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Oregon Senate Committee on Judiciary
Oregon State Legislature
900 Court St. NE
Salem Oregon 97301

Dear Chair Prozanski and Members of the Senate Judiciary Committee,

My name is Allison Myers and I serve as the Associate Dean for Extension and Engagement at the College of Public Health and Human Sciences at Oregon State University (OSU). In this role I lead the Family and Community Health Program of the Oregon State University Extension Service, which includes Supplemental Nutrition Assistance Program – Education (SNAP-Ed). I also oversee the OSU Center for Health Innovation (OCHI), and Team Oregon, our motorcycle safety training program.

With this written testimony, I hope to tell you a story about the emergence of the public health intervention idea that became SB 955. I will also offer my understanding of the problem of suicides among our agricultural workers and their families, and the possibility for a ready-to-go evidence-based solution in the form of the AgriStress Helpline that is available in other states, but not here. Finally, I will also offer my best knowledge to date about how the OSU Extension Service and the national non-profit, AgriSafe, can work together to bring the AgriStress Helpline to Oregon.

A Story

My family and I moved cross-country from North Carolina in summer 2018 to be a part of OSU, because of its uniqueness as a Land Grant University (LGU) with an accredited public health academic program, and the presence of Family and Community Health Extension in all 36 counties.

I started at OSU as the first full-time director, charged with starting up the OSU Center for Health Innovation, called OCHI ("OH-chee") for short. OCHI is special in that every project brings together OSU students, community partners, and external funders/sponsors (because OCHI is self-funded) to address a high-priority need for Oregonians.

Since my arrival in the state, the data describing the mental health landscape in Oregon have been hard to accept and impossible to ignore.

You are likely already aware that the national non-profit advocacy organization, Mental Health America, uses a composite 15-item measure that continues to place Oregon

nearly worst (50 of 51 in 2023) in the nation for a higher prevalence of mental illness and lower rates of access to care[1]. We also know from the Oregon Violent Death Reporting System[2] that deaths by suicide in Oregon have been higher than the national average since at least 2001, and they are increasing.

In 2019, our team at OCHI and the Extension Service took action to respond to statewide mental health challenges. Our approach was to start by writing proposals and securing mental-health-related federal grants that were only available to LGUs, and we have been successful. Working with what is now called the "Coast to Forest" team[3], I have the honor of serving as original or co-primary investigator/project director on seven federal grants (totaling $2,492,226) related to promoting mental and behavioral health in Oregon, with goals to prevent disordered substance use, overdose, and suicide. Our activities have focused on rural, vulnerable groups, and have involved a variety of community-based solutions from training programs to radio spots and convened, structured conversations for change. Everywhere, our aim is to find ways that add value among varied service providers and partners. A list of our grants is below in an appendix -- but I share the funding history as evidence of our commitment to the cause.

Most notably, it is *because* of this grant-funded work that I have begun to understand community-identified mental health needs in the state and possible solutions, and have the trust of community partners to bring ideas forward.

Our team learned about the existence of the AgriStress Helpline late last year. We noticed that is a ready-made solution that meets a dire need, and is available in six other states (Connecticut, Missouri, Pennsylvania, Texas, Virginia, and Wyoming), but is not yet available in Oregon. We decided that we wanted to make the AgriStress Helpline available in Oregon, and that was the insight that got us started towards SB 955.

Today, we are thankful to Senator Hansell and Representative Levy for bringing this idea forward, to Senators Jama and Manning, Jr. for signing on (as of this writing), and to your committee and others for championing this work.

<u>The Problem of Suicide in Oregon</u>

I stated above that Oregon faces a terrible suicide burden. It is also important to know that burden of suicide is not shared evenly across our state. Bear with me, here, as I present the best available data that I am aware of, from a variety of reporting systems.

*Oregon, generally*. According to data presented by Oregon Health Authority within the Oregon Violent Death Reporting System[2], there were 833 known suicides in Oregon in 2020. In other words, we lost at least 2 loved ones every day in the state in 2020, or 16 people each week in 2020. Note, the 2020 rate was 18.3 deaths per 100,000 population,

[1] Reinert M, Fritze D. & Nguyen T. (October 2022). "The State of Mental Health in America 2023" Mental Health America, Alexandria VA.

