NACRHHS Policy Brief on Understanding the Impact of Suicide in Rural America

Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at https://www.ruralhealthinfo.org/webinars/suicide-impact-rural-america
- Technical difficulties please call 866-229-3239
Understanding the Impact of Suicide in Rural America

Policy Brief Webinar
April 24, 2018

Background on the Committee

- A federally chartered independent citizens’ panel comprised of 21 members with knowledge and expertise in rural health and human services.

- The Committee was chartered in 1987 to advise the Secretary of the U.S. Department of Health and Human Services (HHS) on ways to address health care challenges in rural America.
The Committee convenes twice a year to:

- Examine important issues that affect the health and well-being of rural Americans;
- Provide policy recommendations to advise the Secretary of HHS on how the Department and its programs can better address these issues.

**Link to Committee’s Policy Briefs:**

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**Webinar Speakers**

**Ronnie Musgrove**
Chair | National Advisory Committee on Rural Health and Human Services
Former Governor of Mississippi | State of Mississippi

**Holly Hedegaard, MD, MSPH**
Injury Epidemiologist | National Center for Health Statistics
Centers for Disease Control and Prevention

**Kathleen Belanger, PhD, MSW**
Member | National Advisory Committee on Rural Health and Human Services
Professor Emeritus | Stephen F. Austin State University’s School of Social Work
Notes on Terminology, Pt. I

- **Suicide**: Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

- **Suicide attempt**: A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

- **Suicidal ideation**: Thinking about, considering, or planning suicide.


Notes on Terminology, Pt. II

- For language to report a suicide death:
  - Refrain from saying “successful/unsuccessful suicide,” or “commit/committed suicide”
  - Instead, use phrases such as “took his/her/their own life,” “ended his/her/their own life,” or “died by suicide”

- For language that touches upon a “suicide attempt”:
  - Avoid using the phrase “failed suicide”
  - Instead, use “made an attempt on his/her/their life” or “non-fatal attempt”

- For language to describe suicide rates:
  - In place of “epidemic,” “outbreak,” or “skyrocketing”
  - Use words such as “higher,” “increasing,” or “concerning”

Why Suicide?

• With more than 44,000 suicide deaths in 2015, suicide was the 10th leading cause of mortality in the U.S. and the 2nd leading cause of death among youth and young adults.

• At the 2017 Spring Meeting, the Committee expressed a collective concern regarding the persistent and widening increases in suicide rates among rural areas.

# National Rural-Urban Suicide Trends

Holly Hedegaard, MD, MSPH  
Office of Analysis and Epidemiology  
National Center for Health Statistics

