Message from the Public Health Director

The topic of suicide is often stigmatized and can be one of the most uncomfortable discussions to have, but what is not always understood is that suicide is a serious public health problem. Both the economic and human costs of suicidal behavior does not only affect individuals, but also families, communities, and society. It is important for public health to emphasize efforts to prevent suicide before it occurs. This requires not only reducing the factors that may put people at risk but also increasing the factors that protect people from engaging in suicidal behavior.

Making sure that communities are using strategies that help to prevent suicide is imperative. In Cortland County some of the strategies that are of focus include but are not limited to; reducing access to lethal means among persons at risk of suicide, reducing substance use, providing rapid and remote access to help, increasing and improving mental health availability, promoting healthy peer norms, and engaging community members.

While this work is ongoing and requires a consistent commitment to monitoring numerous factors in our community and fostering strong partnerships to do so, we want to emphasize that there are resources and information available for those experiencing suicidal behaviors as well as those who may be worried about a loved one who may need support.

The ultimate goal of public health and partners is to eliminate suicide by promoting a comprehensive public health approach that empowers everyone in the community to take action. In order to reach this goal we will need a vested interest from many stakeholders. Just to name a few, but by no means encompasses everyone; these stakeholders include community members, medical professionals, law enforcement, school systems, local leaders, community agencies, community organizations and, the legislative body.

Sincerely,

Nicole Anjeski, MS, MPH
Public Health Director
Message from the Director of Community Services

Suicide prevention efforts in Cortland County will need to increase after the layers of need intensify in communities across the nation from the COVID-19 pandemic. Community agencies and community members should all be cautious of increased risk from the layering effects of the pandemic and the social and economic stressors faced by our community.

This suicide prevention assessment will help us to use data informed decisions connected with our community feedback. Data shows increased risk for suicide for individuals under the age of 34 years old and suicide is, nationally, now the second leading cause of death in people ages 10-34. Our suicide prevention efforts must focus on increasing resources to support the youth and young adults in our community.

Research shows that positive outcomes can be reached through verbal therapy, self care, exercise and healthy eating. Seeking help can start with a simple phone call. The Suicide and Crisis Lifeline, 988, can be a positive start for our community members to get help and linkages to vital support. Just talking about feelings of suicide can help so much.

Our community has mental health resources available locally, but also resources that can help address the social and economic risk factors associated with suicide. Community members can call 2-1-1 to be connected to these resources 24 hours a day/7 days a week.

Sincerely,

Sharon MacDougall, MBA, MSW, MS-LCSW-R
Director of Community Services
SPEAK UP Cortland Partners

Access to Independence
American Foundation for Suicide Prevention
Catholic Charities of Cortland
City of Cortland Police Department
Cortland Area Communities That Care
Cortland County Clerk
Cortland County Department of Social Services
Cortland County Health Department
Cortland County Mental Health Department
Cortland County Sheriff
Cortland County Veteran’s Department
Cortland Enlarged School District
Cortland LGBTQ Center
Cortland Prevention Resources
Cincinnatus Central Schools
Department of Veterans Affairs
Family & Children’s Counseling Services
Family Health Network
Guthrie Cortland Medical Center
Hillside Services Center
Homer Central School District
Homer Village Police
Marathon Central School District
McGraw Central School District
Mental Health Association of Cortland
NY Farm Net
Office for People with Developmental Disabilities
Seven Valleys New Tech Academy
Suicide Prevention & Crisis Services of Tompkins County
SUNY Cortland
The Sophie Fund
Tompkins Cortland Community College
Veteran Search & Rescue
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Epidemiologist

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Epidemiologist
Introduction

Background

In April 2019, employees from health and human services agencies, local school districts, concerned citizens, and other stakeholders formed a volunteer-based coalition to help address the issue of suicide in the Cortland County community. Immediately upon forming, the group identified the need to collect and analyze local data in order to determine high-risk populations in the area, develop short and long-term goals, and make well-informed decisions about what strategies/interventions will be implemented under the strategic plan.

From January 2020 to August 2020, a comprehensive needs assessment on suicide prevention in Cortland County was conducted. The assessment involved collection of secondary data, local archival data, and primary data collection in the form of a community readiness survey of key informants. Other data sources were also repurposed for the needs assessment including the Cortland County Youth Survey and the Cortland County Community Health Assessment.

Following completion of the needs assessment, the coalition produced the 2022-2024 Strategic Plan. From August 2020 to present the SPEAK UP Cortland Suicide Prevention coalition has been supporting suicide prevention efforts in Cortland County as outlined in this report and the cited Strategic Plan.

In August 2022, the Cortland County Health Department and Guthrie Cortland Medical Center released the 2022-2024 Community Health Assessment and Community Health Improvement Plan. The assessment and plan involved collaboration with over 20 partnering organizations, including many organizations involved with SPEAK UP Cortland. “Prevent Suicide” was selected as one of seven goals associated with the 2022-2024 CHIP. Since SPEAK UP Cortland coalition had been working on data collection and infrastructure related to suicide prevention since 2019, Cortland County Health Department determined that the most efficient and community centered way to measure progress related to this goal would be to partner with the coalition and align CHIP strategies with those of the coalition.

From August 2022-March 2023, the Epidemiology Manager and Public Health Fellows at the Cortland County Health Department, in collaboration with other partners, completed an updated comprehensive needs assessment process the results of which are documented in this report.
Purpose

Suicide is a complex, multifaceted issue, so accurate and thorough data assessment is essential in monitoring future progress and making changes to strategic planning on an as needed basis. It is essential to periodically re-assess the state of suicide prevention within a community to best support and address the needs of community members. The purposes of the 2023 SPEAK UP Cortland Suicide Prevention Assessment are:

Inform updates to SPEAK UP Cortland’s Strategic Plan, considering the context of the COVID-19 pandemic, and align the 2022-2024 Community Health Improvement Plan with the coalitions plan.

The previous SPEAK UP Cortland Strategic Plan was initially produced extremely early in the COVID-19 pandemic. The pandemic has impacted all facets of health and this changed context requires additional review and updates to the plan. For the same reasons, CCHD recently underwent the Community Health Improvement Planning process during which “Prevent Suicide” was selected as a shared community health goal for 2023-2024. The CHIP requires regular data collection on evidence base strategies and aligning with SPEAK UP Cortland’s efforts will reduce redundancies in data collection and reporting efforts. Additionally, SPEAK UP Cortland provides community members with an avenue to be involved in suicide prevention.

Summarize any changes in community readiness related to suicide prevention from 2020 to 2022.

Key informants were surveyed for both of the coalitions target populations in 2020, this assessment provides an opportunity to re-survey key informants to help determine if there has been any changes in the readiness of Cortland County to address suicide in youth and middle age men since 2020. Community readiness plays a key role in eliciting change for public health goals.

Assess resource availability related to suicide prevention.

It is essential to determine resources available to determine what gaps exist and to work to pool partner and coalition resources to address identified resources needs.

Determine the impact the coalition has had over the past two years.

The coalition has been actively working to prevent suicide in the community over the past two years since the last assessment/strategic planning process (and prior). This assessment will summarize coalition activities and use feedback from key informants to determine impacts the coalition has had in the community.

Determine steps for continuous improvement of suicide prevention data infrastructure in Cortland County.

Data collection and evaluation is important to understanding if community resources are allocated appropriately. Barriers to data collection related to suicide prevention data are an issue not only in Cortland County, but many communities. This assessment will help determine what data gaps there still are in accurately reporting on the community context of suicide and measuring coalition progress.
Methods

Archival Data

Limited archival data was collected from community partners for the purposes of this report. The reference section of this report includes the organization and contact information for the individual that provided the data.

CDC Wonder

CDC WONDER online databases utilize a rich ad-hoc query system for the analysis of public health data. The multiple cause of death online CDC Wonder database was utilized to determine the number of suicide deaths, gender, ages, and mechanism of death. Data are based on death certificates for U.S. residents. Death counts less than 9 are suppressed for confidentiality purposes. Data was pulled from the system by Cortland County Health Department and summarized for the purposes of this report.

NYSDOH Electronic Syndromic Surveillance System

The Electronic Syndromic Surveillance System includes data generated from Emergency Department chief complaint data that is electronically submitted to NYSDOH from participating hospitals. Data is submitted daily for the previous day to the NYSDOH. The NYSDOH then categorizes the data into different syndromes, including suicide, which is then made available to local health departments. The purpose of the system is to monitor general trends in community health, recognize outbreaks sooner than physician diagnosis and laboratory reporting, provide objective evidence that an outbreak may be occurring, and monitor trends. The system relies on local response to receive signals and investigate.

According to the NYSDOH, the suicide syndrome definition in the ESSS aims to capture all ED visits with evidence related to suicide, suicide attempt, and suicide ideation. Data includes; visits with a chief complaint that includes specific mention of suicide, suicide attempt or ideation or has a suicide ICD-10 code. For more details on what the ESSS includes in the definition of suicide syndrome, please contact mbroderick@cortland-co.org.

For this report, historical ESSS data for Guthrie Cortland Medical Center was extracted from the system and analyzed with Tableau by the Cortland County Health Department. Data prior to October 2020 is excluded from this report because the way data was reported to the ESSS changed at that time, and previous data is not comparable when looking at trends. However, the changes to reporting now provide a more comprehensive data set.

ESSS data for this report includes emergency department visits in which the chief compliant met the NYSDOH definition for suicide syndrome at Guthrie Cortland Medical
Center for Cortland County zip codes: 13045, 13077, 13159, 13053, 13803, 13040, 13101, 13052, 13835, 13158, 13141, 13863, 13738, 13784, 13056, and 13087.

Limitations: this data set does not include all ED visits for suicide syndrome of Cortland County residents as residents may seek treatment at other local hospitals, some individuals that reside in the reported zip codes may not be Cortland County residents, zip codes are self-reported, the data represents the number of visits not the number of individuals.

**NYSDOH Public Facing Dashboards**

Data from publicly accessible dashboards are included in the reference section of this report and include; the NYSDOH Suicide and Self Harm Dashboard, NYS Community Health Indicators Report (CHIRS), and the NYSDOH Prevention Agenda Dashboard.

These dashboards are managed by various NYSDOH divisions and partners. Questions regarding data collection, data cleaning, and analysis should be directed to the sponsoring agency.

**Mental Health in Rural New York: Findings and Implications of a Listening Tour with Residents and Professionals**

Published in January 2023, NORC at University of Chicago’s working paper “Mental Health in Rural New York: Findings and Implications of a Listening Tour with Residents and Professionals” uses firsthand knowledge about availability, access, and utilization of mental health services, resources and supports. The researchers conducted 32 listening sessions in rural New York State counties, including Cortland County, between March 2020 and September 2021. There were three focus groups in Cortland County with twenty nine professional and community members participating. The paper includes summaries of the listening sessions and recommendations.