[2] Oregon Violent Death Reporting System: https://www.oregon.gov/oha/ph/diseasesconditions/injuryfatalitydata/pages/nvdrs.aspx

[3] Coast to Forest Mental Health Promotion in Rural Oregon: https://extension.oregonstate.edu/coast-forest-mental-health-promotion-rural-oregon

which was higher than the national average of 13.5 deaths per 100,000 population at the time. Note that the rates are increasing, year over year (see Figure 1).

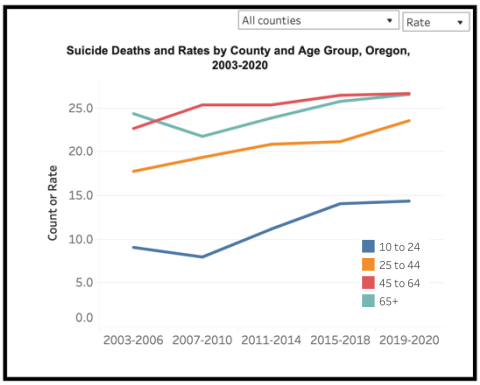


*Figure 1. Oregon suicide deaths (rates) by age group: all counties, 2003-2018.*

*Rural differences, nationally*. Suicide rates are generally higher in rural areas than they are in urban areas. National data from the National Vital Statistics System within the National Center for Health Statistics[4] at the US Centers for Disease Control and Prevention indicate that suicide rates have been higher in rural areas, as compared to urban areas, since 2007. For example, among males in 2018, the rural suicide rate was 30.7 per 100,000 population, compared to the urban rate of 21.5 per 100,000 population. Some Oregon county-level data are available publicly within the Oregon Violent Death Reporting System but I have not analyzed them. My sense is that Oregon rural/urban differences will be similar to national rural/urban differences.

*Industry differences, nationally*. People within the "Agriculture, Forestry, Fishing, and Hunting" *industry group* have among the highest rates of suicide, according to the best available data (2016) from 32 states within the National Violent Death Reporting System. For example, males in the "Agriculture, Forestry, Fishing, and Hunting" industry have higher suicide rates (36.1 deaths per 100,000 population) compared to males in the "all industries or occupations" study population of working people aged 16-64 (27.4 deaths for 100,000 population)[5,6]. I am not aware of Oregon-specific data related to occupational industry and suicide, but again, imagine that national trends would hold here.

*Wallowa County example*. Just this week I have been saddened and heartsick to learn from Ms. Chantay Jett, Executive Director of the Wallowa County Center for Wellness (Wallowa County's local Community Mental Health program) that 14 people have died by suicide in Wallowa County in the past two years. With a sample rate calculation, seven deaths *per year* in a population of 7,545 people (2021), equates to a death rate of 92.8 people per 100,000 population. This is an astoundingly high rate, and represents a dire need.

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[4] Pettrone K & Curtin SC. (August 2020). "Urban–rural Differences in Suicide Rates, by Sex and Three Leading Methods: United States, 2000–2018. NCHS Data Brief No. 373. Available at: https://www.cdc.gov/nchs/products/databriefs/db373.htm

[5] Peterson C, et al. (January 24, 2020). Suicide Rates by Industry and Occupation – National Violent Death Reporting System, 32 states, 2016. Morbidity and Mortality Weekly Report; US Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/mmwr/volumes/69/wr/mm6903a1.htm

[6] Peterson C, et al. (January 24, 2020). Supplementary Table2. Male and female suicide rates per 100,000 civilian, noninstitutionalized working persons aged 16-64 years for major and detailed occupational groups meeting reporting criteria, National Violent Death Reporting System, suicide decedents (n=15,776), 32 states, 2016. Morbidity and Mortality Weekly Report; US Centers for Disease Control and Prevention. Available at: https://stacks.cdc.gov/view/cdc/84275

AgriStress Helpline as an Evidence-Based Solution

The nonprofit organization, AgriSafe Network, has a long history of serving the agriculture community. I have learned a lot from the staff at AgriSafe, who have provided me with a lot of the following information, verbatim.

