violent Death Reporting System

Oregon Violent Death Reporting System (ORVDRS)

ORVDRS data can provide help answer questions like:

- How many people who died by suicide had a diagnosed mental illness?



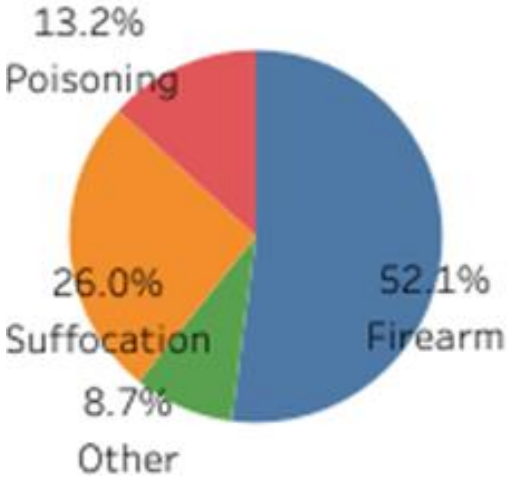
Oregon Violent Death Reporting System (ORVDRS)

ORVDRS data can provide help answer questions like:

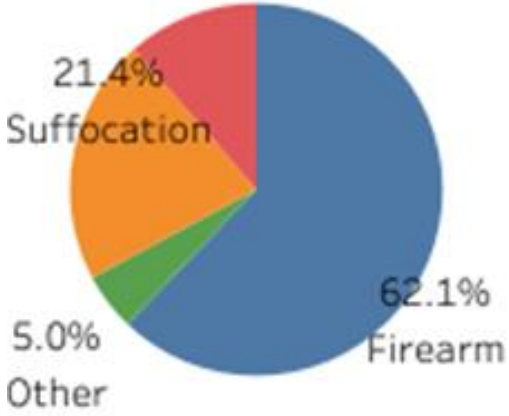
- What mechanisms are used in deaths by suicide in my county?

Oregon County Suicide Deaths by Mechanism, 2016-2020

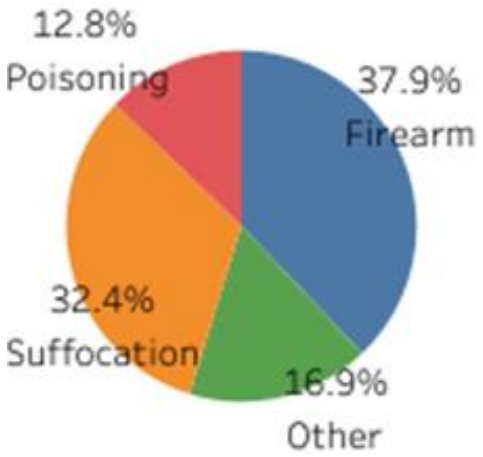
All Oregon Counties



Josephine



Multnomah

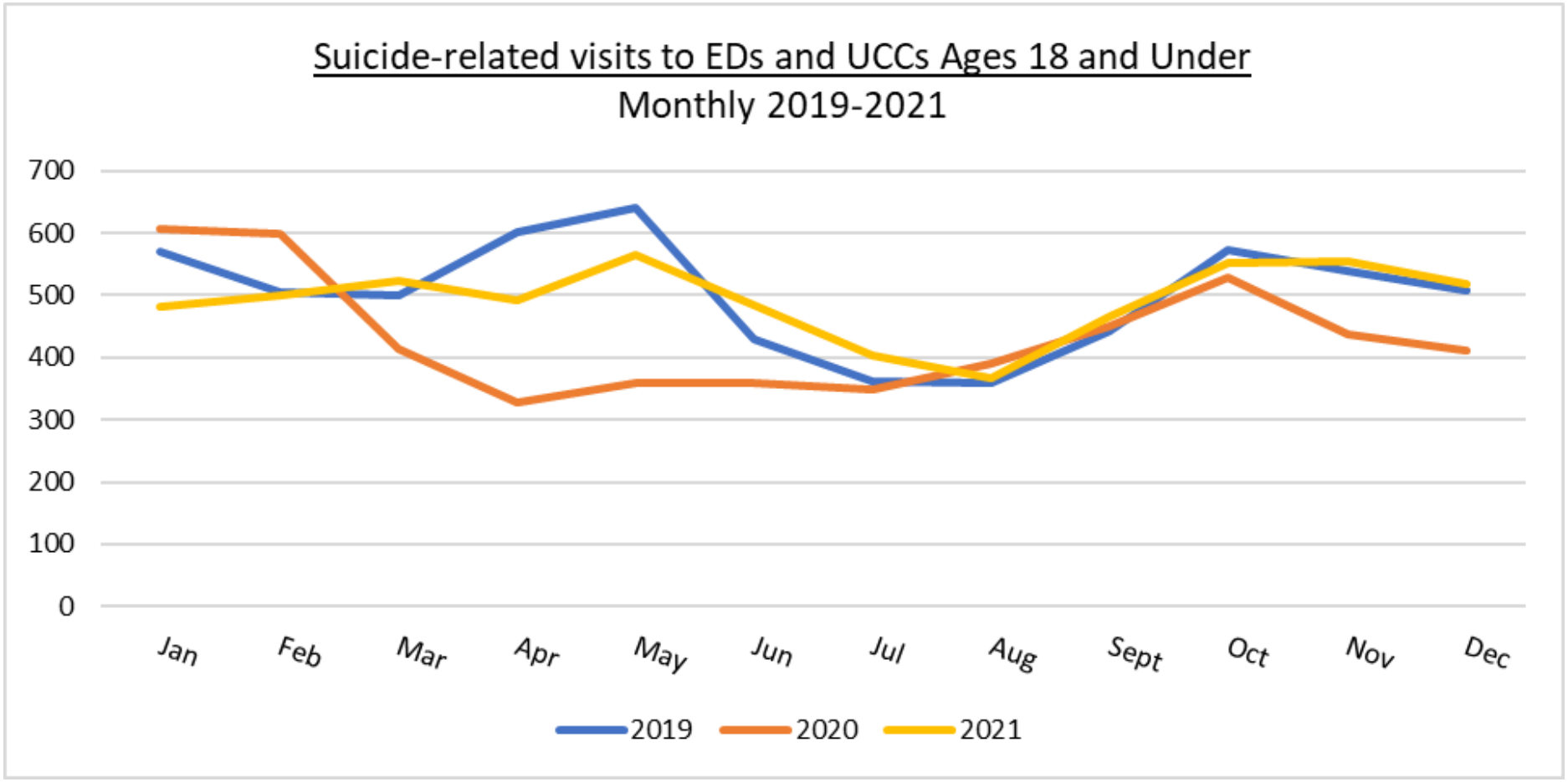


Electronic Surveillance System for the Early Notification of Community-Based Epidemics

- Emergency departments (ED) and participating urgent care centers (UCCs) share de-identified data with OHA
- Data is shared with OHA daily.
- Used to monitor activity such as suicide attempts
- OHA publishes monthly surveillance reports on suicide and overdose activity.
- Local public health and hospital ESSENCE users can get data for their county or service area data. Visit the OHA Accessing Oregon ESSENCE webpage for more information and to apply for access.

Oregon Health Authority

How many suicide-related visits have there been to Emergency Departments and Urgent Care Centers for ages 18 and under?