**Primary Data**

**Cortland County Youth Survey (2021)**

Cortland Area Communities That Care (CACTC) is a local non-profit that, in conjunction with local school districts, conducts a county-wide survey of 7th-12th graders each year. All five school districts in the county participate in the survey. The 139 question validated survey tool asks about risk and protective factors and problem behaviors related to youth development. An additional 20 questions are added to the end of the survey each year relevant to Cortland County. The data collected from this survey was re-purposed for this report. Questions regarding youth survey data should be directed to CACTC: sbarrows@cortlandareactc.org
Cortland County Community Health Assessment Survey (2022)

For the complete methods of the 2022 Cortland County Community Health Assessment Survey including survey design, collection, analysis, and definitions of umbrella terms used for demographic groups please reference page 15 of the Cortland County Community Health Assessment and Community Health Improvement Plan. Data collected from this survey was re-purposed for this report.

SPEAK UP Cortland Community Readiness Surveys (2020, 2022)

Purpose

Community Readiness Surveys of key informants were conducted by SPEAK UP Cortland Suicide Prevention Coalition in summer 2020 and again in Fall 2022. The purpose of Community Readiness Surveys is to assess factors related to the readiness of the community to commit resources to the issue of suicide prevention within the current target populations of the coalition; youth and middle age and older men. Community readiness factors assessed via the survey include; community knowledge of suicide, existing efforts, availability of resources, support from leaders, and community attitudes. The 2022 survey is also used to see if improvements have been made in the past two years related to suicide prevention readiness. Additional questions were added to the 2022 community readiness survey to help assess the impact of SPEAK UP Cortland coalition efforts over the past two years.

Survey Design

The SPEAK UP Cortland Community Readiness Survey was adapted from a 36 question long community readiness interview included the “Tri-Ethnic Center Community Readiness Handbook 2nd Edition.” Both the 2020 and 2022 surveys consist of 13 questions related to community readiness and, as previously mentioned, the 2022 survey also included 9 questions related to coalition activities and impact over the past two years.

Survey Collection

Both the 2020 and 2022 Cortland County Community Readiness Surveys were sent to pre-determined lists of key informants for the two coalition target populations; youth and middle age and older men. The 2020 key informant lists was used as a starting point for the 2022 key informant lists and outdated contacts were identified and replaced. The 2020 and 2022 key informant lists included the same number of recipients/contacts from each sector to maintain consistency in representation across the years and to provide a more reliable comparison of data. Tables 1 and 2 depict the number of survey recipients for each sector in 2020 and 2022 and the number of responses received. Both surveys had at least one response from each sector.
Table 1. Community Readiness Survey Recipients (Middle Age Men Key Informants)

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<tr>
<th>Sector</th>
<th>2020 # of recipients</th>
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</tr>
</tbody>
</table>

Table 2. Community Readiness Survey Recipients (Youth Key Informants)

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<th>Sector</th>
<th>2020 # of recipients</th>
<th>2020 # of responses</th>
<th>2022 # of recipients</th>
<th>2022 # of responses</th>
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</table>

Analysis

Tableau data visualization software was utilized to analyze and compare the 2020 and 2022 Community Readiness Survey for each target population. Tableau was utilized to categorize and visualize qualitative data collected via the survey.

Environmental Scan of Local Media (2023)

An environmental scan was completed for online news articles from 2021 and 2022 for two local news entities; WXHC and the Cortland Standard. For each of these news sources, all articles related to suicide were identified by going on their respective websites and searching “suicide” in the search bar.
Coding categories for the environmental scan were developed based on the AFSP’s recommendations for safe suicide reporting. Each article was read and coded in an excel spreadsheet for multiple categories. The categories included in this report are:

1. The content of article as it relates to suicide:
   - Suicide Death - a suicide death was specifically mentioned
   - Murder/Suicide Death - a murder/suicide death was specifically mentioned
   - Suicide Attempt - a suicide attempt was specifically mentioned (including assisted suicide)
   - Suicide Ideation – suicide ideation was specifically mentioned
   - State of Suicide – the article was related to, or included, general suicide trends (either for a specific group or the general population)
   - 988 Hotline – highlighted the 988 hotline
   - Community Programs/Events/Resources – highlighted other resources
   - Gun Violence – was primarily about gun violence, but mentioned suicide in relation to gun violence

2. Whether a suicide/metal health specific helpline was provided in or near the article (yes/no)

3. Whether treatment resources were provided (more specifically, information about treatment for suicide/mental health i.e. trained counselors. If the article mentioned resources but specific contact information was not provided, this was coded as “no”) (yes/no)

4. Whether it was conveyed that suicidality is NOT a weakness or a flaw (yes/no)

5. Whether it was implied that suicide was/is caused by a single event, including but not limited to job loss and divorce (yes/no)

6. Whether words like “growing problem,” “epidemic,” or “skyrocketing” were used to describe suicide (yes/no)

7. Whether the words “successful,” “unsuccessful,” or “failed attempt” were used to describe suicide (yes/no)

8. Whether the word “committed” was used to describe suicide (yes/no)

9. Whether a description of the method used was included (in shootings/murders if the gunman died by suicide, but it was not specifically noted that it was by firearm, this was coded as “no”) (yes/no)

Other data indicators collected and coded in the excel spreadsheet were; title of the article, website link, and date published.

Reasons for article exclusions from the environmental scan, included but were not limited to: the suicide reference in an article was related to a movie/TV show/song/play etc., a gun violence related article that only referenced suicide in relation to data, an obituary that asked for donations to a suicide related organization.
Results—Trends

General historical and demographic trends in suicide data provide context for the current state of the issue of suicide in Cortland County.

Deaths

From 2017-2019, Cortland County (11.2) had a higher death rate per 100,000 population due to suicide than New York State (8.7) and New York State excluding NYC (10.4) (Figure 1). This trend has existed historically in the three year periods from 2015-2017 and 2016-2018 (Figure 1).³

When looking at the seven counties neighboring Cortland, the death rate per 100,000 population due to suicide in Cortland County from 2017-2019 was higher than Broome (11.1), Onondaga (10.7), and Cayuga (10.4) but lower than Tioga (15.1), Chenango (14.0), Madison (13.1), and Tompkins (13.0) (Figure 1). This is a shift from historical trends, as in 2015-2017 Cortland County had a higher suicide death rate than all neighboring counties with the exception of Chenango (Figure 1).³

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**Figure 1. Suicide Death Rate per 100,000 Population (Cortland County, New York State, New York State Excluding NYC, and Counties Neighboring Cortland, 2015-2019)**³
Age adjusted death rates provide a more accurate comparison between populations that may have differing age distributions. Historically in Cortland County, the age adjusted death rate per 100,000 population due to suicide increased from 2012-2014 (9.0) to 2015-2017 (15.3) and has since declined (Figure 2). In contrast, New York State and New York State excluding NYC have experienced a relatively stable trend since 2010 (Figure 2).

CDC Wonder provides additional context into suicide deaths in Cortland County, including total number of deaths by year, age, and sex. Due to confidentiality suppression rules put into place by the CDC, data is reported in large time increments as noted in graphs. In total from 1999-2020 there have been 94 deaths due to suicide in Cortland County (1999 not included in Figure 3). Historically, the number of deaths due to suicide in Cortland County peaked in the three year period from 2015-2017, which 20 deaths were recorded (Figure 3). In the subsequent three year period of 2018-2020, the crude number of deaths dropped to 11 recorded deaths (Figure 3).
Looking at demographic groups, the majority of deaths due to suicide in Cortland County are male (77 deaths, 82% of total) (Figure 4). The age group with the highest number of deaths in Cortland County is 45-54 (25 deaths, 26.6% of total) followed by 55-64 (15 deaths, 16.0% of total) (Figure 4).
Hospitalizations and Emergency Department Visits

Hospitalizations and emergency department visits due to self-harm provide additional context related to the burden of suicide in the community. It is important to note that self-harm hospitalization data reported here does not differentiate between non-suicidal self-injury and suicide attempts and that the data shows the number of visits, not the number of individuals (an individual may have more than one occurrence of self-harm during the year).

The most recent year available for self-harm hospitalization data is 2018. Cortland County has the highest self-harm hospitalization rate per 100,000 population when compared to the seven neighboring counties (Figure 5). Notably, Cortland County also has one of the highest self-harm hospitalization rates in New York State at 127.2 per 100,000 population. Only three counties have higher rates; Washington (131.7), Columbia (132.5), and Warren (141.5) (data not shown).

The most recent year available for self-harm ED visit data is 2018. Similar to hospitalizations, Cortland County not only has the highest self-harm ED visit rate per 100,000 population when compared to the seven neighboring counties (Figure 5). Cortland County also has one of the highest self-harm ED visit rates in New York State at 153.4 per 100,000 population. Only five counties have higher rates; Steuben (223.5), Fulton (167.3), Clinton (163.6), Montgomery (162.2), and Essex (158.6) (data not shown).

Figure 5. Self-Harm Emergency Department Visit Rate per 100,000 and Self-Harm Hospitalization Rate per 100,000 (Cortland County and Counties Neighboring Cortland, 2018)
Historical data reported from the Electronic Syndromic Surveillance System (ESSS) provides additional context, and more up to date data, on the burden of emergency department visits due to suicidal ideation in Cortland County. ESSS data for this report includes emergency department visits in which the chief complaint met the NYSDOH definition for suicide syndrome at Guthrie Cortland Medical Center for Cortland County zip codes; 13045, 13077, 13159, 13053, 13803, 13040, 13101, 13052, 13835, 13158, 13141, 13863, 13738, 13784, 13056, and 13087 (see methods for more information). Data prior to October 2020 cannot be compared historically due to changes in data reporting and is therefore excluded from this report.

Generally, the number of suicide-related ED visits at GCMC for Cortland County zip codes has increased from 2021 (210 total visits) to 2022 (252 total visits) (Figure 6). On average in 2021 there were 17.5 visits per month compared to an average of 21 visits per month in 2022. In winter 2022, there was an observed increase in the number of ED visits peaking at 36 visits in March 2022 – the highest recorded number of visits since October 2020 (Figure 6).

![Figure 6. Number of Emergency Department Visits Categorized as Suicide Syndrome in the NYSDOH Electronic Syndromic Surveillance System (Cortland County Zip Codes, October 2020-December 2022)](image)

Note: please see the methods section of this report for data limitations
The number of suicide related ED visits at GCMC for Cortland County zip codes based on sex has varied from year to year, in 2022 there were 127 visits for females and 125 for males (Figure 7). Gender is reported based on ED visit record.

![Bar chart showing number of suicide related ED visits by sex in 2022 and 2021.](image)

**Figure 7.** Number of Emergency Department Visits Categorized as Suicide Syndromic in the NYSDOH Electronic Syndromic Surveillance System by Sex (Cortland County Zip Codes, 2021-2022).

Note: please see the methods section of this report for data limitations.

The number of suicide related ED visits at GCMC for Cortland County zip codes based on sex, indicates that historically the age group with the most visits are individuals 19 years old and younger followed by 20-29 year olds (Figure 8).

