



Tobacco Control Program Funding Opportunities

Community/School Partnerships

- Up to \$25,000
- Application open in March
- Community and school based tobacco policy focus
- Must have school and community representation
- Work in all four goal areas: Youth Initiation, Cessation, Secondhand Smoke, and Disparities

Disparities

- Up to \$25,000
- Application opens February 1
- Focus on priority populations in at least one of three goal areas: Prevention, Secondhand Smoke, or Cessation
- Large focus on population-specific education, policies, and interventions
- Open to any organization to apply

Tobacco Control Program Funding Opportunities Examples

Community/School Partnerships

- Updated K-12 tobacco policies and provided new signage for enforcement and education
- Provide community education on the South Dakota QuitLine services
- Conducted point of sale assessments and educated store owners
- Provided community education on the dangers of smoking in vehicles

Disparities

- Missouri Breaks on Cheyenne River passed Clean Indoor Air Ordinance
- Started a youth tobacco free coalition
- Implemented referral system to South Dakota QuitLine in healthcare system
- Promote and educated on the ceremonial uses of traditional tobacco

National Violent Death Reporting System

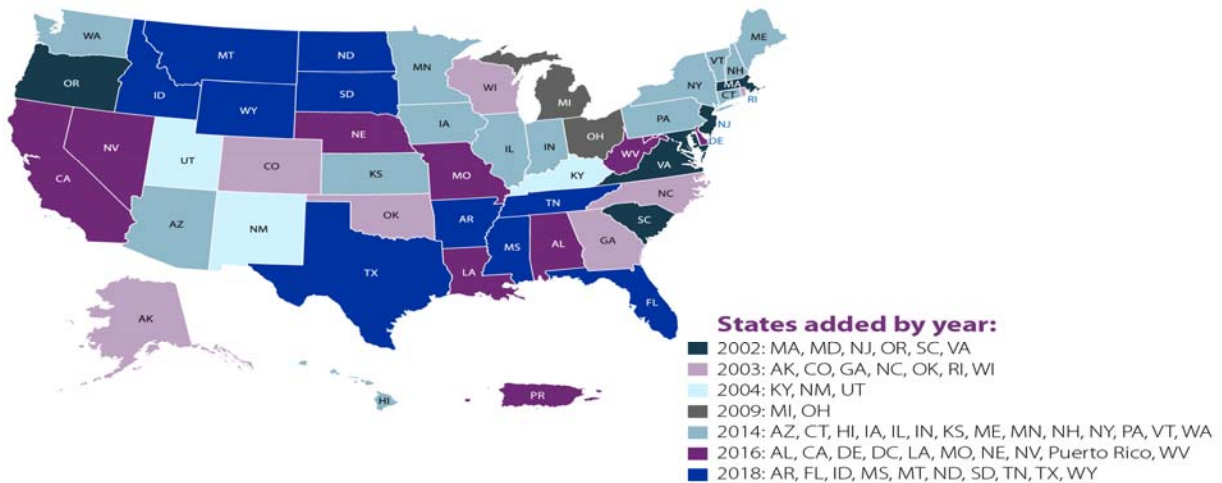
- One of the ten remaining states to implement this reporting system
- CDC funding out of the National Center for Injury Prevention and Control
- 4 year project period (9/2018 - 8/2022)
- Year 1 funding \$184,173
- **South Dakota Violent Death Reporting System (SD-VDRS)**
 - Roles;
 - Kiley Hump- PI/Grant Manager, assist with advisory committee
 - Ashley Miller- Data collection and analysis
 - Amanda Nelson- Data collection and analysis
 - Mariah Pokorny- Vital records (death certificates), work with coroners
 - Dr. Josh Clayton- support data collection and analysis
 - Colleen Winter- Lead advisory committee

SD Preventable Death Review Committee

- Infant mortality review (East and West River)- DOH
- Child mortality review- DOH and DSS
- Maternal mortality review- National, local and SDSMA
- Violent death reporting- DOH