AgriSafe Network is a national nonprofit that aims to improve the health and safety of farmers and ranchers through their Total Farmer Health® approach. AgriSafe Network is an affiliate of the National Institute for Occupational Safety and Health (NIOSH) and a founding member of the national AgriStress Response℠ Network, with a 20-year track record.

AgriStress Helpline was developed by AgriSafe and partners, because of the mental health challenges faced by the agriculture community, in order to provide dedicated and tailored access to crisis services. The AgriStress Helpline is available 24/7 by call or text, and can be accessed in up to 160 languages with the help of interpreters.

We know that confidential telephone helplines are an evidence-based strategy, and are used to support people at risk as part of a comprehensive public health approach to prevent suicide[7]. AgriStress Helpline offers a conversation that decreases suicide risk with interpersonal connection. Crisis lines work to help a caller feel less depressed, less overwhelmed, less suicidal, and more hopeful[8]. It is imperative, of course, that people know the crisis line is available and are motivated to call or text for help.

AgriStress Helpline is unique because it is completely dedicated to serving the agriculture community (think, farming, ranching, fisheries, forestry, etc.). All calls are answered in 30 seconds or less, and all callers are screened for suicidality. Intervention occurs for people at imminent risk. Others are offered relevant resources, tailored to the agriculture community and by state/region. All callers are offered 24-hour follow up call, also through the AgriStress Helpline.

AgriStress Helpline staff are well trained. Calls are answered by Lifeline credentialed suicide/crisis specialists trained in cultural competencies in agricultural mental health and factors affecting mental health (e.g., production, finances, injury, substances, markets, family dynamics, etc.). Their training meets the standards of the American Association of Suicidology. Call staff are skilled at providing emotional support, crisis intervention, and suicide prevention.

AgriStress Helpline staff complete 300 hours of professional development, including an overview of state-specific agricultural contexts, and ongoing quarterly training in agricultural stress topics. AgriStress Helpline staff are aware of state- or regional-level agricultural events that may impact call volume, for example a disaster, community

[7] Centers for Disease Control and Prevention. Suicide Prevention Resource for Action. Available at: https://www.cdc.gov/suicide/pdf/preventionresourceinfographic.pdf

[8] Gould MS, Cross W, Pisani AR, Munfakh JL, Kleinman M. Impact of applied suicide intervention skills training on the national suicide prevention lifeline. Suicide Life Threat Behav. (2013) 43:676–91. doi: 10.1111/sltb.12049

tragedy, or reports of yields that may impact financial well-being. Staff knowledge of state-specific data on agricultural issues allows responders to better understand what agriculture community callers/texters are struggling with. Finally, any resources offered via AgriStress Helpline are vetted to meet the standards of the Alliance of Information and Referral Systems.

About Possible Implementation of the AgriStress Helpline in Oregon

SB 955 would make the AgriStress Helpline available in Oregon, which involves (a) supporting the AgriStress Helpline itself through the non-profit organization, AgriSafe, *and* (b) leveraging the strength of the statewide OSU Extension Service to conduct effective co-branded education and outreach, so that people are aware that the resource exists and *actually call the number* when they need it, or when a loved one needs it.

Following is my best understanding of what implementation could look like in the state.

AgriSafe could launch the AgriStress Helpline in Oregon with trained staff, within 30 days of a signed contract. AgriSafe would provide an administrative role to maintain continuity and quality of services, monitoring outcomes, and financial management for cost effective maintenance of the service. AgriSafe would also provide training of call staff on an ongoing basis, responding to emerging issues, and keeping call staff abreast of the current state of agriculture and new resources available to producers and their families.

Our OSU Extension Service including the Extension Family and Community Health Program, in particular, would be responsible for educating Oregon's rural and agricultural communities and supporters about the AgriStress Helpline. We would prepare and disseminate co-branded educational materials through the Extension Service network of people and physical places in each Oregon county. Our team would ensure appropriate messages, channels, and collateral materials to get the word out about the resource, and will partner readily with Oregon Health Authority, 988, and others to increase reach.

