



**County
Health Officials
of New York**

Leading the way to healthier communities

**Testimony by the New York State Association of County
Health Officials (NYSACHO)**

**Senate Public Hearing on Suicide and Suicide Prevention
June 4, 2019**

NYSACHO's MISSION:

To support, advocate for, and empower local health departments
in their work to prevent disease, disability and injury
and promote health and wellness
throughout New York State.

*NYSACHO is incorporated as a not-for-profit, non-partisan
charitable organization with 501(c)(3) tax exempt status.*

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Introduction

The mission of the New York State Association of County Health Officials (NYSACHO) is to support, advocate for, and empower the 58 local health departments (LHDs) in their work to prevent disease, disability and injury and promote health and wellness throughout New York State. LHDs are your partners and operational extensions, working in the forefront of communities as chief health strategists, addressing public health issues and serving as the first line of defense against all public health crises.

On behalf of the 58 local health departments in New York State, it is an honor to submit testimony during the Senate Public Hearing on Suicide Prevention. Activities led by New York's LHDs are paramount to our collective ability to achieve Prevention Agenda goals, address health disparities, improve health outcomes and ensure community safety, stability and injury prevention. Local health departments are responsible for providing core public health services in the areas of family health; communicable disease; chronic disease; emergency preparedness and response; conduct a community health assessment and for thirty-six full service LHDs, environmental health services. In addition to the provision of core public health services, LHDs also monitor emerging issues and trends impacting the health of communities including the opioid epidemic, communicable disease outbreaks (Measles, Zika, Ebola, Hepatitis A), rising rates of sexually transmitted infections and dangerous water contaminants. Suicide rates are on a nationwide upward trend, an emerging issue that the State Department of Health and Local Health Departments are keeping a careful watch over and working proactively to address.

According to the New York State Suicide Prevention Task Force Report, "Although New York State has one of the lowest per capita rates in the nation, we have one of the highest overall losses of life due to our large population, losing approximately 1,700 New Yorkers each year to suicide."¹ This upward trend in suicidal activity indicates the need for health focused stakeholders working collaboratively to implement evidence-based interventions that will reduce rates and protect communities.

The public health approach to suicide prevention is a multidisciplinary process that focuses on identifying broader patterns of suicide and suicidal behavior throughout populations and developing evidence-based interventions to reduce the occurrence of behaviors². This framework incorporates cultural competence, reduction of implicit biases and consideration for the culture and backgrounds of populations who demonstrate higher rates of suicidal behavior. Many of New York's local health departments are working with community partners on various interventions aimed to prevent suicide or suicidal behaviors. Such interventions are modeled following the U.S. Department of Health and Human Services National Strategy for Suicide Prevention, a call to action that is intended to guide suicide prevention actions in the United States³.

NYSACHO members commend the New York State Senate for holding a public hearing on this incredibly important issue. Local health departments are well-suited to support their local legislators and community partners with data surveillance trends and information about activities that are taking place within various jurisdictions to help raise awareness and put a stop to inclining rates of suicide. Local health departments support the New York State Suicide Prevention Task Force 2019 report² which outlines state-level trends as well as recommendations for evidence-based interventions for mitigating suicide rates.

Data & Statistics

Availability of real-time data and high quality surveillance methods help local health departments to identify clusters, optimize services, design policies and create messaging aimed to eliminate suicide attempts and death. Working collaboratively with the NYS Department of Health, local health departments closely monitor suicide rates by county, but system improvements are needed to improve the timeliness and comprehension of data elements being collected. As identified in the 2019 task force report², New York State's commitment to improving surveillance methods and access to timely data is consistent with the need for a statewide informed response.

According to Suicide Awareness Voices of Education (SAVE), statistics from the Centers for Disease Control and Prevention and World Health Organization⁴ reveal how critical it is that community leaders vested in public health prioritize suicide prevention interventions. Here are a few alarming national statistics:

- Suicide is the 10th leading cause of death in the US for all ages.
- Every day, approximately 123 Americans die by suicide.
- Depression affects 20-25% of Americans ages 18+ in a given year.
- There is one suicide for every estimated 25 suicide attempts.

