Suicide in California – Data Trends in 2020, COVID Impact, and Prevention Strategies

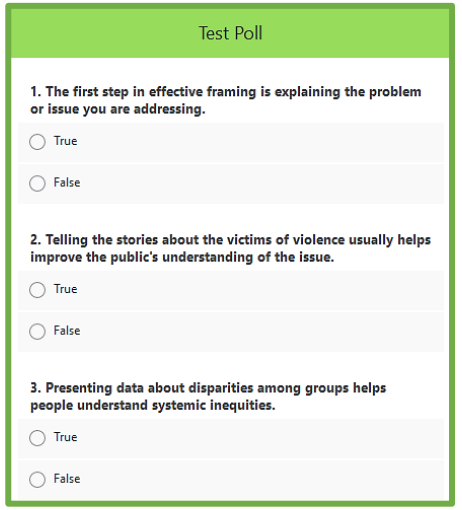
Wednesday, July 28, 2021

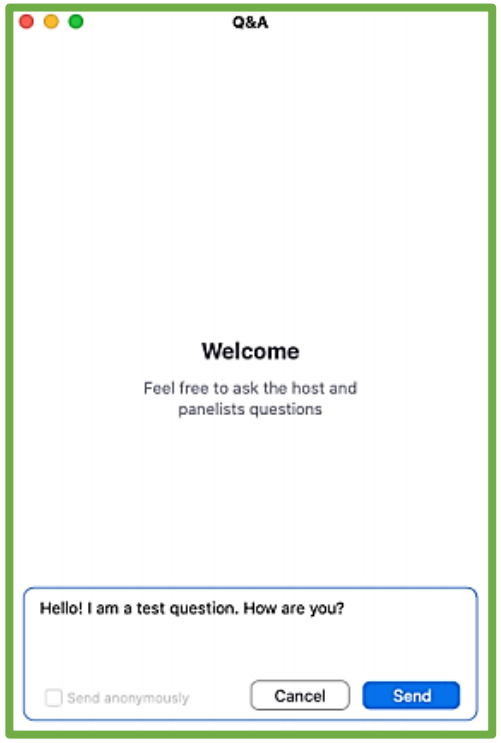
1:00 p.m. to 2:30 p.m. (PST)

CDPH California Department of Public Health

Webinar Housekeeping

- **Minimize Distractions**
  - All participants have been muted to reduce background noise.
- **Engage and Participate**
  - Ask questions in the Q&A.
  - Participate in polls.
- **Tech Questions**
  - If you experience any technical issues or have questions, please send a message directly to the host, **Blanca Enriquez**, or you can email them at Blanca.Enriquez@dss.ca.gov.
  - If you lose connection, please log back on.



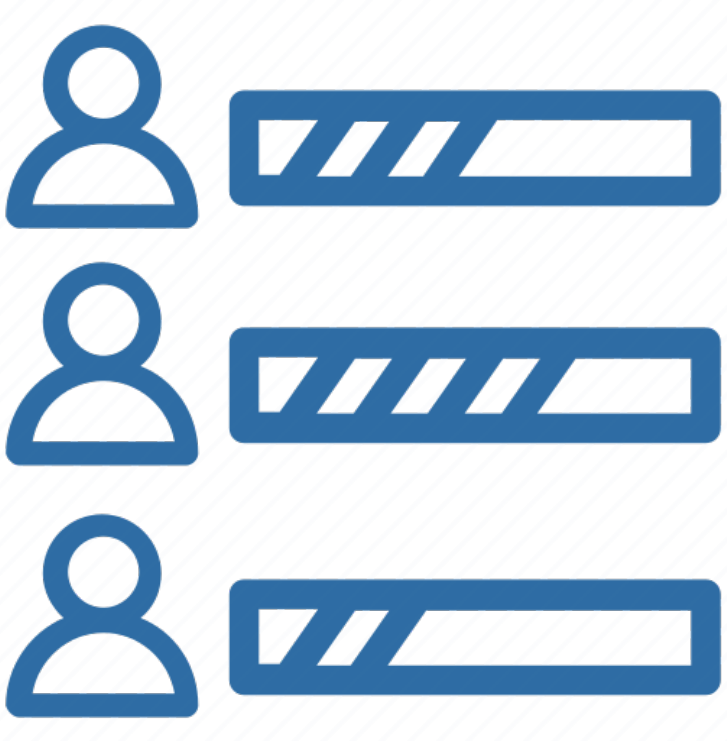


This webinar is being recorded.

Welcome and thank you for joining!

1. What type of organization do you work for?

2. Where are you working from today?



Before we get started…

We recognize the sensitive and personal nature of the data we are discussing today.

These data represent people in California, including many of our family, friends, and community members, that have been impacted by suicide and self-harm.

The intent of this webinar is to present and better understand these data in order to identify ways we can work together to prevent future suicides from occurring.

Need Help? Know Someone Who Does?

Contact the National Suicide Prevention Lifeline

- Call 1-800-273-TALK (1-800-273-8255)
- Use the online Lifeline Crisis Chat

Both are free and confidential. You'll be connected to a skilled, trained counselor in your area.

For more information, visit the National Suicide Prevention Lifeline.

CDPH California Department of PublicHealth

Today's Agenda

Time	Topic	Presenter
1:00 – 1:10 p.m.	Welcome	Renay Bradley, PhD CDPH
1:10 – 1:25 p.m.	CA Suicide Trends in 2020	Nichole Watmore, MPH CDPH
1:25 – 1:40 p.m.	CA Self-Harm Injury Trends in 2020	Orion Stewart, PhD CDPH
1:40 – 1:55 p.m.	The State of Violence, Health, and Pandemic Community Impacts in California: Findings from the CalVEX study	Anita Raj, PhD Center on Gender Equity and Health at UC San Diego
1:55 – 2:10 p.m.	Evidence-Based Youth Suicide Prevention Strategies Overview of CDPH Violence Prevention Programs	Renay Bradley, PhD CDPH Sara Mann, MPH CDPH Katey Rosenquist, MPH CDPH
2:10 – 2:30 p.m.	Questions and Discussion	All

Presenters

Nicole Watmore, MPH
Research Scientist II
Suicide Prevention Program
Injury and Violence Prevention Branch
California Department of Public Health

Orion Stewart, PhD
Injury Prevention Research Scientist
Injury and Violence Prevention Branch
California Department of Public Health

Anita Raj, PhD
Professor of Medicine, Department of Medicine
Professor of Education Studies, Division of Social Sciences
Director, Center on Gender Equity and Health (GEH)
Center on Gender Equity and Health at UC San Diego

Presenters

Renay Bradley, PhD
Chief, Epidemiology and Surveillance Section
Injury and Violence Prevention Branch
California Department of Public Health

Sara Mann, MPH
Suicide Prevention Program Coordinator
Injury and Violence Prevention Branch
California Department of Public Health

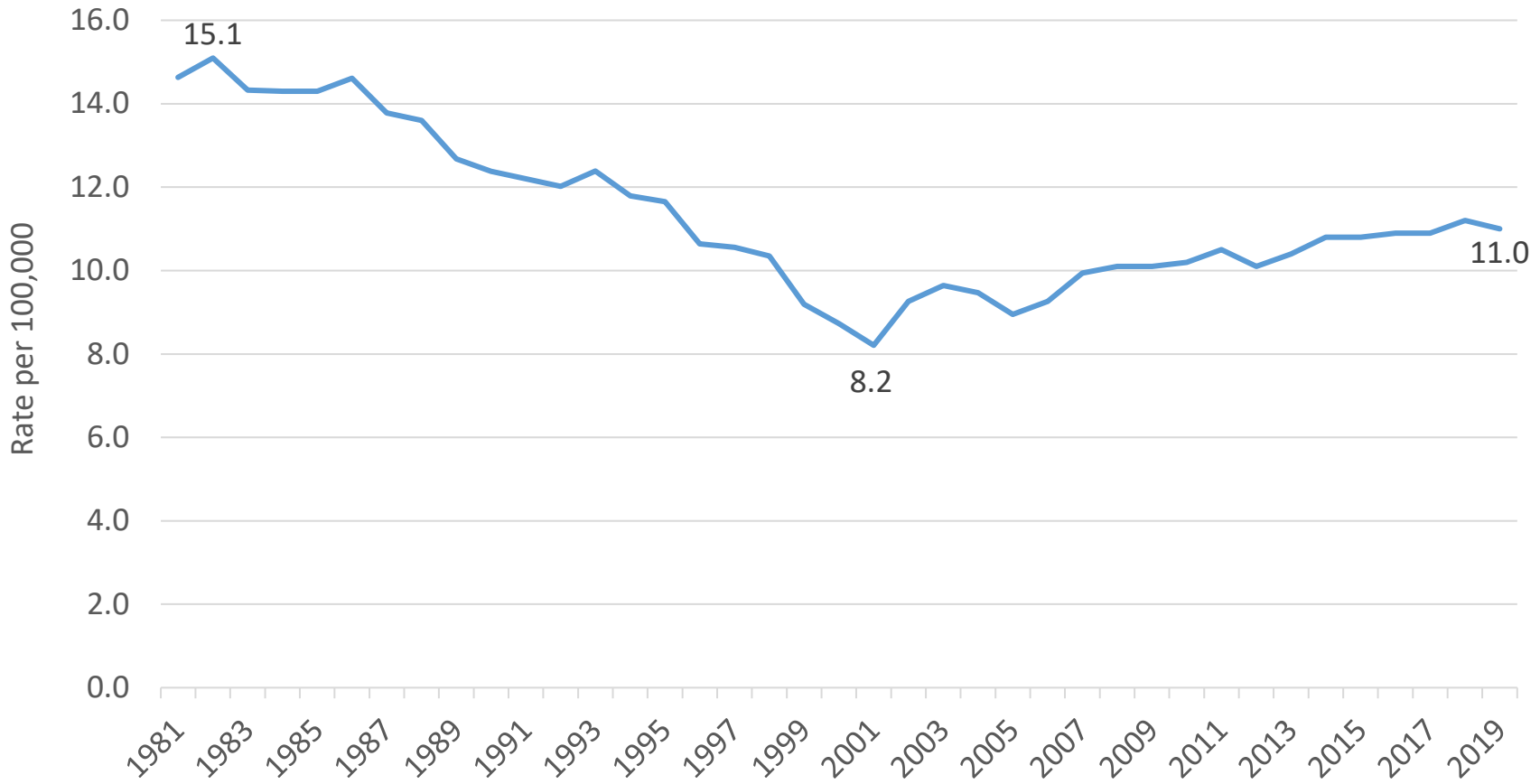
Katey Rosenquist, MPH
Emerging Issues and Policy Specialist
Office of Strategic Development and External Relations (Fusion Center)
California Department of Public Health

California (CA) Suicide Trends in 2020

Nichole Watmore, MPH

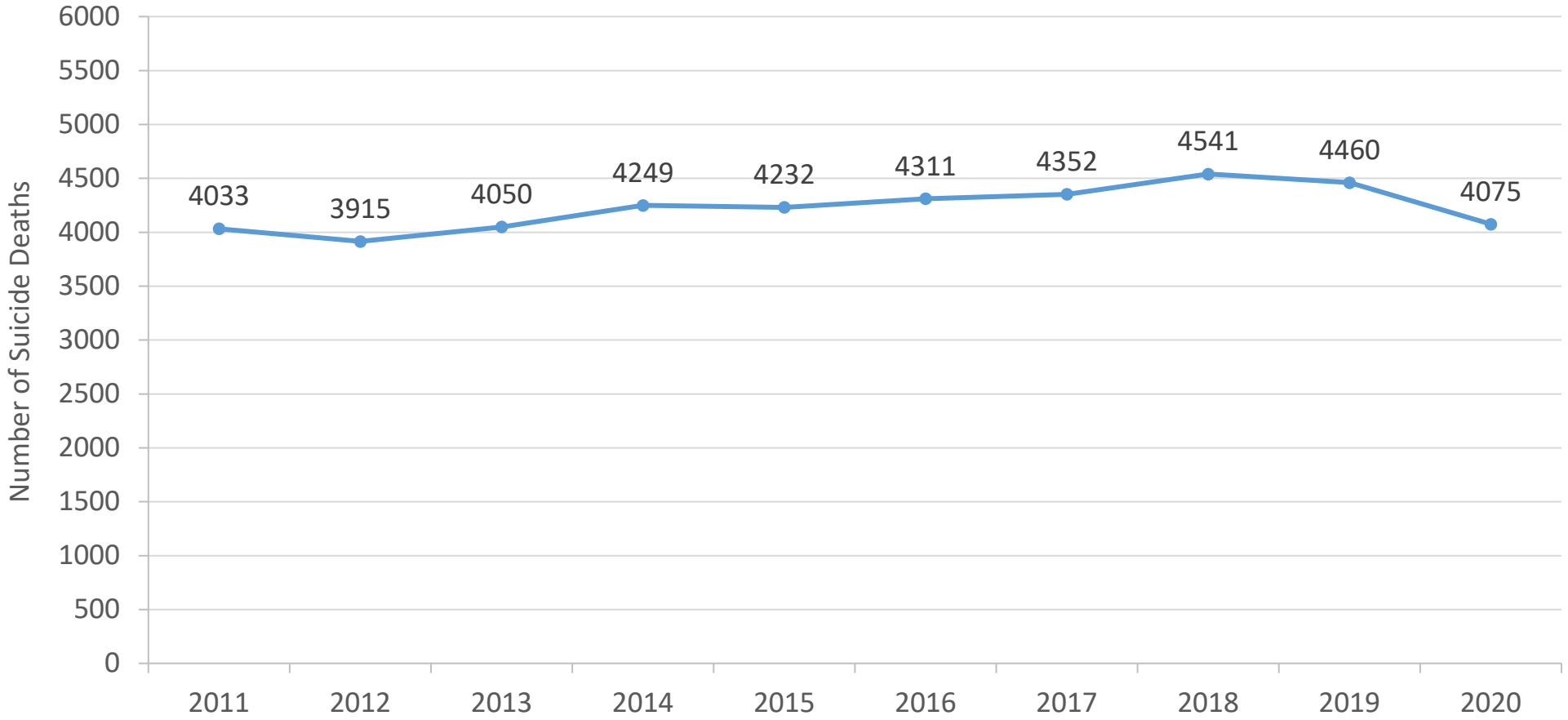
CA Department of Public Health (CDPH)

Suicide Rates among CA residents, 1981-2019



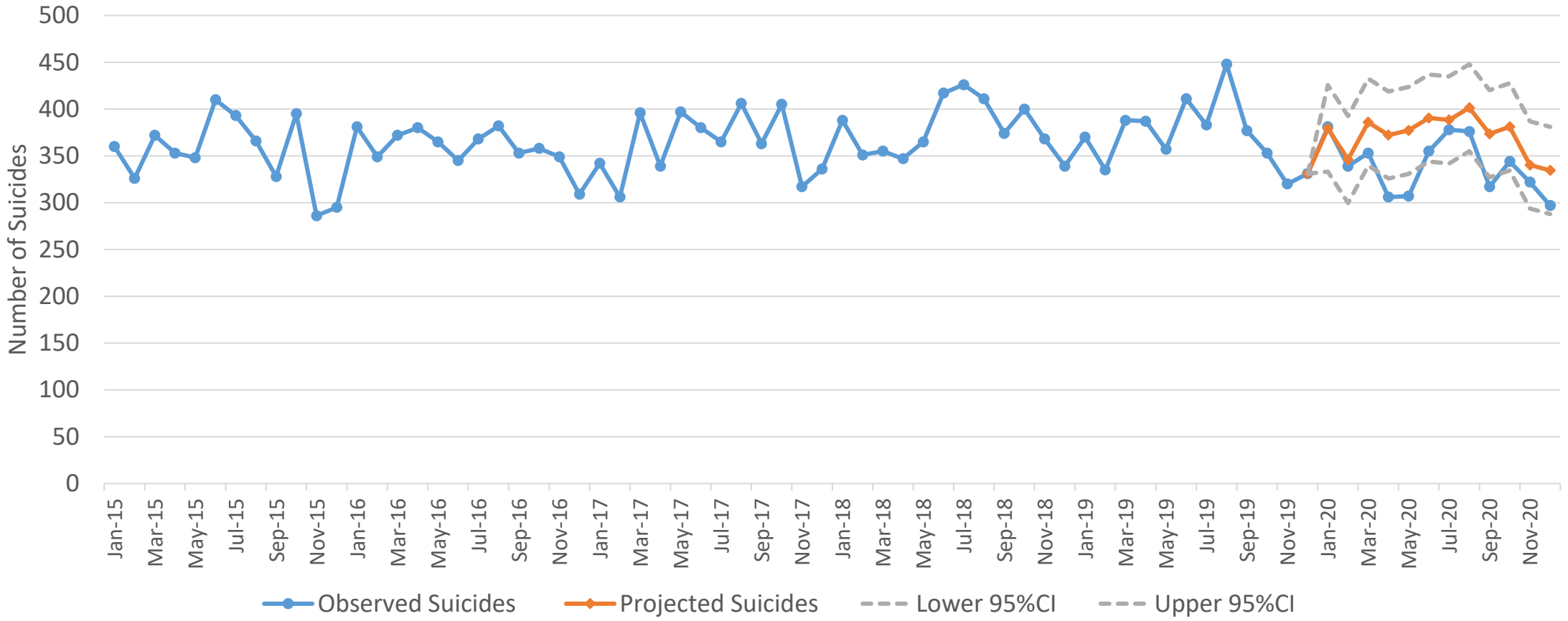
Source: 1981-2007, WISQARS; 2008-2019, CDPH EpiCenter Injury Database

