Lessons for Suicide Prevention from Other Public Health Efforts

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Outline

- Using data
- A comprehensive approach to changing social norms
- Community-based coalitions
- Take the long view
The Public Health Approach

Surveillance
What's the problem?

Risk Factor Identification
What's the cause?

Intervention Evaluation
What works?

Implementation
How do you do it?

Problem
Response
Violent Deaths by Manner of Death, Oregon, 2005

Source: Oregon Violent Death Reporting System 2005 Annual Report
Tobacco Use in Oregon

• Currently almost 20% of Oregonians smoke
  – 18 deaths each day in Oregon from tobacco
  – Includes deaths from secondhand smoke
    • About 800 each year
Oregon’s Tobacco Prevention Program

- Funded in 1996 by Ballot Measure 44
- Comprehensive approach
  - “Hearing” the message in multiple ways changes behavior
- 3 primary goals
  - Keep kids from starting to smoke
  - Protect people from secondhand smoke
  - Help people quit smoking
Annual Per Capita Cigarette Consumption, Oregon vs. US, 1993 to 2006

Packs per capita

Calendar Year

Sources:

Oregon
Oregon Department of Revenue

US (without Oregon)

Population
US Census Bureau

Oregon's program began in 1997.
Tobacco Program Components

• Local coalitions
  – Address local opportunities, build statewide support
• Schools
  – Policy and curriculum
• Quitline
  – Non-judgemental assistance by phone
• Public awareness and education
  – Changing social norms
• Special populations
• Statewide coordination and evaluation
School-based Smoking Interventions Without a Comprehensive Approach Do Not Work

...but Within a Comprehensive Program...

FIGURE 1. Percentage of eighth grade public school students who reported smoking during the past 30 days, by tobacco use prevention program implementation scores — Oregon, 1999 and 2000*

*1999 data from Youth Risk Behavior Survey (YRBS) questionnaire, and 2000 data from either the YRBS or the Oregon Public School Drug Use Survey questionnaire.

Source: MMWR August 10, 2001 / 50(31):663-6
How mild can a cigarette be?

DOCTORS REPORT
In a recent test of hundreds of people who smoked only Camels for 30 days, noted throat specialists, making weekly examinations, reported:

"Not one single case of throat irritation due to smoking Camels!"

SMOKERS REPORT
"I made my own personal 30-day test! Now I know... Camels are the mildest, best-tasting cigarette I ever smoked!"

Sylvia MacNeill
Secretary

According to a Nationwide survey:
More doctors smoke Camels than any other cigarette

Doctors smoke for pleasure, too! And when three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel.
That's the merriest Christmas any smoker can have—Chesterfield mildness plus no unpleasant after-taste

Ronald Reagan

Buy the beautiful Christmas-card carte

LIFE Dec. 3, 1951
Someday.

Meanwhile you've got Virginia Slims. The taste for today's woman.

You've come a long way, baby.
WARNING: SMOKING CAUSES IMPOTENCE
Live the tradition, NOT the addiction!

Percentage of adults who smoke in Oregon

- American Indian/Alaskan Native: 44%
- African American: 27%
- White/Amer.-Hispanic: 21%
- Hispanic: 18%
- Asian/Pacific Islander: 14%

Source: 2000-2001 Oregon Behavioral Risk Factor Surveillance System

Call toll-free
Oregon Tobacco Quit Line
1-877-270-STOp (7867)
An Ecological Model for Suicide Prevention

- Societal:
  - Reduce the impact of social stigma regarding mental health, suicide, and ageism; increase public education

- Institutional:
  - Promote policies that prevent mental illness and suicidal behavior (increase resources for clinical care and prevention activities)

- Community:
  - Increase community capacity to address the problem of suicide through training, systems change, and program development

- Relationship:
  - Educate family members to support the health and well-being of loved ones

- Individual:
  - Engage individuals at risk in activities to reduce the potential for suicide (clinical care, social engagement)
Oregon Older
Adult Suicide
Prevention Plan
A Call to Action

Suicide Prevention Strategies

Strategy One: Clinically based suicide prevention

Strategy Two: Community based suicide prevention

Strategy Three: Public health surveillance, program evaluation and research
Percentage of Adults Who Are Obese, Oregon, 1990-2005

Source: Oregon Behavioral Risk Factor Surveillance System
The New **Urban Sprawl**

WHY ARE OREGONIANS SO DAMN FAT?

BY TAYLOR CLARK  PAGE 12
Childhood obesity. Don’t take it lightly.

Food Stamps can help. Call 1-888-328-3483 to see if you qualify.
HEALTHY ACTIVE COMMUNITY ENVIRONMENTS

Trails for Health

Increasing Opportunities for Physical Activity in the Community

Benton County’s Healthy Active Community Environments - Trails for Health Project is an innovative strategy to create sustainable solutions to one of our greatest health challenges, the epidemic of obesity and related health problems. Active use of trails for positive health outcomes is being seen more and more by health professionals as an excellent way to encourage people to adopt lifestyle changes that will bring lifetime health benefits.

The Healthy Active Community Environments Taskforce is focusing on the issue of improving health through outdoor recreation, with our partners Benton County Natural Areas and Parks and Corvallis Parks and Recreation.

“The trail website is an effort of Benton County to promote healthy communities and healthy people” said Tom Eversole, Benton County Health Administrator. “We believe it represents the leading edge of a growing national movement to increase physical activity.”

Walking is an excellent way to be physically active, and physical activity helps you feel better, enjoy a better quality of life and prevent disease. We encourage you to use these maps to take
Annual Per Capita Cigarette Consumption, Oregon vs. US, 1993 to 2006

Sources:
- Oregon: Oregon Department of Revenue
- Population: US Census Bureau

Program funding was cut in 2003.
Oregon's program began in 1997.
Per Capita Cigarette Marketing and State Tobacco Control Expenditures in Oregon, 1996-2003

* All state spending on preventing smoking and helping people quit.
Effects of Lowered Funding

Annual Decreases in Per Capita Cigarette Sales Oregon: 1996-2004

Average Annual Decrease: 1996-2003
-5.2 packs per year

Annual Decrease: 2003-2004
-1.9 packs per year

Source: cigarette tax receipts, Oregon Department of Revenue
Adult per Capita Cigarette Consumption and Major Environmental and Policy Changes in the US, 1900-1990

Thousands per year

- Great Depression
- End of WW II
- First Medical reports linking smoking and cancer
- Fairness Doctrine messages on radio and television
- Broadcast advertising ban
- US Surgeon General’s first report
- Nonsmoker’s rights movement begins
- Federal cigarette tax doubles