Deaths by Suicide, 2014 - 2016

- Number of Deaths
- Death Rate per 100,000 Population

	Number of Deaths				% Change from 2015 to 2016
	2014	2015	2016	Total	
New York City	530	482	518	1,530	▲7.5%
Rest of State	1,125	1,143	1,153	3,421	▲0.9%
Statewide	1,655	1,625	1,671	4,951	▲2.8%

Figure 1. Suicide and Self Harm NYS Health Connector⁵

Data obtained from the New York State Health Connector data set⁵ clearly demonstrates the upward trend New York is seeing in the number of deaths by suicide in New York State. Between 2015 and 2016, there was a 2.8% increase in death by suicide statewide. Mapping from this data tool confirms that all 62 counties within New York State are impacted at some level by deaths by suicide.

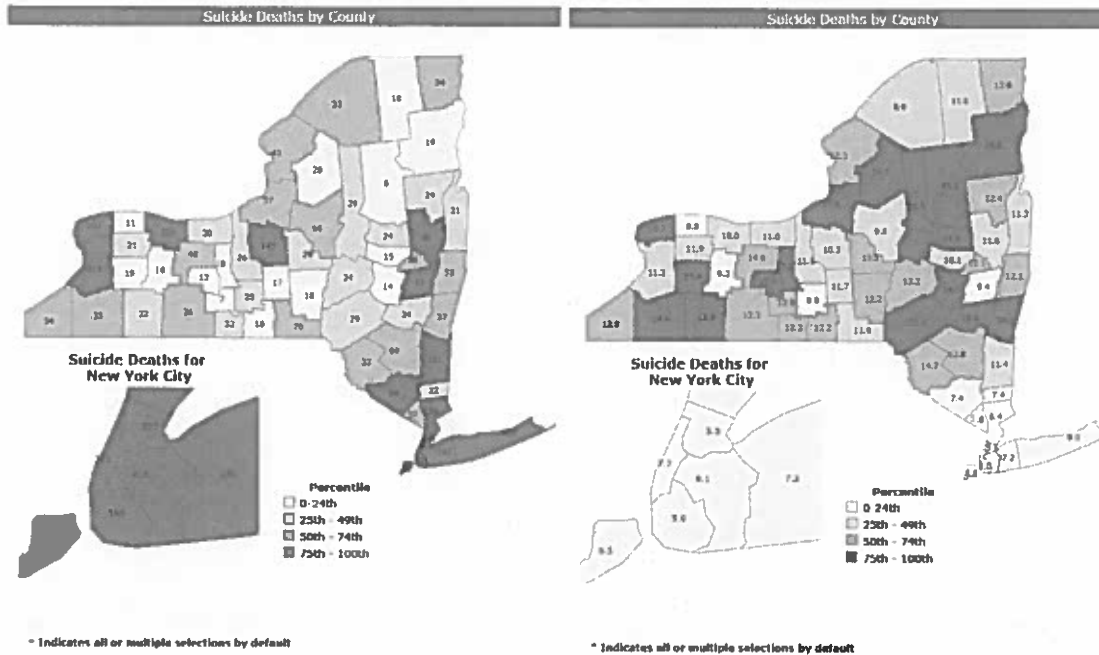


Figure 2: NYS Health Connector, Deaths by Suicide by County, 2014-2016⁶

Number of Deaths by Suicide by County, 2014-2016 (number of deaths), NYS Health Connector	Number of Deaths by Suicide by County, 2014-2016 (Death Rate per 100,000 Population), NYS Health Connector
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In 2016, there were 9,102 statewide hospitalizations due to self-harm and 12,085 visits to Emergency Departments.

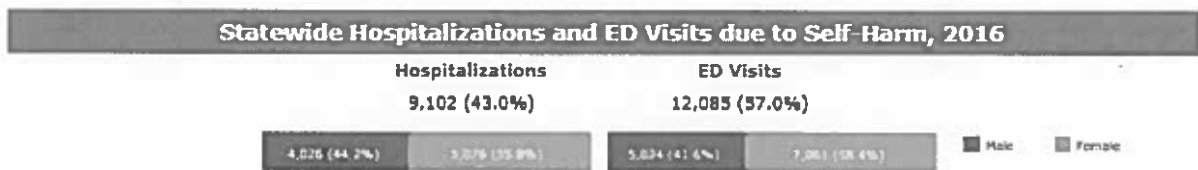


Figure 3: NYS Health Connector, Statewide Hospitalizations and ED Visits due to Self-Harm, 2016⁷