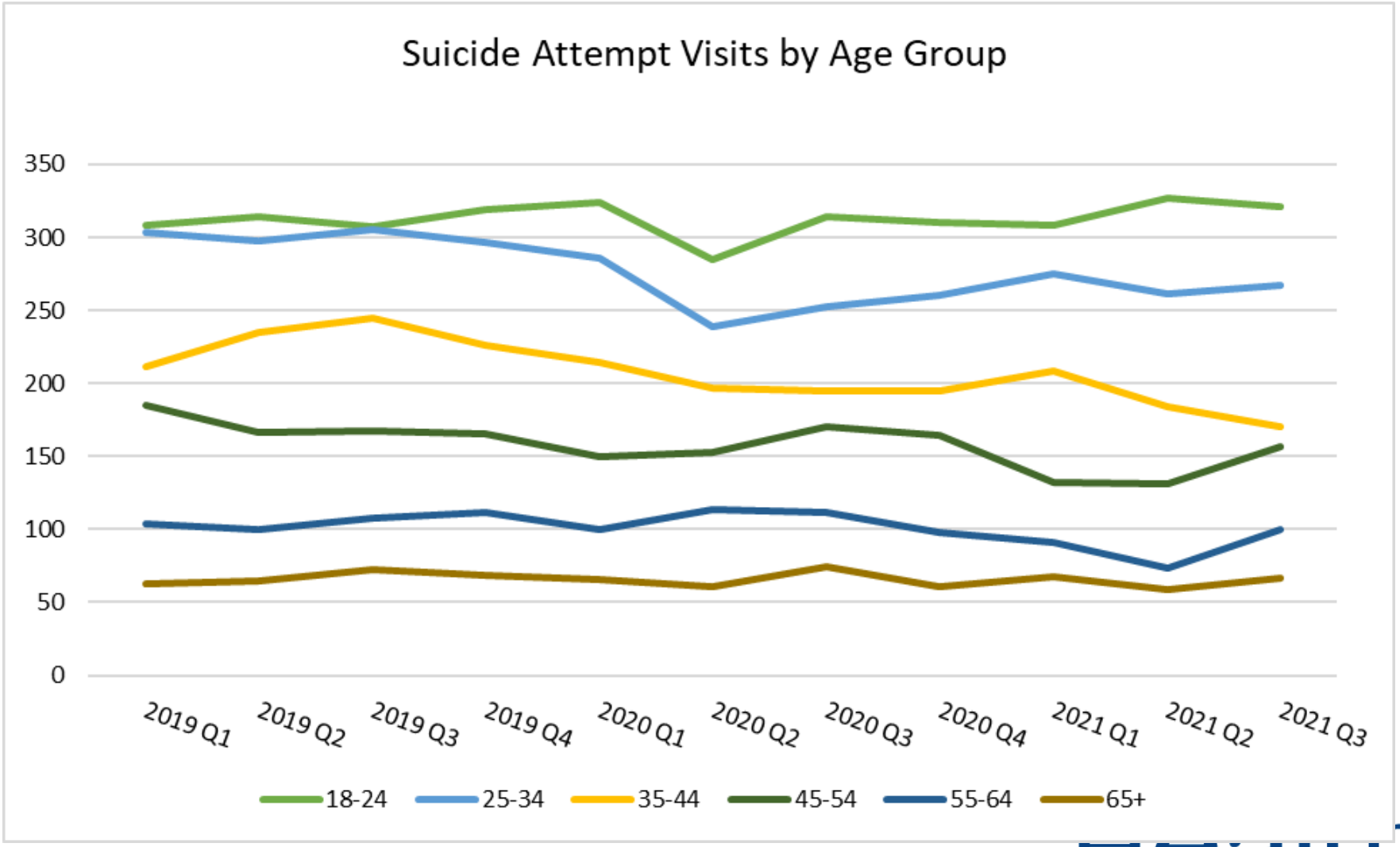


Total visits: 2021 = 5,904; 2020 = 5,227; and 2019 = 6,016

Source: Oregon Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE). Available through the OHA Monthly Suicide-Related Data Report

Oregon Health Authority

What do suicide attempt visits in Oregon look like based on age?



Source: Oregon ESSENCE

Hospital Discharge Data from Oregon Association of Hospital and Health Systems

- Discharge data include hospital and emergency department (ED) information.
- Hospitals and EDs report data to the Oregon Association of Hospital and Health Systems (OAHHS) on visits and stays when there is a charge for services.
- This information includes diagnosis, medical care received, and demographic information (e.g., age, sex, race, and ethnicity).
- Hospital and ED discharge data do not overlap.
- If a patient goes to an ED first and then is admitted to the hospital, their information will appear in the hospital discharge data only.

Emergency Dept. and Hospital Discharged Data Elements include:

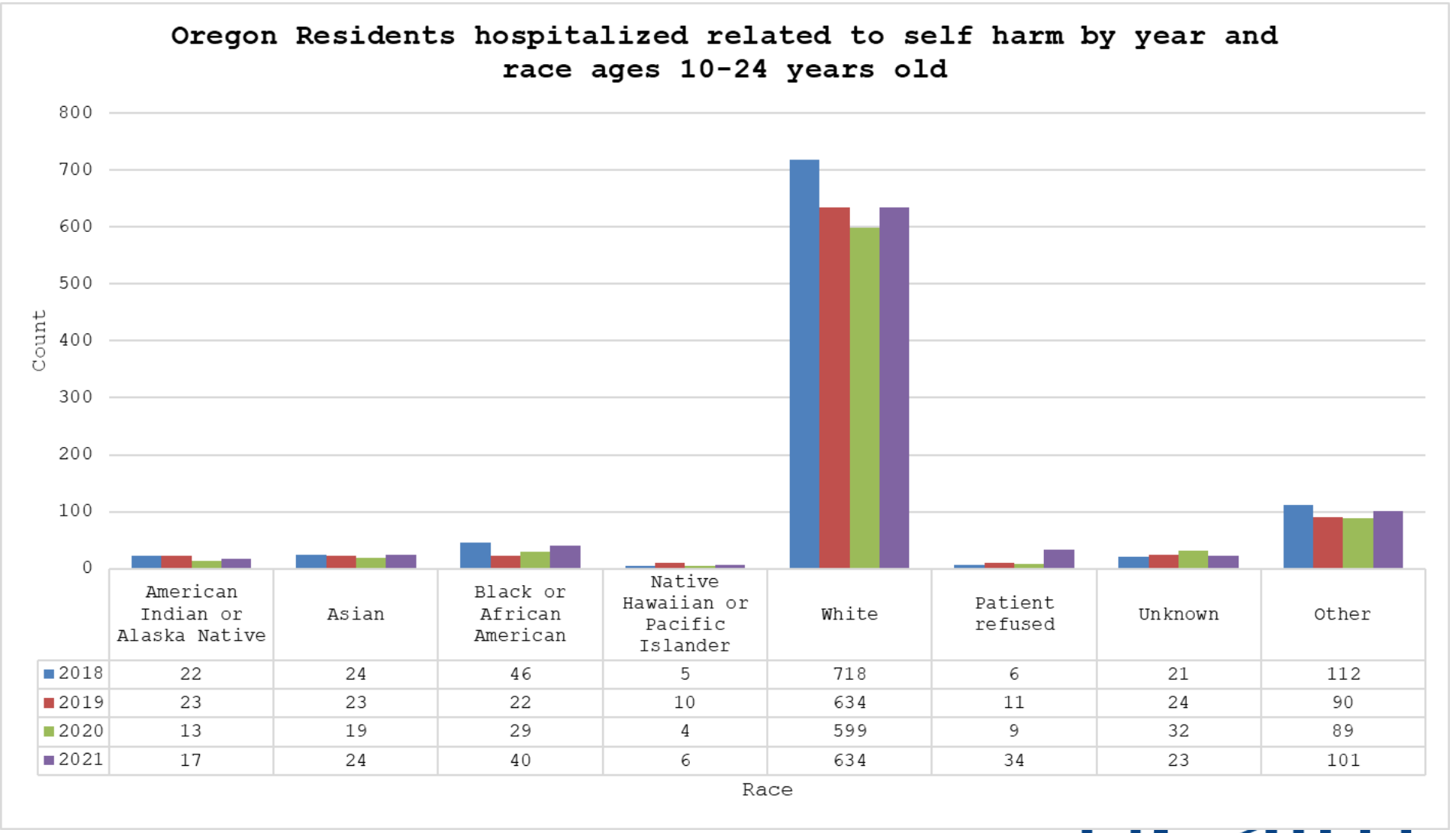
- Demographics (age, sex, race/ethnicity, county of residence)
- Admission source and type
- Mechanism or type of suicide attempt/self-harm (fall, firearm, etc.)
- Diagnosis and procedure information (underlying conditions as well)
- Chief and additional admitting diagnoses
- The condition of the patient at discharge and categories to where a patient discharged (disposition)
- Costs (across categories of care) and payers (up to three)
- Work related injury or illness

Hospital Discharge Data from Oregon Association of Hospital and Health Systems

Hospital In-Patient Discharge Data

- Hospital discharge data include information for hospital visits that were at least 24 hours long.
- Data is available quarterly on a 6-month lag

Which communities are hospitalized for suicide/self-harm?