## 10 Leading Causes of Death, United States, 2016

<table>
<thead>
<tr>
<th></th>
<th>10-14</th>
<th>15-24</th>
<th>25-44</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional Injury</td>
<td>Unintentional Injury</td>
<td>Unintentional Injury</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>2</td>
<td>Suicide</td>
<td>Suicide</td>
<td>Suicide</td>
<td>Malignant Neoplasms</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
</tr>
<tr>
<td>3</td>
<td>Malignant Neoplasms</td>
<td>Homicide</td>
<td>Homicide</td>
<td>Heart Disease</td>
<td>Unintentional Injury</td>
<td>Unintentional Injury</td>
<td>Chronic Lower Resp Disease</td>
<td>Unintentional Injury</td>
</tr>
<tr>
<td>4</td>
<td>Homicide</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td><strong>Suicide</strong></td>
<td><strong>Suicide</strong></td>
<td>Chronic Lower Resp Disease</td>
<td>Cerebrovascular</td>
<td>Chronic Lower Resp Disease</td>
</tr>
<tr>
<td>5</td>
<td>Congenital Anomalies</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Homicide</td>
<td>Liver Disease</td>
<td>Diabetes Mellitus</td>
<td>Alzheimer’s Disease</td>
<td>Cerebrovascular</td>
</tr>
<tr>
<td>6</td>
<td>Heart Disease</td>
<td>Congenital Anomalies</td>
<td>Liver Disease</td>
<td>Liver Disease</td>
<td>Diabetes Mellitus</td>
<td>Liver Disease</td>
<td>Diabetes Mellitus</td>
<td>Alzheimer’s Disease</td>
</tr>
<tr>
<td>7</td>
<td>Chronic Lower Resp Disease</td>
<td>Diabetes Mellitus</td>
<td>Diabetes Mellitus</td>
<td>Diabetes Mellitus</td>
<td>Cerebrovascular</td>
<td>Cerebrovascular</td>
<td>Unintentional Injury</td>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>8</td>
<td>Cerebrovascular</td>
<td>Chronic Lower Resp Disease</td>
<td>Cerebrovascular</td>
<td>Cerebrovascular</td>
<td>Chronic Lower Resp Disease</td>
<td><strong>Suicide</strong></td>
<td>Influenza &amp; Pneumonia</td>
<td>Influenza &amp; Pneumonia</td>
</tr>
<tr>
<td>9</td>
<td>Influenza &amp; Pneumonia</td>
<td>HIV</td>
<td>HIV</td>
<td>Septicemia</td>
<td>Septicemia</td>
<td>Nephritis</td>
<td>Nephritis</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Septicemia</td>
<td>Complicated Pregnancy</td>
<td>Complicated Pregnancy</td>
<td>Septicemia</td>
<td>Homicide</td>
<td>Nephritis</td>
<td>Septicemia</td>
<td><strong>Suicide</strong></td>
</tr>
</tbody>
</table>
Overview

• Data source and rural/urban classification
• Temporal and geographic trends
• Rural/urban disparities in suicide

National Vital Statistics System, Mortality Data (NVSS-M)

• Compiled from information on death certificates
• Includes all US resident deaths
• Includes demographic characteristics, cause of death, geographic information and other variables
Rural/Urban Classification

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro (Urban)</td>
<td></td>
</tr>
<tr>
<td>Large Central Metro</td>
<td>Counties of 1 million or more population that: 1) contain the entire population of the largest principal city, or 2) are completely contained within the largest principal city, or 3) contain at least 250,000 residents of any principal city in the area</td>
</tr>
<tr>
<td>Large Fringe Metro</td>
<td>Counties of 1 million or more population that do not qualify as large central</td>
</tr>
<tr>
<td>Medium Metro</td>
<td>Counties of 250,000–999,999 population</td>
</tr>
<tr>
<td>Small Metro</td>
<td>Counties of 50,000–249,999 population</td>
</tr>
<tr>
<td>Non-Metro (Rural)</td>
<td></td>
</tr>
<tr>
<td>Micropolitan</td>
<td>Counties in micropolitan statistical area</td>
</tr>
<tr>
<td>Non-Core</td>
<td>Counties not in micropolitan statistical area</td>
</tr>
</tbody>
</table>


Rural/Urban Suicide Rates
United States, 1999-2016

Note: Suicides are identified using International Classification of Diseases, 10th revision underlying cause of death codes U03, X60-X84 and Y87.0. Age-adjusted death rates were calculated using the direct method and the 2000 standard population. Rurality of county of residence is based on 2006 classification scheme. Source: NCHS, National Vital Statistics System, Mortality (NVSS-M).
Rural/Urban Suicide Rates
United States, 1999 and 2016

Note: Suicides are identified using International Classification of Diseases, 10th revision underlying cause of death codes U03, X60-X84 and Y87.0. Age-adjusted death rates were calculated using the direct method and the 2000 standard population. Rurality of county of residence is based on 2006 classification scheme.


Model-based Estimates of Suicide Rates, by County, 2005
Model-based Estimates of Suicide Rates, by County, 2010

Model-based Estimates of Suicide Rates, by County, 2015
Percentage of counties with greater than 30% increase in model-based suicide rates from 2005 to 2015, by rural/urban classification

Urban/Rural Suicide Rates: By Sex
United States, 1999-2016

Note: Suicides are identified using International Classification of Diseases, 10th revision underlying cause of death codes U03, X60-X84 and Y87.0. Age-adjusted death rates were calculated using the direct method and the 2000 standard population. Rurality of county of residence is based on 2006 classification scheme.