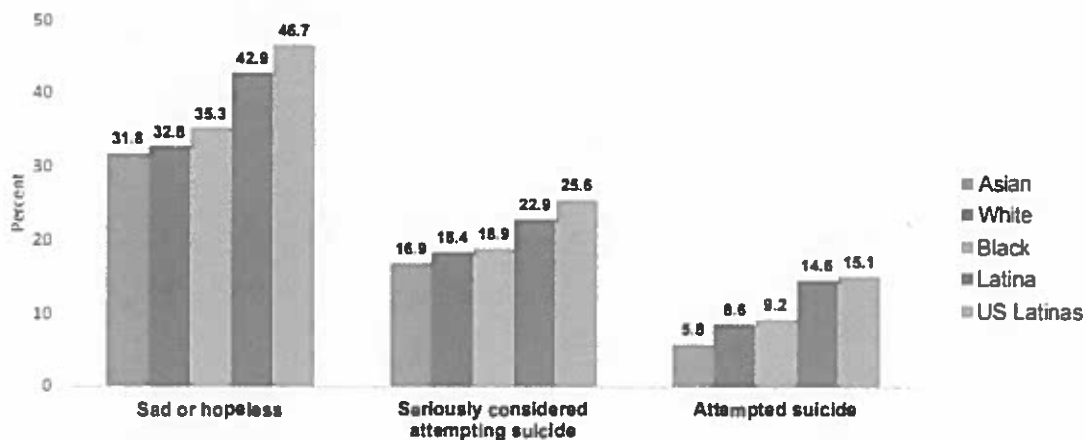
There are many evidence-based strategies being led by local health departments and their partners to help identify those at-risk; provide resources and linkages to care for those in need; build inclusive community support systems; advance cultural competence; reduce stigma; build awareness; diminish implicit bias and monitor risk and trends via surveillance. These activities culminate in an informed community of individuals who know how to access support and protect their families, friends, neighbors and coworkers.

Considering Disproportionately Impacted Populations

When developing policies, interventions and messaging, it is extremely important to consider health disparities and the impact to at-risk and/or populations at increased vulnerability to suicidal activity. Latina adolescents, LGBTQ+ and Veteran populations have higher rates of suicidal activity than their counterparts and are highlighted by the State's Suicide Prevention Task Force² as populations that should be prioritized when developing suicide prevention strategies. It is for this reason, cultural competency and reduction of implicit bias must be considered and incorporated within suicide prevention activities. Protecting individuals who are at higher risk for death by suicide is, and should remain, a top priority for community leaders, behavioral health providers, public health stakeholders and residents.

According to the New York State Suicide Prevention Task Force, Latina adolescents attempt suicide at a higher rate than any other youth group and suicide is the 2nd leading cause of death among Latina adolescents in New York State².

Latina adolescents attempt suicide at a higher rate than any other youth group.



Individuals who identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) should also be prioritized and protected. According to a 2016 study by the Center for Disease Control, 43 percent of lesbian, gay and bisexual high school students seriously considered suicide in the previous 12 months, compared to 15 percent of their heterosexual peers⁸.

Rates of suicide in Veteran population's nation and state-wide are disproportionately elevated when compared to non-Veterans. According to the State Task Force report, "Suicide rates are shown to be higher among Veterans that do not utilize Veterans Health Administration (VHA) Services." This is important to New York State, particularly because it ranks 5th in the nation for the size of its Veteran population².

Finally, suicide rates are also much higher in many rural communities. Of those counties with the highest death by suicide per 100,000, fifteen of the sixteen counties in the top percentile are rural communities, with rates for self-harm hospitalizations and emergency department visits showing similar trends⁵. Factors influencing this disparity in rates in rural communities include increased economic isolation, economic disparities, decreased access to both primary and behavioral health care, and access to firearms. Many of our rural health departments are engaged in a variety of evidence-based interventions aimed at addressing these risk factors.

Our communities have a responsibility to ensure all individuals are protected and have the opportunity to live freely and from discrimination within society. By adopting injury prevention strategies, ensuring access to behavioral care services and creating safe spaces for people of all backgrounds, we can collectively ensure that Latina youth, LGBTQ and Veteran populations are resourced adequately and protected from risk for suicidal behavior. It would be impossible to measure the value of a collective community responsibility in supporting the wellbeing and acceptance of these important groups of individuals.