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National Violent Death Reporting System



National Violent Death Reporting System

- Collects information on all violent deaths
- A violent death includes:
 - Suicides
 - Homicides
 - Undetermined intent
 - Unintentional firearm
 - Legal intervention
 - Terrorism

National Violent Death Reporting System

- Over **600 variables**
- Data about **victim, suspect, incident, weapon, toxicology**
- Comprehensive depiction of the **who, what, where, when, and how** to gain insight as to **why** the death occurred



Death
Certificates



Coroner/Medical
Examiner Reports




Law Enforcement
Reports

NVDRS Data Variables

- Demographics
 - Age, sex, race, ethnicity, place of residence, birthplace, industry, occupation, and education
- Injury and Death
 - Manner of death, injury location and time, external cause of injury codes, underlying causes of death, location of death, and wounds
- Circumstances
 - Mental health, substance abuse and other addictions, relationships, life stressors, crime and criminal activity, and manner specific circumstances
- Weapons
 - Weapon type (firearm, blunt/sharp object, poisoning, fall, motor vehicle, etc.)
- Suspects
 - Age, sex, and race of suspect; relationship to victim, and circumstances
- Toxicology
 - Toxicology report findings
- Overdose
 - Type of drug, overdose and treatment history, route of drug administration, response to drug overdose, and prescription information
- Optional: Intimate Partner Violence and Child Fatality Review data

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CDC developed a Vital Signs Report using information from the NVDRS reporting system




PROBLEM:
Suicide rates increased in almost every state.

Suicide rates rose across the US from 1999 to 2016.

Legend:
 Increase 38 - 58%
 Increase 31 - 37%
 Increase 19 - 30%
 Increase 6 - 18%
 Decrease 1%

SOURCE: CDC's National Vital Statistics System; CDC Vital Signs, June 2018.



Differences exist among those with and without mental health conditions. People without known mental health conditions were more likely to be male and to die by firearm.

Category	Sex	Method	Percentage
No known mental health conditions	Female	Poisoning	16%
	Male	Poisoning	24%
	Female	Firearm	8%
	Male	Firearm	33%
Known mental health conditions	Female	Poisoning	31%
	Male	Poisoning	29%
	Female	Firearm	20%
	Male	Firearm	41%

Many factors contribute to suicide among those with and without known mental health conditions.

- Problematic substance use (28%)
- Job/Financial problem (16%)
- Loss of housing (4%)
- Relationship problem (42%)
- Crisis in the past or upcoming two weeks (29%)
- Physical health problem (22%)
- Criminal legal problem (9%)

Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.

WHAT CAN WE DO TO PREVENT SUICIDE?

Preventing Suicide: A Technical Package of Policy, Programs, and Practices
<https://go.usa.gov/x8B5G>

Preventing suicide involves everyone in the community.

- Provide financial support to individuals in need.
- Strengthen access to and delivery of care.
- Create protective environments.
- Connect people within their communities.
- Teach coping and problem-solving skills.
- Prevent future risk.
- Identify and support people at risk.