![Bar chart showing number of suicide related ED visits by age group in 2021 and 2022.](image)

**Figure 8.** Number of Emergency Department Visits Categorized as Suicide Syndromic in the NYSDOH Electronic Syndromic Surveillance System by Sex (Cortland County Zip Codes, 2021-2022).

Note: please see the methods section of this report for data limitations.
Suicide Ideation and Attempts

Self-reported suicide ideation and suicide attempt data has been collected for the Cortland County population via two local surveys, the 2022 Cortland County CHA Survey and the Cortland County Youth Survey. Self-reported suicide ideation and suicide attempt data is important because most people with suicide ideation do not die by suicide, visit an emergency department, or become hospitalized. Additionally, some suicide attempts are treated at home and not captured in ED or hospitalization data. These surveys are yet another data source to assist with understanding the full context of suicide in Cortland County.

For adult populations in Cortland County, there is only one year of suicide ideation and attempt data available (2022). However, in 2022, 20.9% of Cortland County CHA Survey respondents reported that they have had thoughts about suicide in their lifetime and 6.4% of respondents reported attempting suicide in their lifetime (Figure 9).

![Figure 9. Percentage of CHA Survey Respondents That Report Suicide Ideation or Attempts in Their Lifetime (Cortland County, 2022, n=2,266)](image-url)
For the 7th-12th grade population in Cortland County, suicide attempt and ideation data has been collected for several years. The percentage of 7th-12th graders that report actually attempting suicide in the past year has steadily decreased since 2018 (from 9.7% to 7.4%) (Figure 10). The percentage of 7th-12th graders that report seriously considering attempting suicide in the past year has remained relatively unchanged from 2018-2021 (high of 24.3% in 2019, low of 22.6% in 2020) (Figure 10).

Figure 10. Percentage of 7th-12th Graders That Report Suicide Ideation and Attempts in the Past Year (Cortland County, 2018-2021)
Results—Disparities

Disparity data can help target and tailor public health interventions to the demographic groups who need them the most, and save vital resources by providing a direction for efforts. It is important to note that health disparities exist due to systematic obstacles, discrimination, and exclusions that cause certain groups to experience greater challenges in the pursuit of health. With the exception of the age and sex data provided in the above sections, the NYSDOH and CDC report limited, if any, data related to suicide attempt/ideation disparities by different demographic groups. Two local surveys, the 2022 CHA Survey and the 2021 Cortland County Youth Survey, are utilized in this report to provide context for which groups in Cortland County may be at higher risk of suicide ideation and attempts. Umbrella terms for certain demographic groups are used throughout this section, please refer to the methods for detailed descriptions of the terms used here

Age

Cortland County CHA survey respondents in the 18-24 year old age group are the most likely to report suicide ideation (34.5%) and suicide attempts (15.5%) in their lifetime (Figure 11). The survey found as the age of respondents increased, the percentage that reported suicide ideation or attempts in their lifetime decreased (Figure 11).

![Figure 11. Percentage of CHA Survey Respondents That Report Suicide Ideation or Attempts in Their Lifetime by Age Group (Cortland County, 2022, n=2266)](image-url)
Gender

Cortland County CHA Survey respondents that self-report their gender as transgender+ are notably more likely to report suicide ideation and attempts in their lifetime with 66.7% of transgender+ respondents reporting ideation compared to 24.2% of self-identified male/man respondents, and 21.5% of self-identified female/woman respondents (Figure 12).  

The same disparity is observed in the Cortland County Youth Survey data in which 25.3% of self-identified transgender and questioning respondents (see methods for term description) reported attempting suicide in the past year compared to only 5.0% of self-identified cisgender respondents (Figure 13).
Race

There is little notable difference between CHA Survey respondents that self-report as Black, Indigenous, People of Color (BIPOC) and those that self-report as White when looking at reported suicide ideation in their lifetime (Figure 14). However, when looking at reported suicide attempts, self-reported BIPOC survey respondents were more likely to report attempting suicide in their lifetime (10.3% compared to 6.0% of self-reported white respondents) (Figure 14).

The same disparity is observed in the Cortland County Youth Survey data in which 10.5% of self-identified BIPOC respondents reported attempting suicide in the past year compared to 7.1% of self-identified White respondents and 29.5% of self-identified BIPOC respondent’s reporting suicide ideation in the past year compared to 22.9% of self-identified white survey respondents (Figure 15).

Sexual Orientation

Figure 14. Percentage of CHA Survey Respondents That Report Suicide Ideation or Attempts in Their Lifetime by Race (Cortland County, 2022, n=2266)

Figure 15. Percentage of 7th-12th Graders That Report Suicide Ideation or Attempts in the Past Year by Race (Cortland County, 2021)
Cortland County CHA survey respondents that self-report their sexual orientation at LGBQ+ are notably more likely to report suicide ideation and attempting suicide in their lifetime; with 52.8% of self-identified LGBQ+ respondents reporting ideation compared to 18.4% of self-identified straight respondents and 20.9% of self-identified LGBQ+ respondents reporting attempting suicide compared to only 5.2% of self-identified straight respondents (Figure 16).  

![Figure 16. Percentage of CHA Survey Respondents That Report Suicide Ideation or Attempts in Their Lifetime by Sexual Orientation (Cortland County, 2022, n=2266)](image)

The same disparity is observed in the Cortland County Youth Survey data with 49.9% of self-identified LGBQ+ respondents reporting suicide ideation and 19.3% reporting attempting suicide compared to 15.5% of self-identified straight respondents reporting ideation and 3.2% reporting attempts (Figure 17).

![Figure 17. Percentage of 7th-12th Graders That Report Suicide Ideation or Attempts in the Past Year by Sexual Orientation (Cortland County, 2021)](image)
Geography

There is not a notable difference in suicide ideation or attempts based on geographic location within the county when comparing Cortland County CHA Survey respondents that live in the City of Cortland compared to respondents living in other zip codes. Respondents in the City of Cortland were only slightly more likely to report ideation and attempts (19.6% and 6.9% compared to 18.1% 5.7%) (Figure 18).  

A similar trend is observed in Cortland County Youth Survey data with survey respondents living in the City of Cortland being slightly more likely to report ideation and attempts than those living in other zip codes (25.6% and 8.6% compared to 20.7% and 6.5%) (Figure 19).

![Figure 18. Percentage of CHA Survey Respondents That Report Suicide Ideation or Attempts in Their Lifetime by Geography (Cortland County, 2022, n=2266)](image1)

![Figure 19. Percentage of 7th-12th Graders That Report Suicide Ideation or Attempts in the Past Year by Geography (Cortland County, 2021)](image2)
Education Level

Cortland County CHA survey respondents that report they have a bachelor/graduate degree are more likely to report suicide ideation in their lifetime (24.5%) compared to respondents with associates (19.0%), high school diploma/some college (17.6%), or less than high school diploma (18.9%) (Figure 20). However, respondents with a high school diploma/some college were the most likely education level to report they have attempted suicide in their lifetime (8.8% compared to ~5.0% for other education levels) (Figure 20).

Annual Household Income

Cortland County CHA survey respondents that report an annual household income on less than $50,000 a year were more likely to report suicide ideation and attempts in their lifetime than respondents with a reported household income greater than $50,000 a year; with 24.1% of respondents with lower income reporting ideation compared to 19.6% of higher income respondents and 11.0% of lower income respondents reporting attempting suicide compared to 3.9% of higher income respondents (Figure 21).
Disability Status

Cortland County CHA survey respondents that self-report that they have a disability are notably more likely to report suicide ideation and attempts in their lifetime; with 34.6% of respondents with self-reported disability reporting ideation compared to 16.1% of respondents that did not self-report a disability and 16.0% of respondents with a self-reported disability reporting attempting suicide compared to only 3.2% of respondents without a self-reported disability (Figure 21).

Figure 21. Percentage of CHA Survey Respondents That Report Suicide Ideation or Attempts in Their Lifetime by Annual Income Level (Cortland County, 2022, n=2266)

Figure 22. Percentage of CHA Survey Respondents That Report Suicide Ideation or Attempts in Their Lifetime by Disability Status (Cortland County, 2022, n=2266)
Results—Review of Risk Factors

Suicide is almost never caused by a single circumstance or event, but rather a range of individual, relationship, community, and societal factors. Risk factors identified for suicide, according to the CDC, can be found here. When looking at local data related to suicide risk and protective factors, suicide attempts and suicide ideation are sometimes used as proxy measures to gain a broader understanding about what risk and protective factors related to suicide are most prevalent in a community.

Note: Community partners are still working to expand understanding of local risk factors. Several CDC identified risk factors are still lacking reliable local data to suggest a linkage to suicide ideation and/or attempts in Cortland County.

Individual Risk Factors

History of Depression and Mental Health Disorders

Based on the most recently available BRFSS data, Cortland County generally has a higher rate of residents that report frequent mental distress when compared to New York State (16.4% compared to 11.2%, age adjusted). Additionally, both the Cortland County CHA Survey and Cortland County Youth Survey data indicate that history of depression and mental health disorders are a risk factor for suicide in Cortland County.

Cortland County CHA survey respondents that have poor well-being are more likely to report suicide ideation (37.1%) and attempting suicide (12.9%) in their lifetime compared to respondents that do not have poor well-being (11.4% of which report ideation and 2.8% report attempts) (Figure 23).

![Figure 23. Percentage of CHA Survey Respondents That Report Suicide Ideation or Attempts in Their Lifetime by Well Being Status (Cortland County, 2022, n=2266)](image-url)
Similarly, Cortland County Youth Survey respondents that report 3 out of 4 depressive symptoms (which is an indicator for depression) are more likely to report ideation (64.4%) and attempts (22.0%) compared to respondents that reported less than 3 depressive symptoms (6.5% of which reported ideation and 1.5% reported attempts) (Figure 24).

![Figure 24. Percentage of 7th-12th Graders That Report Suicide Ideation or Attempts in the Past Year by Depressive Symptoms (Cortland County, 2021)](image)

**Serious Illness**

In general, Cortland County Cortland County has a high rate for chronic disease, in particular cancers. The 2022 Cortland County Community Health Assessment found that for the all cancers, lung & bronchus, breast, and colorectal cancer Cortland County has a higher incidence than New York State. The Cortland County CHA survey data suggest that serious illness is a risk factor for suicide in Cortland County. Data is not available related to serious illness for the Cortland County Youth Survey.

Cortland County CHA survey respondents that self-report they have a chronic disease (proxy for “serious illness”) are more likely to report suicide ideation (29.4%) and attempts (10.6%) compared to respondents that did not self-report they have a chronic disease (of which 16.7% report ideation and 3.8% report attempts) (Figure 25).
Criminal/Legal Problems

There is limited data available to determine if criminal/legal problems are a risk factor for suicide in Cortland County. However, a report created by the Cortland County Sheriff in 2018 found that 84% of the Cortland County Jail population has a substance use, mental health, or co-occurring disorder. As stated previously, substance use and mental health disorders are risk factors for suicide. This knowledge, coupled with the statistics reported by the Sheriff, could indicate that incarcerated individuals in the county may be at higher risk of suicide. More data is needed to better understand the relationship between criminal and legal problems and suicide in Cortland County.

