City of New Haven
Suicide Prevention Guide
September 2023
The Office of Community Mental Health Initiatives (OCMHI) is a new division of the City of New Haven’s government. We aim to foster resilient people, families, and communities by enhancing community conditions that positively influence health. We advance collaborative strategies that improve access to resources and behavioral health treatment, address the impact of trauma, and promote health and healing.

If you or someone you know is considering suicide, help is available. In Connecticut, call 211 to reach trained counselors who are available 24/7 to provide support and an open ear. This service is free and confidential. Dial 9-8-8 anywhere within the United States to reach the National Suicide Prevention Hotline.

If someone you know is in immediate danger, call 911.

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For questions or more information about this survey and suicide prevention resources in New Haven, please contact Lorena Mitchell (LMitchell@newhavenct.gov).

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**Usage Note:**

Sources referenced throughout this guide are active hyperlinks. Such resources appear as underlined and can be accessed by clicking on the hyperlink via the electronic version of this guide.
Purpose

Suicide is a public health problem that affects individuals of every age, sex, race, ethnicity, economic background, culture, and gender identity. The effects of suicide can have lasting impacts on individuals, families, and communities at large. Suicide rates among minorities have increased within the last year, according to a 2023 report by the Centers for Disease Control (CDC) (Stone et al., 2023). In New Haven, the same holds true. In 2021, suicide was reported as the ninth leading cause of death in the United States for persons ages 10-64 (CDC, 2023).

A common misperception is that talk of suicide can induce thoughts of suicide. The fact, however, is that talking about suicide in a culturally aware manner can actually reduce thoughts of suicide (Dazzi et al., 2014). In this guide, we provide a comprehensive list of resources, an overview of the data that inform suicide prevention, and basic information on how to identify and help an individual who may be in crisis.

Audience

This Guide is designed for anyone who is seeking or who provides personal or professional care, support, or treatment. Whether someone is in distress, depressed, experiencing trauma, or simply would like to learn more about suicide prevention, this guide provides many of the key resources for local action. To make the data shared in this guide digestible for all readers, a glossary has been included at the end.

Language

The words we use to talk about suicide matter. In the last two decades, public health practitioners and suicide prevention advocates have made a deliberate effort to change the language used to discuss suicide. The use of trauma-informed, non-stigmatizing language helps foster a safe and understanding environment to discuss suicide and encourages those experiencing thoughts of suicide to seek help. For more on language, visit https://tinyurl.com/42kj4f3d.

Instead of this

Commit / Committed Suicide
Chose to kill his/herself
Threatened Suicide

Say this

Died by suicide / Lost their life to suicide
Died as the result of self-inflicted injury
Disclosed thoughts of Suicide

Stay up to date on Suicide Prevention and Mental Health Promotion Resources by visiting the City of New Haven’s Office of Community Mental Health Initiatives webpage!
Monitoring patterns of suicides, suicidal ideations, and suicide attempts within the New Haven community is fundamental for comprehensive suicide prevention and public health action. The City of New Haven’s Office of Community Mental Health Initiatives is committed to promoting a comprehensive suicide prevention plan that is data-driven. Such a plan identifies, quantifies, and evaluates the risk of suicide among different population groups throughout the city in an effort to eliminate health disparities. Together, we must promote effective messaging around suicide, stigma reduction, lethal means, and mental health.

**REPRESENTATIVE TRENDS**

Inconsistent with national trends, the number of suicide deaths in New Haven increased between 2018 and 2020 and decreased between 2020 and 2022 (Fig. 1).

**CITYWIDE PREVENTION EFFORTS**

To address the increase in suicide deaths, the City has launched programs with suicide prevention components including Elm City COMPASS (in collaboration with the Consultation Center and Continuation of Care) and the Community Healing Support team (in collaboration with the Clifford Beers Community Health Center). Additionally, New Haven Police Officers have participated in Community Intervention Training (CIT) to improve mental health awareness.

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**5.3%**

Of emergency department (ED) suicidal ideation visits between Dec. 2021 and Nov. 2022 were for children under the age of 18.