	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Patient refused	Unknown	Other
2018	22	24	46	5	718	6	21	112
2019	23	23	22	10	634	11	24	90
2020	13	19	29	4	599	9	32	89
2021	17	24	40	6	634	34	23	101

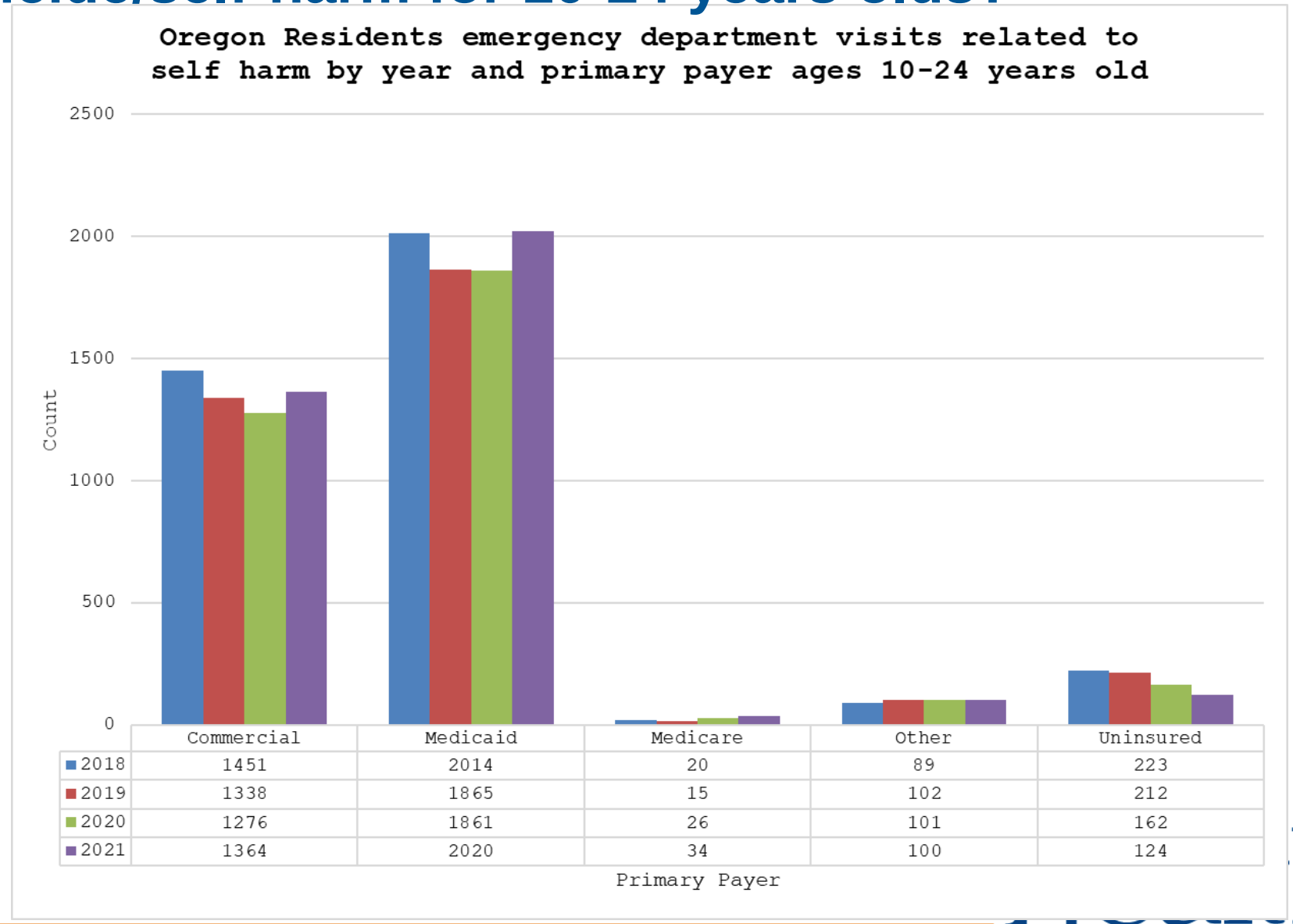
Source: Oregon Association of Hospital and Health Systems (OAHHS)

Hospital Discharge Data from Oregon Association of Hospital and Health Systems

Emergency Department (ED) Discharge Data

- Include information for ED admissions. This information has been available since 2018.
- Data is available quarterly on a 6-month lag

Who is the primary payer for ED visits related to suicide/self-harm for 10-24 years olds?



	Commercial	Medicaid	Medicare	Other	Uninsured
2018	1451	2014	20	89	223
2019	1338	1865	15	102	212
2020	1276	1861	26	101	162
2021	1364	2020	34	100	124

Source: Oregon Association of Hospital and Health Systems (OAHHS)

What is the Difference Between ESSENCE and the OAHHS Data Sets?

- ESSENCE data describe ED and urgent care visits but do not include information on hospital stays.
- Discharge data describe ED visits and hospital stays (only when there is a charge for services) but do not include information on urgent care center visits.
- Both ESSENCE and discharge data have ED visit information, but the number of visits reported in ESSENCE will not match the number of visits reported in discharge data since each of these sources collect and report data differently. Data sets cannot be used for comparison purposes.
- Instead compare each source to itself over time:

  "What was the number of ED visits for suicide attempts from discharge data in 2020 compared to number from discharge data in 2021?

- Both sources can be used to describe general trends:

  "Both ESSENCE and discharge data show an increase in the number of ED visits for traumatic brain injuries over the last six months."

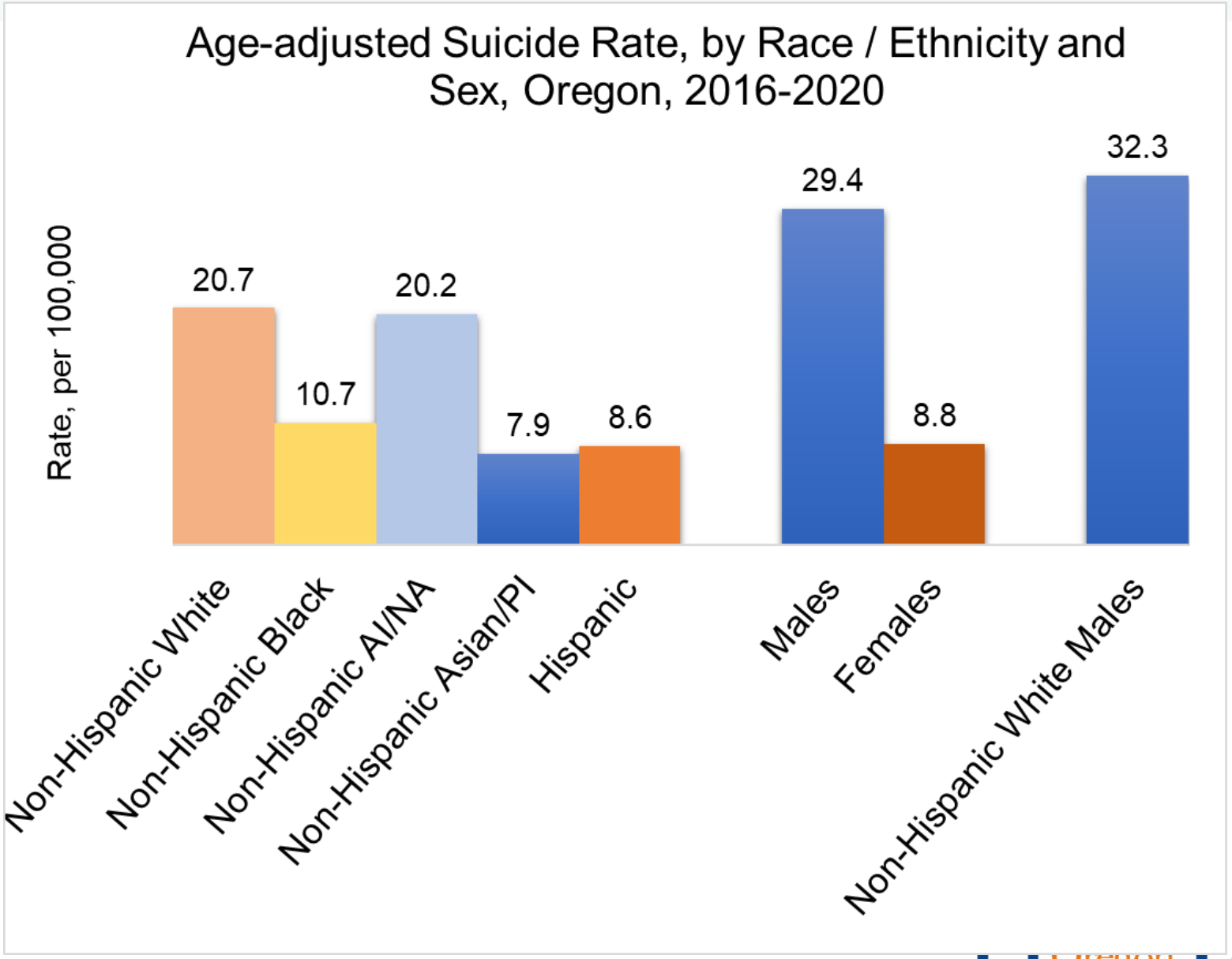
Oregon Health Authority

Visualizations of Race and Ethnicity Data

- The following graph on race and ethnicity highlights the unequal impact of suicide by race and ethnicity. Health inequities exist due to historic and systemic policies, rooted in white supremacy, that continue to have harmful effects today.

