Disproportionally Impacted Communities

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Lindsey Myers, MPH
Agenda

• Overview of Disparities
• LGBTQ Youth
• Veterans
• Farmers
• Rural
• First Responders
• Native Americans
• Now What?
Equity vs. Equality
LGBTQ Youth

• Lesbian
• Gay
• Bisexual
• Transgender
• Queer/Questioning
LGBTQ Youth Anxiety and Depression

73% LGBTQ Youth Reporting Symptoms of Anxiety

58% LGBTQ Youth Reporting Symptoms of Depression

The Trevor Project 2022 National Survey on LGBTQ Youth Mental Health
Rates of Considered and Attempted Suicide Among LGBTQ Youth

- **Considered suicide**
  - Ages 13-17: 50%
  - Ages 18-24: 37%

- **Attempted suicide**
  - Ages 13-17: 18%
  - Ages 18-24: 8%

The Trevor Project 2022 National Survey on LGBTQ Youth Mental Health
LGBTQ Suicide Attempts in Past Year By Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native/Indigenous</td>
<td>21%</td>
</tr>
<tr>
<td>Black</td>
<td>19%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>17%</td>
</tr>
<tr>
<td>Latinx Asian American/Pacific Islander</td>
<td>16%</td>
</tr>
<tr>
<td>White</td>
<td>12%</td>
</tr>
<tr>
<td>Veterans</td>
<td>12%</td>
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<tr>
<td>Farmers</td>
<td>12%</td>
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<tr>
<td>Rural</td>
<td>12%</td>
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<tr>
<td>First Responders</td>
<td>12%</td>
</tr>
<tr>
<td>Native Americans</td>
<td>12%</td>
</tr>
</tbody>
</table>

The Trevor Project 2022 National Survey on LGBTQ Youth Mental Health
Risk Factors

- Minority stress
- Rejection and lack of social support & affirming spaces
- Physical harm & bullying
- Discrimination
- Conversion therapy
Veterans
• People who have previously served in the military account for about **13.7%** of suicides among adults in the United States.

• Veterans have an age adjusted suicide rate that is **52.3%** greater than the non-veteran US adult population.

• Since 2010, more than **65,000** veterans have died by suicide – more than the total number of deaths from combat during the Vietnam War and the operations in Iraq and Afghanistan.
Average Veteran Suicides Per Day 2018, 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>VHA Encounters</th>
<th>No VHA Encounter</th>
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<tbody>
<tr>
<td>Overview</td>
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<tr>
<td>LGBTQ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td>6.8</td>
<td>10.4</td>
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<tr>
<td>Farmers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td></td>
<td></td>
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<tr>
<td>First Responders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Americans</td>
<td></td>
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</tr>
</tbody>
</table>

Overview

LGBTQ

Veterans

Farmers

Rural

First Responders

Native Americans
Risk Factors

- Coping with effects of aging
- Homelessness
- Unaddressed chronic health conditions
- Underlying mental health conditions or substance use disorder, in some cases aggravated by their military service.
- Diminished social environment
- Access to and knowledge of how to use firearms
Farmers
Farmers

• Farmers and ranchers had a suicide rate that was, on average, $3.5X$ that of the general population.

• Agriculture, Forestry, Fishing, and Hunting male suicide rates 36.1 per 100,000.

Risk Factors

- Debt
- Reduced commodity prices
- Drought
- Possibility of Losing Farm
Rural
Rural Mental Healthcare Access

Rural mental-health access

Across the Midwest, rural counties have fewer mental-health professionals per person and more injury deaths per person, than suburban and metro counties. Injury deaths include suicides, homicides and accidental injuries.

- Rural
- Non-metro
- Metro

Mental-health professionals per 100,000 people

- Rural: 63
- Non-metro: 130
- Metro: 146

Injury deaths per 100,000 people

- Rural: 100
- Non-metro: 79
- Metro: 71

Population Density Rates

Rural areas experience much higher rates of suicide than urban areas. Suicide rates increase as population density decreases and an area becomes more rural:

### 2018-2019 - Number of deaths per 100,000

- Large central metropolitan: 10.9
- Large fringe metro: 12.5
- Medium metro: 15.3
- Small metro: 17.2
- Micropolitan (non-metro): 18.3
- **Noncore (non-metro): 20.5**

Stone DM, Jones CM, Mack KA. Changes in Suicide Rates — United States, 2018–2019. MMWR Morb Mortal Wkly Rep 2021;70:261–268. DOI: [http://dx.doi.org/10.15585/mmwr.mm7008a1](http://dx.doi.org/10.15585/mmwr.mm7008a1)
RURAL/URBAN AGE-ADJUSTED SUICIDE RATES, BY SEX
UNITED STATES, 1999-2015

Note: Suicides are identified using International Classification of Diseases, 10th revision underlying cause of death codes U03, X60-X84 and Y87.0. Age-adjusted death rates were calculated using the direct method and the 2000 standard population. Rurality of county of residence is based on 2006 classification scheme.
Suicide rates in rural areas are highest among non-Hispanic AI/AN males (59.6 per 100,000) and non-Hispanic white males (37.9 per 100,000).