Number of Suicide Deaths that occurred in CA, 2011-2020



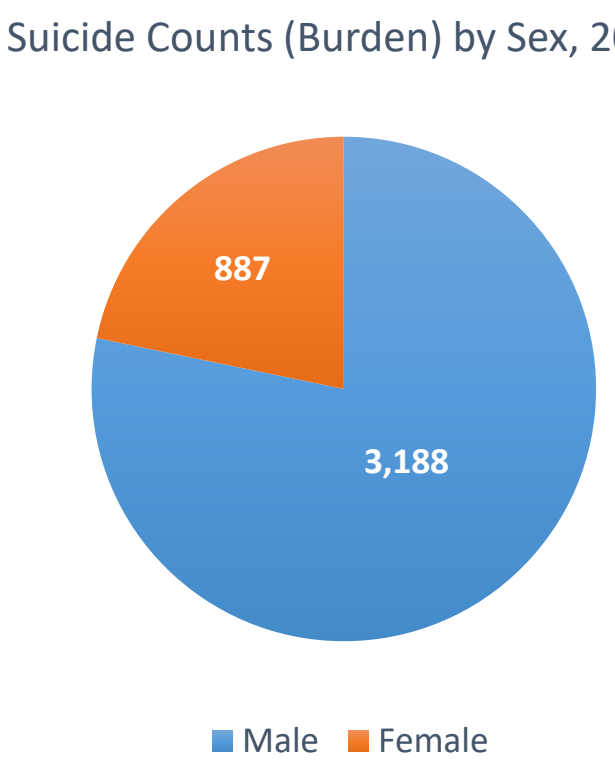
Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF)

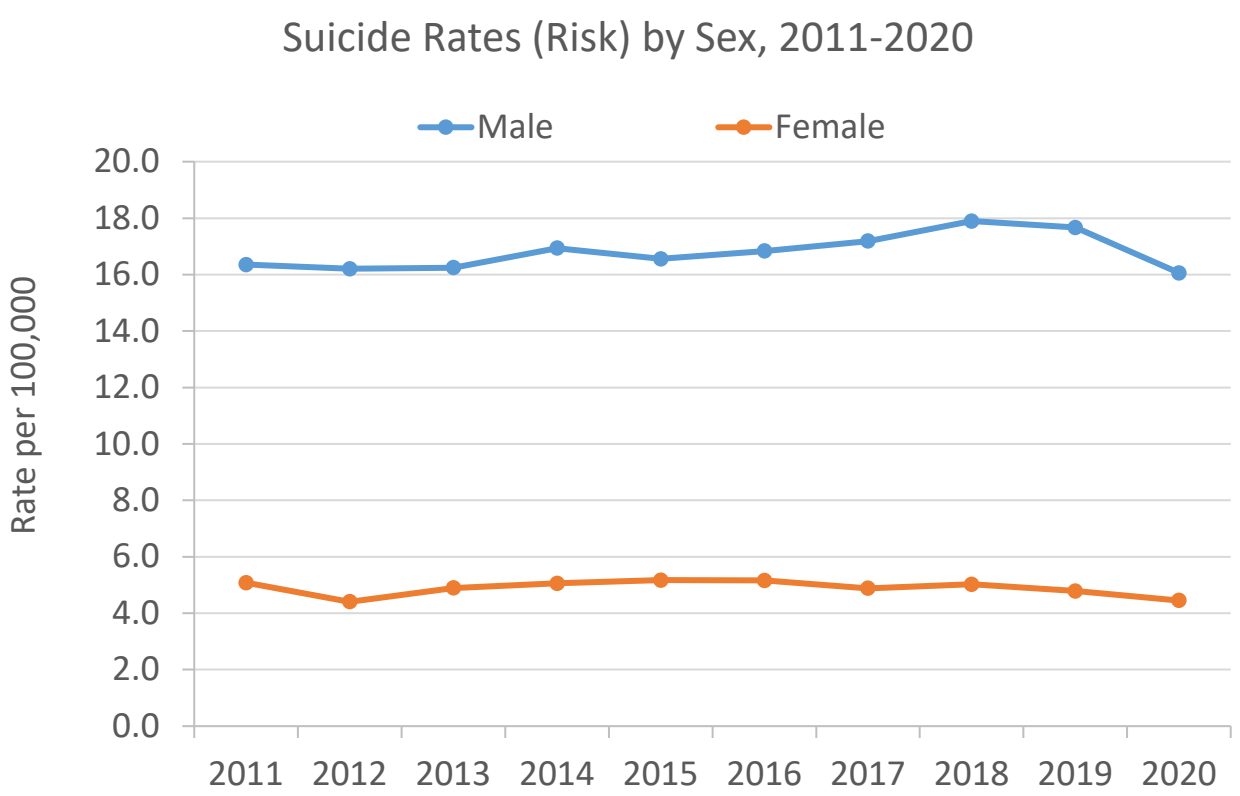
Monthly Observed and Projected Suicide Deaths in CA, 2015 - 2020



Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF)

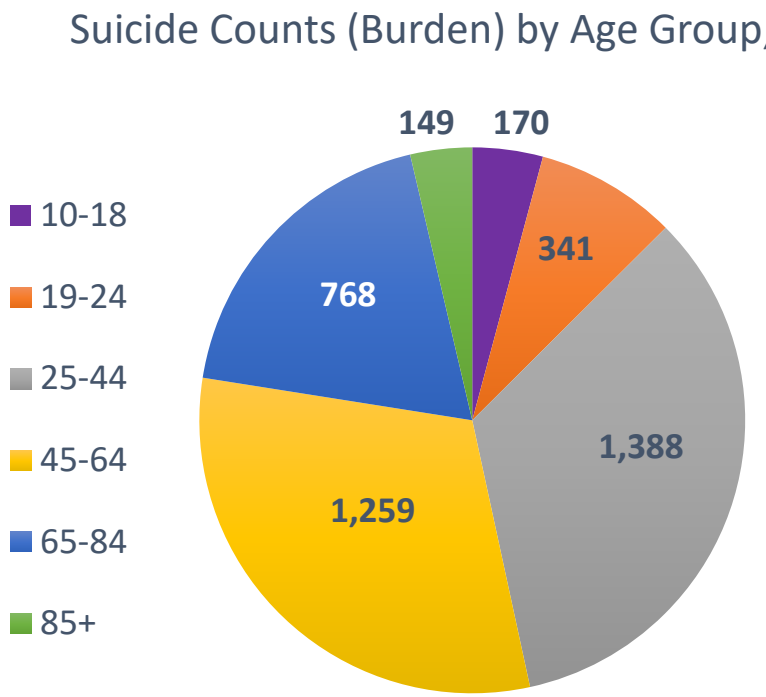
Suicide Counts (Burden) and Rates (Risk) by Sex in CA

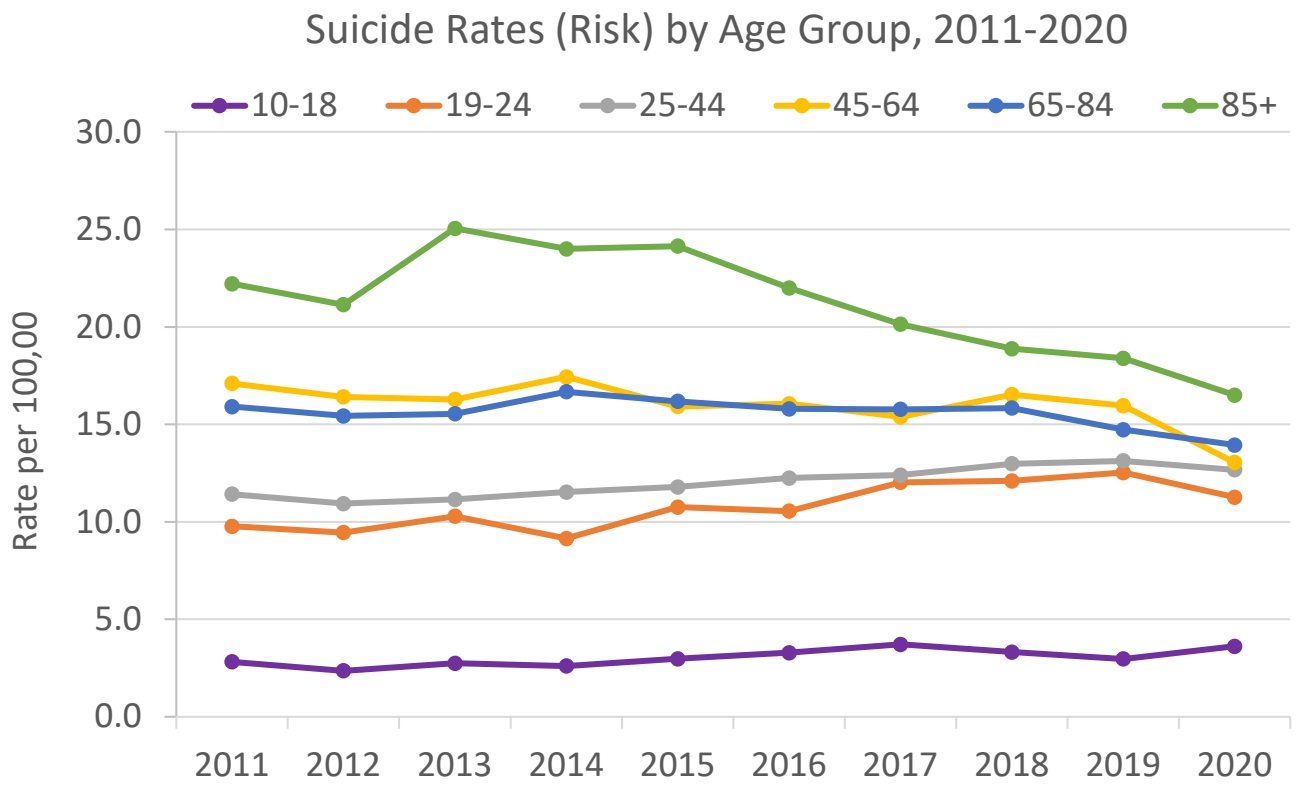




Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); CA Dept. of Finance P-3 Population Projection File (2010-2060)

Suicide Counts (Burden) and Rates (Risk) by Age Group in CA

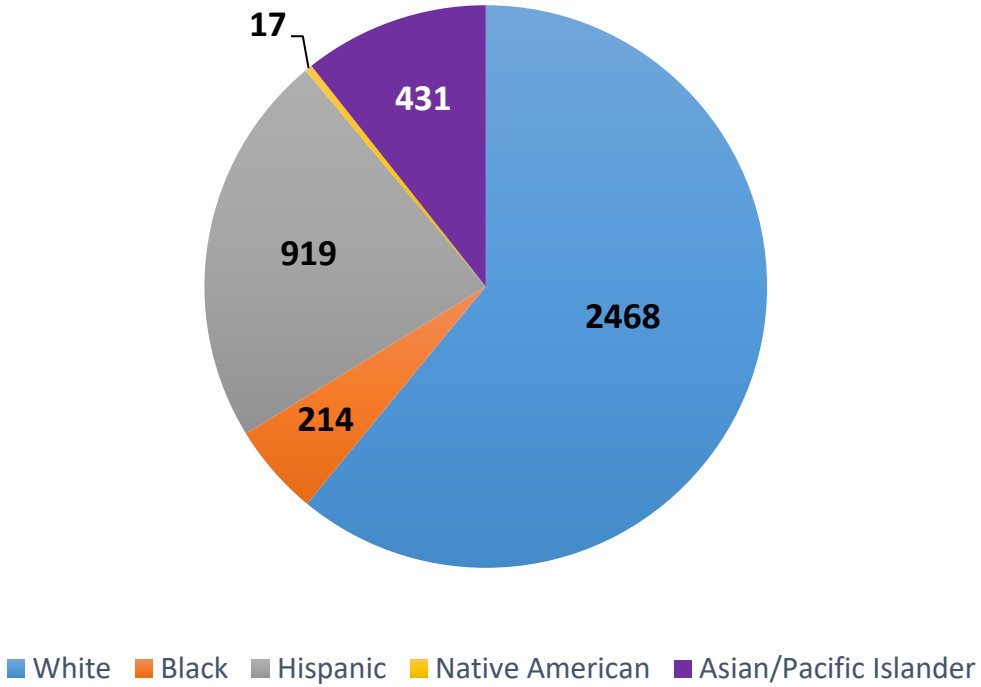




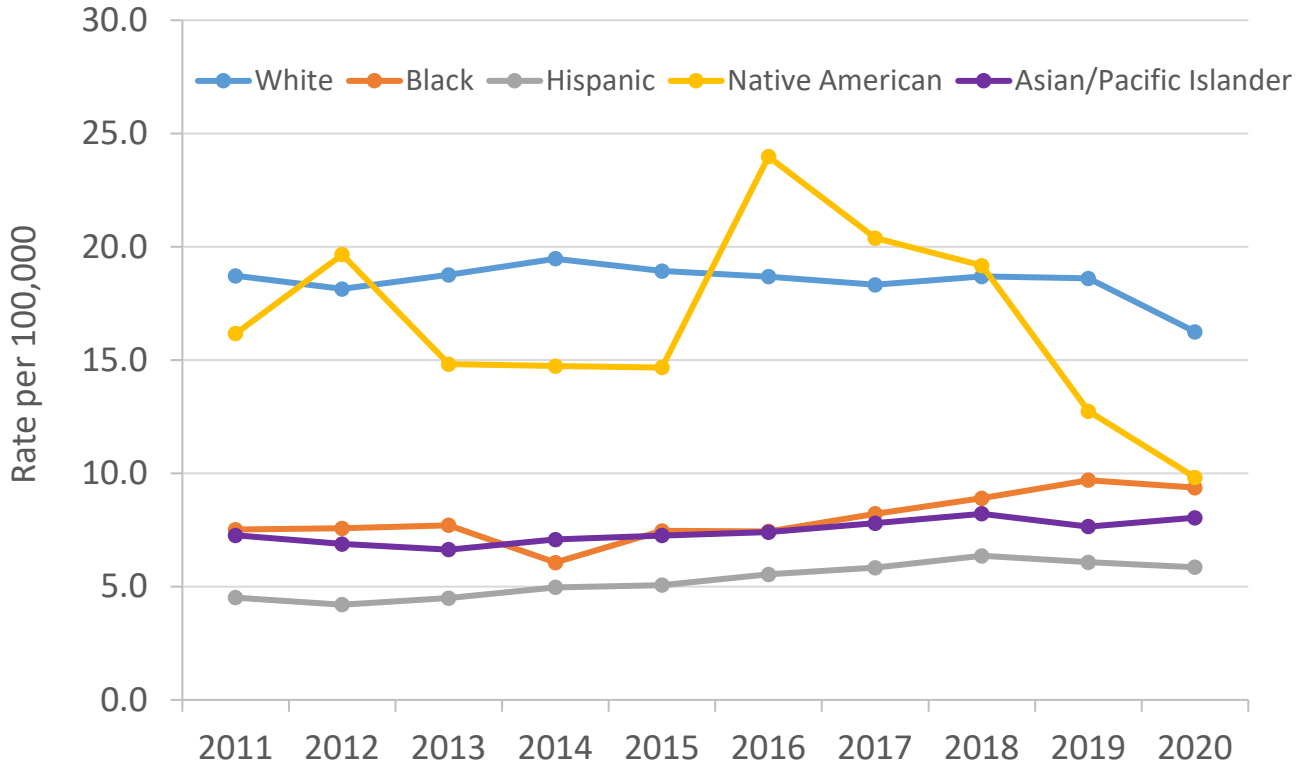
Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); CA Dept. of Finance P-3 Population Projection File (2010-2060)

