Engaging diverse latinx communities in Massachusetts for the CDC-funded comprehensive suicide prevention program: Preliminary findings from the behavioral science team

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Background/Purpose: Suicides for the U.S. Hispanic/Latinx population (from now, Latinx) in 2010 were the seventh leading cause of death and became the fifth leading cause of death by 2020. Between 2016-2017, Latino/x men in Massachusetts experienced an increase from 6.7 to 11.8/100,000 completed suicides (+76%), bringing them above the state average. In 2020, the CDC awarded the Massachusetts Department of Public Health a five-year Comprehensive Suicide Prevention to reduce suicide ideation, attempts and completions by 10% in four vulnerable populations, including Latinx working-aged men (18-64). The Behavioral Science Team (BST) on this grant is tasked with 1) identifying barriers and facilitators to suicide prevention care (SPC) for the Latinx population, 2) facilitating the diversification of the Massachusetts Coalition for Suicide Prevention, and 3) producing recommendations to create a more inclusive state suicide prevention program (SPP). This presentation will discuss the diverse ways that the BST engages Massachusetts’ Latinx population and preliminary findings from community stakeholder interviews and focus groups with Latinx working-aged men.

Results/Outcomes: Preliminary findings from the community stakeholder interviews reveal that structural racism in employment and housing and limited access to bilingual/bicultural mental health providers are barriers to SPC in the Latinx community. The focus groups reveal that Latinx men face diverse barriers to seeking SPC that include multiple economic stressors, the lack of transcultural mental health care, and mental health stigma related to machismo. These barriers vary by age group, former felon and veteran status, nativity, and occupation.

Conclusions: The reduction of Latinx suicidal behavior requires building relationships with Latinx communities, generating additional transcultural resources and research to identify risk factors and sources of resilience.

Conduct evaluation related to programs, research, and other areas of practice Implementation of health education strategies, interventions and programs Public health or related education Public health or related public policy Social and behavioral sciences