First Responders
Attempted suicide rates are 10 times higher among first responders

Depression

36%
Of EMS providers suffer from depression

How First Responders Develop Serious Mental Health Issues

Exposure to
death, grief, injury, pain and loss

Coupled with
demanding schedules, physically challenging jobs, and a lack of safety and security

Can result in
emotional trauma

If left untreated can lead to
Depression, anxiety, PTSD, suicidal ideation, and suicide

https://counseling.northwestern.edu/blog/first-responders-suicide-help/
Native Americans
Mental Illness

1.2% of the U.S. population identifies as Native American or Alaskan Native.

Of those, over 21% had a diagnosable mental illness in the past year.

That is over 830 thousand people.

Enough to FILL EVERY major league baseball stadium on the East Cost TWICE.

Sources:
Native Americans Suicide Rates

Age-adjusted death rates for suicide, by sex, race and Hispanic origin, 2018

- Male: American Indian/Alaska Native - 33.6%, Non-Hispanic White - 28.6%
- Female: American Indian/Alaska Native - 11.1%, Non-Hispanic White - 8%
- Total: American Indian/Alaska Native - 22.3%, Non-Hispanic White - 18.1%

Native American Suicide Rates

Death rates for suicide: ages 15 - 19, 2019

Male
- American Indian/Alaska Native: 49.1%
- Non-Hispanic White: 18.3%

Female
- American Indian/Alaska Native: 29.7%
- Non-Hispanic White: 5.7%

Total
- American Indian/Alaska Native: 39.5%
- Non-Hispanic White: 12.2%

Risk Factors

- Mental health disorders
- Substance use disorders
- Intergenerational trauma
- Access to care
- Community-wide issues
- Poverty

Retrieved from: https://www.ihs.gov/suicideprevention
Emerging Trends
## Suicide Death Rates by Demographics and Location, 2010 to 2020

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2010 Suicide Death Rate/100,000 population</th>
<th>2020 Suicide Death Rate/100,000 population</th>
<th>Percent Change from 2010 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>15.0</td>
<td>16.8</td>
<td>12.0</td>
</tr>
<tr>
<td>Black</td>
<td>5.4</td>
<td>7.7</td>
<td>43.0</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>5.9</td>
<td>7.5</td>
<td>27.0</td>
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<tr>
<td>Asian or Pacific Islander</td>
<td>6.2</td>
<td>6.8</td>
<td>10.0</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>16.9</td>
<td>23.9</td>
<td>41.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>2010 Suicide Death Rate/100,000 population</th>
<th>2020 Suicide Death Rate/100,000 population</th>
<th>Percent Change from 2010 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17</td>
<td>3.9</td>
<td>6.3</td>
<td>62.0</td>
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<tr>
<td>18-25</td>
<td>12.8</td>
<td>17.0</td>
<td>33.0</td>
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<tr>
<td>26-44</td>
<td>15.0</td>
<td>17.8</td>
<td>19.0</td>
</tr>
<tr>
<td>45-64</td>
<td>18.6</td>
<td>17.4</td>
<td>-6.0</td>
</tr>
<tr>
<td>65+</td>
<td>14.9</td>
<td>16.4</td>
<td>10.0</td>
</tr>
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</table>
## Continued...

<table>
<thead>
<tr>
<th>Sex</th>
<th>2010 Suicide Death Rate/100,000 population</th>
<th>2020 Suicide Death Rate/100,000 population</th>
<th>Percent Change from 2010 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>19.8</td>
<td>22.0</td>
<td>11.0</td>
</tr>
<tr>
<td>Female</td>
<td>5.0</td>
<td>5.5</td>
<td>10.0</td>
</tr>
<tr>
<td>Rurality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonmetro</td>
<td>15.5</td>
<td>19.1</td>
<td>23.0</td>
</tr>
<tr>
<td>Metro</td>
<td>11.5</td>
<td>12.6</td>
<td>10.0</td>
</tr>
</tbody>
</table>

SOURCE: KFF analysis of CDC WONDER, 2010 to 2020 PNG
Now What?
Community Engagement
4. Ongoing mobilization of the media
   1. Tips for successfully working with the local media
   2. Responsible media reporting

5. Monitor and evaluate the community action plan
   1. Continuous monitoring
   2. Evaluation to formulate lessons learned for future efforts
   3. Surveillance systems and quantitative change

6. Community feedback meeting
Moving Prevention Upstream

Why do we believe in the importance of upstream prevention? To understand, imagine standing along the bank of a rushing river...

