Minnesota’s Suicide-Related Data Plan

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Minnesota gathers, analyzes, and disseminates high-quality data on suicide prevention across the state. In 2015, Minnesota passed legislation [1] requiring that a detailed plan be put in place to identify the scope of the suicide issue, set priority prevention activities, and evaluate the outcomes of suicide prevention efforts. In coordination with this legislation, Minnesota’s 2015–2020 suicide prevention plan [2] highlighted two goals with objectives focused on data analysis. To achieve the state plan goals and legislative mandate, the Minnesota Department of Health released a suicide-related data plan [3] in 2016. This plan has served as a guide to achieving improvements in data collection, analysis, reporting and use.

The Minnesota National Violent Death Reporting System (MNVDRS) multidisciplinary advisory committee and suicide statewide epidemiological outcomes workgroup (S-SEOW) were both enacted through the suicide-related data plan. These two groups help to analyze suicide-related data and discuss its implications, teach community members to use the data, and monitor Minnesota’s suicide prevention plan implementation and outcomes. Minnesota’s suicide prevention coordinator uses this analysis to provide biennial reports to the legislature.

Minnesota’s MNVDRS epidemiologist oversees the state’s SAMHSA-funded Garrett Lee Smith suicide prevention grant and also guides the state’s data analysis, bridging programming and data in the state. Minnesota also hires graduate interns to analyze incoming data and create data reports. Minnesota funds these positions through federal NVDRS dollars, dedicated state suicide prevention funds, a variety of grants, and specialized state agency funds set aside for ongoing suicide prevention projects (such as funding earmarked for rural suicide prevention analysis from the Minnesota Department of Agriculture).

Minnesota’s support of epidemiological staff, engagement with student interns, and collaboration with partners invested in prevention enables its state to analyze and present data from MNVDRS, emergency department/hospital discharge records, student surveys, and crisis call/ text information. Minnesota has also issued public opinion polls, community readiness surveys, and K–12 school assessments that provide the suicide prevention program with information to strengthen its prevention strategies over time. Minnesota’s strong commitment to using data to inform suicide prevention programming helps ensure it is reaching the highest-need
groups in the state with targeted and effective prevention strategies.

Learn how your state can develop similar infrastructure and read additional examples by visiting the Examine [4] essential element of SPRC’s State Infrastructure Recommendations.

Links within this resource