Local Level Activities

NYSACHO surveyed local health departments to identify what types of interventions and activities are being performed across the State to address suicide and injury prevention. The following list highlights 19 counties who responded to our survey and identifies the programs they have embarked on to move the needle on suicide prevention. All 19 of the responding counties indicate that they either lead or participate on a local suicide prevention focused

coalition. In addition, all responding counties indicate they work on **surveillance, data collection and monitoring** at the local level. This data is used to identify trends, gaps in service availability and is used to inform tailored interventions.

Albany County Department of Health

- Participates on Albany County Suicide Prevention Education Committee.
- Developed and implemented the #betheoneto awareness campaign in schools and on college campuses.
- Partner in developing the HOPE app which provides warning signs and resources for individuals including children and adolescents, Veterans and older populations.
- Albany County Children's Mental Health Clinic uses the Columbia-Suicide Severity Rating Scale, an evidence-based tool for assessing risk and preventing suicide.

Cayuga County Health Department

- Leads surveillance and data collection efforts.
- Participates as a coalition member.
- Promotes specific targeted education to community members.

Chautauqua County Department of Health

- Conducts surveillance of death certificates, shares data collected as appropriate and inclusion in their CHA/CHIP process.
- Participates on a local coalition.
- Staff are all trained in Mental Health First Aid.

Erie County Department of Health

- Team serves as member of the Suicide Prevention Coalition to provide trainings and data on suicide.
- Engages in data collection, surveillance and analysis.
- Partners with physicians and provider groups to facilitate suicide prevention trainings.

Franklin County Public Health Services

- Participates on the Franklin County Suicide Prevention Coalition, which has two chapters representing the north and south ends of the county.

- Provides a variety of trainings to their communities including Mental Health First Aid, SafeTALK and QPR (Question, Persuade, and Refer).
- Developed and promotes an awareness campaign which works to raise knowledge of mental health wellness and reduce stigma.
- Hosts community events such as candle light vigils.
- Distributes suicide prevention materials in a variety of different venues.
- Developing plans to implement a prevention team.
- Provides data surveillance, collection and analysis, ensuring accuracy in data.

Fulton County Public Health Department

- Participates on a local suicide prevention coalition and prevention council.
- Collaborates with local mental health agencies and other partners.
- Developed awareness campaigns and promotes via social media.

Jefferson County Public Health Services

- Conducts outreach and awareness campaigns surrounding resilience and suicide awareness.
- Data examination and participation on local Suicide Prevention Coalition, part of the Regional Suicide Prevention Coalition (Jefferson, Lewis and St. Lawrence counties).
- Staff at the health department are trained in QPR training, a program that helps you recognize the warning signs of suicide, teach how to offer hope and how to get help and save a life.
- Jefferson County partnered with the local United Way to conduct an intervention at schools in the region and raised funding for their coalition through the Care-A-Latte campaign. During this campaign, a local coffee shop sold lattes with proceeds supporting the coalition.

Livingston County Department of Health

- Supports the Suicide Prevention Task Force and identifies suicide prevention as one of the county Community Health Improvement Plan (CHIP) priority areas.
- Holds a candlelight vigil for 5 years with the college at the county mental health office.
- Staff are trained to provide safeTALK and mental health first aid trainings.

- Has raised awareness and worked with communities to stop the upward trend in suicides by death in Livingston County.

Madison County Department of Health

- Madison County is working to develop a comprehensive health profile on the issue of suicide to fully understand the issues specific to Madison County. This profile will provide the framework by which their department will address the issue.
- Focuses on LGBTQ population by holding collaborative meetings and youth support groups.
- Trained to deliver safeTALK, at colleges and runs a Talk Saves Lives Train the Trainer program.
- Presented about the work of their regional coalition for Madison County students, faculty and staff at Cazenovia College in conjunction with Mental Health and Liberty Resources.
- Presented to the community about the mental health crisis to dairy farmers followed by the distribution of suicide prevention materials for farmers through the Cornell Cooperative Extension.
- Holds grief support groups the last Wednesday of each month.
- Develops and sends monthly newsletters and helps to connect community members to resources.

Monroe County Health Department

- Launched a local coalition with broad community agency participation. This coalition conducted an initial data analysis, identified potential gaps in service and gaps in availability of desired data as well as next steps.
- Conducts surveillance, data collection and analysis of suicide activity and deaths with a special focus on youth suicide.
- Participates in Mental Health trainings.
- Partnered to build a coalition website.

Montgomery County Public Health Department

- Serves as the lead agency on the suicide prevention task force.