There are people struggling in the water. It’s clear that without help, they could drown. Person after person are pulled to shore. They’re weak and cold, and some are clearly ill. Before long, more people float by. It’s a struggle to rescue as many people as possible. The question is: What else could be done to help them?

The rush of people isn’t stopping. Upstream, there are people clinging to tree branches and rocks in the water. They haven’t been swept away by the current yet, but they still need help. Life preservers are thrown to those in the water. The question is: Where are they all coming from?

Life jackets are being handed out when there is a distant scream. Upstream, someone falls through a hole in an old bridge and splashes into the river below. That’s it! If someone doesn’t post warning signs or repair the bridge, more people will fall in. Heading upstream with a toolbox, it’s clear: Fixing this bridge will help keep people safe today and for years to come.

Upstream Prevention

Why intervene here?
It’s important to help people in urgent need. When individuals face a crisis, tertiary prevention services offer vital treatment options that help individuals cope and recover. These interventions are essential for dealing with the consequences of trauma. The next step? Helping people avoid them.

Why intervene here?
Giving people tools and support for improving their own health is key. Secondary prevention programs provide a critical early response to behavioral health challenges. Such mildstream interventions can help individuals avoid further harm. The next step? Addressing trauma’s root causes.

Why intervene here?
Helping people build resilience can prevent harm before it occurs. That’s why primary prevention takes place upstream. By addressing the root causes of public health challenges, these interventions have the power to strengthen and protect communities as well as individuals.
• Wisconsin example
• Colorado example
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthen economic supports</td>
<td>• Strengthen household financial security</td>
</tr>
<tr>
<td></td>
<td>• Housing stabilization policies</td>
</tr>
<tr>
<td>2. Strengthen access and delivery of suicide care</td>
<td>• Coverage of mental health conditions in health insurance policies</td>
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<td></td>
<td>• Reduce provider shortages in underserved areas</td>
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<tr>
<td>3. Create protective environments</td>
<td>• Safer suicide care through system change</td>
</tr>
<tr>
<td>4. Promote connectedness</td>
<td>• Reduce access to lethal means among persons at-risk of suicide</td>
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<tr>
<td></td>
<td>• Organizational policies and culture</td>
</tr>
<tr>
<td>5. Teach coping and problem-solving skills</td>
<td>• Community-based policies to reduce excessive alcohol use</td>
</tr>
<tr>
<td>6. Identify and support people at risk</td>
<td>• Peer norm programs</td>
</tr>
<tr>
<td>7. Lessen harms and prevent future risk</td>
<td>• Community engagement activities</td>
</tr>
<tr>
<td></td>
<td>• Social-emotional learning programs</td>
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<tr>
<td></td>
<td>• Parenting skill and family relationship approaches</td>
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<tr>
<td></td>
<td>• Gatekeeper training</td>
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<tr>
<td></td>
<td>• Crisis intervention</td>
</tr>
<tr>
<td></td>
<td>• Treatment for people at-risk of suicide</td>
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<tr>
<td></td>
<td>• Treatment to prevent re-attempts</td>
</tr>
<tr>
<td></td>
<td>• Postvention (activities that reduce risk and promote healing after a suicide death)</td>
</tr>
<tr>
<td></td>
<td>• Safe reporting and messaging about suicide</td>
</tr>
</tbody>
</table>
State Examples

Featuring Charlie the Great!
Speaking with Legislators and Suicide Prevention Legislation

Charlie Severance-Medaris, policy specialist, NCSL Health Program

April 26, 2021
Preventing Suicide Among LGBTQ+ Youth

Arkansas  California  Colorado  Illinois  Utah
Preventing Suicide Among Veterans

Florida  Texas  Utah  West Virginia  Washington
Preventing Suicide Among First Responders

Illinois

Kentucky
Farmers and Rural Communities

Kentucky  New York  Washington  Wisconsin (Proposed)
Native Americans and Other Racial Disparities

**Colorado** - Appropriated $5 million for facilities to provide mental health services to tribal communities.

**Delaware (Pending)** – Requires the governor to consider black and indigenous women in the membership of the Child and Maternal Death Review Commission, recognizes the role and disparity of suicide in maternal and child deaths in black and indigenous communities.