Know the Suicide WARNING SIGNS

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide

5 STEPS TO HELP SOMEONE AT RISK

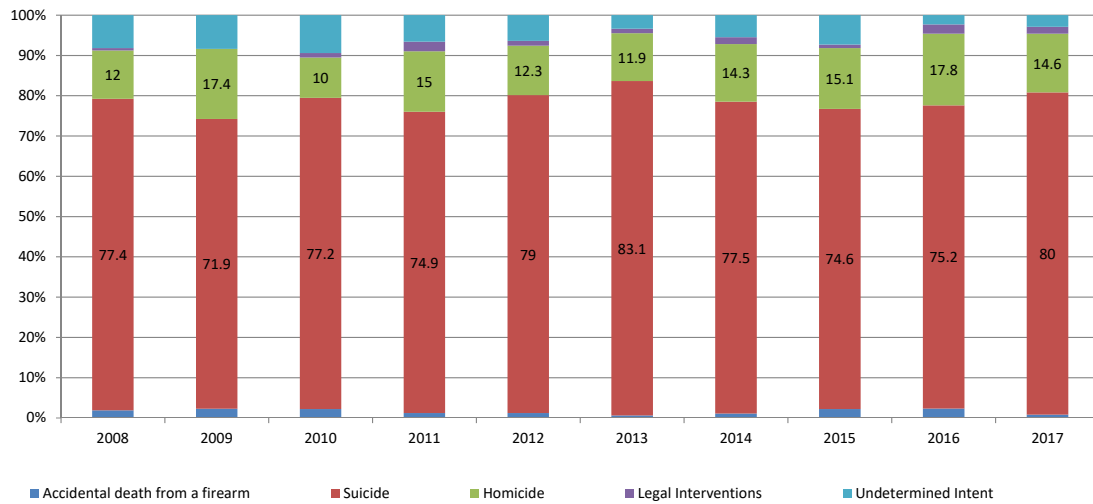
1. Ask.
2. Keep them safe.
3. Be there.
4. Help them connect.
5. Follow up.

Find out why this can save a life by visiting: www.BeThe1To.com

<https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf>

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Violent Deaths in South Dakota, by Category, 2008-2017



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South Dakota Violent Death Reporting System

- Initially the Department of Health will work with Minnehaha and Pennington Counties with the goal of collecting information on violent deaths statewide beginning January 2020.
- SD-VDRS aims to provide our state and communities with a clearer understanding of violent deaths
- This information can be used to guide local decision making about efforts to prevent violence

Examples from Other States

THE BIG PICTURE

The age-adjusted suicide rate in Oklahoma was 33% higher than the same rate for the U.S. in 2013. Oklahoma Violent Death Reporting System (OKVDRS) data illustrate the extent of this problem.

- Suicide was the third leading cause of death for Oklahomans age 10-24 in 2013, and the most prevalent type of violent death from 2004-2013, accounting for nearly 600 resident deaths each year.
- Suicides outnumber homicides by about three to one.
- This **veteran suicide death rate** increased by 34% from 2005-2012, with over 1,000 veteran suicides during that time; the suicide rate among veterans was twice that of nonveterans.

Among the 5,881 suicide deaths in Oklahoma from 2004-2013:

- 79% were male, and 21% were female
- 22% of suicide victims were veterans

22% of the 5,881 suicide deaths from 2004-2013 were veterans

144 (2.4%) victims killed at least one other person before taking his/her own life, resulting in 173 homicide deaths.

Firearms (61%) were the most prevalent means of suicide, followed by hanging/strangulation (20%), poisoning (14%), and other means (5%). Immediate access to lethal means may increase the risk for suicide.

Among suicide victims noted to have a diagnosed mental health problem (2,099), **62% were currently receiving mental health treatment.**

A significant number of suicides were associated with a current depressed mood, intimate partner problem, mental and/or physical health problem, and/or crisis in the past weeks.

TRANSLATING DATA INTO ACTION

Informing prevention planning

- The Oklahoma Injury Prevention Service provides OKVDRS data and statistics and works closely with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the Oklahoma Suicide Prevention Council, and other suicide prevention groups.
- OKVDRS suicide data informed the Council's 2011 **Oklahoma Strategy for Suicide Prevention.**

Supporting veteran suicide prevention

With five military bases in Oklahoma, veterans' health issues impact more than 300,000 Oklahomans. An OKVDRS special study and report on veteran suicides opened doors for collaboration with the Veterans Administration in Oklahoma, and helped illustrate the:

- increased risk for suicide among veterans of all ages
- leading circumstances associated with veteran suicides across the lifespan - physical and mental health problems, depressed mood, and intimate partner problems
- most common means of suicide (firearms)

Expanding the power of OKVDRS data

- OKVDRS data will be linked to other state databases to better inform suicide prevention, mental health treatment, and problematic drug prescriptions related to suicide.

