



Injury Control Research Center  
for Suicide Prevention

# Preventing Violent Deaths and Addressing Health Disparities for Transition-Aged Youth (Ages 10 to 24) in Texas

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This blog was prepared by Raquel Flores, Research Specialist in the Office of Program Decision Support, Family and Community Health Services, Texas Department of State Health Services, and Toniya Parker, Grant Coordinator, Health and Human Services Commission, Medical and Social Services Division, Behavioral Health Services Section, Office of Child & Adolescent Substance Abuse Prevention & Mental Health Services. Both attended the ICRC-S's 2016 Research Training Institute.

## How Did We Get Here?

At the 2014 Texas Suicide Prevention Symposium, Dr. Donna Holland Barnes (Project Director, Howard University) presented 2013 data on homicide and suicide death rates among African Americans and Whites in Texas. Research reveals that impulsive and self-harming behaviors in youth who are exposed to or involved in violence and drug use may eventually lead to homicide, accidental overdose and/or suicide (Caine, E. D., 2013). Consequently, we believe that state



suicide prevention programs would benefit from more systematic exploration of the connections among these forms of intentional injury, which would enable these programs to more effectively develop and implement prevention programs for racial/ethnic minorities. Both Dr. Barnes's presentation in 2014 and

our experience at the 2016 Research Training Institute, sponsored by the Injury Control Research Center for Suicide Prevention (ICRC-S), have helped us to consider the ways in which we can expand collaboration to better understand the connections among homicide and suicide and address the health disparities that confront injury prevention and suicide prevention programs.

## **Where Are We Now?**

The 2016 ICRC-S Research Training Institute (RTI) encouraged collaboration among staff from our state Title V Maternal and Child Health (MCH) and Behavioral Health programs and led us to begin a collaboration with The Texas Center for the Elimination of Disproportionality and Disparities. Using research assistance from the Office of Program Decision Support (OPDS), we worked together to create a surveillance system for the state of Texas to identify communities with the highest rates of violent deaths in transition age-youth from 2009 to 2014, modeled after the National Violent Death Reporting System (pulling the same ICD-10 code data) to identify the communities in greatest need. Two of these communities, Cooke County and Harris County, have agreed to be our pilot sites (one urban and one rural), allowing the collaborative to learn and provide assistance in connecting local resources across prevention programs. A zip code analysis has been completed for Harris County, which has enabled us to focus on specific neighborhoods. Cooke County is rural, and the numbers are not high enough to compute rates at a neighborhood level; however, our collaborative will review this county's Child Fatality Review Team data to assist them in their prevention efforts. The collaborative plans to continue updating the violent death numbers annually for as long as resources are available.

## **Moving Data to Action**

Moving forward, the goal is to develop a comprehensive and integrated strategy to prevent violent deaths among youth and young adults in Texas. Data illustrates the inequities of solely focusing on suicide since risk factors in transition age youth can be the same for suicide and other violent deaths and injuries. Currently, there are few models of how local communities can begin to partner suicide prevention programs with other prevention programs to include the prevention of deaths due to violence. Our initial partnerships in a rural and an urban county will allow in-depth conversations with stakeholders and service providers to discover ways of connecting current prevention programs (i.e., Texas Healthy Adolescent Initiative Positive Youth Development program in Harris County; Child Fatality Review Teams (CFRT); Zero Suicide in Texas (ZEST); etc.) and implementing new prevention and educational programs when needed. The pilot sites will allow service providers and the community to engage in the development of specialized resources. This model can then be used for other areas in our 254-county state. Additionally, we are developing a webinar series to spark discussions with local Medical Examiners and Justices of the Peace, who certify deaths in the state of Texas, to enlist their assistance in analyzing data to ensure that our analysis is inclusive, thorough, and responsive to community needs.

## **References:**

1. Barnes, D. H. (2014. August): Prevention and resiliency within communities of color/ Texas Suicide Prevention Symposium. Symposium conducted at the meeting of Texas Suicide Prevention, Houston, TX.
2. Caine, E. D. (2013). Forging an agenda for suicide prevention in the United States. American Journal of Public Health, 103 (5), 822-829.

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