- Hosts 3 to 5 Youth Mental Health First Aid trainings each year.
- Developed and designed a drink coaster with the 1-800 Suicide Prevention hotline number and resources.
- Utilizes a variety of educational materials to assist the community in connecting to resources for suicide prevention with a special focus on the Veteran population.

Oneida County Health Department

- Includes suicide data in the county community health need assessment.
- Unattended deaths, including suicide are included in Medical Examiner annual report data.
- Posts mental health messaging, including suicide prevention on Facebook page.
- Works with ODMAP and the local overdose response team on greater real-time awareness of drug overdoses that were identified as suicide attempts.

Orleans County Health Department

- The Public Health Educators serve as chair of the Orleans County Suicide Prevention Coalition and work closely with the chairs of the Genesee and Wyoming County coalitions.
- Partners for the National Night Out event which features information and linkage to care for participants.
- Hosts the Light a Pathway to Hope event for survivors of suicide loss annually for the past 5 years.
- Provides postvention kits to those who are survivors of suicide loss.
- Sponsors Cup of Joe for the CommuniTea outreach event in partnership with local restaurants.
- Developed "Human Equity" t-shirts for members to wear out in public. These shirts include the crisis helpline number and signs of suicide.
- Arranges for a survivor of suicide loss to share her story to various community groups in the region.
- Trained as Talk Saves Lives, SafeTALK facilitators.

- Collaborated with the local Mental Health Department in advertising a new Care and Crisis Helpline.

Oswego County Health Department

- Participates on countywide suicide prevention coalition.
- Reviews death certificates, data collection and surveillance activities.
- Provides community outreach and linkages to care.

Putnam County Health Department

- Participates on Suicide Prevention Task Force and as a partner of the Mental Health Provider Group.
- Plans and implements trainings for the community, law enforcement and in schools including: QPR; safeTALK; Applied Suicide Intervention Skills Training (ASIST), Lifelines, More than Sad, Mental Health First Aid and Youth Mental Health First Aid.
- Developed a survey to assess post safeTALK comfort level and retention of knowledge.
- Implemented a survey for providers to assess the level of suicide attempts in the community.
- Designed social media campaign to support NAMI in their stigma free campaign.
- Putnam's task force engages partners from a wide range of agencies. The focus this year is on protecting Veterans. Funding has been acquired to set up peer support and a line for phone calls.

Saratoga County Public Health Services

- Saratoga County Public health facilitates and is actively involved in the local Suicide Prevention Coalition.
- Worked with coalition to provide First Aid Mental Health trainings and address the stigma around Mental Health and Suicide trainings throughout the county.
- Coalition members participated in a postvention training to create a postvention response team which is available to assist schools, corporations and the public.
- Developed #Betheoneto campaigns in social media, marketing and outreach activities, developing a PSA for media distribution.

- The local health department is working on surveillance and data collection with assistance from the coroner, EMS and Saratoga Hospital Emergency Department.
- Developed Cup of Joe coffee sleeve campaign with suicide awareness message and hotline number. These sleeves were distributed throughout numerous coffee shops within the county.

Schoharie County Department of Health

- Participates on their Suicide Prevention Task Force and Adverse Childhood Experiences (ACES) Coalition.
- Trained in reducing access to lethal means, a program which contains steps for reducing the risk of exposure to a method for attempted suicide (keeping firearms locked and safe or properly disposing of medications no longer needed).
- Developed a suicide awareness and stigma reduction campaign which features bus wraps and billboards.

Suffolk County Department of Health

- Developed a 24/7, 365 days per year crisis stabilization program that has a three pronged approach to supporting persons in our community who are experiencing behavioral health issues.
- The program operates a hotline, mobile response teams for mental health and substance abuse disorder issues, and has a walk in urgent care center that is operational 24/7. In its first few months of operation, it has responded to over 1,700 hotline calls which resulted in about 30% of the callers either coming onsite for care or mobile response caring for the persons in the community.
- Runs an active Long Island Suicide Prevention coalition that works to educate and activate the community on suicide prevention awareness.
- Funded a transportation program that is aimed at reducing isolation and encourages participation in self-directed and community activities that enrich life and improve connectedness.

- Collaborates with Mental Health division to participate in a Substance Abuse and Mental Health Services Administration (SAMHSA) funded Mayors Challenge to reduce rates of veterans suicide.
- Focus on veteran health by informing health providers to verify whether a patient has served in the military and encouraging providers to enhance their follow up connections with those they have recently provided care to.