**3X**

Male residents of New Haven are almost 3 times more likely to die by suicide than females.

**76%**

Of suicide deaths in New Haven between 2018 and 2022 occurred among individuals ages 25-64.

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All data on suicide deaths are sourced from the Connecticut Violent Death Reporting System (CTVDRS), provided by the Connecticut Department of Public Health, Injury and Violence Surveillance Unit, Community, Family Health, and Prevention Section. Data on suicide attempts and self-harm are sourced from the Connecticut Department of Public Health EpiCenter Syndromic Surveillance System.

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Office of Community Mental Health Initiatives, 2023

City of New Haven Suicide Prevention Guide
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**Local Data for Local Action**

**Demographics Behind the Data**

### Age & Sex
- Males ages 25-34 and 35-64 were the most likely to die by suicide between 2018 and 2022.
- Males ages 25-34 and 35-64 die by suicide at almost two times the rate of females in the same age groups.

### Race
- White and Black persons, independent of age and sex, made up an overwhelming majority of the emergency department (ED) treated suicide attempts between December 2021 and November 2022.

### Access to Lethal Means
- Between 2018 and 2022, the largest number of suicide deaths were caused by instances of hanging or suffocation (Fig. 4). Learn more about lethal means and safety measures on page 3.
What are Lethal Means?

Lethal means are objects (e.g., firearms, sharp instruments, bridges, medications) that can be used to inflict self-directed violence resulting in a suicide attempt or death.

Why is Lethal Means Safety Important?

Lethal means safety is the voluntary, deliberate action to reduce one’s suicide risk by limiting or removing access to lethal means. Lethal means safety is important because:

- Access to lethal means is a risk for suicide.
- Firearms are the second most common lethal mean among suicide methods in New Haven.

What Can YOU Do?

Lethal means safety can and should be practiced by everyone—parents, friends, health care providers, policymakers, and teachers. To limit suicide attempts and take basic health and safety precautions, you can:

- Dispose of extra medications properly (e.g., a drug take-back program).
- Store medications in a safe, locked location.
- Lock up firearms in a lockbox or safe and store the key safely.
- Keep sharp tools locked in sheds.
In October 2020, the Connecticut Public Health Clearinghouse released a public health warning declaring that youth suicide deaths and attempts were increasing and action must be taken.

According to the 2021 Connecticut School Health Survey, 14.1% of high school students (grades 9-12) reported seriously considering a suicide attempt in the previous 12 months (Fig. 5).

Like the trends identified in the Emergency Department Suicidal Ideation and Self-Harm Data for the City of New Haven (Fig. 6), the highest rates of students who seriously considered attempting suicide were among White and Black males.

For privacy reasons, the suicide death data for children ages 0-9 is not reported at the state or local level. Nevertheless, the mental health of this population is just as relevant a concern as all others. Data for emergency department (ED) visits coded as Suicidal Ideation (SI) or Self-Harm (SH) among adolescents ages 0-17 is collected.

Between December 2021 and November 2022, rates of suicidal ideation per 10,000 ED visits were roughly 14 times higher for adolescents ages 10-17 compared to those ages 0-9 in New Haven (Fig. 6). Suicidal ideations are preventable and proper intervention at the ideation level can prevent death by suicide.

For every suicide death, there are approximately 8 ED visits related to suicide (HCUP 2020).
Individuals in need of support may demonstrate behaviors and thoughts of suicide in different ways. To guide prevention and intervention approaches, it is important to understand the underlying principles of these behaviors and thoughts and what they may look like.

**THOUGHTS**

- **Suicidal Desire**: a person may wish they were dead or that they could fall asleep and never wake up.
- **Suicidal Ideation**: Thoughts about engaging in suicide-related behavior.
- **Non-Suicidal Self-Directed Violence Ideation**: Thoughts about engaging in dangerous behavior, without intent to die (Klonsky, 2011).