- The graphs presented use race and ethnicity as imperfect measures to guide our understanding of how the impact of oppression and discrimination based on race and ethnicity is related in higher rates of suicide by different groups.

Oregon Health Authority

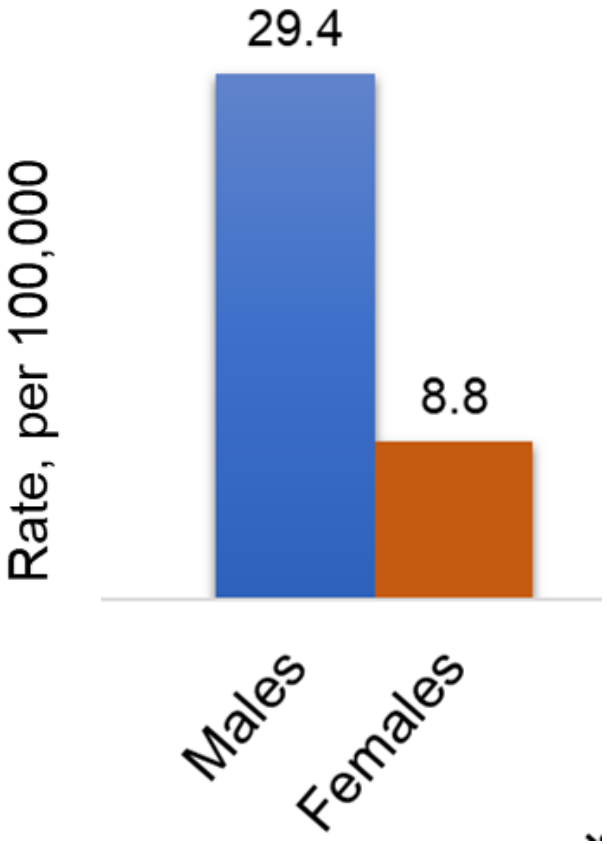


Source: Oregon Violent Death Data Dashboard

Oregon Health Authority

Age-Adjusted Suicide Rates by Sex, Oregon, 2016-2020

- What is called “sex” in Oregon Violent Death Reporting System refers to the person’s gender identify at the time of their death.
- There is a separate variable for noting if a decedent was transgender, and a person can be identified as “male” or female” and also “transgender”.
- This dataset does not allow for the identification of non-binary, gender nonconforming or other identities.
- OHA is not able to evaluate transgender suicide rates through this data set. Other state and national evidence tells us that transgender, non-binary and gender non-conforming people are more likely than cisgender people to attempt and to die by suicide.



Source: Oregon Violent Death Data Dashboards

Oregon Health Authority

Note on Sexual Orientation Data

- Sexual orientation data is collected within the Oregon Violent Death Reporting System (ORVDRS). Response options include straight/heterosexual, gay, lesbian, bisexual, unspecified sexual minority, and unknow.

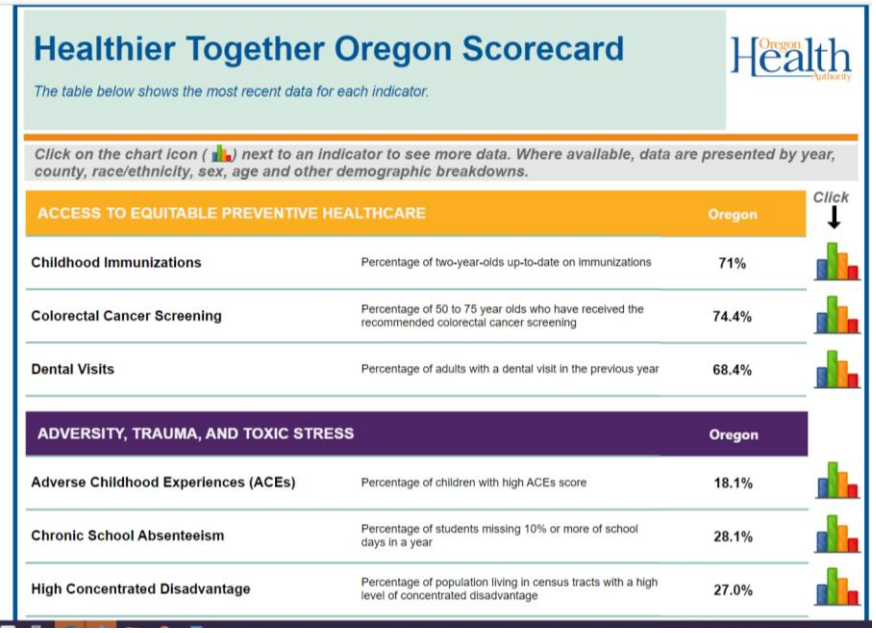
- ORVDRS does not allow for the identification of other sexual orientation identities.

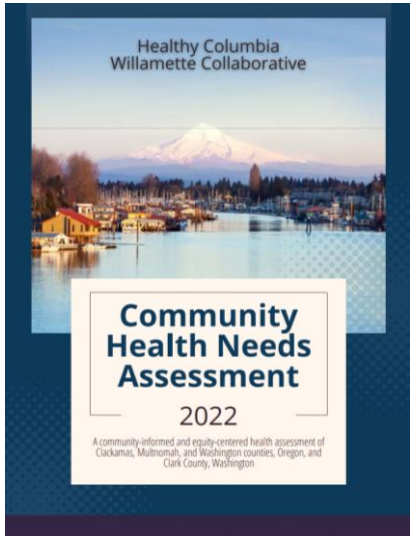
- OHA is not able to evaluate suicide rates for this population through this data set. Other state and national evidence tells us that people identifying as not straight (including lesbian, gay, bisexual, asexual, queer, fluid, pansexual, questioning) are more likely to attempt and die by suicide than straight people.

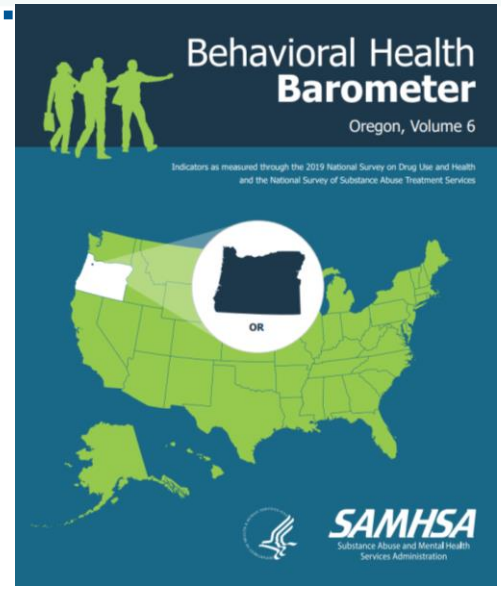
- This is not due to how they identify, rather due to issues including homophobia/biphobia/discrimination, acceptance from their family, trauma of experiencing rejection and not having access to healthcare that supports their ability to live their authentic lives.