Yates County Health Department

- Participates in a local coalition which is led by Community Services.
- The department assists in promoting coalition events including Youth Mental Health First Aid, Mental Health First Aid and Talk Saves Lives trainings.
- The coalition is working to reduce stigma and increase comfort level in talking to family and friends who may be at risk.

Conclusion

Local Health Departments are uniquely situated to coordinate a diverse spectrum of suicide prevention activities. County Health Officials and public health specialists within local health departments possess a vast knowledge of the communities they serve with an understanding of special populations, community need, available resources and methods of effective impact. They have working relationships with the key players responsible for provision of treatment, medical/behavioral care and recovery and are thus able to support community members looking for linkage to services.

However, there are still barriers to preventing deaths by suicide which need to be addressed and overcome. NYSACHO respectfully requests:

Public Health Infrastructure and Funding to Localities for Medical Examiners and Coroners

Public health has been critically underfunded for the past decade and local health departments are working with limited staff and resources while addressing an ever-increasing spectrum of threats to public health and safety. Given the examples of interventions led by local health

departments above, if flexible and dedicated funding was allocated to this effort, local health departments would have increased capacity to conduct and expand upon the work they are doing to address suicide prevention.

Public health data, including data related to suicides, relies on multiple sources, including death reporting from medical examiners and coroners. Up until 2011, medical examiner services related to public health work were reimbursable under Article Six state aid. At that time, the state made a decision to remove that funding from the general public health work appropriation and move it to the Division of Criminal Justice Services. Local health departments, Medical Examiners and Coroners objected to this, due to a need to maintain independence from law enforcement when their work intersected with criminal investigations. The result was that state support for Medical Examiner services simply disappeared from the state budget.

These services have been a 100% county cost since that time, despite the fact that the state has relied increasingly on the Medical Examiner/Coroner system for public health surveillance. Their work is particularly vital to surveillance of emerging public health concerns related to the opioid epidemic and suicide prevention. NYSACHO urges the legislature to recognize the valuable public health role of Medical Examiners and Coroners in the data collection, research and surveillance needed to identify trends and develop interventions, and work with NYSACHO and other county organizations to address the lack of state funding support for this critical public service.

There is a Need for Comprehensive, Real-Time Data to Inform Interventions. According to one county, *"Receiving data in a timely manner is a challenge as coroners may not show suicide as cause of death, especially if there isn't clear evidence of depression prior to death. With the increase of opioid deaths in our counties, it is a challenge to determine whether the deaths are related to opioids or suicide."* The need for real-time, standardized data is evident. The more comprehensive data LHDs have to guide prevention activities, the more effective we will be in lowering rates.

Our recommendation is for the State of New York to provide for a 50-50 state and local match for counties investigating unattended deaths. Funding will support efforts by coroners and medical examiners to perform autopsy, pathology, and toxicology services including the identification of real-time trends such as prescription medication and drug abuse, lethal activities, and to alert the appropriate county and State agencies, and the public of these dangers.

In addition, *“Youth suicides, although low in incidence, are increasing, and are occurring at younger ages; we identified the need to gather data more completely and consistently in order to evaluate this further with a goal of identifying any potential targets for prevention. Local trends in adult suicides appear to be consistent with national trends. There are numerous local resources, but follow up to immediate need is often delayed due to the apparent inadequate number of mental/behavioral health providers as compared to the need, which often causes a delay getting into treatment”*. There is a desperate need to develop plans aimed to close gaps in access to behavioral health services. Many communities experience an imbalance between service demand and provider availability which creates wait times and delays in treatment.

Finally, localities are seeing *“trends related to young men and access to guns as well as how social media has elevated bullying to new levels which has impacted self-harm and suicide activity rates.”* The importance of monitoring trends in populations, again, is critical to our ability to develop the most powerful, resonating interventions that will truly make a difference to curbing suicide, suicide behaviors and self-harm.

Thank you for the opportunity to present activities taking place within local health departments aimed to address suicide rates in New York State. Local health departments work with their community partners and mental health counterparts to focus on behavioral health, substance abuse and injury prevention activities. There is an undeniable benefit public health practice and policy holds upon the wellbeing of New York’s citizens. We hope to see upward investments

from the State that will enhance public health infrastructure in New York State. We look forward to working with the Senate leadership and continuing to serve the essential public health needs of the people of New York State.