Suicide Counts (Burden) and Rates (Risk) by Race/Ethnicity in CA

Suicide Counts (Burden) by Race/Ethnicity, 2020

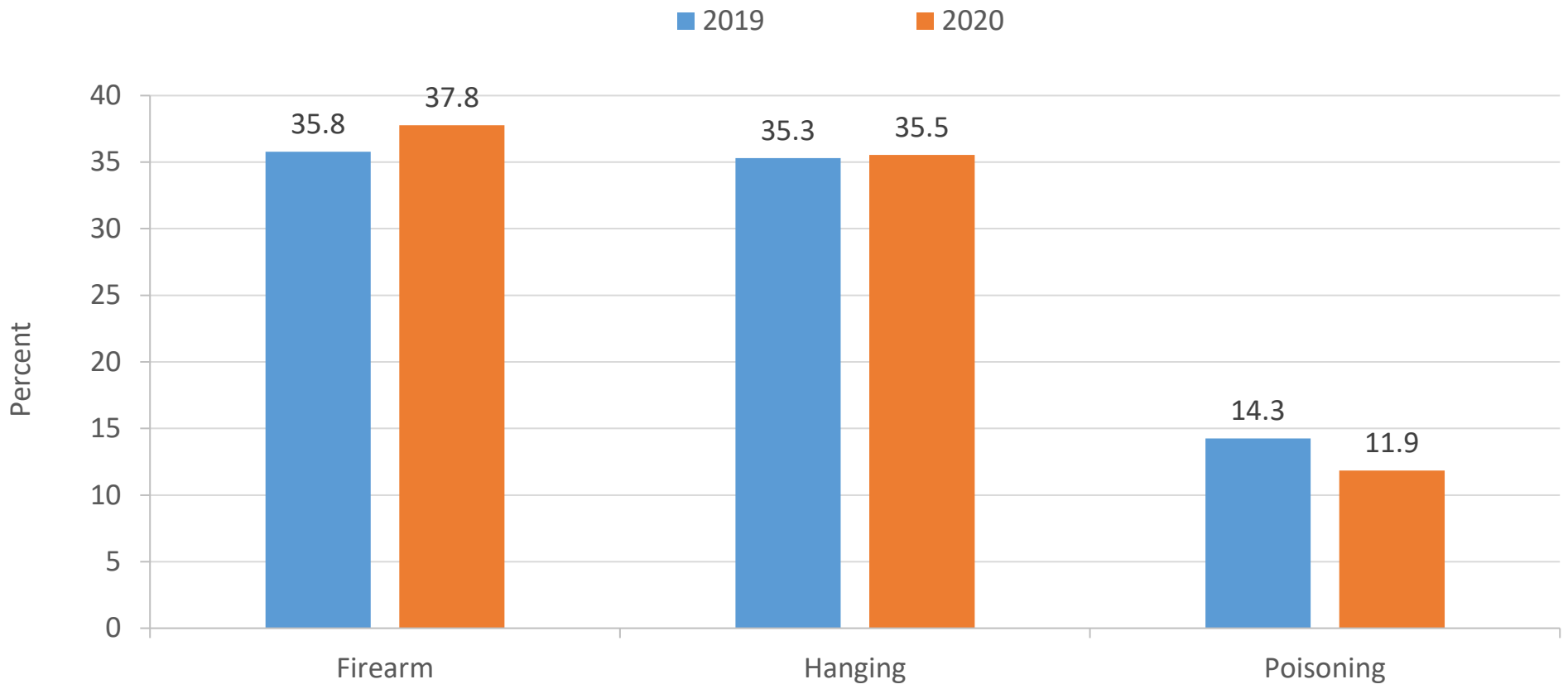


Suicide Rates by Race/Ethnicity in California, 2011-2020



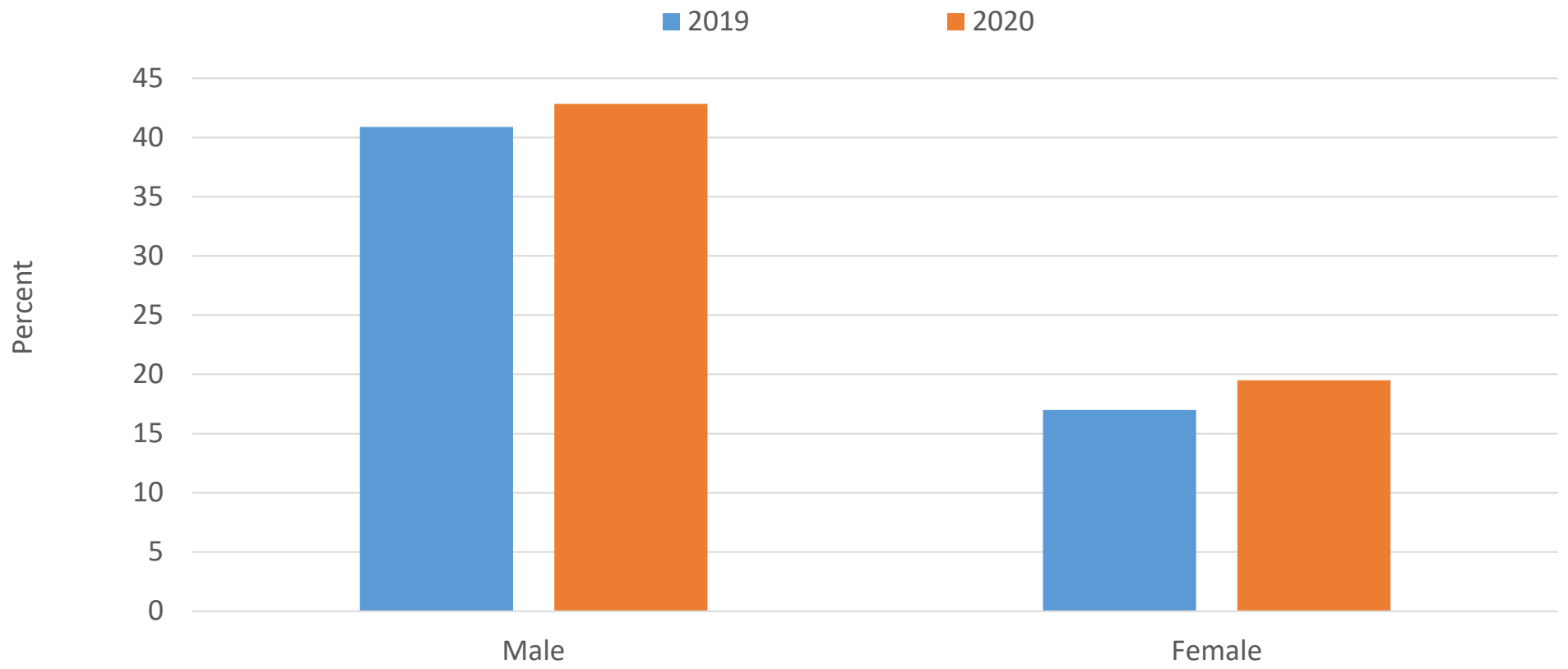
Note: Suicide rates for Native Americans are unstable due to small sample size.
Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); CA Dept. of Finance P-3 Population Projection File (2010-2060)

Mechanism of Suicide in CA, 2019 and 2020

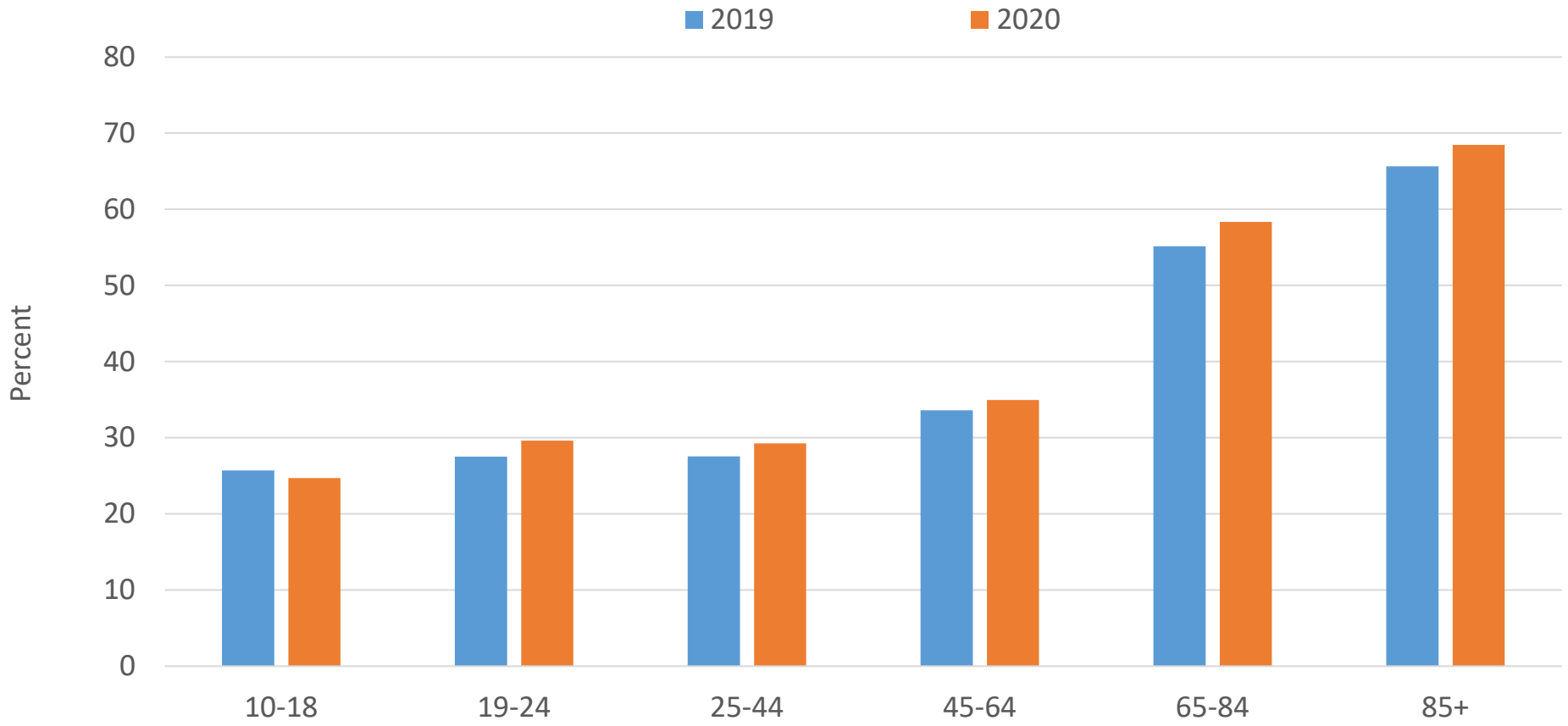


Source: 2019-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF)

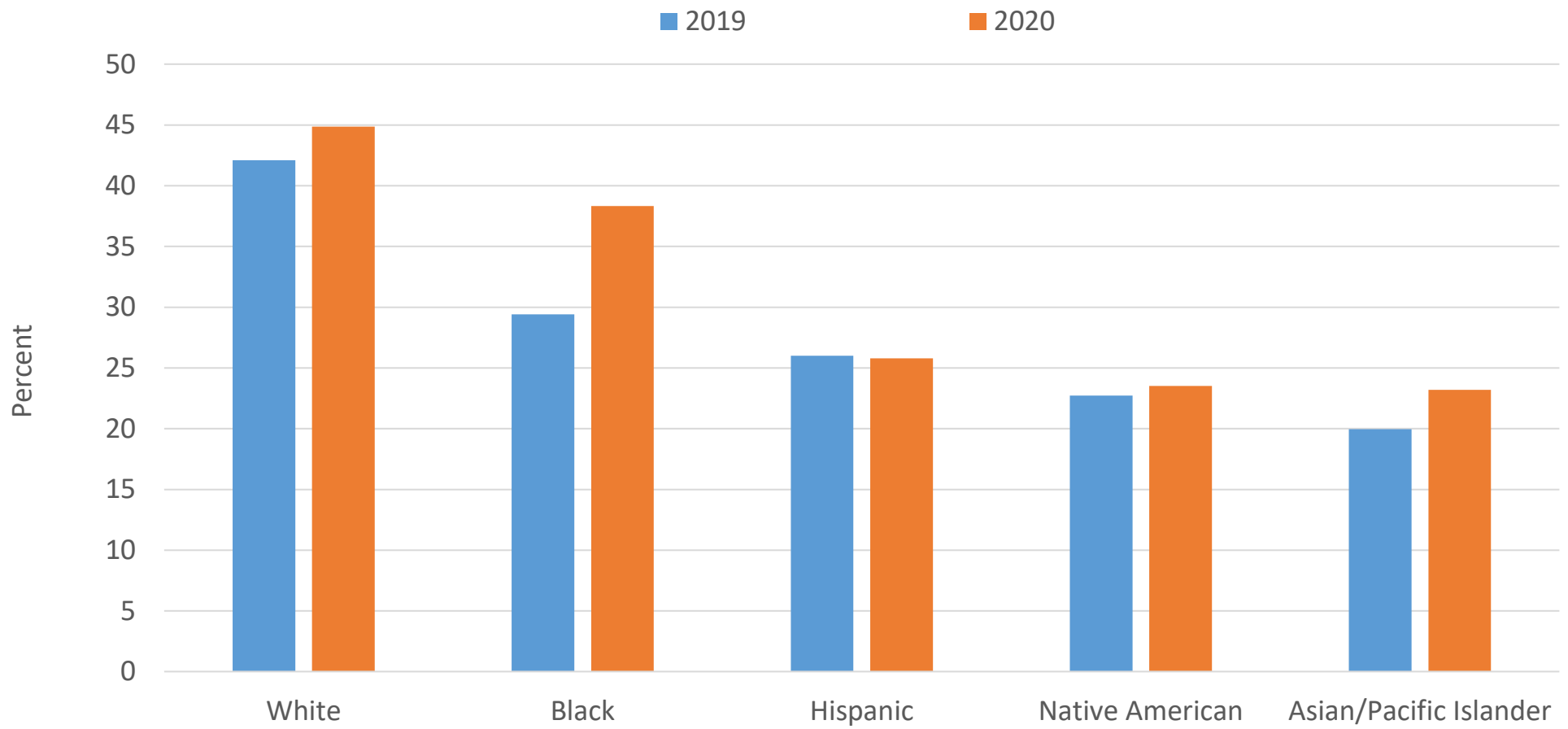
Suicide by Firearm by Sex in CA, 2019 and 2020



