

NVDRS Data Supports Suicide Prevention for Older Adults



How can linking data improve efforts to prevent suicide among Americans aged 75 and older?

Challenge

In 2006, Oregon ranked 14th among all US states in suicide occurrence. About one in five of those suicides occurred among adults over 75. Despite the state's investments in screening, referral services, and crisis intervention, suicide rates among older adults remained three times higher than rates for teens and young adults. Without data about the circumstances surrounding older adult suicide, the state was unable to uncover the answers for prevention.

Solution

Investigators at the Oregon Department of Health Services used the Oregon Violent Death Reporting System (OVDRS), a part of the Centers for Disease Control and Prevention's National Violent Death Reporting System (NVDRS), to compile data from law enforcement reports, medical examiner reports, and death records. In addition to OVDRS data, investigators also examined the Oregon Hospital Discharge Index and adult risk surveys to develop a more complete understanding of when, where, and how older adult suicides occur. The data set the stage for investigators and they began to develop a better idea about ways to improve recognition and prevention of suicide among older adults in Oregon. Through the analysis they found: 80% of older adults who die by suicide have a

chronic illness; 30% of older adults who suffer from arthritis, heart disease, or diabetes also suffer from depression; 37% of older adults who die by suicide have visited a doctor in the 30 days prior to their death; 50% of older adult doctor visits are for chronic illness and depression is not typically investigated during evaluation.

Highlights

Oregon- In 2006, one in five suicides in Oregon occurred among older adults. This is three times higher than rates for teens and young adults. Using data from Oregon Violent Death Reporting System, the state health department set the stage for prevention with an analysis of circumstances surrounding suicides. Data pointed out that physical health problems and depression remained the most reported factors surrounding suicide incidents. Applying this data, the state implemented a suicide prevention plan to educate primary care providers and engage community organizations to prevent suicide among older adults.

Success stories



Results

Reports outlining OVDRS findings served as a call to action and connected the dots between medical illness, depression, and suicide. State investigators leveraged this opportunity to map out a prevention strategy that included: Partnering with local communities to reinvigorate a state-wide suicide prevention coalition; Conducting community forums to collect public input; and Driving public engagement by placing the issue on the radar of key community and medical leaders. Following their outreach, investigators put the finalized strategy into action by engaging community organizations and faith-based communities to take on public education efforts around suicide prevention; disseminating screening and assessment tools for depression, suicidality, and substance abuse to primary care providers; working with the medical community to coordinate older adult care; and implementing and evaluating "best practice" and "promising" strategies to prevent suicide among older adults.

"Despite the state's investments in screening, referral services, and crisis intervention, suicide rates among older adults remained three times higher than rates for teens and young adults. Without data about the circumstances surrounding older adult suicide, the state was unable to uncover the answers for prevention."

Contact Information

Lisa Millet
Office of Disease Prevention and Epidemiology
lisa.m.millet@state.or.us

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
E-mail: cdcinfo@cdc.gov • Web Site: <http://www.cdc.gov/ncipc/>

The findings and conclusions in this success story are those of the author(s) and do not necessarily represent the official position of the funding agencies. The publication does not constitute an endorsement of these organizations or their programs by Centers for Disease Control and Prevention (CDC) or the Federal Government, and should not be inferred.