I continue to learn what this could look like – however -- I expect that the AgriStress Helpline could also be connected to 988, because of its accreditation with the American Association of Suicidology, Lifeline credentialed suicide/crisis specialists, and adherence to standards of the Alliance of Information and Referral Systems. In other words, my sense is that callers from the agriculture community could possibly dial 988 and press a certain number to get re-directed to AgriStress Helpline, akin to pressing "1" for Veteran. Or, callers can dial or text the AgriStress Helpline 800-number directly.

I also expect that data could be shared between the AgriStress Helpline and Oregon Health Authority and 988. A standard AgriSafe practice is to offer monthly reporting with the number of calls/texts; total, average, and emotional support talk time; follow-ups provided; the average speed of answer; demographic information (if shared when either asked or self-disclosed); and, concerns/needs of the caller, with the ability to work through additional reporting needs as they come up.

With regard to financing of the effort, “current use” or “expendable” funds are needed each year to pay for the AgriStress Helpline for Oregon (~$70,000/year). By partnering with the Oregon State University Foundation, a one-time appropriation of $1,750,000 designated to the OSU Foundation will produce investment earnings to fund the AgriStress Helpline in Oregon, forever. An appropriation to the endowment totaling $2,500,000 would produce funding for the AgriStress Helpline *and* additional funds to support a dedicated professional at the OSU Extension Service to conduct outreach and education activities. Our agricultural community is such a vulnerable population with regard to suicide risk that I am cautious and have been advised against *starting up* a vital service without the ability to *keep it going* for good.

Certainly, an appropriation from the state of Oregon, as written in SB 955, would get us started for two to three years. The funds would need to be allocated for current use, however, and not into the endowment.

As I close, I want to thank you for reading this lengthy testimony.

Thank you, sincerely, on behalf of all of us who have lost loved ones to suicide.

Please know that I am happy to follow up as needed to respond to your questions. Our team will continue to move our work forward to promote mental health in Oregon, and we would be honored to have your support to bring the AgriStress Helpline to our friends and neighbors in the agricultural community.

Sincerely,

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Program Leader, Family and Community Health
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Appendix A. List of Federal grants to Allison Myers, PhD, MPH and OSU/Coast to Forest team.

1. From Coast to Forest: Building on Community Strengths to Promote Mental Health and Reduce Opioid Abuse in Rural Oregon (Tillamook, Lincoln, Union, and Baker counties). Rural Health and Safety Education mechanism available only to LGUs from the National Institute on Food and Agriculture at the United States Department of Agriculture; 2019-2022; $288,991
2. Coast to Forest Rural Expansion: Lake and Lincoln Counties. Rural Health and Safety Education mechanism available only to LGUs from the National Institute on Food and Agriculture at the United States Department of Agriculture; 2021-2023; $160,000
3. Community Resources to Promote Mental Health and Reduce Opioid and Stimulant Use Disorders in Rural Oregon (Statewide). Rural Opioid Technical Assistance mechanism available only to LGUs from the United States Substance Abuse and Mental Health Services Administration; 2020-2023; $1,133,838.00
4. Northwest Center for Rural Opioid Prevention, Treatment, and Recovery (Region 10: Alaska, Idaho, Oregon, Washington). Rural Opioid Technical Assistance Regional Centers (ROTA-R) mechanism with preference for LGUs from the United States Substance Abuse and Mental Health Services Administration. Sub-award from Washington State University; 2022-2024; $475,200
5. Mental Health Awareness Training in Linn, Benton, Lincoln Counties, Mental Health Awareness Training mechanism from the United States Substance Abuse and Mental Health Services Administration; 2022-2024; $249,450
6. Overdose Response Strategy 2.0 for Oregon-Idaho High Intensity Drug Trafficking Area, Tier 1 Planning Grant from University of Baltimore Combating Opioid Overdose with Community Level Interventions (COCLI), on behalf of the White House Office of National Drug Control Policy; calendar year 2022; $50,000.
7. Oregon-Idaho HIDTA: Community Conversations for Shared Overdose Response, Tier 2 Implementation Grant from University of Baltimore Combating Opioid Overdose with Community Level Interventions (COCLI), on behalf of the White House Office of National Drug Control Policy; calendar year 2023; $134,747