Partnering with law enforcement

- OKVDRS staff worked with law enforcement, the Child Death Review Board, and the Oklahoma Suicide Prevention Council to modify a pocket card that helps law enforcement collect more complete and accurate suicide circumstances data, which are used to understand suicide risks.
- Opened doors for collaboration with the Veterans Administration
- OKVDRS data showed increased risk & leading circumstances of suicide among veterans
- informs statewide suicide prevention program planning

The Oklahoma Association of Chiefs of Police hosts the OKVDRS Advisory Committee meetings and distributes data reports to its members.

The Oklahoma State Bureau of Investigation maintains a full time program officer to collect law enforcement data for the OKVDRS through a contract with the Injury Prevention Service.

- Oklahoma noticed their suicide rate was 33% higher than the US rate
- The suicide rate among veterans was twice that of non-veterans
- Significant number of suicides were associated with current depressed mood, intimate partner problem, mental and/or physical health, and/or crisis in the past weeks

Data into Action:

- Inform prevention planning
- Opened doors for collaboration with the veterans administration

Examples from Other States

THE BIG PICTURE

In Rhode Island during 2010, there were 165 violent deaths: 135 suicides, 26 homicides and 4 deaths of undetermined manner. The number of suicides in Rhode Island peaked in 2010, declining from 102 suicides in 2011 to 89 in 2012, based on provisional 2012 data.

RIVDRS data for 2004-2010 show that:

- During this seven year period, there were a total of 731 suicides in Rhode Island.
- Males (78%) were far more likely to commit suicide than females (22%).
- Male and female suicide deaths peaked in the age group 45-54 years.
- There were 18 suicides among those aged less than 18 (15 males, 3 females).
- Just over half (52%) of those who died by suicide had a current mental health problem, and 43% were currently receiving mental health treatment.

25% of those who died by suicide experienced a crisis in the two weeks prior to death.

- Nearly one in five (18%) of those who died by suicide experienced an intimate partner problem.
- 22% of those who died by suicide experienced a crisis in the two weeks prior to death.
- Only 37% of those who died by suicide left a note.

TRANSLATING DATA INTO ACTION

Data from the Rhode Island Violent Death Reporting System (RIVDRS) provided new information on suicide and a better understanding of who is at risk.

- RIVDRS data were used by the Department of Health's Violence & Injury Prevention Program and its prevention partners for **ground-breaking priority setting and program planning.**
- Using new suicide data from the RIVDRS, the Suicide Prevention Subcommittee of the Rhode Island Injury Community Planning Group **identified the adult, working age population as being at increased risk for suicide and suicide attempts.**
- The data were shared with key partners through the subcommittee's members, including the State Medical Examiner, RIVDRS Program Manager and Epidemiologist, Violence & Injury Prevention Program manager, and representatives from the Samaritans, American Foundation for Suicide Prevention, community health and mental health centers, Bradley Children's Hospital, Brown University, Coastline Employee Assistance Program, and the Rhode Island Student Assistance Program.

An "Economic Impact of Depression and Suicide in the Workplace" symposium, co-sponsored by the Violence & Injury Prevention Program and Coastline Employee Assistance Program, **increased awareness of depression and suicide among working age adults and provided strategies for integrating suicide prevention into workplaces.**

Symposium participants included high-level managers and human resource representatives from the two largest employers in Rhode Island.

Coastline Employee Assistance Program integrated suicide prevention into its mission statement and now provides training in early identification and referral of at risk employees to their clinical staff as well as their clients.

RIVDRS data show working age adults are at increased risk for suicide.

RIVDRS shares data with suicide prevention partners & 2 of state's largest employers.

Employee assistance program adds suicide prevention to its mission, refers at risk employees to clinical staff.