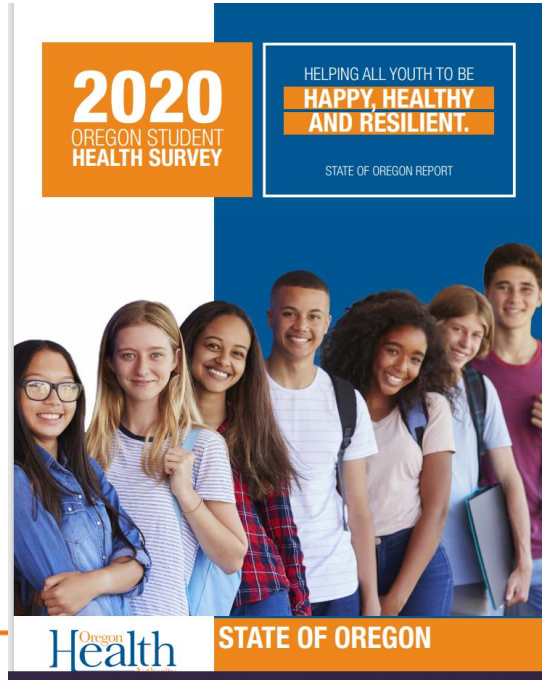
Oregon Health Authority

Broadening how we tell the story of suicide…

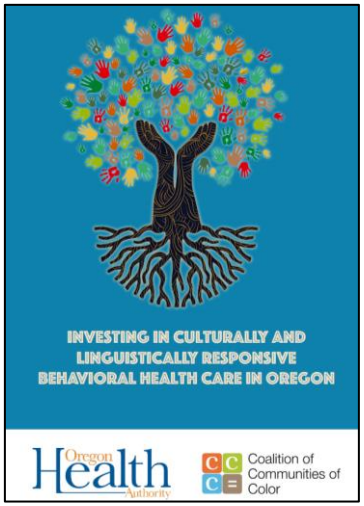


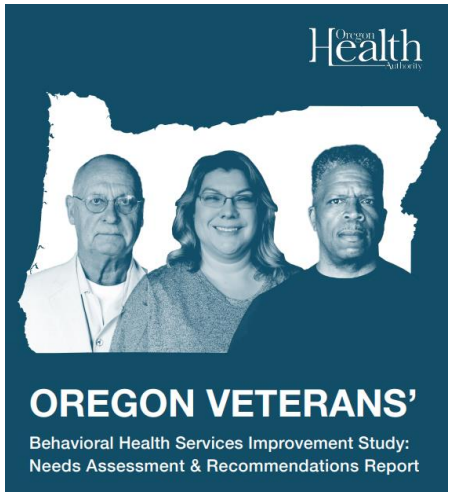






Broadening how we tell the story of suicide…





ADDRESS IT TODAY. PREVENT IT TOMORROW.

We can reduce the generational impact of adverse childhood experiences (ACEs), overdose, and suicide.

URGENT IN EVERY COMMUNITY

ACEs, overdose, and suicide are critical and growing public health challenges.

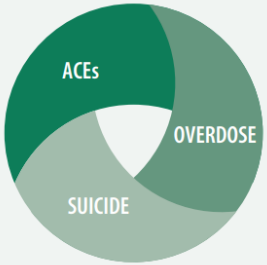
5+ of the 10 leading causes of death are associated with ACEs[1]

35% increase in suicide rates[2] 1999 - 2018

6x increase in opioid overdose deaths[3] 1999 - 2018

RELATED TO EACH OTHER

ACEs, overdose, and suicide have generational impact since preventing or addressing any one of these issues…



… decreases the risk of the others both now and for the next generation.

PREVENTABLE IF WE ACT NOW

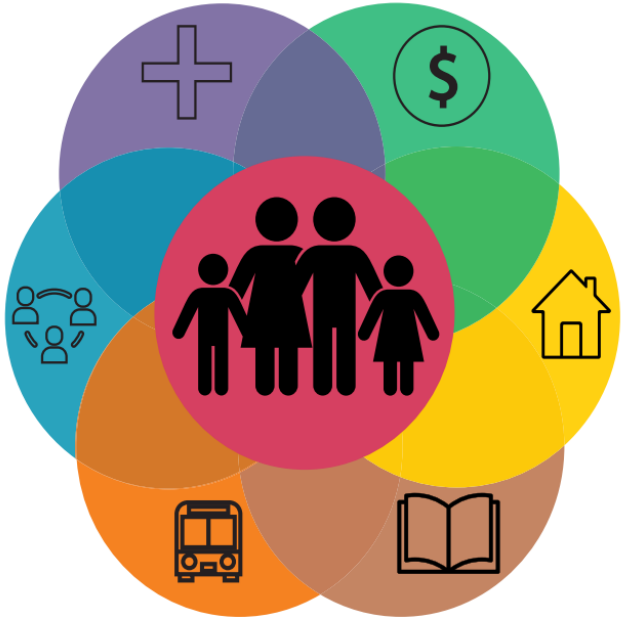
Aligning policies and programs—and building on community strengths—can prevent ACEs, overdose, and suicide.

- **Engage People** as change agents in their communities
- **Increase Understanding** of the shared root causes
- **Ensure Equity** in policies, programs, and services
- **Invest in Research** to better understand what works

PREVENTION BENEFITS US ALL

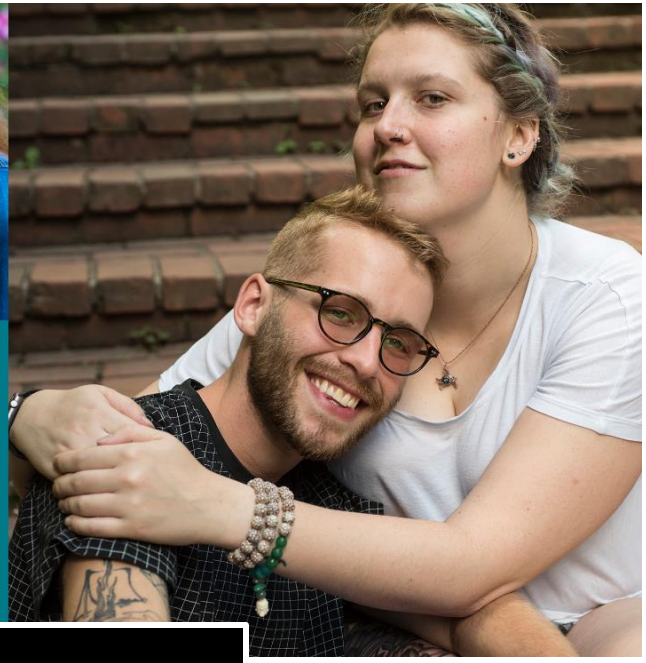
Preventing ACEs, overdose, and suicide has wide-ranging benefits.

- Increased Economic Productivity
- Lower Healthcare Costs
- More Effective Programs and Services
- Longer Life Span



Broadening how we tell the story of suicide…

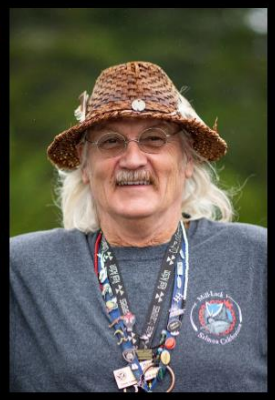
ASK THE QUESTION PROJECT



"I will gladly bare my soul and secrets, if it changes one heart to have hope."

Suicide impacts all communities.

Roughly every three days, someone dies by suicide in Lane County, Oregon.
For every death by suicide, about 25 more people attempt suicide.
Up to another 20,000 Lane County residents seriously consider suicide each year.



WHY WE BUILD

Additional Learning and Resources

OHA Injury and Violence Prevention Program Data Glossary: Overview of data sources and links to reports and additional information.

Suicide Prevention Resource Center

- Locating and Understanding Data for Suicide Prevention Training

Community-Led Suicide Prevention

NEW: This web toolkit provide step-by-step information and how-to-tools for comprehensive suicide prevention. Includes Data Element: How to Use Data To Guide Action and Improve Efforts including:

- Accessing systems data for planning
- Gathering information on community context
- Using data to access progress and make changes

[YouthLine](#)
1-877-968-8491
(text teen2teen at 839863)