**BEHAVIORS**

- **Preparatory Behaviors**: Acts that communicate someone may be thinking about self-harm that is suicidal such as buying a gun or writing a suicide note. Wake up.
- **Suicidal Self-Directed Violence**: Behavior that is deliberate and results in injury or physical pain to oneself, with suicidal intent.

A suicide can be devastating for a community, as well as the individual. Suicide postvention efforts provide bereaved survivors, community members, teachers, health care providers, and caregivers with the proper tools to grieve while simultaneously acting as a secondary prevention mechanism.

Postvention planning should occur prior to suicide such that, in the event of a suicide, community stakeholders are aware of the actions that need to be taken to support the grieving community and can respond quickly. Postvention efforts may include, but are not limited to the following:

- Awareness of the cultural differences communities and individuals have regarding suicide.
- Normalization of anger and minimization of self-blame.
- Keeping information about the suicide death or attempt confidential.
- Identifying members who may be at risk for suicide and ensuring that they have been referred to care.

Postvention Resources & Research

Suicide Postvention Training
CT's Alliance for Prevention and Wellness (APW) postvention training provides professionals with the tools to coordinate a comprehensive suicide response, mindfully discuss and report on a suicide death, and promote the healing of community members through effective communication. Participants will return to their communities ready to initiate a plan for their town. Learn more: https://tinyurl.com/45mybbbk

Survivors of Suicide (SOS) Handbook
Written by Jeffrey Jackson, a survivor of suicide, the SOS Handbook provides guidance on how to navigate the stages of grief, seeking support, the “why?” question, and the common emotions and experiences that come with suicide. Access the guide for free here: https://tinyurl.com/28hwk8kv

Find a Local Support Group
The American Foundation for Suicide Prevention (AFSP) has created a search engine to help loss survivors find a suicide bereavement support group nearby. Access the tool here: https://tinyurl.com/46jyurv2

Community Healing Support Team
The Community Healing Support Team provides services for individuals, families, and communities who have experienced violence or tragedy in New Haven. Clinicians deliver rapid responses to community-wide traumatic incidences (e.g., homicide, suicide, or accidental death) and support healing. Learn more here: https://tinyurl.com/45y7mv2h

After A Suicide: Toolkit for Schools
This guide provides information for educators and school administrators on best practices for communicating with and supporting a school community following a crisis. The guide also provides information on how to communicate with parents. Access the guide here: https://tinyurl.com/yjkf527r

Brian’s Healing Hearts
The Brian Dagle Foundation provides grief support groups and counseling for individuals who have recently lost a loved one. Details on the organization’s offerings and resources can be found here: https://tinyurl.com/3yuaz7cy
Seeking Help

Suicide Prevention Can Take Many Forms

Whether you are the one seeking or providing support, know that suicide prevention is critical in a variety of settings:

- Schools (primary, secondary, colleges, or universities)
- Emergency Departments
- Faith Communities
- Workplaces
- Tribal & Native Communities
- Justice System
- Military and Veteran Communities

Teachers, faith leaders, physicians, colleagues, and friends all play important roles in supporting a person experiencing a crisis.

Helping Someone Who Has Suicidal Thoughts

Participating in educational training programs such as Question, Persuade, Refer (QPR), and Mental Health First Aid (MHFA) is ideal for learning how to help someone who has suicidal thoughts. However, there are a few important tips for helping someone who is having suicidal thoughts that are important for everyone to know. Having a conversation with someone who is experiencing suicidal thoughts further helps mitigate the stigma surrounding suicide. To help someone in crisis you can:

- Ask them clearly and openly if they are having thoughts of suicide and whether they have a plan for taking their own life. Be ready to listen fully to their answer.
- Avoid being judgemental, critical, or blaming them for their thoughts and feelings.
- Empathize with the person while simultaneously being aware that you do not know how they are feeling or what they are experiencing (e.g. “I can’t imagine how you are feeling, but I would like to try to understand and help you”).
- Encourage them to seek help from someone whom they are comfortable with—a doctor, counselor, friend, parent, teacher, or faith leader.

The following pages outline many of the local and national helplines, community clinics, and programs available for those in crisis.