Rural Suicide Rates: Males, by Age Group
United States, 1999-2016

Note: Suicides are identified using International Classification of Diseases, 10th revision underlying cause of death codes U03, X60-X84 and Y87.0. Age-adjusted death rates were calculated using the direct method and the 2000 standard population. Rurality of county of residence is based on 2006 classification scheme.


Rural/Urban Suicide Rates: Males by Age
United States, 2016

Note: Suicides are identified using International Classification of Diseases, 10th revision underlying cause of death codes U03, X60-X84 and Y87.0. Rurality of county of residence is based on 2006 classification scheme.

Rural Suicide Rates: Females, by Age Group
United States, 1999-2016

Note: Suicides are identified using International Classification of Diseases, 10th revision underlying cause of death codes U03, X60-X84 and Y87.0. Age-adjusted death rates were calculated using the direct method and the 2000 standard population. Rurality of county of residence is based on 2006 classification scheme.

Rural/Urban Suicide Rates: Females by Age
United States, 2016

Note: Suicides are identified using International Classification of Diseases, 10th revision underlying cause of death codes U03, X60-X84 and Y87.0. Rurality of county of residence is based on 2006 classification scheme.
Rural/Urban Suicide Rates: By Race/Ethnicity
United States, 2016

Note: Suicides are identified using International Classification of Diseases, 10th revision underlying cause of death codes U03, X60-X84 and Y87.0. Age-adjusted death rates were calculated using the direct method and the 2000 standard population. Rurality of county of residence is based on 2006 classification scheme. All groups other than Hispanic are non-Hispanic.

Rural/Urban Suicides: Percent by Selected Means
United States, 2016

Note: Suicides are identified using International Classification of Diseases, 10th revision underlying cause of death codes U03, X60-X84 and Y87.0.096(4,198),(996,301) Rurality of county of residence is based on 2006 classification scheme. In 2015, there were 34,948 suicide deaths in urban counties and 9,245 suicide deaths in rural counties.
Summary

- Increasing disparity between rural and urban suicide rates
- Suicide rates are highest for rural males
- Similar age patterns for rural and urban males; rural rates higher for all age groups
- Similar age patterns for rural and urban females; rural rates higher for ages 25-59
- Among race/ethnicity groups, rates are highest for rural American Indians/Alaskan Natives
- Compared to urban suicides, a higher percent of rural suicides involve use of a firearm (60% vs 49%)

Contact Information

Holly Hedegaard, MD, MSPH
National Center for Health Statistics
Office of Analysis and Epidemiology
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
E: hdh6@cdc.gov
P: 301-458-4460

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Federal Efforts, Committee Findings and Policy Recommendations

Kathleen Belanger, PhD, MSW

Member | National Advisory Committee on Rural Health and Human Services
Professor Emeritus | Stephen F. Austin State University’s School of Social Work

Key HHS Agencies, Pt. I

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - **Mission**: To reduce the impact of substance abuse and mental illness on America’s communities.
  - **SAMHSA Programs**:
    - Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program
    - Garrett Lee Smith Campus Suicide Prevention Program
    - Garrett Lee Smith Suicide Prevention Resource Center (SPRC)
    - National Strategy for Suicide Prevention
    - National Suicide Prevention Lifeline (1-800-253-TALK)
    - Tribal Training and Technical Assistance Center
    - Tribal Behavioral Health Grants
Key HHS Agencies, Pt. II

• Indian Health Service (IHS)
  - **Mission:** To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.
  - **IHS Programs:**
    - Mental Health/Social Services (MH/SS) program
    - Substance Abuse and Suicide Prevention (SASP) program
      - Formerly known as the Methamphetamine and Suicide Prevention Initiative [MSPI]

• Other Agencies
  - Health Resources and Services Administration (HRSA)
  - National Institutes of Health/Mental Health (NIH/NIMH)
  - Centers for Disease Control and Prevention (CDC)
Takeaways from Idaho