Veterans Crisis Line
DIAL 988 then PRESS 1

CRISIS TEXT LINE

Text **OREGON** to 741741

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

988 SUICIDE & CRISIS LIFELINE

RED NACIONAL de PREVENCIÓN del SUICIDIO
1-888-628-9454
prevenciondelsuicidio.org

988 LÍNEA DE PREVENCIÓN DEL SUICIDIO Y CRISIS

Resources

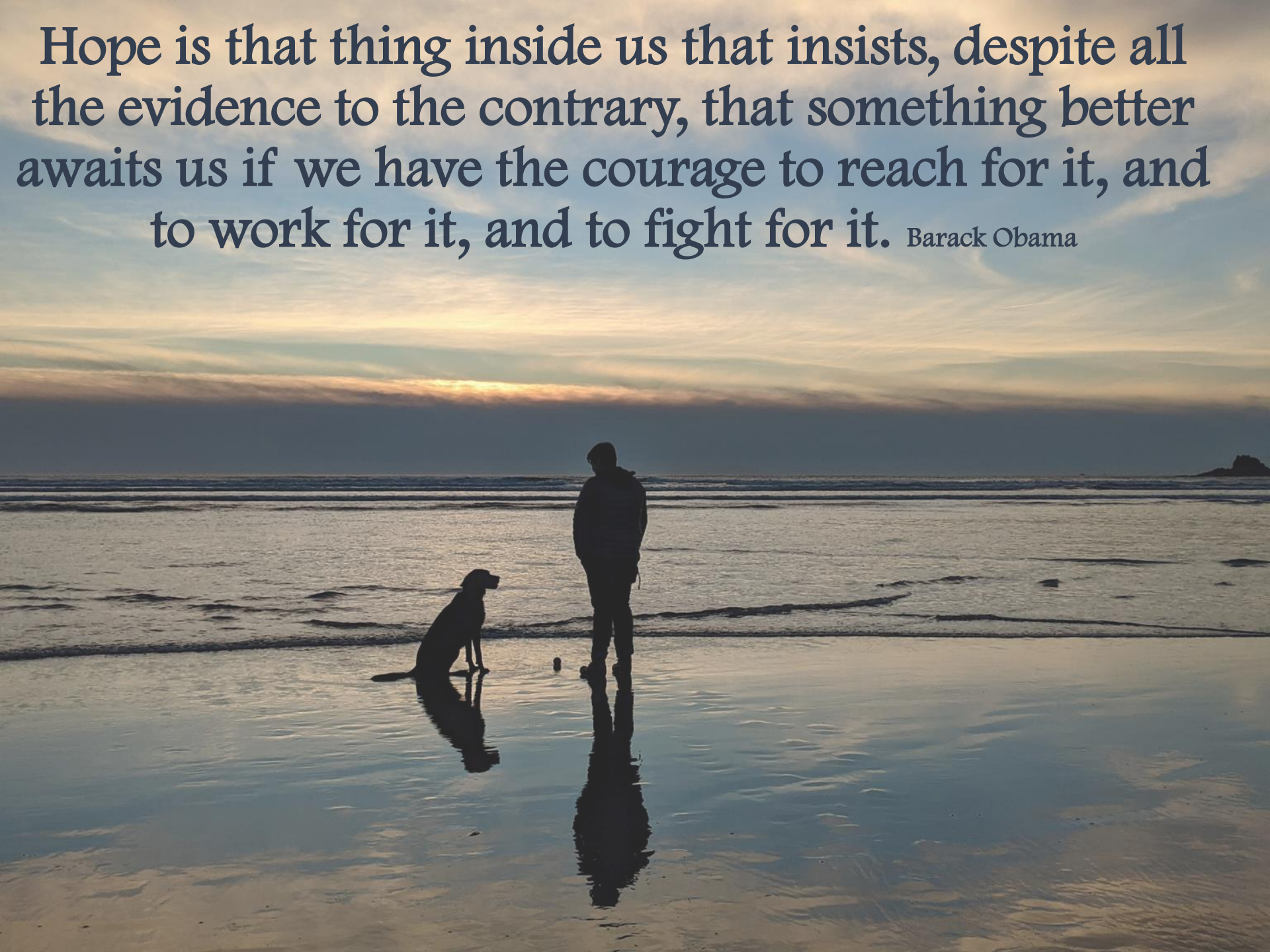
- **Sign up for the OHA Suicide Prevention Network: http://listsmart.osl.state.or.us/mailman/listinfo/yspnetwork**

- Oregon Violent Death Data Dashboards
- OHA Student Health Survey ***New SHS Dashboard***
- OHA Monthly Suicide-Related Data Report
- Oregon ESSENCE (syndromic surveillance)
- 2021-2025 Youth Suicide Intervention and Prevention Plan and Youth Suicide Intervention and Prevention Plan 2021 Annual Report (includes youth suicide data)
- Oregon Veterans Behavioral Health Services Improvement Study
- OHA Injury and Violence Prevention Data Glossary
- Communities of Color Investing In Culturally and Linguistically Responsive Behavioral Health In Oregon Report
- Oregon LGBTQ+ Older Adult Survey

Meghan Crane, MPH
Pronouns: she/her/hers
Zero Suicide in Health Systems Coordinator
Public Health Division
Injury and Violence Prevention Program
p: 971-271-2025
e: meghan.crane@dhsoha.state.or.us

Taylor Chambers, MPH
Pronouns: she/her/hers
Public Health Suicide Prevention Coordinator
Public Health Division
Injury and Violence Prevention Program
p: 503-467-6927
e: taylor.l.chambers@dhsoha.state.or.us

Oregon Health Authority


Hope is that thing inside us that insists, despite all the evidence to the contrary, that something better awaits us if we have the courage to reach for it, and to work for it, and to fight for it. Barack Obama

Injury and Violence Prevention Program (IVPP) Data Glossary

This is an overview of data that the Injury & Violence Prevention Program uses. Please contact us at IVPP.General@odhsoha.oregon.gov. We will connect you with the person who can best answer your specific questions.

Medication Prescribing

Prescription Drug Monitoring Program (PDMP)

Pharmacies report prescriptions filled for drugs (Schedule II-IV and other controlled substances) such as pain or anxiety medications to an electronic database known as the PDMP. Providers can access their patients' prescription history (regardless of which health system is involved) so they can collaborate with other prescribers to reduce the risk of dangerous drug combinations. Information available through the PDMP includes prescriber and pharmacy identifiers, drug information, patient identifiers, and some patient demographics (i.e., age and sex).

Emergency Medical Services (EMS)

Oregon EMS Information System (OR-EMSIS)

Licensed transporting EMS and EMS/Fire agencies are required to report pre-hospital care information for patients. For example, on a call to a transportation-related accident, information such as location, time of day, seat belt use and helmet use can be collected. This information is available by state and county. It has been available since 2016 and takes three months to become available.

Urgent Care Centers, Emergency Department and Hospital Stays

Health care information is available from two sources:

- ESSENCE data (emergency department and urgent care centers visits)
- Administrative discharge data (emergency department visits and hospital stays)

ESSENCE: Electronic Surveillance System for the Early Notification of Community-Based Epidemics

Emergency departments and participating urgent care centers in Oregon share de-identified information on visits to monitor health-related activity, such as suicide attempts and non-fatal overdose. This information is shared with OHA several times a day so that public health officials can alert staff if a higher-than-expected number of visits occur. Statewide information has been available since 2018. A suicide-related events report and overdose report are published monthly. Approved local public health ESSENCE users can get data daily for their counties.

Administrative Discharge Data: Oregon Association of Hospitals and Health Systems

Discharge data include hospital and emergency department (ED) information. Hospitals and EDs report data to OAHHS on visits and stays **when** there is a charge for services. This information includes diagnosis(es), medical care received, primary payors for the charges, disposition at discharge and demographic information (e.g., age, sex, race, and ethnicity). Data quality is good for reliable and consistent injury reporting by use of external cause of injury codes (provided by medical coders) hence why there is a lag in receiving administrative discharge data. Hospital and ED discharge data **do not** overlap. If a patient goes to an ED first and then is admitted to the hospital, their information will appear in the hospital discharge data only.

Hospital discharge data include information for hospital visits that were at least 24 hours long. This information **does not** include outpatient and ED visits. This information has been available since 2000. The diagnoses classifications changed in October 2015, so information after this cannot be compared directly to data from earlier years. It takes four to six months for data to become available after the last day of the quarter. For example, information about discharges in June 2022 would be available between October 2022 and December 2022.

Emergency Department discharge data include information for ED admissions. This information has been available since 2018. As with the hospital discharge data it takes four to six months for data to become available. For example, information about discharges in June 2022 would be available between October 2022 and December 2022.

What's the difference between ESSENCE and administrative discharge data?

ESSENCE data describe ED and urgent care visits (with or without charges for service) but **do not** include information on hospital stays. Discharge data describe ED visits and hospital stays (only when there is a charge for services) but **do not** include information on urgent care center visits.

Both ESSENCE and discharge data have ED visit information, but the number of visits reported in ESSENCE will not match the number of visits reported in discharge data since each of these sources collect and report data differently. This means that the number of ED visits from discharge data cannot be compared to ESSENCE data.

Instead compare each source to itself over time*, "What was the number of ED visits for traumatic brain injuries from discharge data in 2017 compared to number from discharge data in 2018?"* Both sources can be used to describe general trends, "*Both ESSENCE and discharge data show an increase in the number of ED visits for traumatic brain injuries over the last six months."*

Death/Mortality

Death data are available from three sources:

- Center for Health Statistics
- Oregon Violent Death Reporting System
- State Unintentional Drug Overdose Reporting System

Center for Health Statistics (CHS)

Death certificates are registered with CHS. Death certificates are completed and signed by a physician, physician assistant, nurse practitioner, or medical examiner. The data are reported in two ways: "resident deaths," which include the deaths of all Oregon residents, even if the death happened out of state; and "occurrence deaths," which include all deaths that happened in the state, including those who died here but were not Oregon residents. Information is available by state, county, age, race, ethnicity, and sex. Oregon began statewide registration of deaths in 1903. This preliminary information is updated monthly. This information is finalized 10 to 11 months after the calendar year. For example, data from 2021 will be finalized by November 2022.

Oregon Violent Death Reporting System (ORVDRS)
ORVDRS staff gather, review, and link data from death certificates, medical examiner reports, law enforcement reports, and lab (toxicology) reports. Complex, national guidelines are used to translate this data into information that provides a more complete picture of violent deaths. Violent deaths include suicides, homicides, deaths of undetermined intent, legal interventions, and unintentional firearm injury deaths. As a result, questions like the following can be answered: "*Was this random violence? Was the victim a bystander? Did the victim use a weapon? Was this a hate crime? Was there drug involvement?* Because information comes from several sources, it takes longer than other death data to become available. Demographic information such as age, sex, race, and ethnicity is available. This information has been available since 2003 and is updated yearly. The data take about 16 months to become available. For example, data from 2021 will be available after April 2023.

The State Unintentional Drug Overdose Reporting System (SUDORS)
SUDORS staff gather, review, and link data from death certificates, medical examiner reports, and lab (toxicology) reports. Complex rules are used to translate this data into information that provides a more complete picture of each overdose death. As a result, questions like the following can be answered: *"How many overdose deaths involved more than one substance, happened in front of a bystander, or involved people with a history of substance misuse/treatment?"* Because information is taken from several sources, it takes longer than other overdose death data to become available. Demographic information such as age, sex, race, and ethnicity is available. This information has been available since July 2019 and has been updated yearly. The data take eight months to become available. For example, information on overdose deaths from July to December 2022 will be available after August 2023.

What's the difference between CHS, ORDVRS, and SUDORS data?

The number and rates of deaths from these three sources will be different from one another because data are collected and defined differently. Each of these sources have strengths and one is not "better" than the others. Which data are used needs to be based on what questions are to be answered. For example, if **descriptions** about deaths are needed, ORVDRS and SUDORS data should be used. If the data are needed **as soon as possible**, then preliminary CHS data may be more helpful.

The most important thing is to **not** compare data from one source to another. Instead, compare each source to itself over time*, "How many suicides occurred in 2017 compared to 2018 based on CHS data?"* You **can** use multiple sources of information to describe **general** trends, *"Both CHS data and ORVDRS data show an increase in the number of suicides between 2017 and 2018."*

Questions? Please contact us at IVPP.General@odhsoha.oregon.gov. We will connect you with the person who can best answer your specific questions.

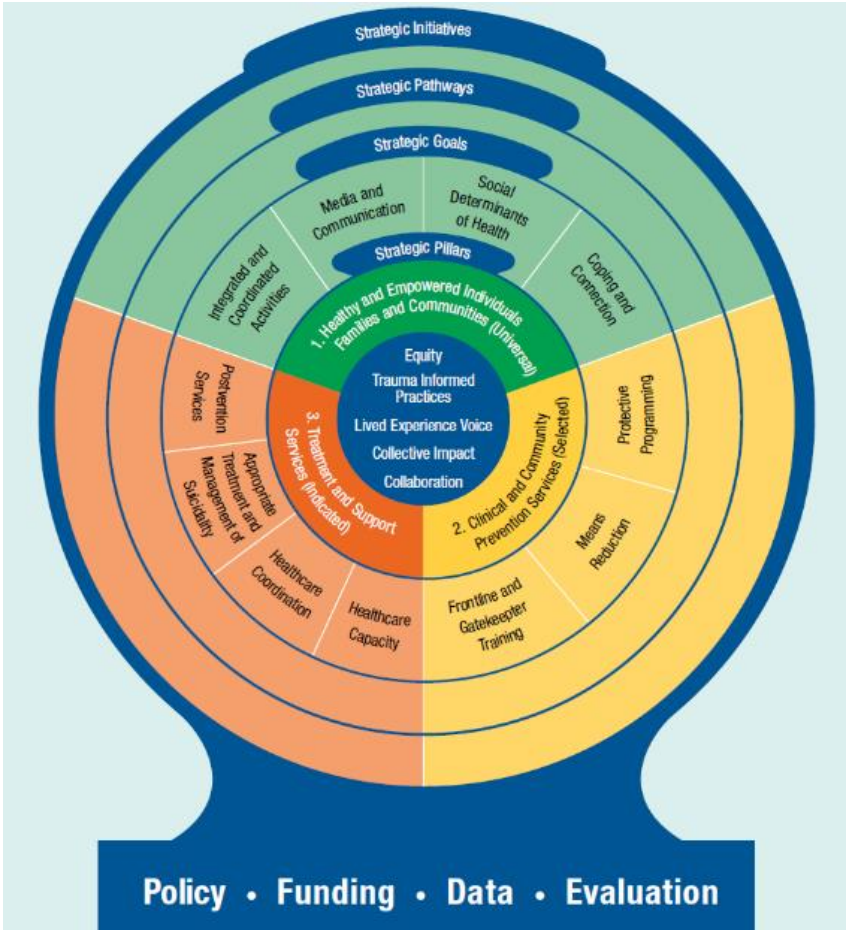
Public health data available through the Oregon Health Authority's Injury and Violence Prevention Program (and notes on other important sources)– October 2022

Objectives:

- Shared understanding of some of the available public health data around suicide (Medicaid/other utilization data not included)
- Knowledge on where to find these data and who to reach out to with technical questions
- Examples of how these data have *or could* inform Oregon Suicide Prevention Framework initiatives

Available data is presented in tables to illustrate how they *could* align with the Oregon Suicide Prevention Framework Pillars as well as Data and Evaluation Foundation Lenses:

1. Healthy and empowered individuals, families and communities
2. Clinical and community preventative services
3. Treatment and support services
4. Data and Evaluation Foundation Lenses



Data that has or could inform Pillar 1: Healthy and empowered individuals, families and communities				
Measure	**Stratifications**	**Time Period**	**Link & Source**	**IVPP Contact**
Previous Survey				
1. Percentage of students who **seriously considered** suicide	By state; county[1]; **grade: 8th & 11th;** age; race/ethnicity; tribal affiliation; primary language; youth with disabilities; sexual orientation; gender identify, sex at birth[2]	2001- 2019 (administered in odd years only)[3]	Oregon Healthy Teens (OHT) Survey[4]	studenthealth.survey@dhsoha.state.or.us
2. Percentage of students who **attempted suicide** one or more times in the previous 12 months (included in YSIPP Annual Report)				
3. Percentage of **lesbian and gay** students who contemplated suicide in the past 12 months (included in YSIPP Annual Report)				
4. Percentage of **transgender or gender diverse** students who contemplated suicide in the past 12 months (included in YSIPP Annual Report)				
5. Percentage of students who said they **could get access** to and be ready to fire a loaded gun in less than 24 hours				
New Survey				
6. Percentage of students who said they **seriously considered** suicide; Percentage of students who said they **attempted suicide** one or more times in the previous 12 months	By state; county; grade: **6th, 8th &11th;** age; race/ethnicity; tribal affiliation; primary language; youth with disabilities; sexual orientation; gender identity; sex at birth	2020 (survey first administered in Fall 2020 – Spring 2021. Survey repeated in even years[5].	Student Health Survey (SHS) SHS Data Portal	studenthealth.survey@dhsoha.state.or.us
7. Other SHS Measures that have shared risk and protective factors with suicide risk including **connectedness and belonging, housing stability, anxiety, substance use**, etc.	By state; county; grade (refer to indiv. measure); and additional stratifications listed above.			
8. Percentage of students who said they **could get access** to and be ready to fire a loaded gun in less than 24 yours	By state; county; grade: **8th & 11th;** age; and additional stratifications listed above.			
9. Percentage of students who said they **seriously considered** attempting suicide due to experiences due to the coronavirus or coronavirus symptoms	By state; county; grade: **11th;** age; race/ethnicity; tribal affiliation; primary language; youth with disabilities; sexual orientation; gender identity; sex at birth			

[1] Note: County level data should be considered in relation to the number of districts that participated by county. A list of district participation by county can be found here.
[2] Note: Some OHT Survey results for suicide related questions may not be able to be stratified by demographics based on small counts.
[3] Note: Suicide related questions have been revised or added over the years and may not be comparable over entire time period or between OHT and SHS results.
[4] Starting in 2020, the OHT Survey and OHA Student Wellness Survey have been combined into the Student Health Survey. These surveys are NOT managed by Injury Violence and Prevention but are included because they are a crucial source of data to support Oregon Suicide Prevention Framework activities.
[5] Results for the 2020 SHS survey are available by county as PDF files. Districts and schools from every county, except Gilliam and Wallowa, participated in this year's survey. Dur to relatively small sample sizes, the following counties were combined for more robust results: Sherman/Wasco into North Central Health District and Grant/Harney/Lake.