- Rhode Island noticed 25% of those who died by suicide experienced a crisis in the two weeks prior to death
- 78% were males
- 52% had a current mental health problem

Data into Action:

- Used to set priorities and program planning
- Identified the adult, working age population at increased risk
- Data shared with suicide prevention partners and 2 of the states largest employers
- Employee assistance program add suicide prevention to its mission, refers at risk employees to clinic staff

Examples from Other States

THE BIG PICTURE

Domestic violence is one of the fastest growing violent crimes in Utah. Findings from the 2010 publication, Domestic Violence Fatalities in Utah, 2003-2008, by the Utah Department of Health's Violence and Injury Prevention Program and the Domestic Violence Fatality Review Committee, include:

- 1 out of 3 adult homicides are domestic violence homicides.
- Females are 10 times more likely than males to die from domestic violence.
- The majority of domestic violence homicides are committed by males.
- While Hispanic persons comprise only 10% of Utah's population, they account for 77% of domestic violence victims.
- 52% of intimate partner homicides were premeditated.
- One-third of domestic violence perpetrators committed suicide after committing a homicide.
- 91% of the domestic violence-related suicide victims

TRANSLATING DATA INTO ACTION

Better data provide more complete picture of domestic violence deaths

A decade ago, it was difficult to know the extent of domestic violence in Utah because of limited data. The Utah Violent Death Reporting System (UTVDRS) has developed a more complete picture of domestic violence and its tragic impact on men, women, and children by:

- fostering a strong partnership between the Utah Department of Health's Violence and Injury Prevention Program (VIIPP) and the state's multi-disciplinary Domestic Violence Fatality Review Committee (DVFRC), which includes more than 9 agencies,
- expanding domestic violence data collection beyond the victim and suspect to include any intimate partner, family member and/or roommate involved in the incident,
- combining national and state-specific intimate partner violence variables to enable the UTVDRS to collect more and more detailed - domestic violence-related data, and
- linking data in the UTVDRS to identify and review - for the first time - when a domestic violence suspect committed suicide after the homicide.

Linking children of victims to needed services

Intimate partner violence is particularly damaging to children who witness this violence. They are at greater risk of developing psychiatric disorders, developmental problems, school failure, violence against others, and low self-esteem, and

experienced a crisis prior to the incident or faced an impending crisis - the most common of which was facing a criminal legal problem such as a recent or impending arrest, police pursuit, or an impending criminal court date (32.7%).

- In 44% of intimate partner violence incidents, one or more children under age 18 were living at the victim's home at the time of the incident (76 children total).
- 147 children under age 18 were directly exposed to the homicide - they saw it, heard it through the walls, were attacked or threatened during the incident, or discovered the body. Of these children, 78% were 5 years old or younger.

78%

of the **147** children directly exposed to a homicide in 2003-2008 were age **5 or younger**

younger children typically display higher levels of distress than do older children.

Through their collaboration on the UTVDRS, the VIIPP and DVFRC helped inform a policy change to close a gap in services for the children of domestic violence-related homicide victims.

- Following recommendations from a Domestic Violence Fatality Recommendations Symposium, the VIIPP and DVFRC worked with the state Department of Children and Family Services (DIFS) to increase immediate referrals to DIFS at the time of a homicide - usually by law enforcement investigating the death - if the victim or perpetrator has one or more children in the home, regardless if a child was present during the incident.
- These referrals enabled these children and their families to receive an assessment and get connected to intervention and follow-up services, such as mental health services, to help cope with the homicide and other domestic violence-related issues.
- A referral to DIFS was made in 13 (46%) of the 28 intimate partner violence incidents with children in the home during 2003-2008.

UTVDRS data expanded to include any intimate partner, family member or roommate in incident

Worked with state DIFS to close gap in services for victim's children

Children of victims now connected to mental health & other services

- Domestic violence in Utah is on of the fastest growing violent crimes
- In 44% of intimate partner violence incidents one or more children under 18 were living in the victim's home
- 78% of children exposed to the homicide were age 5 or younger

Data into Action:

- Expanded data collection to include intimate partner, family member or roommate incident
- Worked with the state department of children and family services to close gap in services for victim's children
- Children of victims now connected to mental health and other services

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