Suicide by Firearm by Age Group in CA, 2019 and 2020

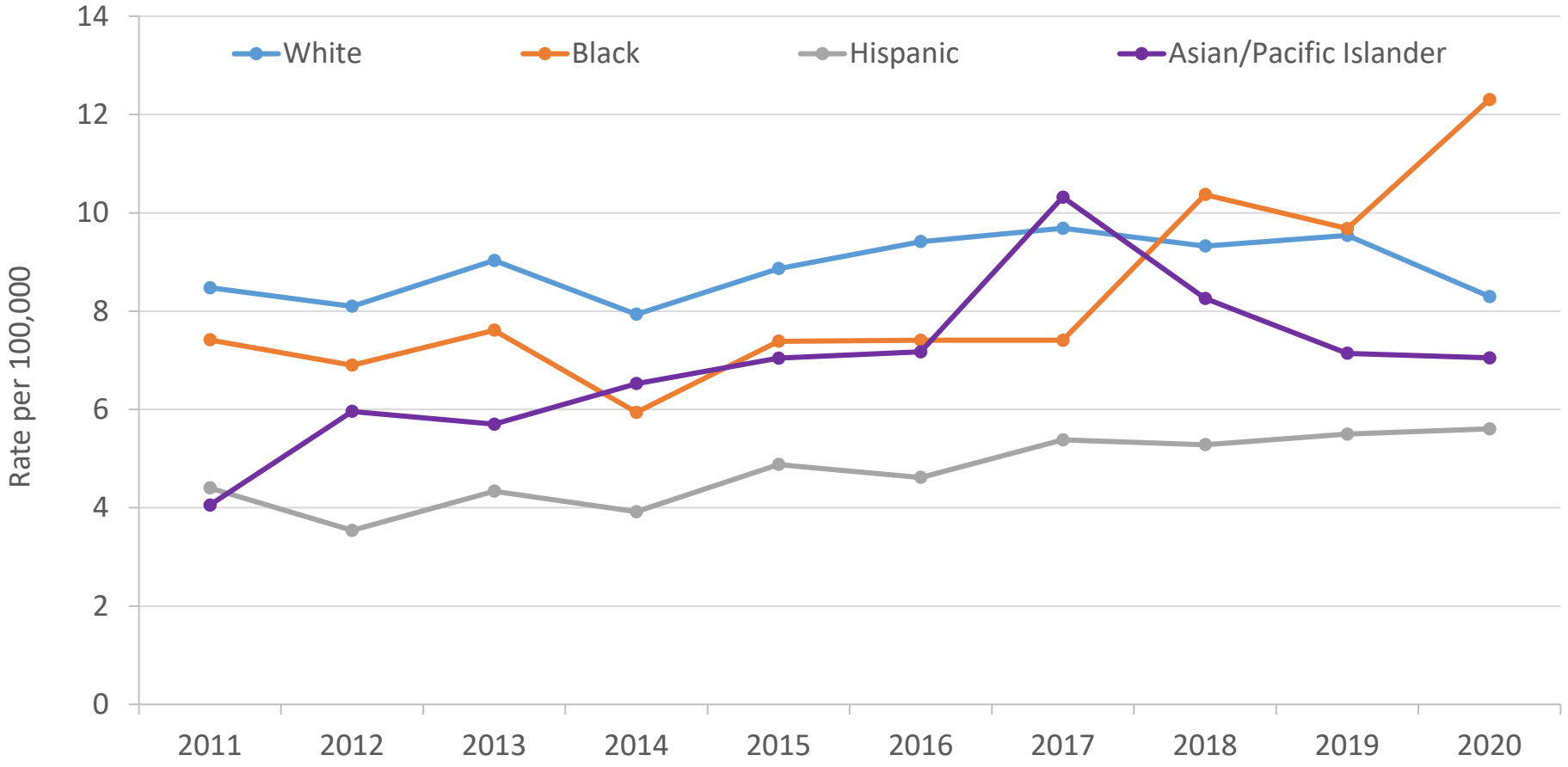


Suicide by Firearm by Race/Ethnicity in CA, 2019 and 2020



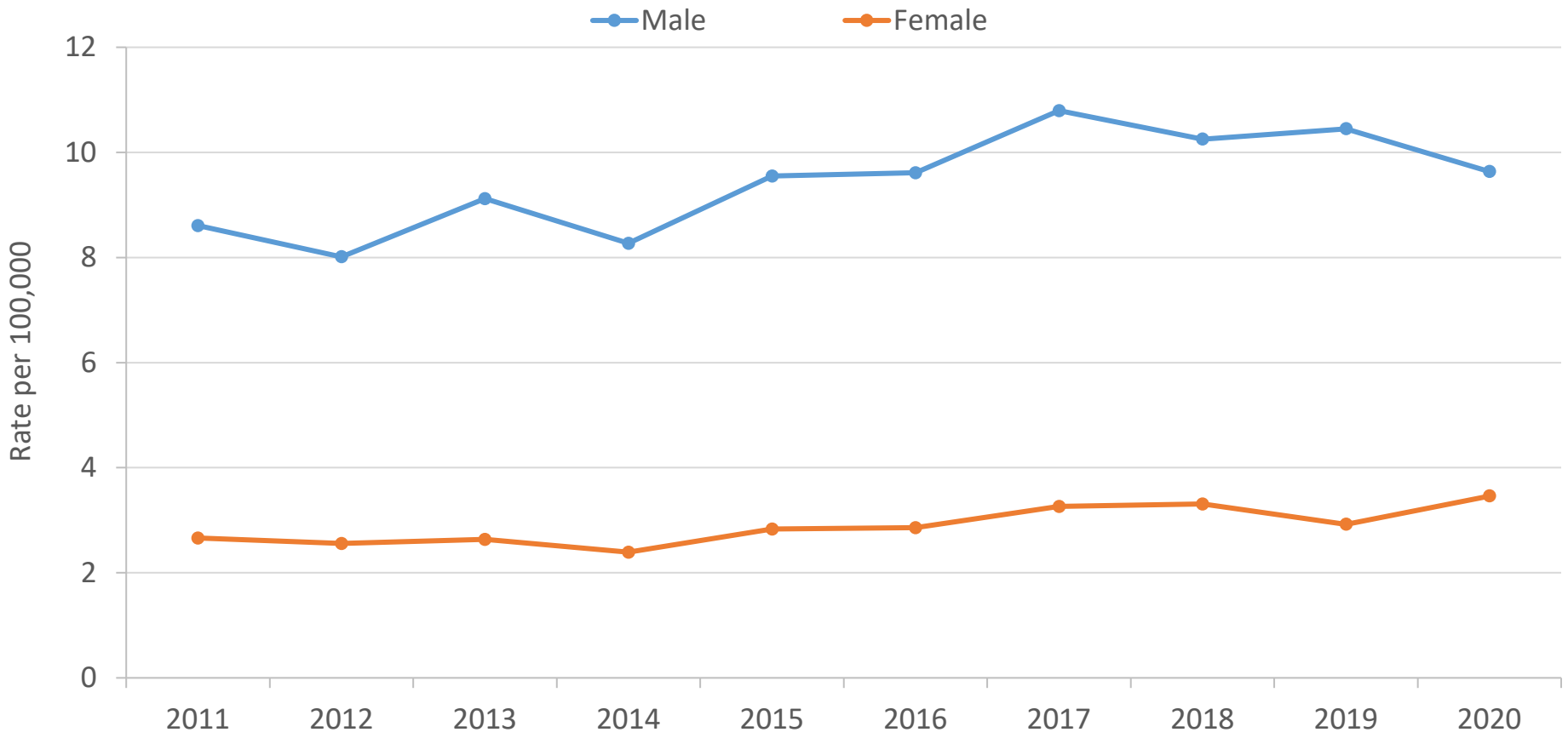
Source: 2019-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF)

Suicide Rates (Risk) among Youth (Ages 10-24) by Race/Ethnicity in CA, 2011-2020



Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); CA Dept. of Finance P-3 Population Projection File (2010-2060)

Suicide Rates (Risk) among Youth (Ages 10-24) by Sex in CA, 2011-2020



Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); CA Dept. of Finance P-3 Population Projection File (2010-2060)

Summary of Suicide Findings

- Number of suicides overall in California have decreased in 2020
- Suicide rates of certain subgroups have increased in 2020:
  - 10–18 year olds
  - People who are Asian/Pacific Islander
- Suicide rates among certain subgroups of youth (ages 10-24) have increased in 2020:
  - Youth who are Black
  - Youth who are Hispanic
  - Female youth
- The use of firearms as a mechanism for suicide has increased in 2020

After hearing these findings, please share any questions in the Q&A.

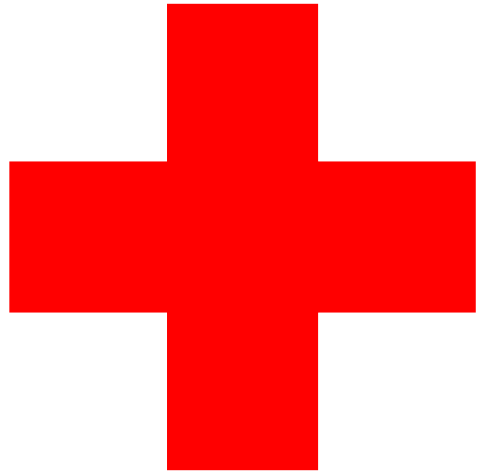
CA Self-Harm Trends in 2020

Orion Stewart, PhD

CA Department of Public Health (CDPH)

Self-Harm Emergency Department (ED) Visits

- Non-fatal
- Treat and release (exclude hospital admits)
- CA residents in CA facilities
- Any mention of a self-harm injury*
- Excludes newborns and age >119 years
- 2020 data available through September at this time

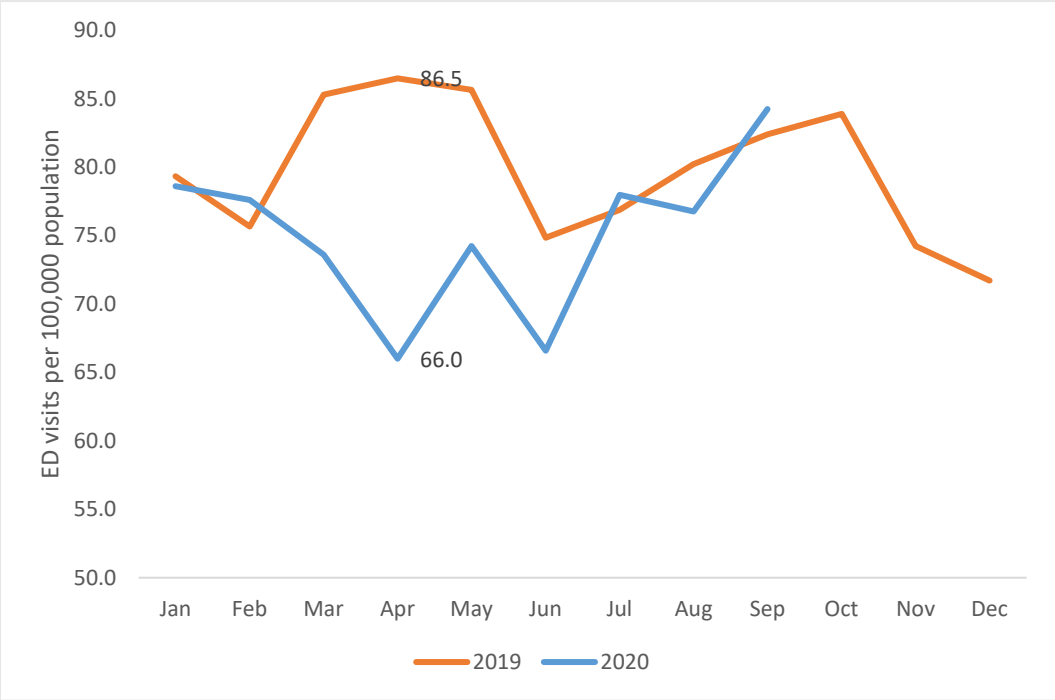


* Case definition from 2019 CDC state injury indicators guidance: https://www.cdc.gov/injury/pdfs/2019_state_injury_indicator_instructions-508.pdf

Self-Harm ED Visits per month, 2017 - 2020

Source data: Office of Statewide Health Planning and Development (OSHPD) ED data, CA Dept. of Finance (DOF) P-3 Population Projection File

Monthly Self-Harm ED Visits: Comparison of 2019 and 2020



Monthly ED visits per 100,000 population, 2019 and 2020

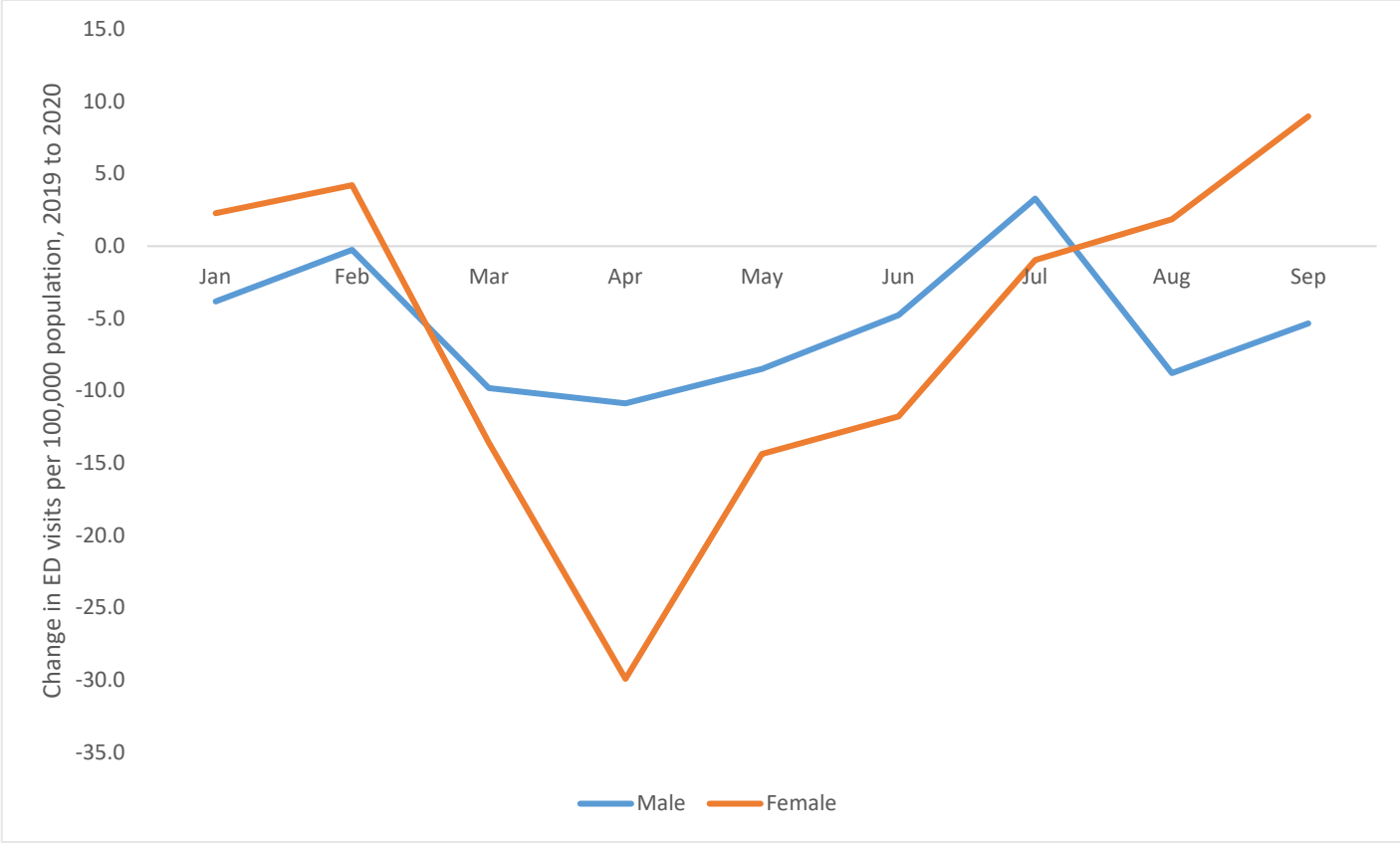
Change in Monthly ED visits per 100,000 population from 2019 to 2020

Source data: OSHPD ED data, CA DOF P-3 Population Projection File

Monthly Self-Harm ED Visits: Comparison of 2019 and 2020 by Sex

2019

	Average count/month	Proportion of ED visits	Average rate/month
Male	1,030	39%	62.2
Female	1,611	61%	97.1

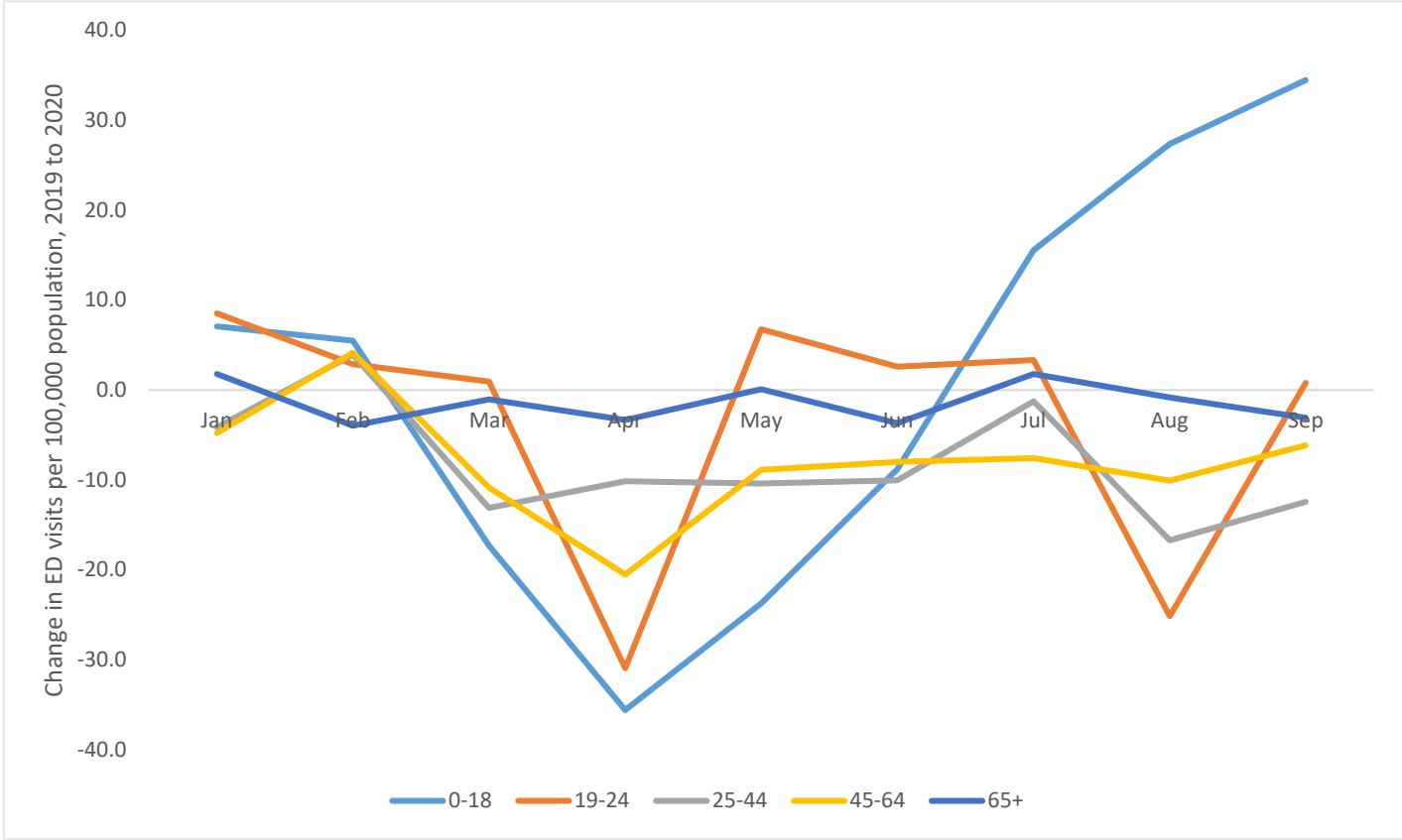


Source data: OSHPD ED data, CA DOF P-3 Population Projection File

Monthly Self-Harm ED Visits: Comparison of 2019 and 2020 by Age

2019

	Average count/month	Proportion of ED visits	Average rate/month
0 - 18 years	922	35%	112.9
19 - 24 years	478	18%	184.6
25 - 44 years	817	31%	89.4
45 - 64 years	353	13%	43.6
65+ years	72	3%	14.0



