

Work and Preventing of Suicide among American Indian and Alaska Native Youth

Building Bridges to Enhance the Well-being of American Indian and Alaska Native Workers

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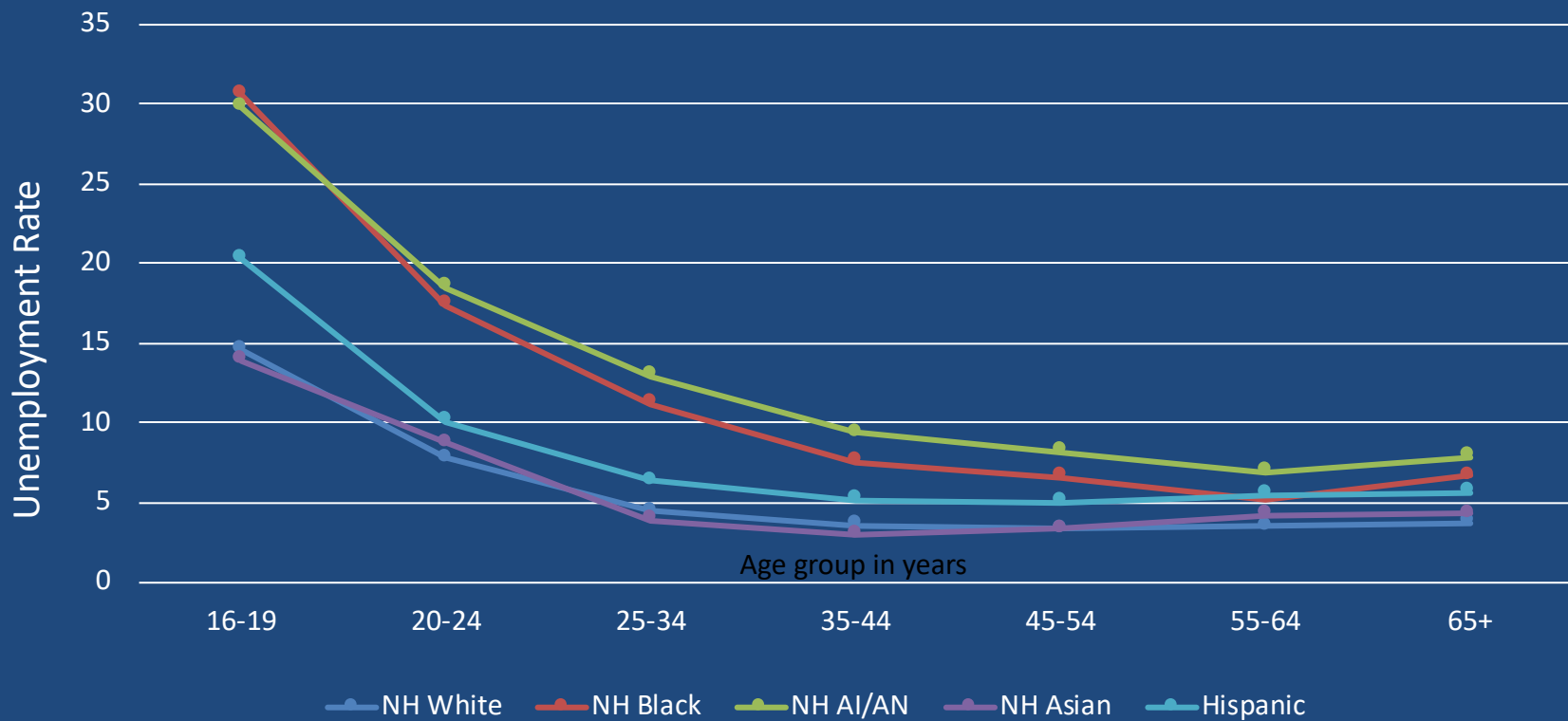
The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention .

Unemployment, Underemployment, and Suicide

- Poverty is associated with higher suicide among AI/AN
 - Economic development led to decrease in some psychiatric symptoms among American Indian children (age 9–13)
- Limited employment opportunities, especially in rural areas
- Unemployment
 - Unemployed emerging adults (age 18–25) have three times greater odds of reporting depression
- Underemployment
 - Low hours, low wages, occupational mismatch
 - Definition of a “good job” is relative

American Indian and Alaska Native Suicide An Occupational Health Perspective

Unemployment By Race/Ethnicity and Age, 2013–17



Current Population Survey (CPS)

Work as a Social Determinant of Health (SDOH)

- Work has long been acknowledged as a SDOH and included in socioecological models of health
 - Impact of working conditions on health
 - Provides income, housing, access to health insurance and other factors that advance health equity
- Work is a principal mechanism for securing the needs that underpin action on health inequities
 - Material requisites for decent life
 - Control over factors that influence their lives
 - Participation in society

Disconnect Between Occupational Health and Public Health

- Despite common historical roots, occupational and public health developed on parallel tracks
- Classifying exposures and outcomes into work and non-work-related has limited our understanding of the relationship between work and health
 - e.g., limits our understanding of how chronic stress related to long-term underemployment might contribute to heart disease
- As a result, work-related variables are largely absent from health equity research and the effect of work is underutilized in public health practice

Limited Understanding of Work as a Contributing Factor to Suicide

- Research on the relationship between work and suicide is limited
- Areas that have been explored include:
 1. Suicides occurring at work
 - Access to lethal means at work
 2. Rates of suicide by occupation
 - Occupational characteristics that contribute to suicide
 3. Unemployment and suicide

Growing Understanding of Variables That Affect Relationship between Work and Suicide

- Not all jobs are created equal
- Growing reliance on non-standard work arrangements
 - Nearly 20% of U.S. workers are in nonstandard job arrangement
 - Rates higher among racial and ethnic minorities
 - Racial and ethnic minorities are concentrated in most exploitative contingent jobs
- Good jobs—Fulfilling, stable, safe, and fairly paid
 - Job quality, not just job quantity
 - Supervisor support, job insecurity, and suicidality

Suicide Prevention at Work

- Mental health model includes workplace as a location for suicide prevention activities
 - Training on warning signs, risks
 - Resources made available through work
 - Reduce access to lethal means

Suicide Prevention through Access to Good Jobs

- Public health model includes employment as suicide prevention strategy
- Job creation
 - Increased number and quality of jobs
 - Increases economic security, social connectedness
- Economic development projects
 - Structuring work to better the health of the community

Integrating Work and Public Health— Recommendations

- Improve data collection to better understand the relationship between work and suicide prevention, especially for race and ethnicity
- Access to good jobs to advance health equity and improve SDOH
- Work as a vehicle to connect public health interventions with development initiatives
 - Discussion of *job quality*, not just *job quantity*

Conclusion

- Work's potential as an intervention site to provide access to resources and improve the social determinants of health is a powerful, yet underutilized tool, in addressing health inequities, like the elevated rates of suicide among American Indian and Alaska Native youth