



PUBLIC HEALTH

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Public Health

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Maternal Child Health

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Vital Records

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WIC

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DATE: February 7, 2019
TO: House Committee on Health Care
FROM: Roger Brubaker, Suicide Prevention Coordinator
RE: HB 2667, relating to suicides by adults

Chairman Greenlick and Members of the Committee:

Lane County is in support of HB 2667 and requests that you move this measure to the floor with a DO PASS recommendation. The new position proposed within the Health Authority and the development of the strategic plan outlined in this bill will be critical to address the staggering burden of suicide in Lane County where 92 people died by suicide last year.

Suicide is a serious public health problem in Oregon where our rate of suicide is roughly 35% greater than the national average. In 2017, 825 people died by suicide in the state. 717 of these people (87%) were adults ages 25 years and older. Among these individuals, the group at the greatest risk was males ages 85 and older who faced over four times the risk of suicide per capita compared to the general population.

Currently, the Oregon Health Authority has a Youth Suicide Intervention and Prevention Coordinator and a strategic plan to address the burden of youth suicide in the state. That work has been incredibly impactful statewide and provided Lane County with the resources it needs to effectively address youth suicide. However, as the statistics demonstrate, the youth work is directed at only 10% of those Oregonians who are dying by their own hand.

Oregon needs a statewide prevention plan for adult suicide so that the various healthcare systems, social service agencies and private organizations that already work to prevent suicide can collaborate on shared strategies and make a greater collective impact. Counties like ours desperately need coordinated resources and guidance to effectively address suicide among adults and save the lives of our residents who face the greatest risk.

HB2667 would not only save lives and mitigate that heartache, it would have positive returns on investment by saving the state over one million dollars per death in combined medical and work loss expenses.