Idaho Suicide Prevention Efforts, Pt. I

- **2001** – First Suicide Prevention Conference was initiated
  - 2001 – National Strategy for Suicide Prevention was released
- **2002** – Suicide Prevention Action Network (SPAN) of Idaho was created to develop and implement prevention activities statewide
  - 2002-2017 – SPAN Idaho regional chapters, conferences, survivor support & training
- **2003** – Idaho Suicide Prevention Plan (ISPP) was developed

**SPAN Idaho – 9 Regional Chapters**

- (1) Coeur d’Alene
- (2) Lewiston
- (3) Caldwell/Nampa
- (4) Boise
- (5) Twin Falls
- (6) Pocatello
- (6) Fort Hall
- (7) Idaho Falls
- (7) Teton Valley

For more information about SPAN Idaho, visit their website at [https://www.spanidaho.org](https://www.spanidaho.org).

Idaho Suicide Prevention Efforts, Pt. II

- **2001** – First Suicide Prevention Conference was initiated
  - 2001 – National Strategy for Suicide Prevention was released
- **2002** – Suicide Prevention Action Network (SPAN) of Idaho was created to develop and implement prevention activities statewide
  - 2002-2017 – SPAN Idaho regional chapters, conferences, survivor support & training
- **2003** – Idaho Suicide Prevention Plan was developed
- **2006** – Idaho Council on Suicide Prevention was commissioned
- **2012** – Idaho Suicide Prevention Hotline was established
- **2014** – Idaho Suicide Prevention Coalition was formed
- **2016** – Idaho Suicide Prevention Program – Division of Public Health at the Idaho Department of Health and Welfare (IDHW)
  1. Provide funding for upstream youth education
  2. Provide funding for the Idaho Suicide Prevention Hotline
  3. Conduct a public awareness campaign
“Rock Your Role” Campaign

To view additional PSAs and for more information about suicide prevention activities from IDHW, please visit: https://healthandwelfare.idaho.gov/Families/SuicidePrevention/tabid/486/Default.aspx.

Site Visit – Emmett, Idaho

Community Stakeholder Panelists – local behavioral health providers and practitioners; first responders; school-based counselors; and faith-based leaders

Policy Recommendations

Recommendation 1

The Committee recommends the Secretary require HHS to conduct a national comprehensive evaluation that assesses existing state and Tribal efforts to reduce rural suicide rates and that identifies successful evidence-based, rural-specific strategies that can be implemented within states and Tribal communities.
Recommendation 2

The Committee recommends the Secretary require AHRQ and NIMH to conduct research on the use of Community Health Workers to determine if these efforts can reduce suicide risk and increase referrals for at-risk individuals. The study should also look at cost- and clinical effectiveness of these efforts and broadly disseminate findings.

Recommendation 3

The Committee recommends HRSA to expand and increase the promotion of the Rural Health Care Services Outreach, Network, and Quality Improvement grant programs through HHS partners to inform rural communities on the opportunity to incorporate suicide prevention activities and increase access to mental health services using grant funds.
Recommendation 4

The Committee recommends HHS Agencies and Offices to promote the broader use of the PHQ-9, a clinically validated depression screening and monitoring instrument, in rural health facilities and to educate providers on how to bill for services.

Recommendation 5

The Committee recommends SAMHSA to integrate rural-specific research and considerations for prevention into the National Strategy for Suicide Prevention if it is revised and updated so as to reflect existing rural suicide trends and disparities.
Resources

- National Strategy for Suicide Prevention
- National Suicide Prevention Lifeline: 1-800-273-8255
- Preventing Suicide: A Technical Package of Policy, Programs, and Practices [CDC]
- Suicide Prevention Resource Center
- Suicide Prevention Resource Center – Rural Areas
- Zero Suicide

For More Information

To find out more about the Committee, please visit our website at http://www.hrsa.gov/advisorycommittees/rural/ or contact:

National Advisory Committee on Rural Health and Human Services c/o
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane,
Rockville, Maryland 20857
301-443-0835

Paul Moore (Executive Secretary): PMoore2@hrsa.gov
Steve Hirsch (Administrative Coordinator): SHirsch@hrsa.gov
Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIIhub website