



## Suicide in Rural and Frontier Kansas

*Thursday, February 15, 2022*

*Virtual Session – 12:00 to 1:00 p.m.*



# WHO WE ARE

- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation and located directly across from the Statehouse.
- Committed to convening meaningful conversations around tough topics related to health.



KANSAS HEALTH INSTITUTE

*Informing Policy. Improving Health.*



Wyatt Beckman, M.P.H., C.H.E.S., Analyst

# 2022 Bring It! Health Policy Session:

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## Suicide in Rural and Frontier Kansas

# TODAY'S AGENDA

- Our Analysis and Findings
- Federal Rural Suicide Prevention
- State Rural Suicide Prevention



## Kansas Peer County Groups



Urban - 150.0 or more persons per square mile

Semi-Urban - 40.0 - 149.9 persons per square mile

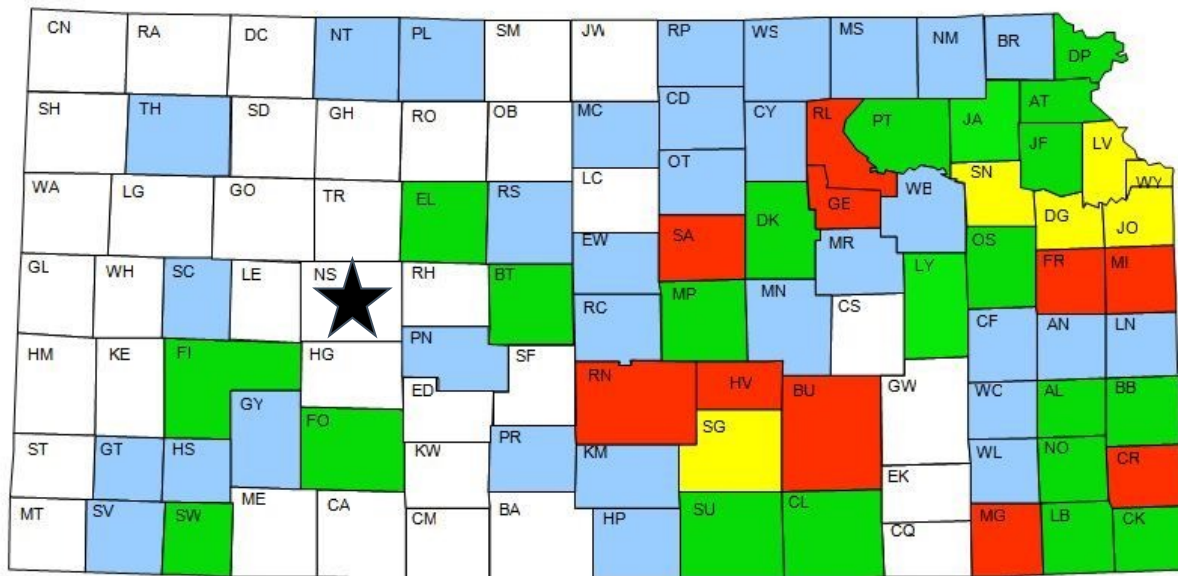
Densely-Settled Rural - 20.0 - 39.9 persons per square mile

Rural - 6.0 - 19.9 persons per square mile

Frontier - Less than 6.0 persons per square mile

Source Data - 2010 US Census Data  
 Prepared by Bureau of Epidemiology and Public Health Informatics  
 Corrected 5-29-2012 to reflect Doniphan County as Densely-Settled Rural

