

State Suicide Prevention Plan Steering Committee

Meeting Notes

April 6, 2015

10 a.m.-noon



Agenda Item/Discussion	Actions/ Decisions
<p>1) <b>Open and Introductions</b> Therese Hansen</p> <p>2) <b>Workgroup 4 presentation: Suicide Surveillance, Research, and Evaluation</b></p> <p>Introduction: This group’s content focuses on the data and information needed for the other three strategic directions’ activities to work. This workgroup discussed surveillance data, research conducted by academic and health-system researchers, and program evaluation. The group started meeting in September and worked to identify areas where data is missing or poor quality, and to make recommendations for solutions. Its work will support that of the other workgroups and the larger suicide prevention field.</p> <p>See attached PowerPoint for more details.</p> <p><b>Goal 1:</b> Increase the timeliness and usefulness of surveillance systems relevant to suicide prevention, and improve the ability to collect, analyze, and use this information for action.</p> <p>Goal 1 comments and discussion (this was a discussion of all surveillance systems available in the state, so comments address many different systems and tools):</p> <ul style="list-style-type: none"><li>• Comment: It would be helpful to attach images of suicide notes to National Violent Death Reporting System (NVDRS) data. Researchers could get different information from a suicide note than the first responders or relatives-friends who saw it first.</li><li>• Comment: There may not be a field in NVDRS data to indicate a person was transgender or gender nonconforming.</li><li>• Comment: Stigma compromises data collection systems and the quality of data.</li><li>• Discussion: Providers need to be trained on how to properly code suicide attempt hospitalization; many are confused or</li></ul>	<p>Add a note about data compromise in the section of the plan addressing stigma.</p> <p>Washington State Hospital Association could be helpful with</p>

<p>poorly trained. There is also confusion about what information is HIPAA-protected and how to communicate with a patient's primary care provider.</p> <ul style="list-style-type: none"> <li>• Comment: Sometimes suicide death isn't coded because of concern about life insurance payments being withheld.</li> <li>• Concern: Behavioral Risk Factor Surveillance System (BRFSS) data has problems because it's historically been collected by phone and most people now use cell phones.</li> <li>• Possible solutions: Collect data by email or using a downloadable app?</li> <li>• Concern: There is a charge for adding any questions to BRFSS, but it's possible to do.</li> <li>• Comment: The long-term plan for syndromic surveillance data about emergency department visits is to present it similarly to the injury data tables available at <a href="http://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/Data/WashingtonStateInjuryDataTables">http://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/Data/WashingtonStateInjuryDataTables</a></li> <li>• Comment: Suicide data from military surveillance systems is not available by state.</li> <li>• Resource: The Mental Health Research Network (led by Greg Simon) can make de-identified data from health care companies' internal surveillance systems available.</li> <li>• Comment: People at listening sessions have said that there is mistrust and denial of data in their communities – that people believe data is exaggerated or falsified. We need new ways to talk about data that speak to community members who don't work in the field.</li> </ul> <p><b>Goal 2:</b> Encourage collaboration between suicide researchers and state agencies around research and evaluation on suicide prevention. Create a forum that brings together researchers and state agencies to share ideas and plan for using suicide-related data collected at state level.</p> <p>Goal 2 comments and discussion:</p> <ul style="list-style-type: none"> <li>• People are excited about the idea of research fellowships-grants, and the idea of connecting Washington's group of highly skilled researchers with state agencies and organizations.</li> <li>• Comment: When research and data quality improve, problems sometimes look worse – need to take that into account.</li> </ul> <p><b>Goal 3:</b> Integrate evaluation component into each of the other workgroup goals.</p>	<p>this.</p> <p>Add an objective to analyze and disseminate mental health data from BRFSS.</p> <p>Change the language about research fellowship to be inclusive of grants and other programs</p>
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Goal 3 comments and discussion:

- Clarification: Throughout the plan, recommendations will be matched with recommended performance measures, and each goal will include a list of relevant resources and evaluation tools.

3) **Next steps: How to stay engaged**

**Draft review in the Steering Committee**

- The Department of Health is working on writing, editing, and polishing drafts of chapters of the plan.
- Our April 24 Steering Committee meeting will be a work session to review the first draft.

**Review by content experts and community members**

- After that session, we will send the plan to a group of content experts and community members to review it for accuracy and user-friendliness.
- We're selecting a list of 15 adult reviewers (expecting to actually get comments from 10 to 12 of them) and have two youth leadership groups recommended as youth reviewers.

**Call for stories**

- Storytelling is important in suicide prevention and will keep the plan from being a cold policy document.
- We've been making a list of stories that would be helpful and it has been distributed to the Steering Committee with these meeting notes.
- Please send any relevant stories to [karyn.brownson@doh.wa.gov](mailto:karyn.brownson@doh.wa.gov).

**Future Meetings**

- Friday, April 24 (Seattle University)
- Monday, May 4 (Seattle University)
- Tuesday, June 16 (Tumwater)