**211 Mobile Crisis Team**
If you need assistance locating long-term mental health resources, talking through a problem, or exploring mental health treatment options, call 211 to speak with a live person who can help.

**The National Suicide Prevention Lifeline**
Provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States. Dial 9-8-8 to access.

**Crisis Text Line**
Serves anyone, in any type of crisis, providing access to free, 24/7 support via mediums people already use and trust. Text HOME to 741741 to connect with a crisis counselor 24/7.

**The Trevor Project**
Call 1-866-488-7386 to reach a trained expert advocate and receive free, confidential support for anyone experiencing domestic violence or seeking resources and information. This service is available 24/7.

**National Domestic Violence Hotline**
Call 1-800-799-SAFE (7233) to reach a trained expert advocate and receive free, confidential support for anyone experiencing domestic violence or seeking resources and information. This service is available 24/7.

**Safe Harbor Warmline (Continuum of Care)**
Call 1-800-258-1528. This warmline serves people who need a listening ear – all calls are confidential and recovery-oriented. This service is staffed by trained Peer Support Counselors and is available 5 – 10 PM every night including weekends and holidays.

**National Sexual Assault Hotline**
Call 800-656-HOPE (4673) to be connected with a trained staff member from a sexual assault service provider in your area that connect you with a range of free services.

**Veterans Crisis Line**
If you’re a Veteran in crisis or concerned about one, connect with caring, qualified responders for confidential help. This service is private, free, and available 24/7. Call 988 and press 1 or text 838255.
Wildflower Alliance Peer Support Line
A private phone line that individuals may call to get support, learn about resources, connect to others with lived experience, or simply talk. The warmline is operated by trained peer support counselors. Call 1-888-407-4515.

Trans Lifeline
Offers a peer support phone service run by trans people for their trans and questioning peers. All peer operators are trans/non-binary and are available to offer an open ear. Call 1-877-565-8860.

BlackLine
Provides hope and promotes social justice for individuals and communities who are experiencing a crisis. The 24-hour hotline provides a space for Black, Black LGBTQI, Brown, Native, and Muslim communities. Call 1-800-604-5841 for support.

CT Council on Problem Gambling Helpline
Call or text 1-888-789-7777 to speak with a trained helpline specialist. Helpline specialists are available to provide support, resources, and referrals to treatment for those struggling with gambling-related problems and people impacted by another’s gambling behavior. This service is available for free, 24 hours a day, 7 days a week.

CT Legal Services’ Immigrant Legal Advice Hotline
Call or text 1-888-789-7777 to speak with a trained helpline specialist. Helpline specialists are available to provide support, resources, and referrals to treatment and self-help groups for those struggling with gambling-related problems and others impacted by another’s gambling behavior. This service is available for free, 24/7.

JoinRiseBe Young Adult Peer Warmline
Dial 1-855-6-HOPENOW to be connected to other young people who have lived experience with mental health conditions. This service is available every day from 12 pm - 9 pm.
Elm City COMPASS

The Elm City Compassionate Allies Serving our Streets (COMPASS) response team complements and supports the work of New Haven first responders to 911 calls and through outreach. The team consists of a social worker and a peer with lived experience. Learn more: https://tinyurl.com/4nzxsur4

CT Mental Health Center Mobile Crisis & Evaluation Unit

For those experiencing a mental health or trauma-related crisis, the Connecticut Mental Health Center’s (CMHC) Mobile Crisis Intervention and Evaluation Unit provides evaluation and referral services. CMHC’s Mobile Crisis and Evaluation Unit is committed to providing all individuals who seek care with services, independent of race, ethnicity, religion, or sexual orientation. Learn more here: https://tinyurl.com/yruwc69e

Alternatives to Suicide (Alt2Su)

Alternatives to Suicide (Alt2Su) takes a different approach to suicide prevention and community advocacy. Alt2Su fosters an environment where individuals can talk openly about their suicidal experiences as a way of preventing suicide attempts. The organization hosts support groups and trainings and provides access to additional resources. Learn more here: https://tinyurl.com/2p8xp7rh