Job/Financial Problems or Loss

In 2014-2020, Cortland County had a higher percentage of residents living below the federal poverty level (14.4%) than New York State (13.6%). Additionally, certain groups in Cortland County are disproportionately impacted by poverty including; female headed households with no spouse, residents with less than a high school degree, and residents with disabilities.

As previously mentioned, CHA survey data related to annual household income indicates that respondents that are low income (annual household income of less than $50,000 a year) are more likely to report suicide ideation and attempts. This suggests that financial problems are a risk factor for suicide in Cortland County.
Impulsive or Aggressive Tendencies

Impulsive behavior can include acting quickly without considering consequences and aggressive tendencies involving acts of violence, hostile, or threatening behavior. Cortland County Youth Survey data suggest that impulsive and aggressive tendencies are a risk factor for suicide in Cortland County. Data is not available related to impulsive or aggressive tendencies for the Cortland County CHA survey.

Cortland County Youth Survey respondents that think it is only “a little bit wrong” or “not at all wrong” to attack someone with the idea of seriously hurting them are more likely to report suicide ideation (43.2%) and attempts (15.8%) in the past year compared to respondents that think it is “wrong” or “very wrong” to attack someone with the idea of seriously hurting them (of which 21.9% report ideation and 6.7% report attempts) (Figure 26).  

![Figure 26. Percentage of 7th-12th Graders That Report Suicide Ideation or Attempts in the Past Year by Aggressive Tendencies (Cortland County, 2021)](figure)

Substance Use

The link between substance use disorders and suicide is well established. SAMHSA reports that diagnosis of alcohol use or dependence is associated with a 10 times greater suicide risk and injection drug use is associated with a 14 times greater suicide risk. Both the Cortland County CHA Survey and Cortland County Youth Survey data suggest that substance use is a risk factor for suicide in Cortland County.
Cortland County CHA survey respondents that are at risk of a substance use disorder are more likely to report suicide ideation (33.7%) and attempts (13.4%) in their lifetime compared to respondents that are not at risk of substance use disorder (of which 16.6% report ideation and 4.0% report attempts) (Figure 27).  

Similarly, Cortland County Youth Survey respondents that report binge drinking in the past 30 days are more likely to report suicide ideation (51.3%) and attempts (26.7%) in the past year compared to respondents that did not report binge drinking (of which, 21.6% reported ideation and 5.9 reported attempts (Figure 28).  

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**Figure 27.** Percentage of CHA Survey Respondents That Report Suicide Ideation or Attempts in Their Lifetime by Substance Use Disorder Risk (Cortland County, 2022, n=2266)  

**Figure 28.** Percentage of 7th-12th Graders That Report Suicide Ideation or Attempts in the Past Year by Reported Binge Drinking (Cortland County, 2021)
Sense of Hopelessness

Sense of hopelessness can involve feeling like a burden, feeling there is no reason to live, feeling trapped, and more. Cortland County Youth Survey data indicate that sense of hopelessness is a risk factor for suicide in Cortland County. Data is not available related to impulsive or aggressive tendencies for the Cortland County CHA survey.

Cortland County Youth Survey respondents that reported life is not worth it were more likely to report suicide (ideation 64.0%) and attempts (21.0%) compared to respondents that did not report that they think life is not worth it (of which 5.4 reported ideation and 1.4 reported attempts) (Figure 29). 8

![Graph showing suicide ideation and attempts by feeling life is not worth it](image)

**Figure 29. Percentage of 7th-12th Graders That Report Suicide Ideation or Attempts in the Past Year by Feeling Life is Not Worth It (Cortland County, 2021)** 8

Previous Suicide Attempts

There is no data available to determine if previous suicide attempts contribute to suicide death in Cortland County.
Adverse Childhood Experiences (ACEs)

ACEs are potentially traumatic events that occur in childhood including, but not limited to; violence, abuse, neglect, witnessing violence, having a family member attempt or die by suicide, growing up in a home where substance use or mental health disorders are present, divorce, or having a parent in jail or prison. Some of these factors are addressed in this report individually.

Data from 2020 shows that Cortland County has more than double the rate of indicated reports of abuse/maltreatment per 1,000 children aged 0-17 when compared to New York State (36.7 per 1,000 children compared to 14.6 per 1,000 children). CACTC also piloted a question about Adverse Childhood Experiences on the 2021 Cortland County Youth Survey. Based on this survey, 39.9% of Cortland County Youth have experienced at least one adverse childhood experience (note: there are limitations to this data which are explained on page 92 of this report). While a definitive conclusion can’t be made, it is likely that ACEs are a risk factor for suicide ideation, attempts, and death in Cortland County. More data is needed to solidify this link.

Violence victimization/perpetration

There is no data available to determine if violence victimization/perpetration contribute to suicide death in Cortland County. Discussion on ACEs, criminal/legal problems, impulsive aggressive tendencies, and violent/high conflict relationships included in this report provide some context for how violence may contribute to suicide ideation, attempts, and death in Cortland County.

Relationship Risk Factors

Bullying

In youth, bullying is unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose. Bullying can occur in-person or through technology. Cortland County Youth Survey data suggests that bullying is a risk factor for suicide in Cortland County. Data is not available related to bullying for the Cortland County CHA survey

Cortland County Youth Survey respondents that report being bullied are more likely to report suicide ideation (37.9%) and suicide attempts (15.5%) compared to respondents that did not report being bullied (of which 15.2% report ideation and 3.4% report attempts) (Figure 30).
Family or Loved One History of Suicide

The Cortland County CHA survey data suggests that knowing someone who has died by suicide could be a risk factor for suicide in Cortland County. Approximately 43% of CHA survey respondents reported they know someone who has died by suicide. Respondents that report they know someone who has died by suicide are more likely to report suicide ideation (28.4%) and suicide attempts (9.8%) compared to respondents that did not report they know someone who has died by suicide (of which 14.8% report attempts and 28.4% report ideation) (Figure 31).
High Conflict or Violent Relationships

Cortland County Youth Survey data suggest that high conflict or violent relationships are a risk factor for suicide in Cortland County.

Cortland County Youth Survey respondents that report people in their family often insult and yell at each other are more likely to report suicide ideation (36.1%) and suicide attempts (16.2%) than respondents that did not report people in their family often insult an yell at each other (of which 15.2% report ideation and 3.1% report attempts) (Figure 32).  

![Figure 32. Percentage of 7th-12th Graders That Report Suicide Ideation or Attempts in the Past Year by Family Conflict (Cortland County, 2021)](image)

Loss of Relationships

Loss of relationships can include break-ups, divorce, death etc. Of Cortland County residents ages 15+, 43.2% are married, 39.5% have never been married, 9.8% are divorced, 5.4% are widowed, and 2.2% are separated. However, of the 16 reported deaths due to suicide that occurred between 2017-2019, 6 (37.5%) of those individuals were divorced, 5 were never married (31.3%), 5 (31.3%) were married, and 1 (6.3%) marital status was not known. None of the deaths were of individuals that were widowed, separated, had a domestic partner, or had another relationship status.

While more data is needed to better understand how loss of relationships and suicide are related in Cortland County, the fact that only 9.8% of residents are divorced but 37.5% of suicide deaths are of people who are divorced suggests that divorce is a risk factor for suicide in Cortland County.
Social Isolation/Lack of Connectedness

Social isolation includes lack of contact with or relationships with family and friends, with neighbors, or with society in general. Cortland County Youth survey data suggest that social isolation/lack of connectedness could be a risk factor for suicide ideation/attempts in Cortland County.

Cortland County Youth Survey respondents that report that if they had a problem they could not go to their mom and dad for help are more likely to report suicide ideation (48.9%) and attempts (18.5%) compared to respondents that report if they had a problem they could go to their mom and dad for help (of which 15.6% report ideation and 4.0% report attempts) (Figure 33).  

Community Risk Factors

Lack of Access to Healthcare

Cortland County Youth survey data suggest that lack of access to healthcare could be a risk factor for suicide ideation/attempts in Cortland County.

Cortland County Youth Survey respondents that report they have difficulty accessing medicine are more likely to report suicide ideation (41.3%) and attempts (22.2%) that respondents that did not report they have difficulty accessing medicine (of which 29.2% reporting ideation and 12.6% report attempts) (Figure 34).
Community Violence

Generally, community violence is low in Cortland County with the 2017-2019 assault hospitalization rate per 10,000 population in Cortland County (0.8) being lower than the rest of Central New York (2.7) and New York State (3.0). While a definitive conclusion can’t be made, it is unlikely that community violence is a major risk factor for suicide in Cortland County.

Discrimination

Health disparities among groups often exist due to societal discrimination and exclusion due to race, sexual orientation, age, geography or another. As noted in the above section on health disparities, survey data suggests that there are notable disparities in suicide ideation and attempts in Cortland County based on age, gender, sexual orientation, and disability status.

Stress of Acculturation

Stress of acculturation involves stress due to adjusting to a new culture or host society. There is no data available to determine if stress of acculturation contributes to suicide death in Cortland County. However, Cortland County has a lower percentage of foreign born citizens (2.6%) than New York State (22.5%)
Historical Trauma

Historical trauma is multigenerational trauma experienced by a specific cultural, racial, or ethnic group. Examples include slavery and the violent colonization of Native Americans. There is no data available to determine if historical trauma exists in Cortland County or if it contributes to suicide death, ideation, or attempts in Cortland County. Cortland County residents are primarily White, Non-Hispanic and of the 16 suicide deaths from 2017-2019, 15 were White Non-Hispanic (1 race was unknown).

However, Cortland County is becoming increasingly diverse, in 2010 95.1% of the population was White and in 2020 only 88.1% is White. Throughout history, Black Americans have experienced physical, sexual, emotional and psychological trauma during enslavement, the Jim Crow era, the Civil Rights movement, and recent cases of police brutality. With increasing diversity in Cortland County, it is important to understand the risks associated with the historical trauma experienced by the Black Community in relation to suicide prevention.

Suicide Clusters

There is no data available to determine the existence of suicide clusters or if they contribute to suicide death, ideation, or attempts in Cortland County.

Societal Risk Factors

Access to Lethal Means

Easy access to lethal means by individuals high risk for suicide is a risk factor for dying by suicide. Firearms are one of the most lethal means of suicide.

A little over half of deaths from suicide in Cortland County between 1999 and 2020 were caused by firearms (48 deaths, 51% of total), followed by suffocation (30 deaths, 32% of total), poisoning (13 deaths, 14% of total), and 3 mechanisms were suppressed by the CDC due to low number (3 deaths, 3% of total) (Table 3).