Source data: OSHPD ED data, CA DOF P-3 Population Projection File

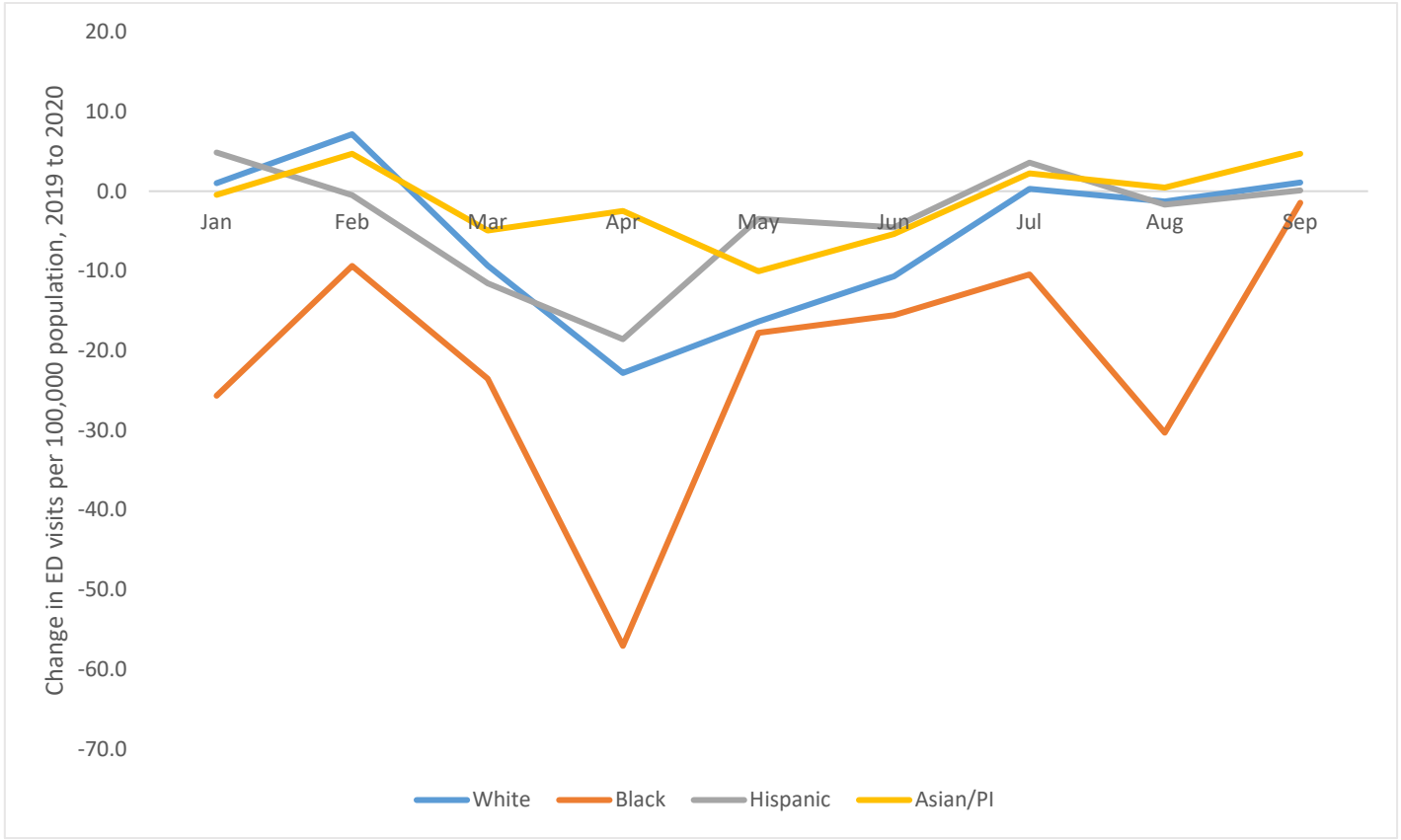
Monthly Self-Harm ED Visits: Comparison of 2019 and 2020 by Race/Ethnicity

2019

	Average count/month	Proportion of ED visits	Average rate/month
White	1,146	43%	90.3
Black	248	9%	130.8
Hispanic	898	34%	68.9
Asian/PI	129	5%	28.9
AI/AN	14	1%	96.8
Multiracial	31	1%	34.4

PI = Pacific Islander, AI = American Indian, AN = Alaska Native; Hispanic includes all races, all other races are non-Hispanic

AI/AN and Multiracial not graphed due to low number of observations



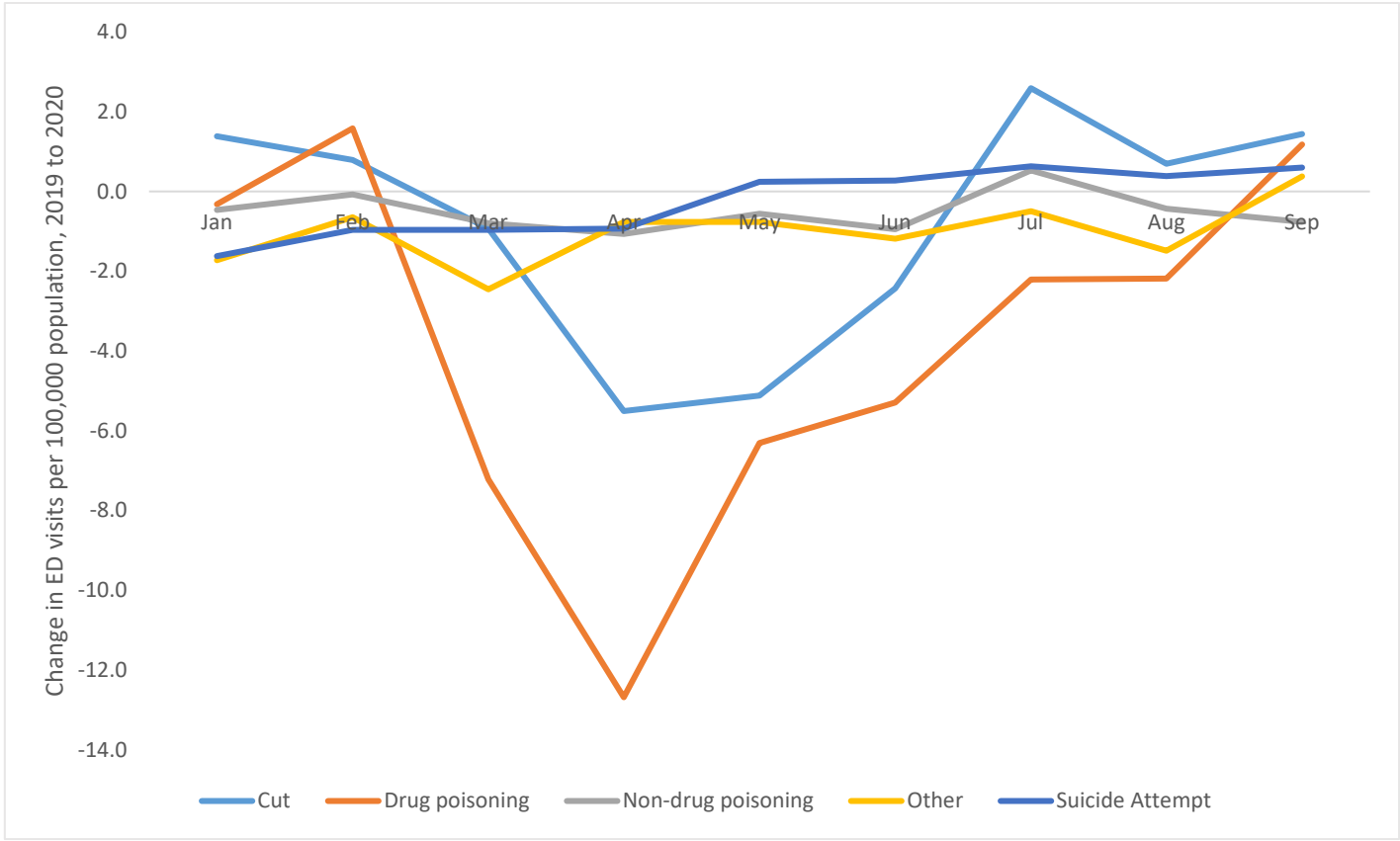
Source data: OSHPD ED data, CA DOF P-3 Population Projection File

Monthly Self-Harm ED Visits: Comparison of 2019 and 2020 by Injury Mechanism

2019

	Average count/month	Proportion of ED visits*	Average rate/month
Cut	805	30%	24.3
Drug poisoning	1,380	52%	41.6
Non-drug poisoning	100	4%	3.0
Other	290	11%	8.7
Suicide Attempt	202	8%	6.1

* Sums to more than 100% because a single ED visit may have multiple injury mechanisms; mechanisms accounting for <1% of ED visits not shown.



Source data: OSHPD ED data, CA DOF P-3 Population Projection File

Summary of Self-Harm ED Visit Findings

California ED visits declined in March and April 2020 then returned to 2019 levels by July 2020

- Declines appeared greatest among:
  - Females
  - Youth (ages 0-18) and young adults (ages 19-24)
  - Californians who are Black
  - Drug poisonings and cuts
- Declines appeared not to occur among:
  - Older adults aged 65+
  - Californians who are Asian/Pacific Islander
  - Non-drug poisonings and suicide attempts
- ED visits appeared to be rising beyond July 2020 among:
  - Females
  - Youth ages 0-18

After hearing these findings, please share any questions in the Q&A.

California Study on Violence Experiences Across the Lifespan (Cal-VEX)

The state of violence, health, and pandemic community impacts in California: Findings from the Cal-VEX study

Anita Raj, PhD (Primary Investigator)

Tata Chancellor Professor of Society and Health

Director, Center on Gender Equity and Health (GEH)

University of California, San Diego

GEH
CENTER ON GENDER EQUITY AND HEALTH

blue of california foundation

Presentation to CDPH Violence Prevention Initiative

Overview

- Cal-VEX project overview
- Increases in violence under the pandemic
- Economic hardship under the pandemic
- Changes in physical and mental health under the pandemic
- Vulnerability to suicidality

California Study on Violence Experiences across the Lifespan (Cal-VEX)

- Survey research with a representative sample of California residents aged 18 and older
- Surveys conducted in English & Spanish with an online sample
- **Cal-VEX 2020:** study was conducted in March 2020 at the start of the California state-wide pandemic shutdown
  - Experiences of violence by age and in the past year in California
  - State-representative sample of 2115 participants
- **Cal-VEX 2021:** study was conducted in March 2021
  - Timing allows for comparison between state-level representative data collected at the start of the pandemic versus one year later
  - State-representative sample of 2203 participants

Cal-VEX 2021
Sample Demographics

Characteristics of the Sample

Age	
18-24	8%
25-34	17%
35-44	22%
45-54	14%
55-64	19%
65+	22%

Race/ Ethnicity	
White	44%
Black	6%
Asian	13%
Hispanic	32%
Other/multi-races	5%

Marital Status	
Married	48%
Widowed	4%
Divorced or Separated	14%
Never Married	27%
Living with Partner	7%

Household Income	
Less than $30,000	25%
$30,000-$59,999	20%
$60,000-$84,999	17%
$85,000-$124,999	18%
$125,000 or more	19%

Gender	
Cisgender Female	51%
Cisgender Male	48%
Transgender or Other Gender	0.7% (n=14)

Sexual Identity	
Lesbian, Gay, Bisexual, or Other Identity	10%
Heterosexual	90%

Disability Status	
Yes	29%
No	71%

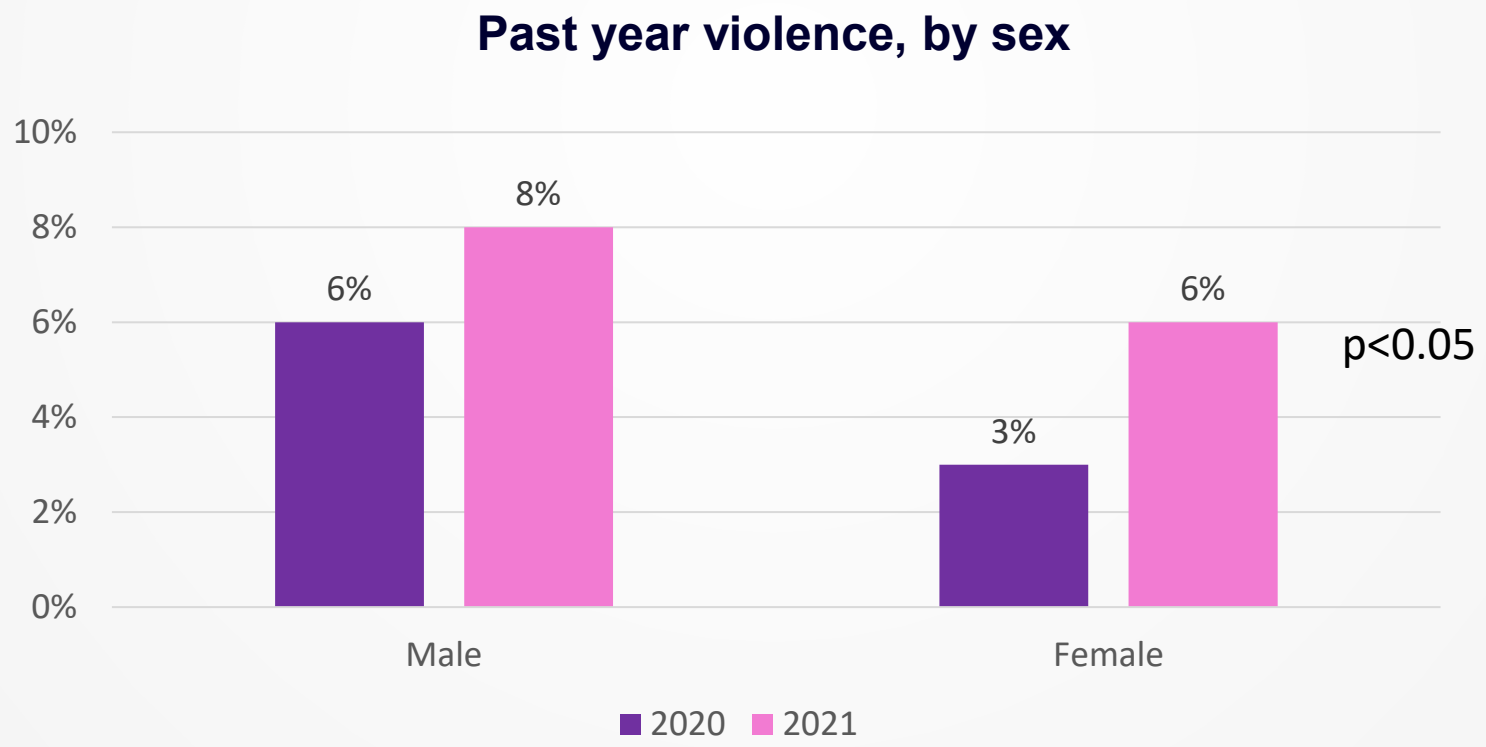
Employment Status	
Employed	56%
Retired	22%
Not working due to disability	4%
Unemployed	18%

Educational Level	
Less than High School	9%
High School and/or Some College or Associate Degree	52%
Bachelor's or Other 4 Year College Degree	21%
Graduate Degree	18%

