The Minnesota Department of Health has built a database to help determine more accurately where, how, and why Minnesotans are dying by suicide. Since Minnesota became a part of the National Violent Death Reporting System (NVDRS) in 2014, the Health Department has been able to collect and analyze a much wider range of data, which is helping to better target suicide prevention efforts in high-risk communities. For example, after coroner data revealed a number of suicides had occurred on the High Bridge in St Paul, the Minnesota Department of Transportation began exploring installing higher railings, artwork, and better lighting on the bridge and has started an internal work group to determine ways to prevent suicides on bridges, roads, and highways in communities across the state. St. Paul residents are responding to the suicides on the High Bridge by organizing community walks across the bridge and stenciling hot line numbers on the sidewalks. The new data are also being used to better address suicides among the Twin Cities’ Laotian refugees and black people across the state. Suicides among Laotians are now countable (the statistics used to be subsumed into the broader category of Asian-Pacific Islanders) and suicides among U.S.-born African Americans can be distinguished from suicides among recent immigrants from Somalia and other African countries. According to Melissa Heinen, the suicide prevention coordinator for the Health Department, “You can’t just pull a program off a shelf and expect it to work. You have to be responsive to local communities, and that starts with reliable data.”

Spark Extra! To learn more about how to locate data and use it to inform state and community suicide prevention efforts, see the online course [2] “Locating and Understanding Data for Suicide Prevention.”

Links within this resource

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