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Number of Suicide Deaths (n=94)</th>
<th>Percentage of Suicide Deaths (n=94)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>48</td>
<td>51</td>
</tr>
<tr>
<td>Suffocation</td>
<td>30</td>
<td>32</td>
</tr>
<tr>
<td>Poisoning</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Suppressed</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Unsafe Media Portrayal

Research shows that how media talks about suicide can influence health outcomes and reduce the risk of suicide contagion. A qualitative review of articles published on two local news websites was conducted to determine if local media entities follow best practices related to reporting on suicide. Articles included both local news stories and national news stories published by the two local entities.

Articles were coded based on the best practices for reporting on suicide provided by the American Foundation for Suicide Prevention. See the methods section for details on the analysis process.

Articles related to suicide were categorized by how the content of the article related to suicide; suicide death mentioned (73 articles), murder-suicide death mentioned (39 articles), community programs, events, resources mentioned (29 articles), gun violence focus with suicide mentioned (23 articles), general state of suicide in overall population or a specific group mentioned (21 articles), suicide attempt mentioned (14 articles), suicide ideation mentioned (11 articles), 988 focus (8 articles) (Table 4).

<table>
<thead>
<tr>
<th>Content of Article</th>
<th>Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Death</td>
<td>73</td>
</tr>
<tr>
<td>Murder-Suicide Death</td>
<td>39</td>
</tr>
<tr>
<td>Community Programs/Events/Resources</td>
<td>29</td>
</tr>
<tr>
<td>Gun Violence</td>
<td>23</td>
</tr>
<tr>
<td>State of Suicide Data Focus</td>
<td>21</td>
</tr>
<tr>
<td>Suicide Attempt</td>
<td>14</td>
</tr>
<tr>
<td>Suicide Ideation</td>
<td>11</td>
</tr>
<tr>
<td>988</td>
<td>8</td>
</tr>
</tbody>
</table>

There were 112 total articles identified that mentioned specific instances of suicide deaths or specific instances of a murder-suicide death (Table 4). The following data only looks at the articles that fall under these categories.

Looking at protective factors that can be incorporated into articles about suicide death, of the articles where the primary suicide related content was about a death; only 20.5% included a suicide prevention hotline number, 1.8% included information about treatment resources for mental health or suicide, and 0% included language indicating that suicide ideation is not a weakness (Table 5).
Looking at risk factors related to media reporting on suicide death, of these articles all of the articles (100%) did not attribute suicide to a single cause, most (99.1%) did not frame suicide as an epidemic or skyrocketing, most (95%) did not use the word committed or successful (100%) to describe a suicide death (Table 6).  

### Table 5. Percentage of Articles Where the Primary Suicide Related Content Was About a Death that Included Protective Factors for Safe Suicide Reporting (Cortland County Media Entities, 2021-2022) \(^1\)

| Was a Suicide Prevention Hotline Provided? \(\frac{}{\text{\%}}\) |
|-----------------|-----------|
| Yes             | 20.54%    |
| No              | 79.46%    |

| Were Other Treatment Resources Provided? \(\frac{}{\text{\%}}\) |
|-----------------|-----------|
| Yes             | 1.79%     |
| No              | 98.21%    |

| Was language included framing suicide ideation as not a weakness? \(\frac{}{\text{\%}}\) |
|----------------|-----------|
| No             | 100.00%   |

### Table 6. Percentage of Articles Where the Primary Suicide Related Content Was About a Death that Included Risk Factors for Safe Suicide Reporting (Cortland County Media Entities, 2021-2022) \(^1\)

<table>
<thead>
<tr>
<th>Was suicide attributed to a single cause?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was suicide framed as an epidemic?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the word successful used to describe a suicide?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the word committed used to describe a suicide?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the method of suicide included?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>
The two major news entities reviewed generally did a good job not incorporating information that could increase risks (language use, attributing a cause, providing details on the death etc.). However, entities did include details on the method of suicide in more than a quarter of the articles reviewed.

Media entities should focus on ensuring that all articles published related to suicide (including murder suicide) include the suicide prevention number, 9-8-8, as only 20% included this information. Additionally, none of the articles attempted to frame suicide ideation as not a weakness or that it is treatable.

**Stigma**

There is no quantitative data available to determine if previous suicide attempts contribute to suicide death in Cortland County. However, the University of Chicago’s Rural Listening Tour identified stigma as one of the common themes that deters rural residents from seeking mental health services. Cortland County participated in this research (see methods) and a professional cited in section regarding stigma:

> Living in rural communities, it's a double-edged sword. While everyone knows everyone, everyone knows everyone. And that can be both good and bad, and especially around stigma, it often creates a dynamic where people don’t feel comfortable accessing mental health or addiction services, because they know someone else is going to see them or know that. Being small is helpful but being small is not always helpful. – Professional, Cortland County

Image source: NORC at the University of Chicago

While the prevalence of stigma and its link to suicide ideation, attempts, and death in Cortland County cannot currently be quantified for this report, the presence of stigma in rural areas related to seeking mental health services is well documented.
Community Readiness

Community readiness provides context on the degree to which a community is ready to commit resources to a particular health problem. Interventions and strategies should ideally be aligned with the level of readiness identified through key informants of particular target populations. Community readiness is influenced by many factors including; leadership/community attitudes and support, community knowledge, existing efforts, and resources. Key informant surveys were collected from key informants for two target populations in the community; youth and middle age men. Please see the methods section for information on survey design, collection, and analysis.

Leadership and Community Attitudes

From 2020 to 2022, there were increases in the percentages of youth key informants who reported that suicide in youth is “a concern” or a “very great concern” to community members (55.9% to 76.7%) and to leadership in the community (70.6% to 73.3%). Similarly, there were increases in the percentages of key informants who reported that suicide in middle aged men is a “concern” or a “very great concern” to community members (46.43% to 57.14%) as well as to leadership in the community (39.28% to 47.62%).

Additionally, from 2020 to 2022, there were increases in the percentages of key informants who reported that suicide in middle aged men is “a priority” or “the highest priority” to community members (21.4% to 42.9%) and to leadership in the community (25.0% to 33.3%). There was a considerable increase from 2020 to 2022 in the percentage of key informants who reported that suicide prevention in youth is a “priority” or “the highest priority” to leadership in the community (41.1% to 63.3%).
there was little change in the percentage of key informants who reported that suicide in youth is “a priority” or “the highest priority” to community members (58.8% to 53.3%).

Leadership/Community Engagement/Support

Leadership

From 2020 to 2022, there were increases in the percentages of youth key informants who reported that “many” or “most” leadership in the community do the following: participate in developing, improving, or implementing youth suicide prevention efforts (11.8% to 23.3%); passively support youth suicide prevention efforts (55.9% to 70.0%); play a key role as a leader or driving force in planning, developing, or implementing youth suicide prevention efforts (5.9% to 23.3%); play a key role in ensuring long-term viability of youth suicide prevention efforts (5.9% to 30.0%); and support allocating resources to youth suicide prevention (11.8% to 33.3%).

There was a slight increase in the percentages of middle age men key informants who reported that “many” or “most” leadership in the community passively support middle aged men suicide prevention efforts (53.6% to 57.1%). There was little noted change in all other areas related to leadership support for suicide prevention efforts in middle age men (allocating resources, participating in developing/improving/implementing efforts, play a key role in planning/developing/implementing efforts, play a key role in ensuring long-term viability of efforts).
Less than 50% of middle age men and youth key informants report that “many” or “most” community members at least passively support suicide prevention efforts for their target population (though, youth key informants reported a slightly higher percentage of passive support at 46.7% compared to 33.3% reported by middle age men key informants). There was little noted change from 2020 to 2022.

Additionally, less than 10% of middle age men and youth key informants report that “many” or “most” community members participate in developing/improving/implementing suicide prevention efforts, play a key role as a leader or deriving force in planning/developing/implement suicide prevention efforts, or are willing to pay more in
taxes to support suicide prevention efforts. There was little noted change in from 2020 to 2022.\textsuperscript{17}

<table>
<thead>
<tr>
<th>Middle Age Men Key Informants</th>
<th>2020</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report that “many” or “most” community members passively support middle aged men suicide prevention efforts</td>
<td>32.1</td>
<td>33.3</td>
</tr>
<tr>
<td>Report that “many” or “most” community members participate in developing, improving, or implementing middle aged men suicide prevention efforts</td>
<td>3.6</td>
<td>9.5</td>
</tr>
<tr>
<td>Report that “many” or “most” community members play a key role as a leader or driving force in planning, developing, or implementing efforts middle aged men suicide prevention efforts</td>
<td>0.0</td>
<td>9.5</td>
</tr>
<tr>
<td>Report that “many” or “most” community members are willing to pay more in taxes to fund middle aged men suicide prevention efforts</td>
<td>0.0</td>
<td>9.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth Key Informants</th>
<th>2020</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report that “many” or “most” community members passively support youth suicide prevention efforts</td>
<td>47.1</td>
<td>46.7</td>
</tr>
<tr>
<td>Report that “many” or “most” community members participate in developing, improving, or implementing youth suicide prevention efforts</td>
<td>11.6</td>
<td>3.3</td>
</tr>
<tr>
<td>Report that “many” or “most” community members play a key role as a leader or driving force in planning, developing, or implementing efforts youth suicide prevention efforts</td>
<td>2.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Report that “many” or “most” community members are willing to pay more in taxes to fund youth suicide prevention efforts</td>
<td>8.8</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Figure 38. Perceived Community Member Participation in Suicide Prevention Efforts by Middle Age Men and Youth Key Informants (Cortland County, 2020 - 2022)\textsuperscript{17}

**Community Knowledge**

In 2022, the percentages of middle age men key informants who reported that community members know “some” or “a lot” about suicide/ideation in general, signs and symptoms, how much it occurs locally, causes, effects on family and friends, effects in general, and what can be done to prevent suicide in middle age men were all around 40% or lower. Similarly, the percentage of youth key informants that report community members know “some” or “a lot” about the given factors were all less than 50% or lower.

From 2020 to 2022, there were increases in the percentages of middle age men key informants who reported that community members know “some” or “a lot” about the following: how much suicide occurs locally in middle aged men (0.00% to 9.52%), causes of suicide in middle aged men (25.00% to 38.10%), effects of middle aged men suicide on family or friends (39.29% to 42.86%), and what can be done to prevent suicide in middle aged men (17.86% to 19.05%). In contrast, there were decreases in
the percentages of those who reported that community members know “some” or “a lot” about the following: suicide/suicidal ideation in general in middle aged men (42.86% to 23.81%), effects of suicide in middle aged men (42.86% to 33.33%), and signs and symptoms of suicide in middle aged men (46.43% to 33.33%).

From 2020 to 2022, there were increases in the percentage of youth key informants of those who report that community members know “some” or “a lot” about the following: how much suicide occurs locally in youth (14.71% to 33.33%), the effects of suicide in youth (48.48% to 63.33%), the effects of youth suicide on family or friends (41.18% to 53.33%), and what can be done to prevent suicide in youth (26.47% to 33.33%). On the other hand, there were decreases in the percentages of those who reported that community members know “some” or “a lot” about the following: the causes of suicide in youth (47.06% to 36.67%), the signs and symptoms of suicide in youth (41.18% to 36.67%), and youth suicide/suicidal ideation in general (47.06% to 40.00%).