Cal-VEX 2020 to 2021: Increases in Violence Under the Pandemic

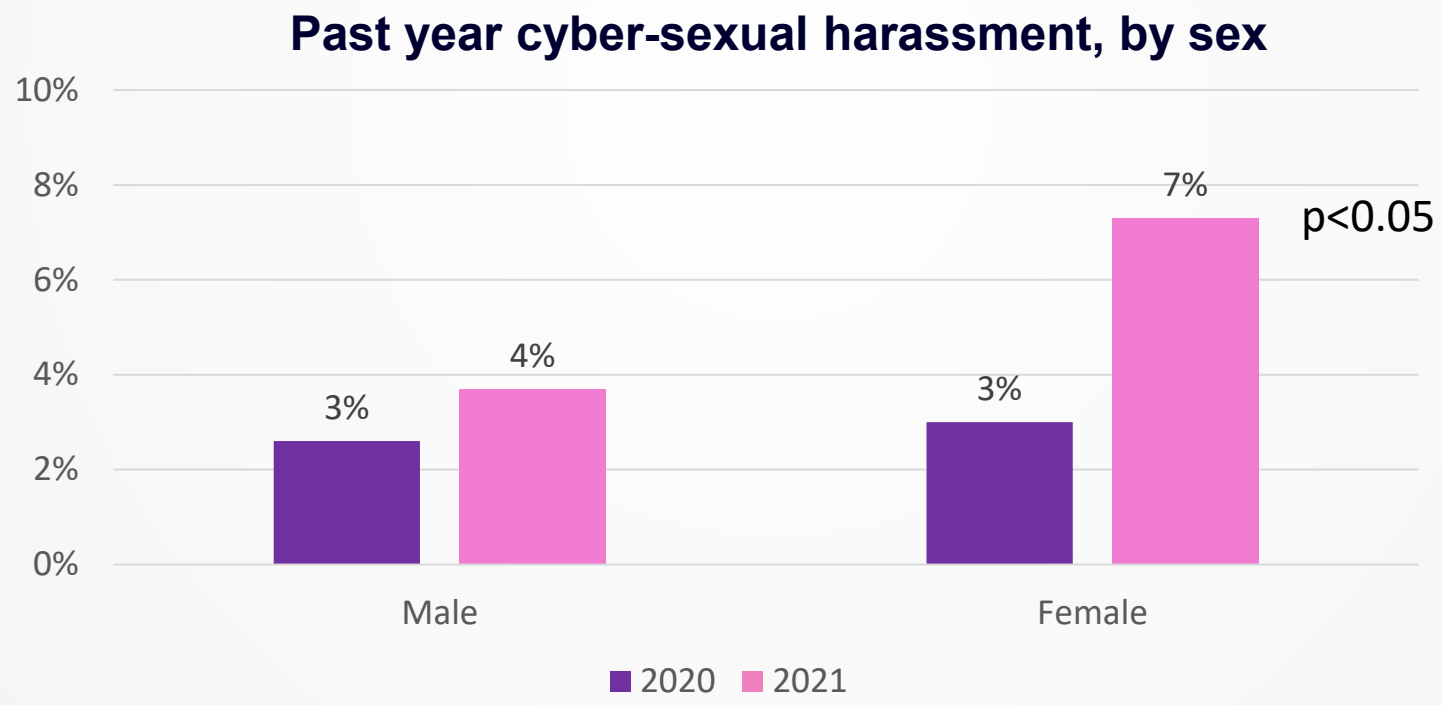
Physical Violence

- **Past year physical violence**, including threats with a weapon, increased from 4% (95% CI 3.3-5.9%) in 2020 to 7% (95% CI 5.4-8.6%) in 2021.
- This was a significant increase – doubling of reported violence – for women



Cyber-sexual Harassment

- Reports of past year **cyber-sexual harassment increased** from 3% (95% CI 1.9-4.0%) in 2020 to 6% (95% CI 4.3-7.2%) in 2021.
- This was a significant increase – doubling of reported violence – for women



Perceptions of Family Violence

When asked about whether family violence has increased in their community under the pandemic:

- 11% reported increased **family violence against children**
  - Respondents who were Black (14%), Latinx (13%), and white (10%) reported this more than those who were Asian (4%).
- 16% reported increased **partner violence against women**
  - Respondents who were Black (23%) and Latinx people (18%) reported this more than those who were white (13%) and Asian (11%).

Perceptions of Community Violence

When asked about whether violence has increased in their community under the pandemic:

- 11% reported increased **police violence** in their community.
  - Respondents who were Black (23%) and Latinx (13%) reported this more than those who were white (7%) and Asian (7%).
- 20% reported increased **neighborhood violence** in their community in the past year.
  - Respondents who were Latinx (23%) Asian (23%) and Black (20%) reported this more than those who were white (13%).

Cal-VEX 2021: Economic Hardship under the Pandemic

Past Year Economic Hardship

- **Past year job loss** reported by 8% of Californians
  - **More likely to be reported by Latinx persons** (12%) compared with respondent who were white (7%), Black (6%), and Asian (6%).
- **Past year eviction** reported by 4% of Californians, a rate higher than prior years in the state despite a moratorium on evictions under COVID
  - **More likely for Latinx persons** (6%) compared with white, Black and Asian respondents (3%, respectively).
  - This racial/ethnic disparity for Latinx Californians is particularly notable given that they were less likely to report a history of eviction but not eviction in the past year compared with Black and white respondents (6% vs. 15% and 8%, respectively).

Past Year Economic Hardship

- **Economic deprivation**, as indicated by reports of insufficient money for food or other basic needs in the past year, was **reported by more than one in five Californians** (22%).
  - **Latinx respondents were more likely to report** this deprivation (34%), followed by Black respondents (28%), compared with respondents who were white (16%) and Asian (11%).
- **Community impacts on housing and employment** were also reported across racial/ethnic groups.
  - 57% of respondents reported lost jobs among community members
  - 27% of respondents reported lost housing or homelessness in their community

Cal-VEX 2020 to 2021: Changes in Physical and Mental Health Under the Pandemic

Physical Health

Physical health concerns have increased under the pandemic.

- In 2020, 13% of Cal-VEX respondents indicated that their physical health was less than good; this was reported by 19% of respondents in 2021.
- Approximately 1 in 5 participants (24%) reported that their physical health had declined due to the pandemic.
- The increase in physical health concerns was not associated with a history of COVID-19 infection in their household, which was reported by 14% of respondents at the time of 2021 data collection.

Mental Health

Mental health concerns, already higher than prior to 2020, were stagnant from 2020 to 2021.

- Across both years, 20% of respondents reported moderate or severe depression or anxiety symptoms in the past two weeks.
- Reports of suicidality among respondents was 6% in 2020 and 7% in 2021, which was a marginal and insignificant difference over time.
- Approximately 1 in 5 participants (26%) reported that their mental health had declined due to the pandemic.

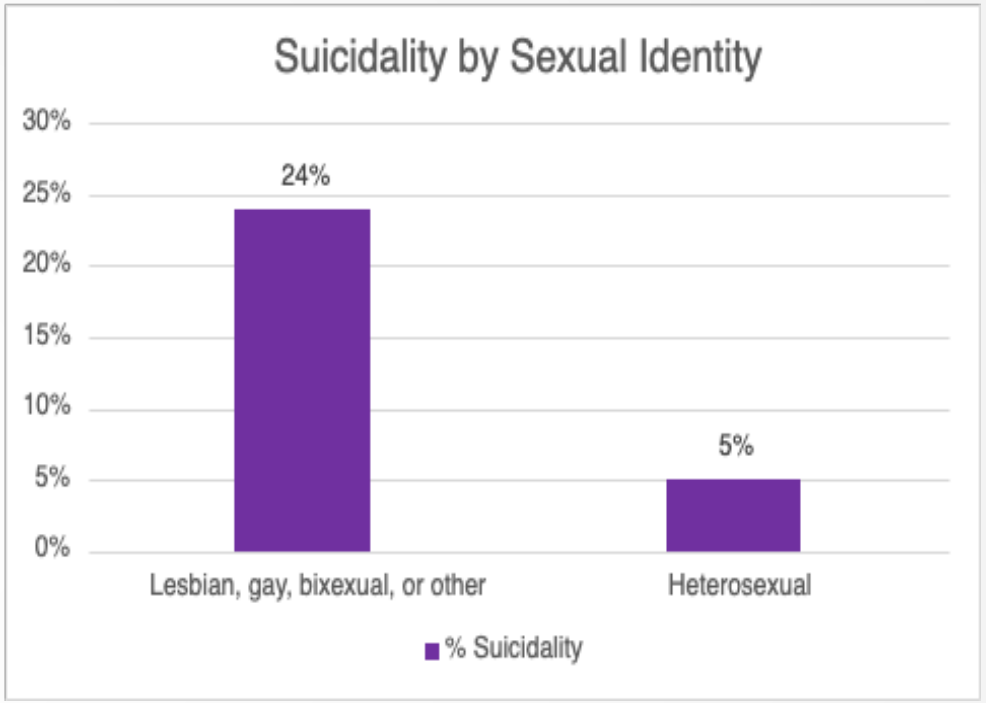
National data suggest an ongoing increase in mental health concerns under the pandemic. The difference in our data may be due to elevated stress in 2020 due to assessment at the initiation of the state shutdown.

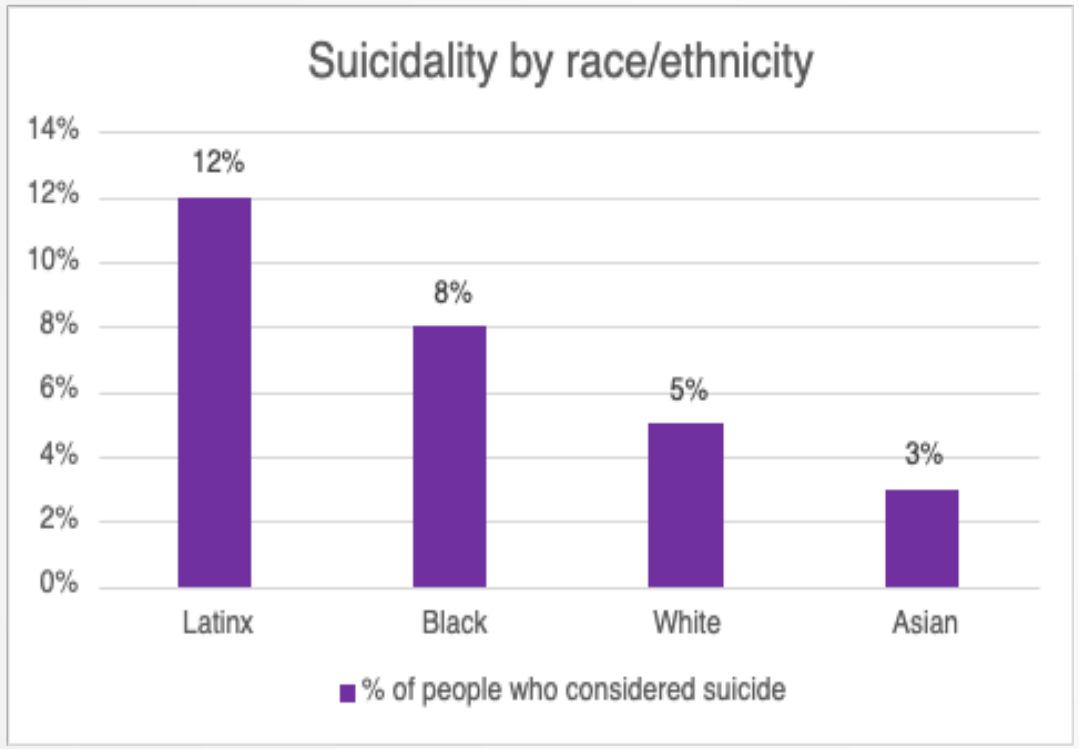
- National data indicate that the percent of US residents reporting recent symptoms of depression and anxiety increased during the pandemic.
- National data also indicate that depression, anxiety, and suicidality, as well as suicide, were already increasing prior to the pandemic, and the pandemic has likely exacerbated this trend.

Cal-VEX 2021: Vulnerability to Suicidality under the Pandemic

Suicidality by Sex, Sexual Identity, and Race/Ethnicity

- There was no difference in suicidality by sex.
- There were differences in suicidality by sexual identity: Lesbian, gay, bisexual, or other sexual identity respondents were more likely than heterosexual respondents to report suicidality.

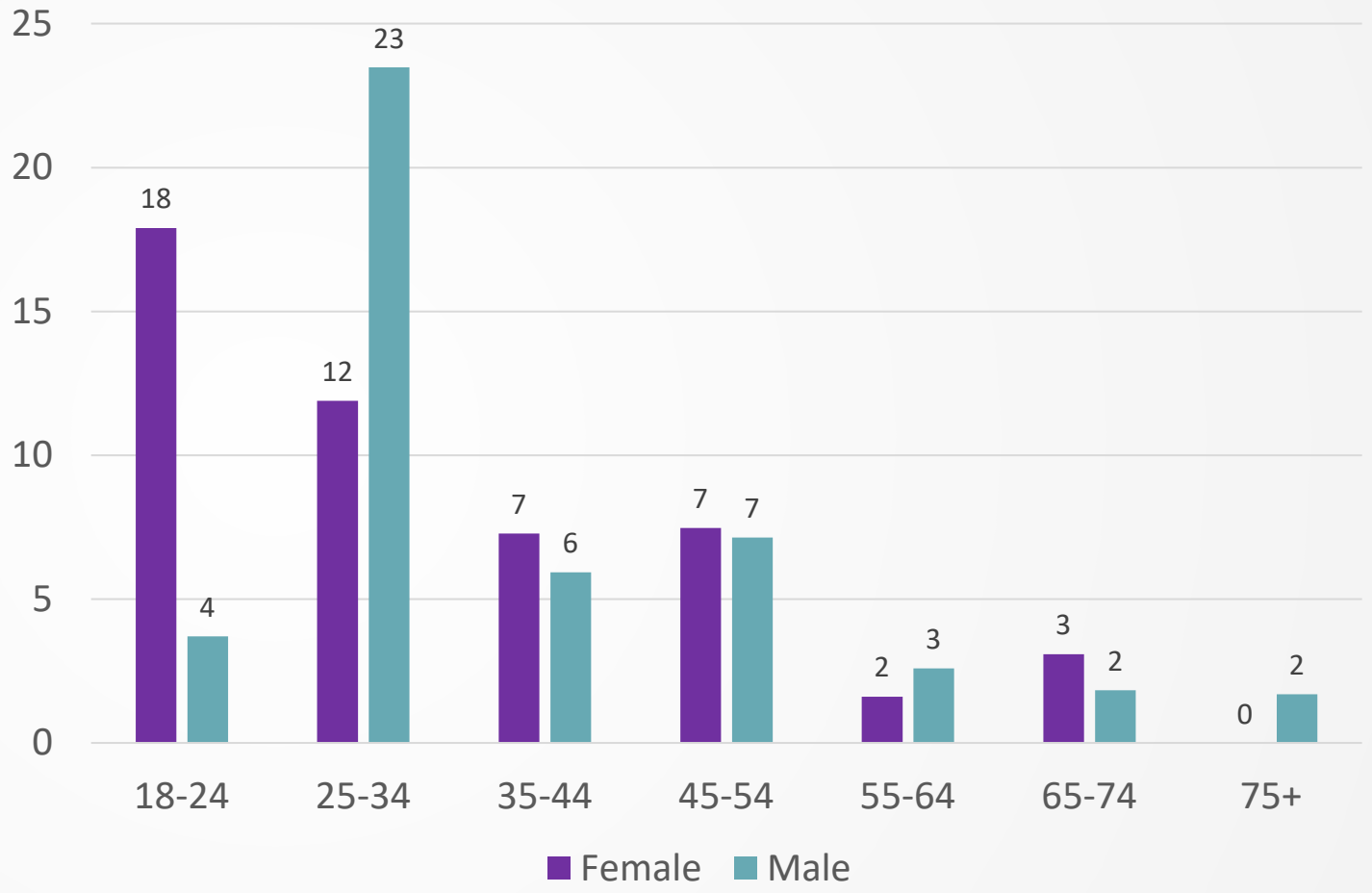




There were differences in suicidality by race/ethnicity: Latinx and Black respondents were more likely than white and Asian respondents to report suicidality.