Integrated Wellness Group (IWG)

Integrated Wellness Group provides individual, family, couples, and group therapy for individuals who have experienced or are experiencing racial trauma, grief and loss, early childhood challenges, attention problems, or family conflict. IWG’s main focus is to heal and empower individuals to create health equity for communities of color. Learn more here: https://tinyurl.com/4rehhper

Cornell Scott Hill Health Center

The Cornell Scott Hill Health Center is the largest provider of outpatient behavioral health services in Southern Connecticut. Services provided include adult mental health and counseling, child and family guidance, and geriatric psychiatry. Diagnostic evaluations, individual psychotherapy, and outpatient psychiatric medication management services are available. Learn more here: https://tinyurl.com/2mderb2t

HAVEN Free Clinic, Behavioral Health Department

HAVEN Free Clinic’s Behavioral Health Department (BHD) provides free services to New Haven residents between the ages of 18 and 65 who do not have health insurance. BHD offers screening and psychoeducational resources, not behavioral health treatment. Services for Spanish-speaking patients are available. Learn more here: https://tinyurl.com/47nx5nt6

Reliant Behavioral Health & Community Services (RBHCS)

RBHCS takes on a holistic approach to clinical counseling that values diversity, excellence, accountability, and innovation. Clinicians at RBHCS provide mental health and behavioral health counseling for individuals of all ages. In addition to individual and group psychotherapy, RBHCS hosts support groups for urban trauma, addiction, caregivers, and members of the LGBTQIA+. Learn more here: https://tinyurl.com/5t3v2pc4
Get Involved with Suicide Prevention

Raise awareness about suicide prevention at work, at school, or in your community!

**Connecticut Regional Suicide Advisory Board (SAB), South Central**
Get involved with the local SAB! Like the state SAB, local groups promote suicide prevention, intervention, and postvention efforts through monthly meetings, community events, and policy reform.

**New Haven Prevention Council (NHPC)**
The NHPC consists of community members and organizations in New Haven committed to working together on implementing strategies for decreasing instances of substance use among youth in the New Haven area. NHPC runs programs for youth, such as OneStep, a social media-based campaign designed to increase the engagement of youth in health-related activities.

**American Foundation for Suicide Prevention (AFSP), Connecticut Chapter**
Join the CT chapter of AFSP to make your voice heard about suicide prevention. The AFSP Volunteer Network fosters community engagement and healing through advocacy.

**National Alliance for Mental Health (NAMI), Elm City Chapter**
The New Haven NAMI chapter is dedicated to improving the quality of life for individuals living with mental illness, as well as their families and loved ones, through education, support, and advocacy.
Get Trained

Offered FREE of cost by the City of New Haven.
Get trained to help save lives in your community!

Question, Persuade, Refer (QPR) Suicide Prevention Training

Like CPR, QPR can be used in an emergency mental health situation and can save lives. The 90-minute training prepares and informs individuals on:

- The warning signs of suicide
- How to direct someone in crisis to help
- How to help prevent suicide in communities
- How to Question, Persuade, and Refer (QPR) someone who may be suicidal

Contact Lorena Mitchell (LMitchell@newhavenct.gov) to sign up for training!

Overdose Prevention & Response Training

Naloxone saves lives! Attend an Overdose Prevention and Response Training to learn about:

- State and local substance use patterns
- The truths, myths, and testing for Xylazine, an emerging substance
- Harm reduction principles
- How to identify, respond to, and prevent an opioid overdose
- Where to access Naloxone (Narcan) and fentanyl test strips

Contact Andressa Granado (AGranado@newhavenct.gov) to sign up for training!

Mental Health First Aid (MHFA) Training

MHFA teaches individuals how to identify, understand, and respond to signs of mental illness and substance use disorders. The 8-hour course covers the following:

- Common signs and symptoms of substance use and mental illness
- How to interact with and help a person in crisis
- How to refer someone to resources
- How to administer naloxone in the event of an opioid overdose

Contact Lorena Mitchell (LMitchell@newhavenct.gov) to sign up for training!
Community Suicide Prevention & Intervention Needs Survey

WHO
The Office of Community Mental Health Initiatives communicated with 50+ community partners across an array of social services.