![Figure 39. Perceived Community Member Knowledge on Suicide Prevention by Middle Age Men and Youth Key Informants (Cortland County, 2020 - 2022)](image-url)
Regarding community member knowledge of actual suicide prevention efforts, in 2022, the percentage of middle age men key informants that report “many” or “most” community members have heard of suicide prevention efforts, can name suicide prevention efforts, know how suicide prevention efforts work, know the effectiveness of suicide prevention efforts, and know the purpose of suicide prevention efforts for middle age men were all 10% or lower. Similarly, 10% or less of youth key informants report “many” or “most” community members can name suicide prevention efforts, know how they work, and know the effectiveness of youth suicide prevention efforts. However in contrast to middle age men key informants 26.7% of youth key informants report that “many” or “most” community members have heard of youth suicide prevention efforts and 33.3% report “many” or “most” community members know the purpose of youth suicide prevention efforts (both of which increased from 2020 to 2022).  

<table>
<thead>
<tr>
<th>Middle Age Men Key Informants</th>
<th>2020</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report that “many” or “most” community members have heard of middle aged men suicide prevention efforts</td>
<td>3.6%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Report that “many” or “most” community members can name middle aged men suicide prevention efforts</td>
<td>0.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Report that “many” or “most” community members know the purpose of middle aged men suicide prevention efforts</td>
<td>14.3%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Report that “many” or “most” community members know how middle aged men suicide prevention efforts work</td>
<td>0.0%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Report that “many” or “most” community members know the effectiveness of middle aged men suicide prevention efforts</td>
<td>0.0%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth Key Informants</th>
<th>2020</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report that “many” or “most” community members have heard of youth suicide prevention efforts</td>
<td>20.6%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Report that “many” or “most” community members can name youth suicide prevention efforts</td>
<td>5.9%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Report that “many” or “most” community members know the purpose of youth suicide prevention efforts</td>
<td>12.1%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Report that “many” or “most” community members know how youth suicide prevention efforts work</td>
<td>0.0%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Report that “many” or “most” community members know the effectiveness of youth suicide prevention efforts</td>
<td>0.0%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

Figure 39. Perceived Community Member Knowledge on Suicide Prevention Efforts by Middle Age Men and Youth Key Informants (Cortland County, 2020 - 2022)  

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17: Refer to page 48 for further details.
Community Suicide Prevention Efforts

In 2022, less than 35% of middle age men reported that the efforts related to suicide prevention for middle age men are “somewhat” or very prevalent in the community. There was a slight increase, from 25.00% in 2020 to 30.00% in 2022, in the percentage of middle age men key informants who reported that middle aged men suicide harm reduction is “somewhat prevalent” or “very prevalent” in the community. On the other hand, there were decreases in the percentages of those who reported the following efforts are “somewhat prevalent” or “very prevalent” in the community for middle age men: counseling (50.0% to 35.0%), education (35.7% to 25.0%), prevention (32.1% to 30.0%), programs/services (35.7% to 20.0%), and treatment programs (42.9% to 5.3%). For youth, there were increases in the percentages of youth key informants who reported that the following regarding youth suicide are “somewhat prevalent” or “very prevalent” in the community: education (44.1% to 56.7%), harm reduction (38.2% to 50.0%), prevention (41.2% to 44.8%), and programs/services (35.3% to 46.7%). On the other hand, there were slight decreases from 2020 to 2022 in the percentages of those who reported that the following regarding youth suicide are “somewhat prevalent” or “very prevalent” in the community: counseling (58.8% to 55.2%) and treatment programs (38.2% to 36.7%).

![Figure 40. Prevalence of Suicide Prevention Efforts by Middle Age Men and Youth Key Informants (Cortland County, 2020 - 2022)](image-url)
Middle age men key informants were also asked an opened ended question about specific efforts in Cortland County that address suicide prevention in or middle age men. The open ended responses where coded into the categories of Organizations, Coalitions/Boards/Taskforces, Schools, Services, Activities/Events, Don’t Know, Training/Education, Resources, and Organizations Outside of Cortland County. The color legend on the left hand side of the graph corresponds to the actual specific efforts listed under the categories. Organizations in Cortland County were the most listed effort in this open ended question.

Figure 41. Responses to Open Ended Question to List Suicide Prevention Efforts in Cortland County for Middle Age Men Categorized by Type of Effort (Cortland County, 2020 - 2022)

Youth key informants were also asked an opened ended question about specific efforts in Cortland County that address suicide prevention in or middle age men. The open ended responses where coded into the categories of Organizations, Coalitions/Boards/Taskforces, Schools, Services, Activities/Events, Don’t Know, Training/Education, Resources, and Organizations Outside of Cortland County. The color legend on the left hand side of the graph corresponds to the actual specific efforts listed under the categories. Services were the most listed effort in this open ended question.
The 2020-2021 Community Health Improvement Plan also outlines current evidence based strategies that are already being implemented or will be implemented in Cortland County to prevent suicide in 2023-2024. Efforts were identified through partner input during the 2022 Community Health Assessment and Community Health Improvement Planning process. Currently, six out of thirteen evidence based strategies are supported by efforts of the SPEAK UP Cortland coalition according to the current Strategic Plan.

1. Gatekeeper Training ✓
2. Crisis Intervention ✓
3. Reduce Access to Lethal Means ✓
4. Promote Connectedness ✓
5. Safer Suicide Care
6. Reduce Provider Shortages
7. Screening and Safety Planning
8. Integrated Primary and Behavioral Healthcare
9. Social Emotional Learning Programs ✓
10. Parenting Skills Programs ✓
11. Safe Suicide Reporting
12. Postvention
13. Strengthen Economic Supports and Housing Stabilization

Figure 42. Responses to Open Ended Question to List Suicide Prevention Efforts in Cortland County for Youth Key Informant Categorized by Type of Effort (Cortland County, 2020 - 2022) 17
Resources and Needs

Community Resource Assessment

In 2022, less than 50% of middle age men key informants reported that “some” or “a lot” of grant funding, financial donations from businesses, experts, volunteers, and space is available for suicide prevention efforts for middle age men. There was an increase in the percentage who reported that there is “some” or “a lot” of financial donation from organizations/businesses for middle aged men suicide prevention (3.6% to 15.0%). However, there were decreases in the percentages of those who reported that there are “some” or “a lot” of the following for middle aged men suicide prevention: experts (39.3% to 25.0%), grant funding (21.4% to 15.0%), space (42.9% to 40.00%), and volunteers (25.0% to 20.0%).  

There was a considerable increase in the percentage of youth key informants who reported that there is “some” or “a lot” of grant funding for youth suicide prevention, from 23.53% in 2020 to 51.72% in 2022. There were also slight increases in the percentages of youth key informants who reported that there are “some” or “a lot” of the following: experts for youth suicide prevention (35.29% to 37.93%), space for youth suicide prevention (29.41% to 34.48%), volunteers for youth suicide prevention (29.41% to 41.38%), and financial donation from organizations/businesses for youth suicide prevention (11.76% to 13.79%).

Figure 43. Prevalence of Suicide Prevention Resources by Middle Age Men and Youth Key Informants (Cortland County, 2020 - 2022)
In 2022, less than 50% of middle age men key informants and youth key informants report that "some" or "great" effort being put into writing grant proposals for suicide prevention, soliciting financial donations from businesses, recruiting experts into the community, training community members to be experts, or seeking volunteers for suicide prevention efforts for middle age men and youth.\textsuperscript{17}

From 2020 to 2022, there were decreases in the percentages of youth key informants that reported "some" or "great" effort being put into obtaining resources in all of the identified areas; recruiting experts in the community for youth suicide prevention (38.2% to 24.1%), seeking volunteers for current or future youth suicide prevention efforts (41.2% to 34.5%), soliciting donations for youth suicide prevention (17.7% to 13.8%), training community members to be experts for youth suicide prevention (41.2% to 34.5%), and writing grant proposals for youth suicide prevention (44.1% to 41.4%).\textsuperscript{17}

Similarly, from 2020 to 2022, there were decreases in the percentages of middle age men key informants that reported "some" or "great" effort being put into obtaining resources in all the identified areas; recruiting experts in the community for middle aged men suicide prevention (33.34% to 25.00%), seeking volunteers for current or future middle aged men suicide prevention efforts (37.03% to 30.00%), training community members to be experts for middle aged men suicide prevention (37.04% to 20.00%), and writing grant proposals for middle aged men suicide prevention.\textsuperscript{17}

Figure 44. Perceived Effort Being Put Into Obtaining Suicide Prevention Resources by Middle Age Men and Youth Key Informants (Cortland County, 2020 - 2022) \textsuperscript{17}
Program Resources Assessment

The 2022 SPEAK UP Cortland Community Readiness Survey asked several questions about the activities and impact of the SPEAK UP Cortland coalition.

Of the youth key informants, 48.3% reported that their organization/program specifically addresses suicide prevention in youth. The vast majority of youth key informants, 64.3%, said that “staff training” is one of their greatest needs regarding suicide prevention in youth. The second highest need, according to the percentage of respondents, was “program planning” at 35.7%. The third highest needs were “client education and awareness,” and “public relation/marketing,” which both had 32.1% of respondents’ votes. In addition, “staff retention” had 25.0% of respondents’ votes, both “evaluation, data collection, and analysis,” and “volunteer recruitment” had 21.4%, “fundraising” had 14.3%, and “client recruitment” had 7.1%. The 10.7% of respondents who said “Other” specified that their programs need more mental health support staff, action to address needs of those who respond to suicide, and a family health counselor in schools and the local hospital who is able to properly manage SEL issues with children.

Of the middle age men key informants, 19.1% report their organization/program specifically addresses suicide prevention in middle age men. The need with the highest number of respondents reported by middle age men key informants was the same as youth key informants “staff training” at 66.7%. “Public relations/marketing” was identified to be the second greatest need among respondents at 52.4%. Both “program planning” and “client education and awareness” were chosen by 42.9% of respondents each to be one of their program’s greatest needs. Note that the top four greatest needs for middle age men key informants were the same as the top four greatest needs reported by youth key informants. For middle age men key informants, “evaluation, data collection, and analysis,” and “staff retention” had 28.6% of respondents’ votes, both “client
recruitment” and “fundraising” had 14.3%, and “volunteer recruitment” had 0%. The 19.1% of respondents who said “Other” specified that their programs need training for staff working with those who are unemployed, inpatient treatment facilities, after-incident actions for people involved, and funding at the county and state levels.

![Figure 46. Greatest Needs Related to Suicide Prevention As Reported by Middle Age Men Key Informants (Cortland County, 2020 - 2022)](image)

**Coalition Activities and Impact**

**Coalition Impact**

**Coalition Attendance/Engagement**

Ideally, key informants for both youth and adults would regularly attend coalition meetings, read meeting minutes, or at least be aware of the coalition.

While 36.7% of youth key informants claimed to have regularly attended meetings or read meeting minutes for SPEAK UP in the past two years, the majority, or 63.33% of respondents, claimed to have not.

![Figure 47. Percentage of Youth Key Informants That Report Regularly Attending Coalition Meetings in the Past Two Years (Cortland County, 2022)](image)
Compared to youth key informants, more middle age men key informants (52.38%) claimed to have regularly attended meetings or read meeting minutes for the SPEAK UP Cortland Suicide Prevention Coalition in the past two years, with 47.62% saying they had not.

![Figure 48. Percentage of Middle Age Key Informants That Report Regularly Attending Coalition Meetings or Reading Minutes in the Past Two Years (Cortland County, 2022)](image)

**Coalition Activities**

Based on the results of the youth key informant survey, the SPEAK UP projects that seem to be most helpful in supporting suicide prevention for youth in Cortland County are “gatekeeper trainings for teachers in schools,” “parenting skills programs (Positive Parenting, Parenting Wisely) by Cortland Prevention Resources,” and “hosting youth-specific trainings from American Foundation for Suicide Prevention (AFSP).” These projects all had the highest percentage of respondents’ votes at 68.18% each. A fourth project that received more than half of the respondents’ votes at 54.55% was “promotion of social capital in vulnerable youth populations (LGBTQ+, People with Chronic Diseases/Disabilities).” Additionally, both “Chalk the Walk’ Community Awareness Event” and “Good Behavior Game trainings in schools” had 45.45% of respondents’ votes, “Supporting Drug Takeback Events” had 40.91%, and “County Proclamation of September as Suicide Prevention Month” had 22.73%. The one respondent who said “Other” specified bridge and firearm safety. One thing to note is that while nearly all 30 respondents responded to most of the questions, for this particular question, eight out of 30 people did not respond.

![Figure 49. SPEAK UP Projects Most Helpful in Supporting Suicide Prevention Efforts As Reported by Youth Key Informants (Cortland County, 2020 - 2022)](image)
Most middle age men key informants, or 84.21%, felt that “Crisis Intervention Training (CIT) for law enforcement” is one of the most helpful SPEAK UP Coalition projects in supporting suicide prevention in Cortland County. In addition, 63.16% of respondents felt that “Lethal Means Safety – gun safety education, providing gun locks and medication lock boxes,” as well as “supporting drug takeback events,” were most helpful in supporting suicide prevention. Furthermore, “Hosting trainings for American Foundation for Suicide Prevention (AFSP)” had 47.36% of respondents’ votes, “Chalk the Walk’ Community Awareness Event” had 42.11%, “Tabling community events to raise awareness of Suicide Prevention” had 31.58%, “Promotion of social capital in vulnerable youth populations (LGBTQ+, People who use drugs, People with Chronic Diseases/Disabilities)” had 26.32%, and “County Proclamation of September as Suicide Prevention Month” had 10.53%. The 26.32% of respondents who said “Other” specified that promotion of the 988 Suicide and Crisis Lifeline, utilization of Mobile Crisis Support, and the Youth Subcommittee are other projects that would be the most helpful in supporting suicide prevention.

![Bar chart showing the percentage of responses for different SPEAK UP projects.](image)

**Figure 49.** SPEAK UP Projects Most Helpful in Supporting Suicide Prevention Efforts As Reported by Middle Age Med Key Informants (Cortland County, 2020 - 2022)

**Coalition Impact – Youth**

While 10.34% of youth key informants said that SPEAK UP Cortland’s activities have “substantially” helped improve services to youth in need of suicide prevention in the past two years, and 37.93% said SPEAK Cortland’s activities have helped “somewhat” in these efforts, 20.69% of respondents said that they had not heard of the SPEAK UP Cortland Coalition. The remaining 31.04% of respondents said that the activities had helped “a little” or “not at all.”
Although 14.29% of respondents said that the SPEAK UP Coalition has “substantially” assisted organizations in obtaining resources for youth suicide prevention, and 35.71% responded that SPEAK UP has assisted “somewhat” in those efforts, 25% said that they had not heard of SPEAK UP. The remaining 25% said that the coalition has assisted “a little” or “not at all.”

Figure 50. Youth Key Informant Responses on How Much SPEAK UP Activities Have Improved Services to Youth in Need of Suicide Prevention in the Past Two Years (Cortland County, 2022)  

Figure 51. Youth Key Informant Responses on How Much SPEAK UP Has Assisted Organizations in Obtaining Resources for Youth Suicide Prevention the Past Two Years (Cortland County, 2022)
While 3.57% of respondents said that the SPEAK UP Coalition’s tracking of suicide prevention has helped youth-serving organizations “substantially” in obtaining resources, and 39.29% said it has helped “somewhat,” 32.14% of respondents said that it has helped “a little” or “not at all.” As before, 25% said that they had not heard of SPEAK UP.

![Figure 52. Youth Key Informant Responses on How Much SPEAK UP’s Tracking of Suicide Prevention Has Helped Youth Serving Organizations in Obtaining Resources in the Past Two Years (Cortland County, 2022)](image)

**Coalition Impact – Middle Age Men**

Although 5% of respondents said that SPEAK UP Cortland's activities in the past two years have “substantially” helped organizations improve services to those in need of suicide prevention, and 50% of respondents said that the activities have helped “somewhat,” 25% said they had helped “a little” or “not at all.” Furthermore, 20% said that they had not heard of the SPEAK UP Cortland Coalition.
No respondents answered “not at all” when asked about the extent to which the SPEAK UP Cortland Coalition’s activities have contributed to increasing the amount of resources in the community for improving suicide prevention. Although 30% of respondents said that the activities have contributed “a little,” 45% said they had contributed “somewhat,” and 5% said that the activities have contributed “substantially.” Again, 20% of respondents said that they had not heard of SPEAK UP.
No one believed that the SPEAK UP Cortland Coalition’s tracking of suicide prevention data has helped organizations “substantially” in obtaining resources, whereas 50% believed that it has helped “somewhat.” As mentioned previously, 20% said they had not heard of SPEAK UP. The remaining 25% said that tracking data has helped “a little” and 5% said “not at all.”

![Figure 55](image)

Figure 55. Middle Age Men Key Informant Responses on How Much SPEAK UP’s Tracking of Suicide Prevention Has Helped Organizations Obtain Resources for Suicide Prevention (Cortland County, 2022)

**Staff Knowledge**

Regarding their program staff who work on suicide prevention, 21.43% of youth key informants said that “half or more” (51-75%) of staff have enough knowledge of suicide prevention guidelines for youth, and 14.29% said that “most or all” (76-100%) of staff have enough knowledge. The remaining 64.29% said that “half or less” (26-50%), “some” (1-25%), or “none” (0%) of their staff who work on suicide prevention have enough knowledge of suicide prevention guidelines for youth.
Only 5% of middle age men key informants said that “most or all” (76-100%) of their program staff who work on suicide prevention have enough knowledge of suicide prevention guidelines in men ages 35 and older, and 10% said that “half or more” (51-75%) of their staff have enough knowledge. Most respondents, or 40%, said that “none” of their staff have enough knowledge on suicide prevention for middle age men.

Figure 56. Youth Key Informant Responses on How Much of Their Staff Has Enough Knowledge of Suicide Prevention Guidelines for Youth (Cortland County, 2022) 17

Figure 57. Middle Age Men Key Informant Responses on How Much of Their Staff Has Enough Knowledge of Suicide Prevention Guidelines for Youth (Cortland County, 2022) 17
Summary of Coalition Activities

Trainings

SPEAK UP Cortland's current Strategic Plan supports the following efforts related to training; gatekeeper training in schools, AFSP training, and Crisis Intervention. Unfortunately, there has been no gatekeeper training conducted in schools since COVID-19. Data is not available at the time of this report on the number of AFSP trainings supported by the coalition in 2021-2022. The total number of law enforcement officers trained in Crisis Intervention decreased from 2020 to 2021, however, the total number of CPD officers to complete training each year increased during this time period.

Gatekeeper training in schools and youth specific AFSP training were both in the top three SPEAK UP projects most selected by youth key informants as most helpful in supporting youth suicide prevention efforts (both were selected by 68% of respondents, note: 8 respondents did not answer this question). Crisis Intervention Training for law enforcement was the most selected SPEAK UP Cortland effort by middle age men key informants as most helping in support middle age men suicide prevention efforts (selected by 84% of respondents).

The vast majority of youth key informants, 64.29%, said that “staff training” their greatest program need regarding suicide prevention in youth. Similarly, 66.7% of middle age men key informants report “staff training” is their greatest program need related to suicide prevention in middle age men. For both groups, staff training was the number one most selected program need related to suicide prevention.

Lethal Means Reduction

SPEAK UP Cortland’s current Strategic Plan supports the following efforts related to lethal means reduction; drug take back events, medication lock boxes, gun safety education, and gun lock distribution. From 2020-2022 gun locks have been available for distribution in the community by the City of Cortland Police Department. CPD distributed 800 gun locks to community partners in the first quarter of 2021. Data is not available at the time of writing this report for gun lock distribution after quarter 1 of 2021. However, a system has been put into place by SPEAK UP Cortland in late 2022-early 2023 to better track and expand gun lock distribution efforts. SPEAK UP organized a number of presentations at coalition meetings related to gun safety education, however, the number of presentations or number of partners attending have not been tracked.

The coalition facilitated procurement of a limited number of medication lock boxes in 2020-2022, data was not recorded. Drug Take Back Events and drug take back kiosks are primarily supported by substance use partners on the coalition. Data related to the number of pounds of medication collected can be found on the Healing Cortland Dashboard. Drug take back events were impacted by COVID-19, with 2020 recording a five year low of the number of pounds of drugs collected. In 2020 and 2021 there was
an observed increase in the number of pounds of drugs collected, however, the events/kiosk collection has yet to reach pre-pandemic levels.

SPEAK UP Cortland has shared 6 posts related to drug take back events and 13 posts related to gun safety on their Facebook page.

After Crisis Intervention Training, lethal means safety (gun safety education, providing gun locks and medication lock boxes) and supporting drug take back events were the second and third most selected coalition effort that key informants for middle age men felt were helping in supporting suicide prevention in Cortland County (63% of respondents selected these options).

Programs

SPEAK UP Cortland’s current Strategic Plan supports the following efforts related to suicide prevention programs; parenting skills/education programs and the Good Behavior Game in City of Cortland schools. The City of Cortland Schools reported 15 student cohorts and 24 staff trained in the Good Behavior Game in quarter 1 of 2021. Data is not available at the time of writing this report for Good Behavior Game cohorts/staff training after quarter 1 of 2021. Data is not available at the time of writing this report related to the number of parents reached with parenting skills programs. However, Cortland Prevention Resources (CPR), a key partner of SPEAK UP, currently offers parenting skills programs (positive parenting and parenting wisely) that teach coping and problem solving skills. Parenting skills programs was one of the top three most selected SPEAK UP Cortland projects that key informants feel are most helpful in supporting youth suicide prevention efforts, with 68% of key informants selecting this.