Suicidality by Age and Sex

- Suicidality is highest among younger respondents, aged 18-34 years.
- Sex differences are seen in suicidality for these age groups.
  - For 18-24, females have higher suicidality
  - For 25-34, males have higher suicidality



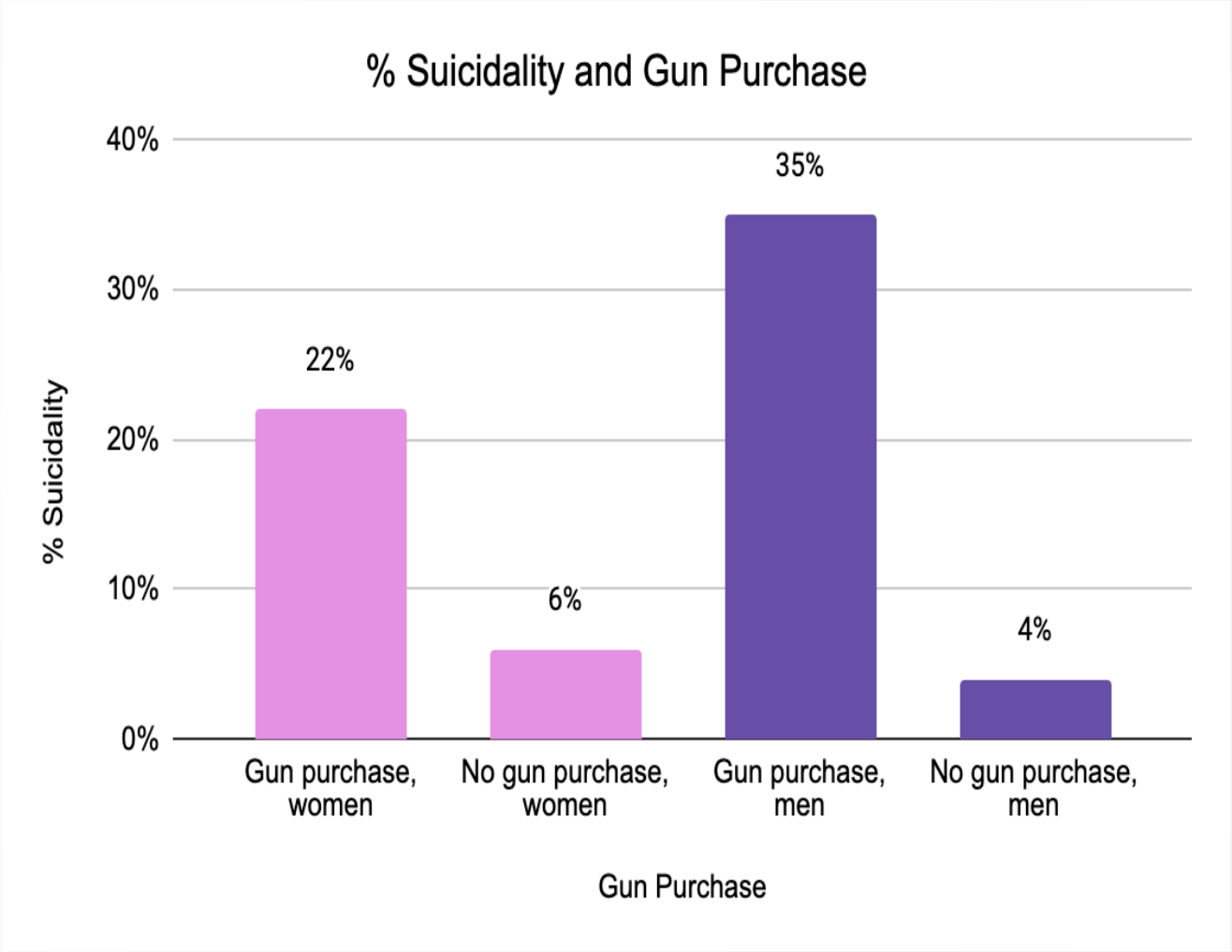
Suicidality by Economic Hardship

There were differences in suicidality by economic hardship

- Poverty: Respondents in the lowest income quintile were most likely to report suicidality (12%).
- Job Loss: 18% of respondents who lost a job in the past year considered suicide, compared to 6% who did not
- Eviction: 52% of respondents who were evicted in the past year considered suicide, compared to 15% of those who have been evicted in the past but NOT the past year, and 5% of those who have never been evicted
- Deprivation: 19% of respondents who lacked money for food or other basic needs due to the pandemic considered suicide, compared to 4% who did not

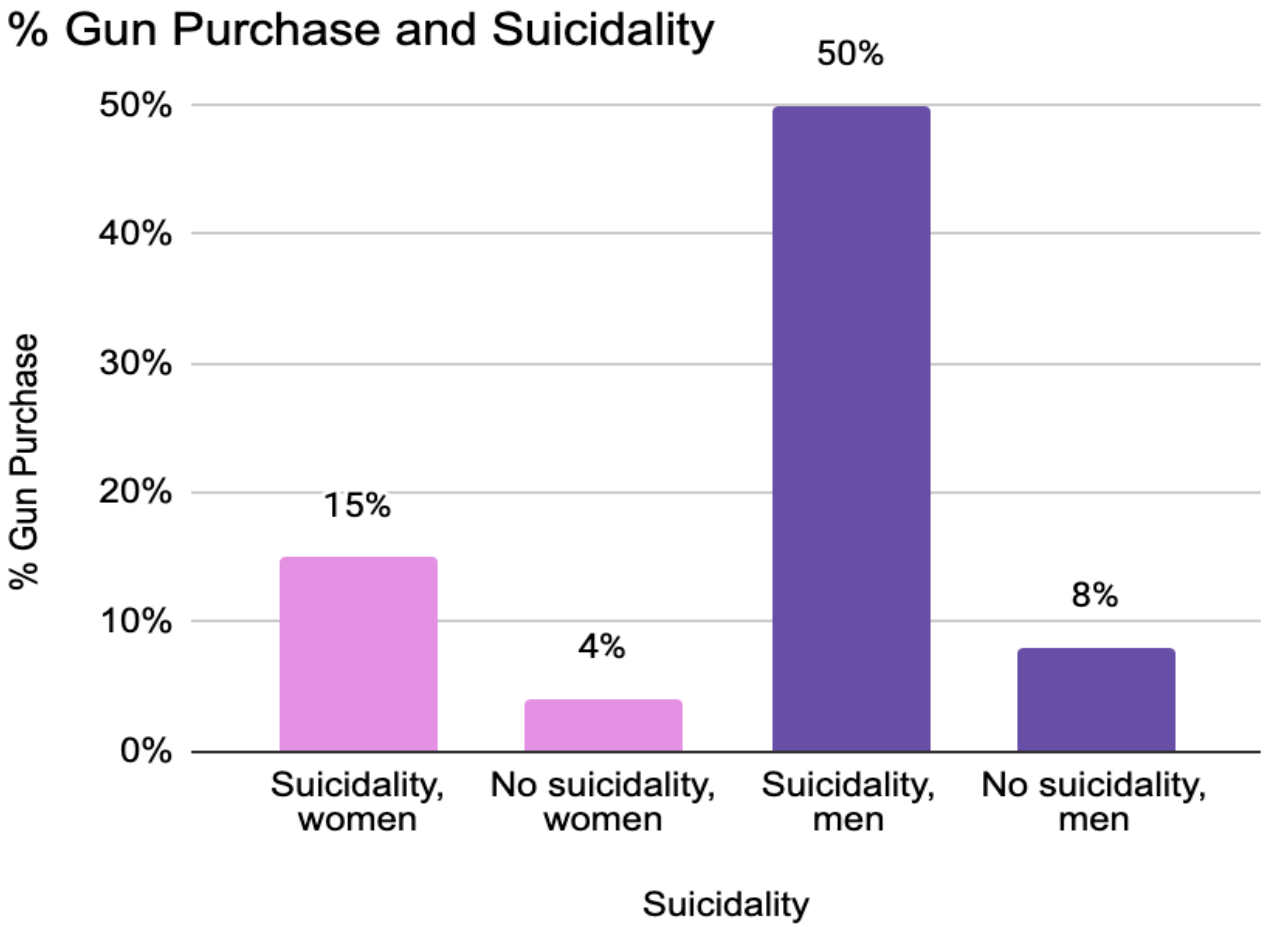
Firearms and Suicidality

- 31% of respondents who bought a gun in the past year considered suicide, compared to 5% who did not.
  - For women, 22% who bought a gun considered suicide, compared to 6% who did not.
  - For men, 35% who bought a gun considered suicide, compared to 4% who did not.

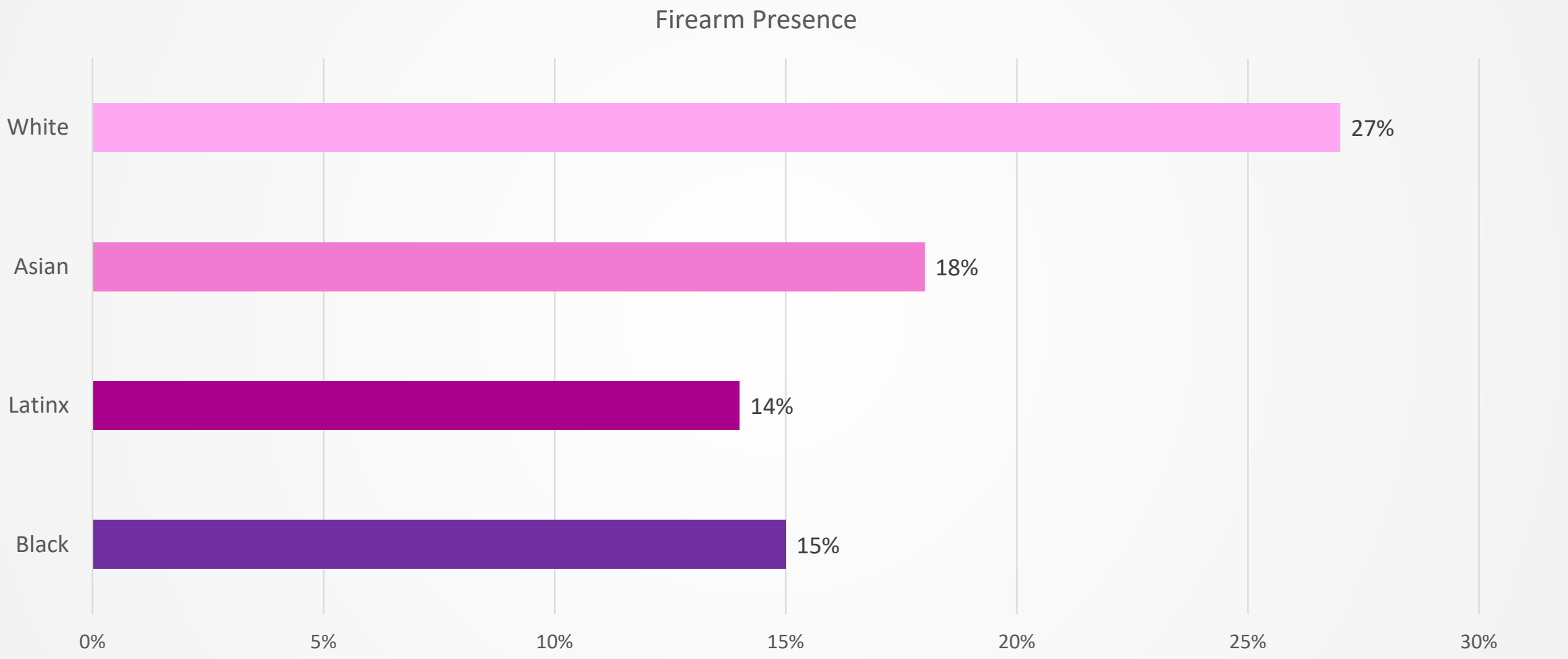


Firearms and Suicidality

- Conversely, 32% of individuals who considered suicide bought a gun in the past year, compared to 6% of people who had not considered suicide.
  - For women, 15% who considered suicide bought a gun, compared to 4% who did not.
  - For men, 50% who considered suicide bought a gun, compared to 8% who did not.



Firearm Presence in Home



Conclusions

- The pandemic has had state-wide population-level impacts on violence, economic hardships, and physical and mental health. Further, these concerns are inter-related.
- Racial/ethnic minority populations, LGBTQ+ populations, and economically vulnerable populations carry a disproportionate burden of these impacts.
- While suicidality prevalence has not changed from March 2020 to March 2021, the prevalence was already indicative of being on the rise in 2020. However, risk for suicidality is linked to key economic impacts of the pandemic and disproportionately affects younger populations.

Implications

- National and state level data already demonstrated a decline in life expectancy due to the pandemic, with racial/ethnic disparities in this impact. Mental health and suicidality, economic deprivation, and firearm related violence and injury - to self and others- are likely all contributing to this decline in life expectancy.
- Findings from Cal-VEX suggest that these impacts, and the social and racial/ethnic disparities to which they are linked, will continue into COVID-19 rebuilding.
- These findings highlight the need for prioritized and inter-connected prevention programming linking violence and mental health services, as well as health and financial distress services.
- Youth focused programming and gender tailored programming will be needed to help ensure disproportionate burden of COVID-19 impacts of violence and suicidality on women and adolescents/young adults.

This Project is Funded by:

blue of california foundation

KAISER PERMANENTE

Thank You

UC San Diego CalVEX Team:

Anita Raj
Victoria Adebiyi
Sangeeta Chatterji
Nicole Johns
Lilibeth Ramirez
Jennifer Yore

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Contact us at geh@ucsd.edu

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CENTER ON GENDER EQUITY AND HEALTH

UC San Diego
SCHOOL OF MEDICINE

After hearing these findings, please share any questions in the Q&A.

Evidence-Based Youth Suicide Prevention Strategies & Overview of CDPH Violence Prevention Programs

Renay Bradley, PhD
Sara Mann, MPH
Katey Rosenquist, MPH

CA Department of Public Health (CDPH)

Evidence-Based Suicide Prevention Strategies

- Suicide prevention requires a comprehensive approach, using prevention strategies with the best available evidence to address the range of factors influencing risk
- A comprehensive approach is characterized by:
  - Strong leadership that convenes multi-sectorial partnerships (e.g., behavioral health and public health)
  - Use of data to identify vulnerable populations (e.g., youth)
  - Use of complementary strategies to fill gaps
  - Evaluation of the strategies and overall approach, and use of a continuous quality improvement methods

Evidence-Based Suicide Prevention Strategies

- Evidence-based strategies that can be used to support youth include:
  - Preventing adverse childhood experiences
  - Strengthening economic supports for families
  - Limiting access to lethal means among youth
  - Identifying and supporting youth who show signs of suicide
  - Improving access and delivery of care
  - Increasing social connectedness and coping skills
  - Safe media reporting of suicide

- A recent Special Report from the CDC illustrates how the COVID-19 pandemic has affected social connection and highlights the importance of adapting suicide prevention strategies to address this factor (e.g., adapting activities to support social connection, addressing structural barriers to social connection)

Suicide Prevention Efforts at the California Department of Public Health (CDPH)

CDPH Suicide Prevention Program

- CDPH's Injury and Violence Prevention Branch (IVPB) is one of nine recipients of the Comprehensive Suicide Prevention Program Cooperative Agreement award from the Centers for Disease Control and Prevention (CDC)
  - Project goals include implementing and evaluating evidence-based suicide prevention strategies with the goal of reducing suicide and self-harm rates
  - Efforts will focus on vulnerable populations (i.e., 13 California counties) that have higher suicide and self-harm rates than the general population
  - CDPH will provide training and technical assistance to the 13 counties and will fund 2-3 counties to implement evidence-based suicide prevention strategies
- For more information, contact: suicide.prevention@cdph.ca.gov

CA Violent Death Reporting System (CalVDRS)

- IVPB is funded by the CDC to obtain additional details surrounding violent deaths that occur across the state, including suicide
  - CalVDRS uses multiple sources of data (i.e., Coroner/Medical Examiner Reports, Law Enforcement Reports, and Toxicology Reports) in addition to vital statistics to provide further context on violent deaths, with the goal of contributing to efforts to prevent such deaths
- CalVDRS data for 2018 shows that, among youth suicide decedents:
  - Nearly 1 in 2 had a current diagnosed mental health problem, and nearly 1 in 5 had an alcohol or substance abuse problem
  - Nearly 1 in 3 had currently, or in the past, undergone mental health or substance abuse treatment
  - Twenty-three percent had a history of attempting suicide prior to the fatal incident, and 20% had disclosed their thoughts or plans to die by suicide within the month prior to their death
  - Nearly 2 of 3 deaths occurred at the decedent's home

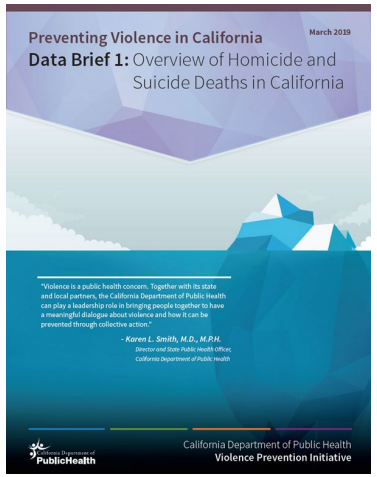
Office of Suicide Prevention (OSP)

