



Surveillance Success Stories



THE FORT PECK INDIAN RESERVATION

The Need for Data

Following a coordinated emergency response to a suicide cluster in 2010, leaders on the Fort Peck Indian reservation saw the need to understand the problem of suicide more deeply, in order to develop strategies for long-term change. Through a Garrett Lee Smith (GLS) Youth Suicide Prevention grant with the National Native Children's Trauma Center (NNCTC), the reservation created key partnerships that allowed them to analyze and compare data from health care providers and emergency services. Their goal was to establish a baseline understanding of suicidal behavior on the reservation so they could allocate resources and focus their suicide prevention efforts most effectively, as well as monitoring cases over time to see if those efforts were working. This project was the first of its kind to gather key information on patterns of suicidal behavior on this reservation.

Getting the Data

In 2011, the Tribal Council authorized the collection of information on suicidal behavior from Indian Health Services (IHS) health and behavioral health care providers, as well as reservation schools. Research partners at the NNCTC (housed at the University of Montana) also established a data-sharing partnership with the hospital serving the reservation. The Fort Peck reservation, home to the Assiniboine and Sioux tribes, is nearly congruent with Montana's Roosevelt County, so they also invited the county sheriff's office, which dispatches first responders in the area to participate. This collaboration was made easier by the history of strong coordination between Roosevelt county and Fort Peck reservation emergency services. NNCTC created data use agreements with the local hospital, Indian Health Services, sheriff's office to ensure that the shared data would be de-identified and protected. The local hospital and IHS

also developed a HIPAA compliant agreement to share client information with each other, and assigned clients a unique tracking number for crosswalk purposes before sharing the de-identified data.

Analyzing the Data

From December 2013 through July 2015, emergency department (ED) and social work staff at the hospital, IHS clinicians, and the Roosevelt county sheriff's office all submitted weekly spreadsheets with de-identified data on cases of suicidal ideation, suicide attempts, and suicide deaths. The hospital and IHS crosswalked these data sets, and matched information on the circumstances of each case with diagnostic details provided by the ED clinicians who had interviewed the patients.



DATA RESOURCES

Locating and Understanding Data for Suicide Prevention (online course): <http://training.sprc.org/>

CSTE Tribal Epidemiology Toolkit: <http://go.edc.org/data5>

Accessing Data about Suicidal Behavior among American Indians and Alaska Natives (fact sheet): <http://go.edc.org/eval5>

Best Practices in American Indian & Alaska Native Public Health: <http://go.edc.org/Data10> Pages 124–137 detail data challenges and strategies when working in tribal settings.

Interpreting Suicide Data: Special Considerations for Small Populations: <http://go.edc.org/Data11>

What Fort Peck Learned

Several important findings emerged from the reservation's data collection. During the study period, 273 individuals received care from a behavioral

“The most important work that all the partners did to make this data crosswalk a success was to spend time building trusting relationships before we began.”

—Richard van den Pol, Principal Investigator, National Native Children's Trauma Center, University of Montana

health clinician following suicide ideation or a suicide attempt, allowing for the collection of important information on the circumstances and precipitating factors in each case. As seen in the chart below, both adult and juvenile attempts peaked in the epidemic year of 2010, and declined steadily through 2014, showing a sustained reduction over the course of the GLS project. Contrary to expectations that weekend days would be the most dangerous, Tuesday was found to be the day of the week with the highest incidence of suicide attempts—valuable information for those scheduling staff shifts for first responders and hospital EDs. In more than 50 percent of the suicide attempts, alcohol and/or other drugs were in use at the time of the attempt and nearly 75 percent of attempts took place with another person nearby. Based on these observations, the Fort Peck Suicide Prevention Coalition conducted trainings for the family members of previously suicidal individuals when they were released from care, emphasizing the importance of close supervision at home and limiting access to drugs and alcohol.

What Comes Next?

Although the grant that funded the initial surveillance has ended, researchers at the NNCTC plan to expand on the project's findings by analyzing another large data set from a nearby hospital's ED in hopes that it will shed further light on factors related to suicide in the community. The hospital has also elected to maintain the behavioral health clinician position that was originally supported through the GLS grant, and in addition to their other duties, this person will continue to record valuable information

about suicidal behavior. Future surveillance projects will be able to build on the relationships established between researchers, tribal leaders, and health care providers.

Figure 1. Deaths by Suicide in Roosevelt County MT by Age Group, 2008-2014

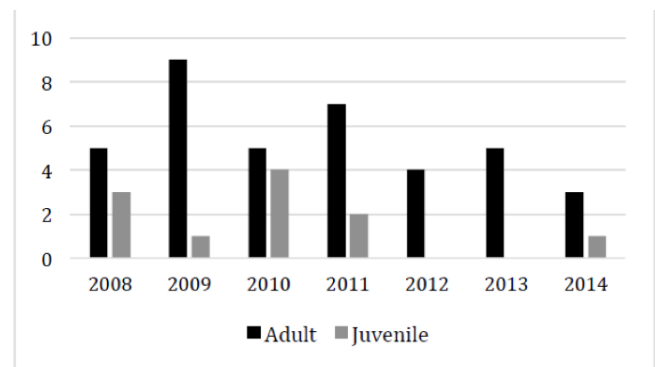
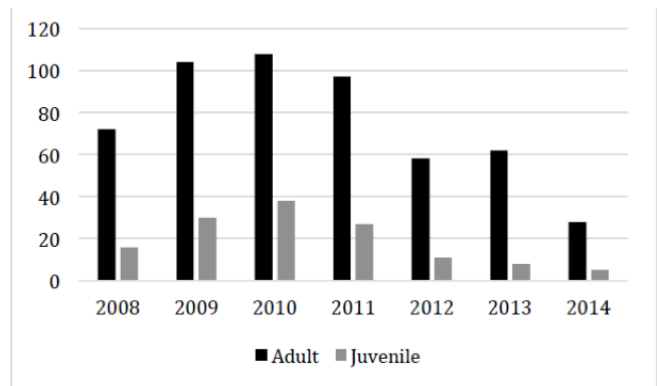


Figure 2. Suicide Attempts in Roosevelt County MT by Age Group, 2008-2014



If you have questions or would like to learn more about how the National Native Children's Trauma Center and the Fort Peck Indian Reservation created its surveillance network, contact:

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