Awareness/Education

SPEAK UP Cortland’s current Strategic Plan supports the following efforts related to suicide prevention awareness/education; chalk the walk, county proclamations, social media, promotion of 988 and other crisis lines. SPEAK UP Cortland’s Facebook page was started in September 2020 as part of the current strategic plan to raise awareness about suicide prevention and the coalition and provide education to community members. The page has garnered 366 followers since it began. Chalk the Walk events were supported by the coalition in 2020, 2021, and 2022. It is unknown the number of community members or agencies that participate in the events. However, in 2020 and 2022, the coalition partnered with a local business Bru64 to provide prizes for participants and a number of agencies shared posts on social media that they participated in. County proclamations designated September as suicide prevention month were presented by the Cortland County Legislature. SPEAK UP Cortland supports 988 and crisis lines through information sharing via the coalition and social media. At the time of writing this report it is unknown the number of Cortland County calls to 988 and other crisis lines. SPEAK UP Cortland has shared 25 posts about 988 on its Facebook page (one of the most shared resources on this page).
Conclusions

Suicide Burden

Since the last Cortland County Suicide Prevention Needs Assessment was completed in August 2020, the most recent data available now suggests that deaths due to suicide are declining in Cortland County. This is indicated by observed declines in suicide death per 100,000 from 2015-2019, age adjusted suicide death rate per 100,000 from 2015-2019, and the crude number of deaths reported in 2018-2020. Additionally, Cortland County no longer has one of the highest suicide death rates when compared to neighboring counties. However, data for post 2020 is not yet available at the local level making it difficult to come to a firm conclusion on trends related to suicide deaths.

Conversely, self-harm related ED visits and hospitalizations remain high in Cortland County (most recent year for data was 2018). More recent Local data from the ESSS suggests certain groups are more at risk for hospital ED visits related to suicide. (see next section). Additionally, local surveys suggest a high burden of self-reported suicide ideation and suicide attempts in the community.

While the ESSS has provided more timely ED visit data related to suicide, unfortunately, timely and accurate reporting of suicide death data in the community remains a challenge for suicide prevention efforts with data being delayed at minimum 2-3 years at the state and national level. Data related to suicide deaths that is available to the Cortland County Health Department is limited; only certain municipalities provide CCHD with death certificates and they are only for residents who die in Cortland County (not Cortland County residents). CCHD is actively working with NYSDOH on their data modernization initiative and has communicated that local health department access, as well as updates to the Database Application for Vital Events (DAVE) system would be beneficial to informing public health planning and response initiatives.

Target Populations

As noted in the 2020 Cortland County Suicide Prevention Needs Assessment, updated data from CDC Wonder still indicates the majority of deaths due to suicide in Cortland County are men and individuals between the ages of 45-54 years old.

However, ESSS data and data from local surveys provides additional context into populations that may be in need of suicide prevention efforts. Additional local data has reaffirmed the need for suicide prevention efforts for youth populations locally. Individuals under age 19 accounted for the largest number of ED visits at GCMC for Cortland County zip codes as reported in the ESSS and youth survey data suggests there has been no notable progress in the percentage of youth reporting suicide ideation since 2018, though there has been a slight decline in reported attempts.

Additionally, added questions and expansion of the Cortland County CHA survey and Cortland County Youth Survey have assisted with identifying additional target
populations in marginalized groups, that largest disparities of which are found in local LGBTQ+ populations and people with disabilities.

Risk Factors

Local risk factor data is still relatively incomplete and disjointed. However, local data strongly supports that mental health disorders and depression and substance use contribute to suicide attempts and ideation in both adult and youth populations in Cortland County. Additionally, there is support that chronic illness/disability, financial problems, and history of loved ones suicide may contribute to suicide ideation and attempts in adult populations locally. Data supports that bullying, impulsive/aggressive tendencies, hopelessness, social isolation, and high conflict relationships contribute to suicide ideation and attempts in youth. Efforts should work to address and lessen the impact of identified risk factors.

Readiness

Youth suicide was reported to be a priority or the highest priority to both community members and leadership by more than half of the youth key informants. Fewer middle age men key informants reported suicide in middle aged men is a priority or the highest priority to community members or leadership, than had reported for youth suicide.

Although most youth key informants seemed to agree that youth suicide is a concern to both community members and leadership in the community, based on their responses, it seems like it is perceived that community members generally do not know much about youth suicide and the details surrounding it, including the causes and effects, frequency, signs and symptoms, and prevention of it. Furthermore, the majority of respondents did not report that many or most community members are familiar with youth suicide prevention efforts locally. As with youth suicide, the majority of middle age men key informants did not report that community members know some or a lot about suicide in middle age men and the factors associated with it. Very few of the middle age men key informants reported that many or most community members are familiar with middle aged men suicide prevention efforts. For example, only 10% reported that many or most community members can name middle aged men suicide prevention efforts.

While less than half of the youth key informants believed that many or most community members passively support youth suicide prevention efforts, 70% reported that many or most leadership in the community do. Very few believed that many or most community members participate in developing, improving, or implementing these efforts, but nearly a quarter believed that many or most leadership do. And none of the respondents believed that many or most community members play a key role as a leader or driving force in these efforts, but nearly a quarter believed that many or most leadership do. Additionally, almost a third of respondents reported that many or most leadership play a key role in ensuring long-term viability of youth suicide prevention efforts, and a third reported that many or most leadership support allocating resources to these efforts. The majority of middle age men respondents did not report that many or most leadership
support middle aged men suicide prevention efforts in ways that include participating in the development, improvement, and implementation of these efforts, as well as supporting allocation of resources. However, a higher percentage of respondents reported that many or most leadership do passively support these efforts.

**Resources/Needs**

In terms of resources and funding, around 50% or fewer of youth key informants reported that there are some or a lot of resources for youth suicide prevention, including but not limited to experts, grant funding, and volunteers. Similarly, less than 50% of respondents reported that there is some or great effort being put into youth suicide prevention, including recruiting experts in the community and soliciting donations. Regarding middle age men, 25% or fewer middle age men key informants reported that there are some or a lot of resources for middle aged men suicide prevention, including experts and grant funding, 40% reported there is some or a lot of space for prevention. Furthermore, 30% or fewer respondents reported that there is some or great effort being put into a number of different middle aged men suicide prevention efforts, such as recruiting experts in the community and soliciting donations.

Around half of youth key informants reported that different youth suicide prevention efforts, such as counseling, education, and harm reduction, are either somewhat or very prevalent in the community. In contrast, only 20-35% of middle aged men key informants reported the same for most of the listed suicide prevention efforts, and only 5.3% reporting that treatment programs are somewhat or very prevalent in the community for middle age men.

The top four needs related to suicide prevention efforts reported by youth key informants and middle age men key informants are; staff training, public relations/marketing, program planning, client education and awareness. Training was the number one reported need by both sets of key informants with over 60% reporting training was needed.
Next Steps

1. **Disseminate results of the assessment to key stakeholders (Spring ’23)**
   
The results of this assessment should be presented to key stakeholders in the community that have the power to foster change including but not limited to; SPEAK UP Cortland Suicide Prevention coalition members, community members, and government officials.

2. **Utilize the results of this assessment to inform updates to the SPEAK UP Cortland Strategic Plan goals, objectives, and quarterly process measures and to identify key organizations not currently represented on the coalition. (Spring ’23)**
   
   Identify evidence based suicide prevention strategies that SPEAK UP Cortland, coalition partners, and other community organizations will be implementing over the next two years. Determine which community strategies are most in need of SPEAK UP Cortland’s staffing and financial resources and devote coalition staff efforts to those strategies. After all strategies have been identified, meet with the agency(ies) responsible for implementing the strategy to determine year-end targets for each strategy to assist with measuring progress throughout the year and to identify emergent needs.

3. **Collaborate with Cortland County Health Department to develop a data collection tool and evaluation dashboards for each suicide prevention strategy in Cortland County that will be utilized for SPEAK UP evaluation as well as Community Health Improvement Plan reporting (Spring ’23)**
   
   Cortland County Health Department is currently in the process of developing a data collection tool and evaluation dashboards for each strategy included in the Community Health Improvement Plan. Once developed, detailed instructions will be created for the system to ensure sustainability of data collection and evaluation for suicide prevention moving forward. This tool, and the aligned dashboards, can pool Cortland County Mental Health, Cortland County Health Department, and SPEAK UP Cortland staffing and other resources to eliminate redundancies in suicide prevention efforts and data collection. Dashboards will be created utilizing the targets identified by program partners in Step 2.

4. **Implement suicide prevention strategies (2023-2024)**
   
   SPEAK UP Cortland partner organizations are responsible for implementing strategies identified in the coalition Strategic Plan. Coalition co-chairs should provide support for strategies that have been identified as most in need of staffing resources or to fill in key gaps in suicide prevention efforts.

5. **Include reporting on Strategic Plan strategy progress at quarterly SPEAK UP Cortland meetings to ensure strategies are being implemented as planned and determine any changes that may need to be made to the Strategic Plan (May ’23, August ’23, November ’23, February ’23, May ’24, August ’24, November ’24, February ’25)**
Utilize CHIP strategy dashboards to measure and report progress on suicide prevention efforts in Cortland County. Ideally, quantitative data can be reported quarterly at coalition meetings by coalition chairs or CCHD/CCMH staff. Data will be compared to year end targets and discussed. Quantitative data reporting should be accompanied by highlights/success/barriers provided by organizations that are implementing the strategy. Tracking of progress can assist with engagement in coalition meetings and activities as it provides a shared objective and measurable progress to celebrate as a coalition. Additionally, sharing of progress can assist organizations with identifying shared solutions to barriers.

6. **Continue to advocate for funding to sustain suicide prevention efforts in Cortland County (ongoing)**
   Utilize the data collected, the results of this assessment, and the subsequent plan to advocate for sustained funding for suicide prevention at the local level or to seek out and apply for grant funding for efforts. Maintain relevance of the data included by reviewing the report at minimum every two years.

7. **Continue to expand capacity to collect local data related to suicide in Cortland County to respond proactively to suicide risk**
   As noted in this report, there are still gaps in the local data infrastructure preventing the coalition from fully identifying risks factors related to suicide deaths and the extent of suicide death, attempts, and ideation in the Cortland County community. Continued collection of key informant surveys, adjustments to regular community surveys, exploration of fatality review teams, and expansion of existing sources (ESSS) over the next two years will assist with building and buy-in for the importance of data infrastructure locally.
References


7. Cortland County Health Department. 2022. Community Health Assessment Survey.


15. Cortland County Health Department. 2021-2022. Environmental Scan of Media Articles.

16. NORC at the University of Chicago. 2023 Mental Health in Rural New York: Findings and Implications of a Listening Tour with Residents and Professionals.