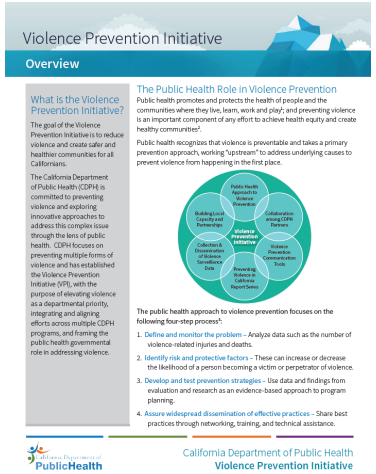
- Assembly Bill (AB) 2112 – Established the Office of Suicide Prevention within CDPH; OSP activities will include:
  - Convening experts and stakeholders to encourage collaboration and coordination of resources for suicide prevention across the state
  - Providing information and technical assistance regarding best practices for suicide prevention policies and programs
  - Monitoring and disseminating data to inform prevention efforts
  - Reporting on progress to reduce rates of suicide
  - Supporting implementation of the Mental Health Services Oversight and Accountability Commission's Suicide Prevention Report "Striving for Zero"

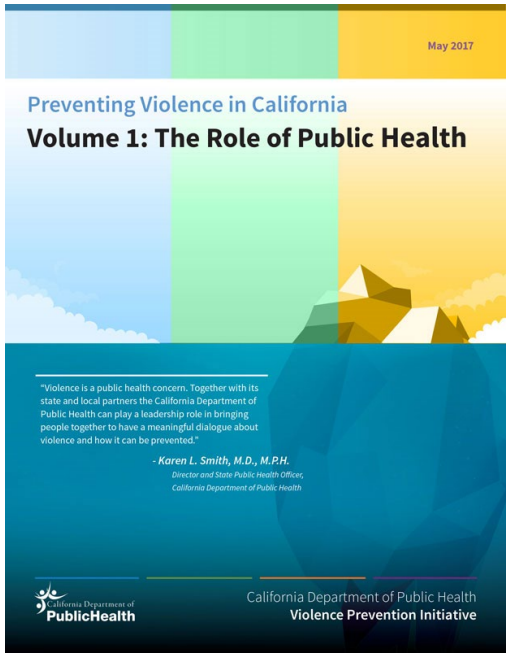
Violence Prevention Efforts at the California Department of Public Health (CDPH)

CDPH Violence Prevention Initiative (VPI)

- CDPH focuses on preventing multiple forms of violence and has established the Violence Prevention Initiative (VPI), with the purpose of elevating violence as a departmental priority, integrating and aligning efforts across multiple CDPH programs, and framing the public health governmental role in addressing violence
- Taking a primary prevention approach and working "upstream" to address the underlying causes to prevent violence from happening in the first place


Preventing Violence in California
March 2019
Data Brief 1: Overview of Homicide and Suicide Deaths in California
"Violence is a public health concern. Together with its state and local partners, the California Department of Public Health can play a leadership role in bringing people together to have a meaningful dialogue about violence and how it can be prevented through collective action."
- Karen L. Smith, M.D., M.P.H.
Director and State Public Health Officer, California Department of Public Health
California Department of Public Health
Violence Prevention Initiative


Violence Prevention Initiative
Overview
What is the Violence Prevention Initiative?
The goal of the Violence Prevention Initiative is to reduce violence and create safer and healthier communities for all Californians.
The California Department of Public Health (CDPH) is committed to preventing violence and exploring innovative approaches to address this complex issue through the lens of public health. CDPH focuses on preventing multiple forms of violence and has established the Violence Prevention Initiative (VPI), with the purpose of elevating violence as a departmental priority, integrating and aligning efforts across multiple CDPH programs, and framing the public health governmental role in addressing violence.
The Public Health Role in Violence Prevention
Public health promotes and protects the health of people and the communities where they live, learn, work and play[1]; and preventing violence is an important component of any effort to achieve health equity and create healthy communities[2].
Public health recognizes that violence is preventable and takes a primary prevention approach, working "upstream" to address underlying causes to prevent violence from happening in the first place.
The public health approach to violence prevention focuses on the following four-step process[3]:
1. Define and monitor the problem – Analyze data such as the number of violence-related injuries and deaths.
2. Identify risk and protective factors – These can increase or decrease the likelihood of a person becoming a victim or perpetrator of violence.
3. Develop and test prevention strategies – Use data and findings from evaluation and research as an evidence-based approach to program planning.
4. Assure widespread dissemination of effective practices – Share best practices through networking, training, and technical assistance.
California Department of Public Health
Violence Prevention Initiative


May 2017
Preventing Violence in California
Volume 1: The Role of Public Health
"Violence is a public health concern. Together with its state and local partners the California Department of Public Health can play a leadership role in bringing people together to have a meaningful dialogue about violence and how it can be prevented."
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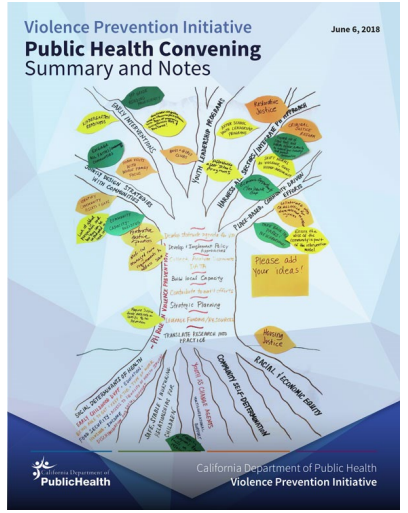
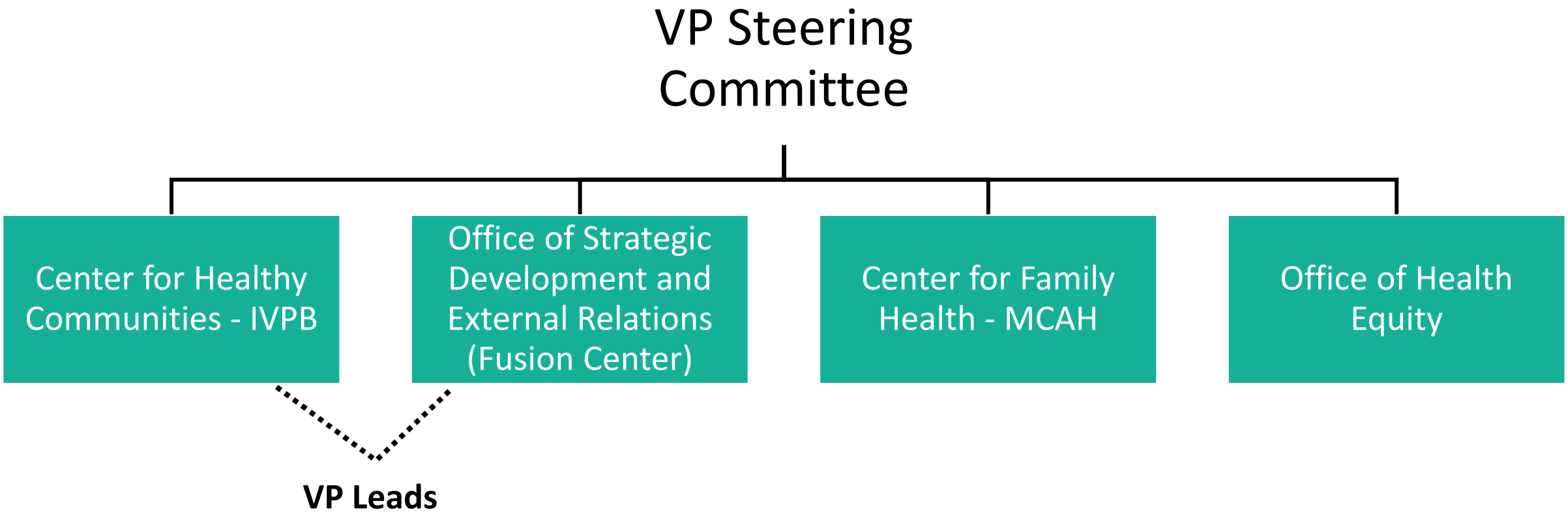
Director and State Public Health Officer, California Department of Public Health
California Department of Public Health
Violence Prevention Initiative


Public Health Approach to Violence Prevention
Building Local Capacity and Partnerships
Collaboration among CDPH Partners
Violence Prevention Initiative
Collection & Dissemination of Violence Surveillance Data
Violence Prevention Communication Tools
Preventing Violence in California Report Series


Violence Prevention Initiative
Public Health Convening
Summary and Notes
June 6, 2018
Please add your ideas!
California Department of Public Health
Violence Prevention Initiative

Violence Prevention Initiative Structure



IVPB – Injury and Violence Prevention Branch
MCAH - The Maternal, Child and Adolescent Health (MCAH) Division

Injury and Violence Prevention Branch (IVPB) Violence Prevention Programs

- Domestic Violence, Teen Dating Violence, and Sexual Violence Prevention:
  - IVPB seeks to address domestic violence, teen dating violence and sexual violence through shifting cultural norms, policies, and practices to create a climate free from violence. Programs focus on community and population-based prevention that works to stop violence before it is initiated, rather than focusing on individual survivors. The IVPB provides grants to local organizations throughout CA and supports statewide technical assistance and training programs to build the capacity of these organizations to implement evidence-informed prevention strategies to address social norms using this “upstream” approach.
- Essentials for Childhood (EfC) Initiative
  - The EfC Initiative seeks to address Adverse Childhood Experiences (ACEs) and child maltreatment as public health issues; aims to raise awareness and commitment to promoting safe, stable, nurturing relationships, and environments (SSNR&E); creates the context for healthy children and families through social norms change, programs, and policies; and utilizes data to inform actions.

Contact us for additional information or questions

- ivpb@cdph.ca.gov

Office of Strategic Development and External Relations (Fusion Center) Violence Prevention Efforts

- Let's Get Healthy California (LGHC)
  - LGHC serves as California's state health assessment and improvement plan (SHA/SHIP). LGHC indicators related to preventing multiple forms of violence include neighborhood safety, child maltreatment, adverse childhood experiences (ACEs), suicide, poverty, and community cohesion, and are all used to track California's progress.
    - **Emerging Issues**: The Emerging Issues process serves as an extension of the SHA/SHIP by building capacity to respond to emerging issues and cross-cutting priorities that arise between the SHA/SHIP cycle. Violence is an example of an "emerging issue" that led to the development of CDPH's Violence Prevention Initiative (VPI) and adoption into the SHA/SHIP.
- California Community Burden of Disease and Cost Engine (CCB)
  - The CCB is an emerging toolset for epidemiologic analysis and scientific insight, exploring the intersection between health disparities and place. For example, it highlighted in a data brief released by the VPI the importance of looking at both county and community level data to gain a more comprehensive understanding of the geographic patterns of burden of violence across California.
  - The Fusion Center's CCB team recently released *Data Brief: 2020 Increases in Deaths in California* that also highlights the increase in homicide rates discussed earlier in this webinar.

Contact us for additional information or questions

- CDPHFusion.Center@cdph.ca.gov

Center for Family Health (CFH) Violence Prevention Efforts

Support for new and young families (e.g., Local MCAH, Black Infant Health Program, California Home Visiting Program, Adolescent Family Life Program)

- Healthy relationship education and modeling, intimate partner violence screening, referrals and linkages to services, promotion of healthy parent-child relationships and attachments

Programs to help children and youth build resiliency and develop healthy and safe relationships (e.g., Adolescent Family Life Program, Personal Responsibility Education Program, Information and Education Program)

- Sexual health education and skills building for adolescents around healthy relationships, consent, partner communication, etc.

Surveillance activities to inform prevention efforts

- Pregnancy Associated Mortality Review of Suicide in Pregnancy revealed opportunities for prevention
- Maternal Infant Health Assessment survey of recently pregnant women reveals important data about experiences of IPV and associated risks

Office of Health Equity (OHE) Violence Prevention Efforts

- Child and Youth Behavioral Health Initiative
  - A new 5-year cross department initiative. OHE's contribution will be to design and implement a culturally and linguistically proficient public education and change campaign focused on prevention and early intervention (PEI). The aim is to raise the behavioral health literacy of all Californians to normalize and support PEI to recognize the early signs and symptoms of distress, break down stigma, and increase help seeking behavior.
- California Reducing Disparities Project (CRDP)
  - A statewide policy initiative to identify solutions for historically unserved, underserved, and inappropriately served communities. This statewide Prevention and Early Intervention effort focuses on five populations:
    - African Americans, Asians and Pacific Islanders (API), Latinos, Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ), and Native Americans
  - Now in Phase II, CRDP focuses on providing funding to implement practices and strategies identified in CRDP Phase I in order to demonstrate community-defined evidence practices to reduce mental health disparities.

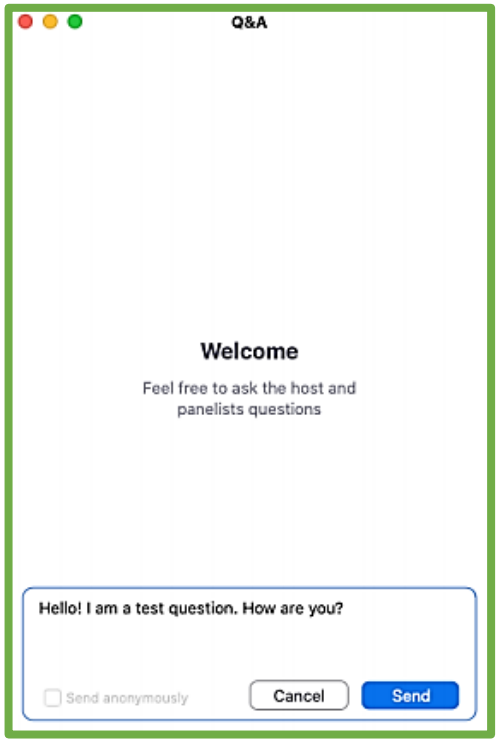
Office of Health Equity (OHE) Violence Prevention Efforts

- Climate Change and Health Equity Section (CCHES)
  - CCHES embeds health and equity in California climate change planning, and embeds climate change and equity in public health planning. CCHES works with local, state, and national partners to assure that climate change mitigation and adaptation activities have beneficial effects on health while not exacerbating already existing unfair and preventable differences in health status of some groups (health inequities). CCHES implements California's climate change laws and executive orders, contributing health equity considerations. Studies show higher night-time temperatures and overall extreme heat can increase violence.
- Health in all Policies
  - Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health, equity, and sustainability considerations into decision-making across sectors and policy areas.
  - The California Department of Public Health, in partnership with the Public Health Institute and the Strategic Growth Council, staff the California Health in All Policies Task Force.
  - Task Force members organize their work in Action Plans on various topics including active transportation, violence prevention, parks and community greening, healthy housing, healthy food, and health public policy including equity in government practices.

Contact us for additional information or questions

- Ana.Bolanos@cdph.ca.gov Assistant Deputy Director Ana Bolanos

Questions and Discussion



Hotlines and/or Resources

California Parent and Youth Helpline

1-855-427-2736 (8 am - 8pm)

California Peer-Run Warm Line

1-855-845-7415 non-urgent support (24/7)

CalHOPE

833-317-HOPE (4673)

California Peer-Run Warm Line

1-855-845-7415 non-urgent support (24/7)

California Youth (ages 12-24) Crisis Line

Call or text 1-800-843-5200 or chat online (24/7)

Childhelp National Child Abuse Hotline

1-800-4-A-CHILD (24/7)

Domestic Violence Hotline

1-800-799-7233 (24/7)

Friendship Line for Adults 60+ or with Disabilities

1-888-670-1360 (24/7)

RAINN National Sexual Assault Hotline

1-800-656-HOPE (24/7)

Suicide Prevention Lifeline

1-800-273-8255 or text 838255 (24/7)

Trevor Project (LGBTQ youth)

Call 1-866-488-7386 or text START to 678678 (24/7)

More Resources for Emotional Support & Well Being

https://covid19.ca.gov/resources-for-emotional-support-and-well-being

CDPH California Department of PublicHealth

www.SuicideisPreventable.org/prevention-kit.php

Thank you!

- We want your feedback! Please fill out our short evaluation survey.

- For additional questions or feedback, please contact
  - CDPH's Suicide Prevention Team at Suicide.Prevention@cdph.ca.gov
  - CDPH's Violence Prevention Initiative at Violence.Prevention@cdph.ca.gov

https://tinyurl.com/Suicide-in-California2020

CDPH California Department of PublicHealth