WHAT
This work seeks to learn more about how communities across the city are experiencing mental health crises and what services are needed to prevent future crises and heal those affected.

WHY
Engaging with community partners will inform our course of action for the coming years and guide the allocation of resources.

HOW
Data were analyzed from a survey distributed via email and flyer postings to community organizations, city government staff members, and New Haven residents.

KEY TAKEAWAYS
1. Community Roles of Respondents
   Respondents included individuals from the following sectors:
   - Education
   - Mental Health/Primary Healthcare
   - Social Services
   - Harm Reduction
   - Housing & Homelessness
   - Reentry Services
   - City Government
   - LGBTQIA+ Advocacy
   - New Haven Residents
   - Youth Services

2. Experience with Individuals Having Suicidal Thoughts/Ideations
   - YES: 83.3%
   - NO: 16.7%

3. Strong Opinions that Suicide Prevention is Important for Supporting the Community
   - Strongly Agree: 93.3% (n=56)
   - Somewhat Agree: 6.7% (n=4)

4. Areas of Need: Culturally Sensitive Approaches, Training Accessibility, and Seamless Referral Routes
   1. Suicide prevention resources that are responsive to racial and cultural backgrounds, as well as gender identities.
   2. Training on mental health and/or emotional well-being
   3. Training on how to approach or communicate with someone who has suicidal thoughts

Survey results outlined here were based on voluntary participation in the needs assessment. To view the comprehensive report, please contact Lorena Mitchel (LMitchell@newhavenct.org.)
Glossary of Terms

Bar Chart
A visual display of the size of the different categories of a particular variable. Each category is represented by a bar.

Confidentiality
The ethical principle that deems the information a patient or client provides to a healthcare provider as private. The provider is limited on how and when they are allowed to disclose such information to a third party.

Crisis Hotline
A phone number that individuals can call to receive immediate emergency crisis counseling and referral to additional resources or services.

Intervention
Actions that attempt to improve mental and physical health on the population level.

Lethal Means
The instrument or object used to carry out a self-destructive act (e.g. firearm, poison, medication, bridge).

Mental Health
The capacity of an individual to interact with others and their environment in a way that promotes subjective well-being, optimal development, and use of mental abilities.

Mental Health First Aid (MHFA)
The help offered to a person developing or experiencing a mental health or substance use issue or crisis. First aid is given until appropriate treatment or support is received or until the crisis resolves.

Percentage (%)
A measurement that describes a proportion of a larger sum (one of each hundred). A percentage tells us how many people have died by suicide compared to the entire group.

Population
The total number of inhabitants in a given area or country.

Postvention
Strategies or approaches that are implemented after a crisis or traumatic event to support the communities affected by the event.

Prevention
Actions taken to avoid, anticipate, reduce, or stop exposure to a happening or conclusion (e.g. disease, suicide attempt, suicide death).

Rate
A measurement of the frequency with which an event occurs in a defined population. The rate tells us how many people have died by suicide compared to the whole population.

Risk Factor
An element of behavior or lifestyle, an environmental exposure, or an inherited characteristic that is associated with an increased occurrence of disease or other health-related event or condition.

Substance Use Disorder
A maladaptive pattern of substance use that is manifested by recurrent and significant adverse consequences related to repeated use. Individuals with a substance use disorder may routinely use both legal and illicit drugs.

Suicide Attempt
A potentially self-injurious behavior with a non-fatal outcome that is marked by evidence that the person intended to take his or her own life. A suicide attempt may or may not result in injury.

Suicidal Ideation
Self-reported thoughts of engaging in suicide-related behavior.

Stakeholders
 Parties, including organizations, groups, and individuals, who are either affected by or affect the decisions and policies of a given topic.

Stigma
Ideas or labels that are associated with negative or discriminatory attitudes.

All definitions are adapted from the Northwest Center for Public Health Practice’s Epidemiology Glossary.
References