Data that has or could inform Pillar 2: Clinical and community preventative services and Pillar 3: Treatment and support services				
Measure	**Stratifications**	**Time Period**	**Link & Source**	**IVPP Contact/How to Access Data**
10. Number of **calls** to the 988 Suicide & Crisis Lifeline (previously the National Suicide Prevention Lifeline)[6]	By state	2019-2022 YTD 1-month lag	Monthly Suicide-related Public Health Surveillance Update Sources: Oregon ESSENCE[7], Lines for Life, and the Oregon Poison Center	IVPP.General@dhsoha.state.or.us Local Public Health Authorities, hospitals and other approved entities can request access to county/service area data. Learn more on the OHA Accessing Oregon ESSENCE webpage.
11. Number of **total** calls to the Oregon Poison Center				
12. Number of **suicide-related** calls to the Oregon Poison Center (for intentional and suspected suicides)				
13. Percentage of **total** calls to the Oregon Poison Center that were suicide-related (for intentional and suspected suicides)				
14. Number of **total** visits to Emergency Departments (EDs) and Urgent Care Centers (UCCs)[8]				
15. Number of **suicide-related** visits to EDs and UCCs[8]				
16. **Percentage** of total visits to EDs and UCCs that were suicide-related[8]				
17. Number of suicide-related visits to EDs and UCCs for youth ages **18 and younger**				
Hospital Discharge Data				
18. Count and percentage of total **suicide-related hospitalization that were at least 24 hours long**	By state; county; age; mechanism; diagnosis and procedure information; condition at discharge; costs; payers (up to 3)	Available since 2000. 6 month lag.	Hospital Discharge Data	Dagan.A.Wright@dhsoha.state.or.us
19. Count and percentage of total **suicide-related Emergency Department visits**	By state; county; age; mechanism; diagnosis and procedure information; condition at discharge; costs; payers (up to 3)	Available since 2018. 6 month lag.	Hospital Discharge Data	Dagan.A.Wright@dhsoha.state.or.us

[6] Call originating from a phone number with an Oregon area code

[7] Syndromic surveillance in Oregon (a project called Oregon ESSENCE - Electronic Surveillance System for the Early Notification of Community-Based Epidemics) provides real-time data for public health and hospitals to monitor what is happening in emergency departments across the state before, during and after a public health emergency

[8] OHA Injury and Violence Prevention Program is finalizing a public facing dashboard that will provide this data by county and at state level will include age group, sex (M/F), race/ethnicity data.

Data that has or could inform Oregon Suicide Prevention Framework Foundational Elements of Data and Evaluation				
Measure	**Stratifications**	**Time Period**	**Link & Source**	**IVPP Contact**
Suicide Data				
20. Number[9] and rate of **suicide** by year and sex	By state; sex: male/female	2000-2020	Oregon Violent Death Reporting System[10]	Xun.SHEN@dhsoha.state.or.us
21. Number and rate of suicide mapped by **county**	By county	2010-2020		
22. Number and rate of suicide by **age group and sex**	By state; sex: male/female; age: 10-24, 25-44, 45-64, 65+	2010-2020		
23. Number and rate of suicide by **county and age group**	By state; county; age: 10-24, 25-44, 45-64, 65+	2003-2020		
24. Number (and Percentage[11] of total) for **mechanism** of suicide.	By state; sex: male/female; mechanism: firearm, suffocations, poisoning, other	2010-2020		
25. **Percentage** of total suicide by mechanism and by county	By state; county; mechanism: firearm, suffocations, poisoning, other	2016-2020		
26. **Factors associated** with suicide by age group and sex (percentage of total)	By state; sex: male/female; age: 10-24, 25-44, 45-64, 65+	2016-2020		
27. Number and rate of suicide for **Veterans** compared to general population	By state	2010-2020		
28. **Percentage** of suicide by age group	By state; age: 10-24, 25-44, 45-64, 65+	2016-2020		
29. Rate of suicide by **race/ethnicity and sex**	By state; sex: male/female; race/ethnicity	2016-2020		
30. Rate of suicide by **specific ages (5-year groups)**	By state; age: 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+	2016-2020		
31. Suicide Deaths and Rates Among People Aged 16 to 64 Years by **Occupation Group**	By state; occupation group	2016-2020		

[9] Can also be referred to as "count."

[10] The NVDRS in Oregon collects data from several data sources: Oregon Medical Examiners' reports, Oregon Crime Lab reports, Oregon Law Enforcement Data System Uniform Crime reports, the Homicide Incident Tracking System, local law enforcement reports, Death Certificates, and Child Fatality Review reports .This program collects information from many data sources and compiles incident-based cases for all violent deaths in Oregon in order to generate public health information on violent deaths and to develop violence prevention strategies.

[11] Can also be referred to as "proportion."

Data that has or could inform YSIPP Strategic Direction 4 Surveillance, research and evaluation				
Measure	**Stratifications**	**Time Period**	**Link & Source**	**IVPP Contact**
Firearm Data				
32. Rate of firearm deaths by **intent**	By U.S; state; intent: suicide, homicide, all	2000-2020	Oregon Violent Death Reporting System[12]	Xun.SHEN@dhsoha.state.or.us
33. Number and rate of firearm deaths by intent and **sex of decedent**	By state; sex: male/female; intent: suicide, homicide, all	2011-2020		
34. Number and rate of firearm deaths by intent mapped by **county**	By county; intent: suicide, homicide, all	2011-2020		
35. **Percentage** of firearm deaths by intent and year	By state; intent: suicide, homicide, legal intervention, undetermined, unintentional	2011-2020		
36. **Factors associated** with firearm suicides by sex (percentage of total)	By state; sex: male/female	2011-2020		
37. Number of **fatality incidents** by year	By state	2011-2020		
38. **Type** of firearm used by intent (percentage of total)	By state; intent: suicide, homicide, all	2011-2020		
39. **Percent of deaths** by intent attributable to firearms	By state, intent: gang related homicide, homicide, homicide-suicide, suicide	2011-2020		
40. Rate of firearm deaths by **age and intent**	By state; age: 0-9,10-17, 18-24,25-44, 65+; intent: suicide, homicide	2011-2020		
41. Rate of firearm death by **race/ethnicity and sex**	By state; sex: male/female; race/ethnicity	2011-2020		

[12] The NVDRS in Oregon collects data from several data sources: Oregon Medical Examiners' reports, Oregon Crime Lab reports, Oregon Law Enforcement Data System Uniform Crime reports, the Homicide Incident Tracking System, local law enforcement reports, Death Certificates, and Child Fatality Review reports .This program collects information from many data sources and compiles incident-based cases for all violent deaths in Oregon in order to generate public health information on violent deaths and to develop violence prevention strategies.

Data that has or could inform YSIPP Strategic Direction 4 Surveillance, research and evaluation				
Measure	**Stratifications**	**Time Period**	**Link & Source**	**IVPP Contact**
Vital Statistics (death certificate)[13]				
42. **Leading causes** of death for Oregon residents	By state; sex: M/F; age group; rank order; race/ethnicity; place of death	2017-2020 via Leading Causes of Death Dashboard	OHA Vital Statistics: Center for Health Statistics	IVPP.General@dhsoha.state.or.us
43. Number or crude rate of deaths by **manner and county** of residence	By state; manner (natural, suicide, homicide, unintended injury, undetermined intent, legal intervention, other); age group, type of injury (ex: poisoning/overdose, firearm, suffocation); sex: M/F; race/ethnicity By county; manner; type of injury	2017-2020 via Injury Deaths Dashboard		
44. **Preliminary cause of death by manner and county** of resident	By state and county; manner	2021 and 2022 (2 month lag) via Preliminary Death Dashboard (refer to manner dashboard)		

[13] These data are NOT managed by Injury Violence and Prevention but are included because they are a crucial source of data for suicide prevention planning.