



Equity Orientation at Workforce Meeting

October 6, 2023

Addressing Suicide Across Diverse Communities

Suicide Affects Everyone

- Suicide is a public health issue that impacts people of all backgrounds, including People of Color

Complex Statistics

- Suicide statistics for People of Color may be misleading due to
 - Underreporting
 - Aggregation of data
 - Obscured high rates of suicide attempts in specific subgroups

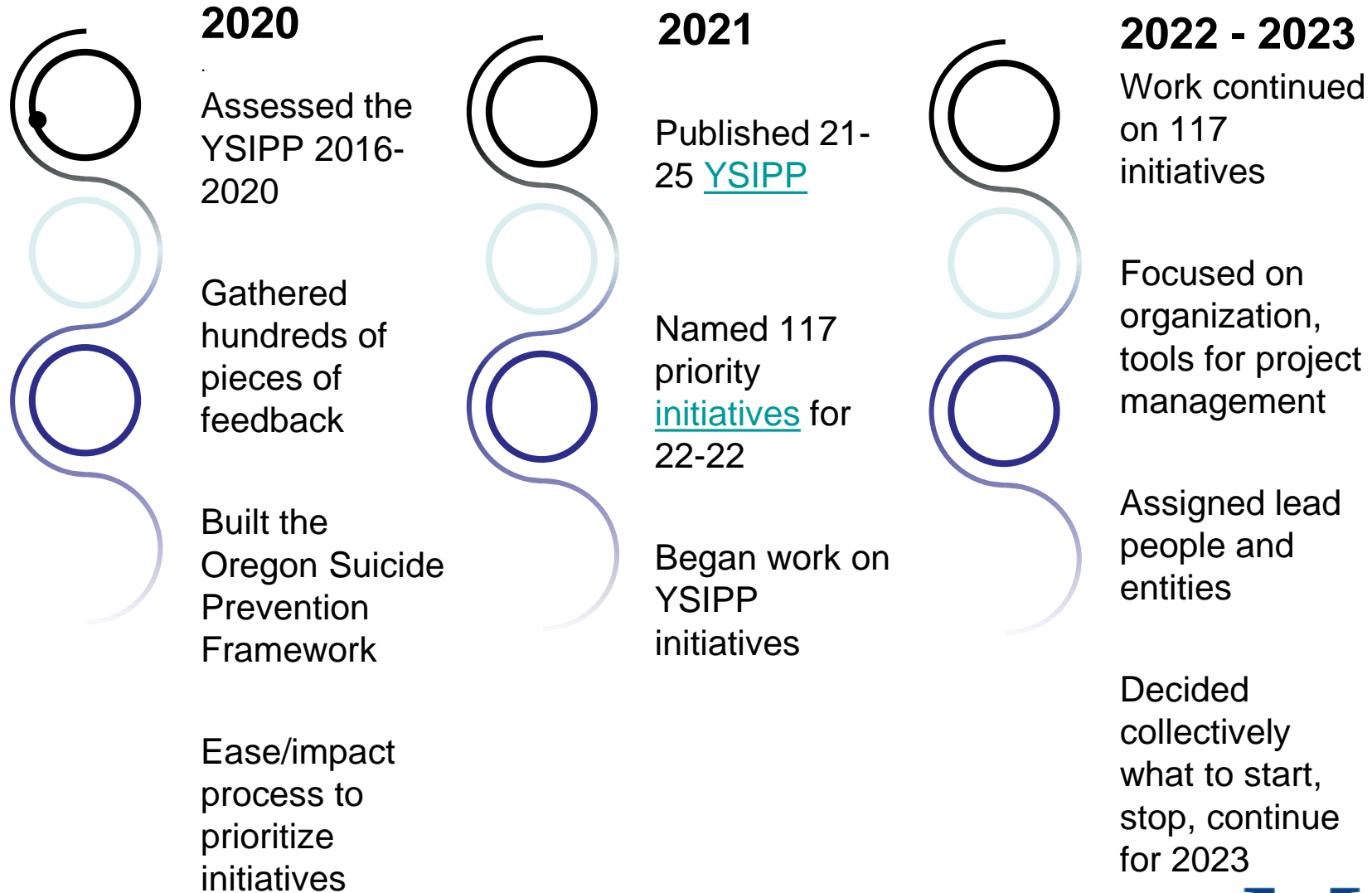
Mental Health Concerns

- Many communities of color experience high levels of depression and PTSD, which need to be addressed for effective suicide prevention

Inclusive Prevention

- Suicide prevention efforts must better address the unique needs of communities of color

How we got here



P1 | SPOT CHECK HOW IS IT GOING? CAN WE DO BETTER?

How is the initiative changing or maintaining the status quo?

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Have there been any unintended consequences?

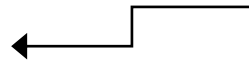
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Is change needed?

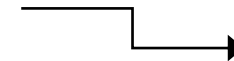
No = Continue

How do you know it's working?

How will you know when to stop?



Yes = Pivot or Stop



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Is there anything we need to do to repair harm?

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Core Concepts

Complex Reasons for Suicide

- Suicide's complexity is rooted in cultural context

Disparities Exist

- Disparities exist among different social identity and group characteristics (e.g. gender, race, SES, education)

Distinguish High-Risk from Oppressed

- High-risk groups are not always those impacted by oppression

Equity Lens Perspective

- Equity lens goes beyond individual traits for solutions
- Considers social identities and systemic factors affecting suicide risk

Cultural and Societal Influence

- Complex, multi-faceted ways culture and society impact individuals

Talking about youth suicide and data

- These data represent human lives, and far too many have been lost to suicide.
- How suicide is measured (rate vs count)
- Statistical analysis with “small” numbers – does not measure impact
- No “perfect” data set – we chose a few to show you today, know that its not a full/complete story

Source: CDC WISQARS & OPHAT & WONDER data sets

Year	Number of youth suicides	Suicide death rate (per 100,000)	Rank among 50 states (50 is lowest rate)
2014	97	12.9	12
2015	90	12	16
2016	98	13	15
2017	107	14.1	17
2018	129	16.9	11
2019	116*	15.3	11
2020	101†	13.3	18
2021	95	12.4	22

* In addition to these deaths among youths in Oregon age 10–24, there were two suicide deaths among children younger than 10 in 2019.

† In addition to these deaths among youth in Oregon age 10–24, there was one suicide death among children younger than 10 in 2020.

(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)

Number of suicides among youth aged 24 years and younger by year and race/ethnicity, Oregon 2018 - 2021

Race/Ethnicity	2018	2019	2020	2021
	Deaths	Deaths	Deaths	Deaths
Non-Hispanic Am Indian/Alaska Native	3	2	2	1
Non-Hispanic Asian / Pacific Islander	3	1	4	2
Non-Hispanic Black	5	3	1	7
Non-Hispanic two or more races	1	2	4	5
Non-Hispanic White	95	88	76	59
Hispanic, All Races	19	17	13	16
Unknown Race	1	0	0	2
Total	127	113	100	92

Note: Oregon residents who died out of state are not included. Hispanic includes all races.


Source: CDC WONDER

Black Youth Suicide in Oregon (Ages 5 to 24)

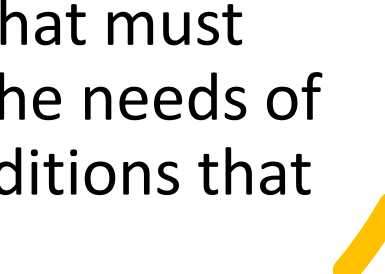
In 2021, non-Hispanic black youth deaths accounted for 7.6% of Oregon's youth suicides - yet black youth represent 2.31% of Oregon's youth. Source: Oregon Public Health Assessment Tool (OPHAT), ORVDRA

- **Emergency Dept Visits:** African American females had the highest rates of visits to emergency departments for suicide ideation and attempts (2020 - 2022) Source: Administrative Discharge Data - Oregon Hospitals and Health Systems
- **Hospitalizations:** African American females had the highest rates of hospitalizations for suicide ideation and attempts (2020-2022)
- **Youth Suicide Rate (Source CDC Wonder)**
- Oregon's youth suicide rate decreased 27% from 2018-2021
- This decrease is largely due to decreases in number of deaths in number of deaths of youth identified as white.
- For youth of color (all ethnicities other than white), no reduction in suicide occurred in 2021 (31 deaths) compared to 2018 (31 deaths)

Principle 1: Addressing Impacts of Oppression

- Forms of oppression and exclusion exist, impacting how programming and human and financial resources are distributed, how people are treated, and how suicide is viewed in communities. To make things fair for everyone, we need to look at the things that people usually assume are true, and the rules that make it hard for some people to succeed. We need to change the way we make decisions and share resources so that everyone has a fair chance.
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Some Key Questions: Principle 1

- How do unfair and exclusionary practices affect the mental and physical health of people in the community?
 - What institutional barriers are getting in the way of preventing suicide in your community?
 - What things in their lives, like where they live, their surroundings, and the situations they're in, make this group more likely to consider suicide?
 - What are the opportunities/what must change in current practices to meet the needs of your group to improve the social conditions that make them vulnerable?
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What am I asking of committees/advisory groups/SPIP teams?:

1. Review of your 2023 YSIPP initiative(s) to assess progress. What's left on your plate?

2. Thinking of 2024 bandwidth and equity-centered priorities:

- What do we want to keep working on?
- What do we think we'll have bandwidth for?
- Is there a project/initiative that we want to let go of?
- Are there projects/initiatives that we want to add?
- Are there projects/initiatives we want to recommend that OHA add?