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**1.**

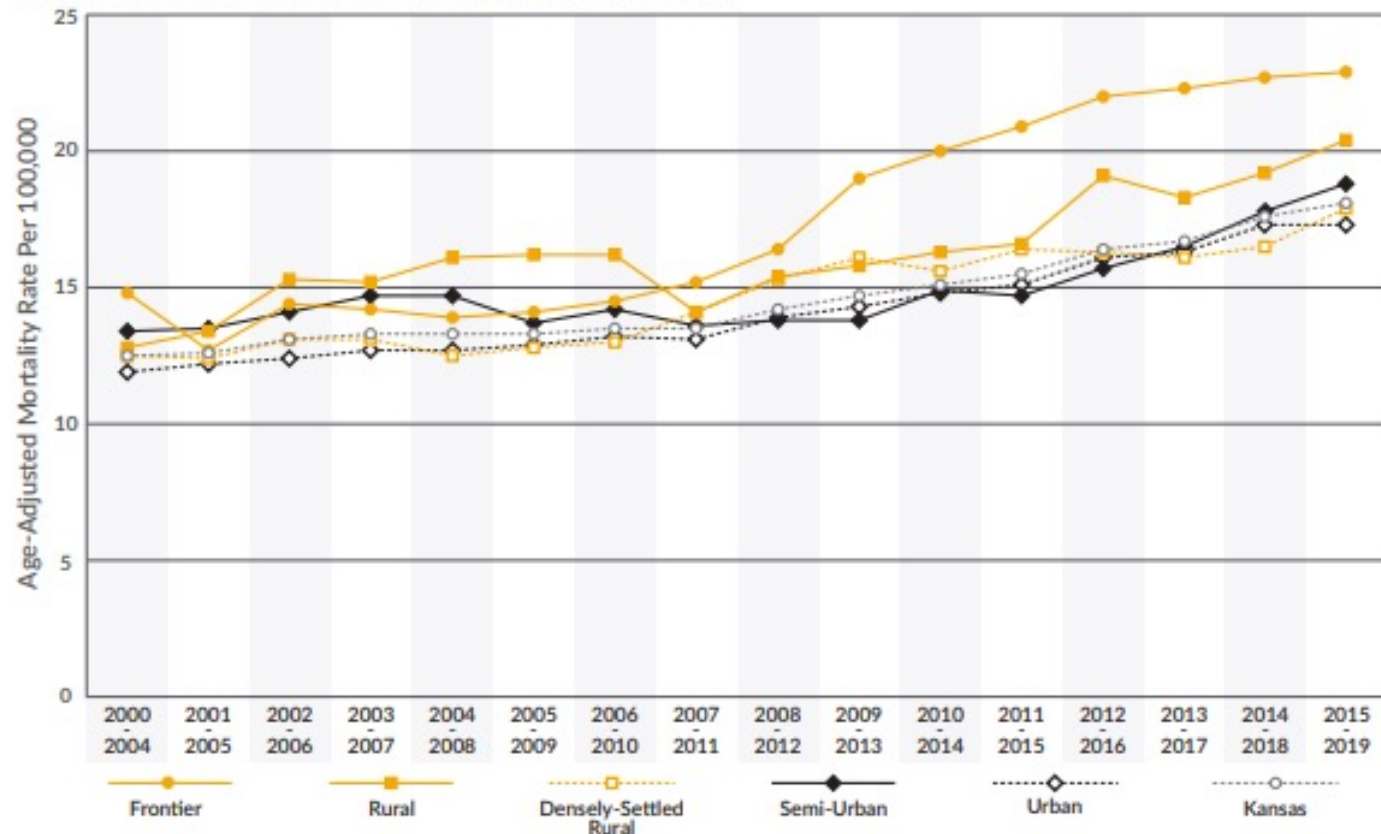
# **OUR ANALYSIS AND FINDINGS**



# METHODS

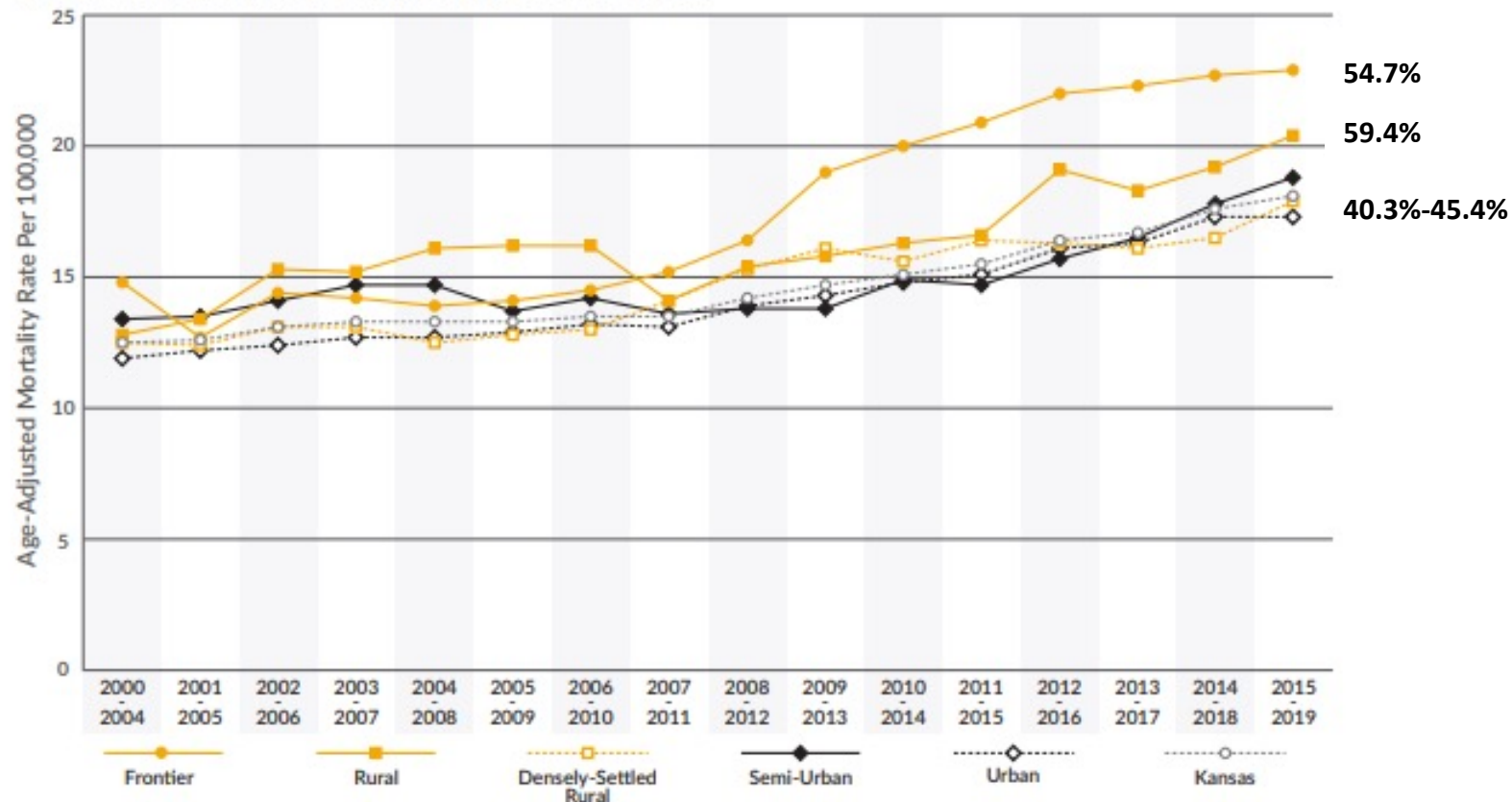
- Kansas Information for Communities data from 2000-2019 (source: KDHE)
- Age-adjusted to 2000 U.S. standard population
- Rate per 100,000
- 5-year average rates

Figure 1. Suicide Rate by Peer County Group, Kansas, 2000-2019



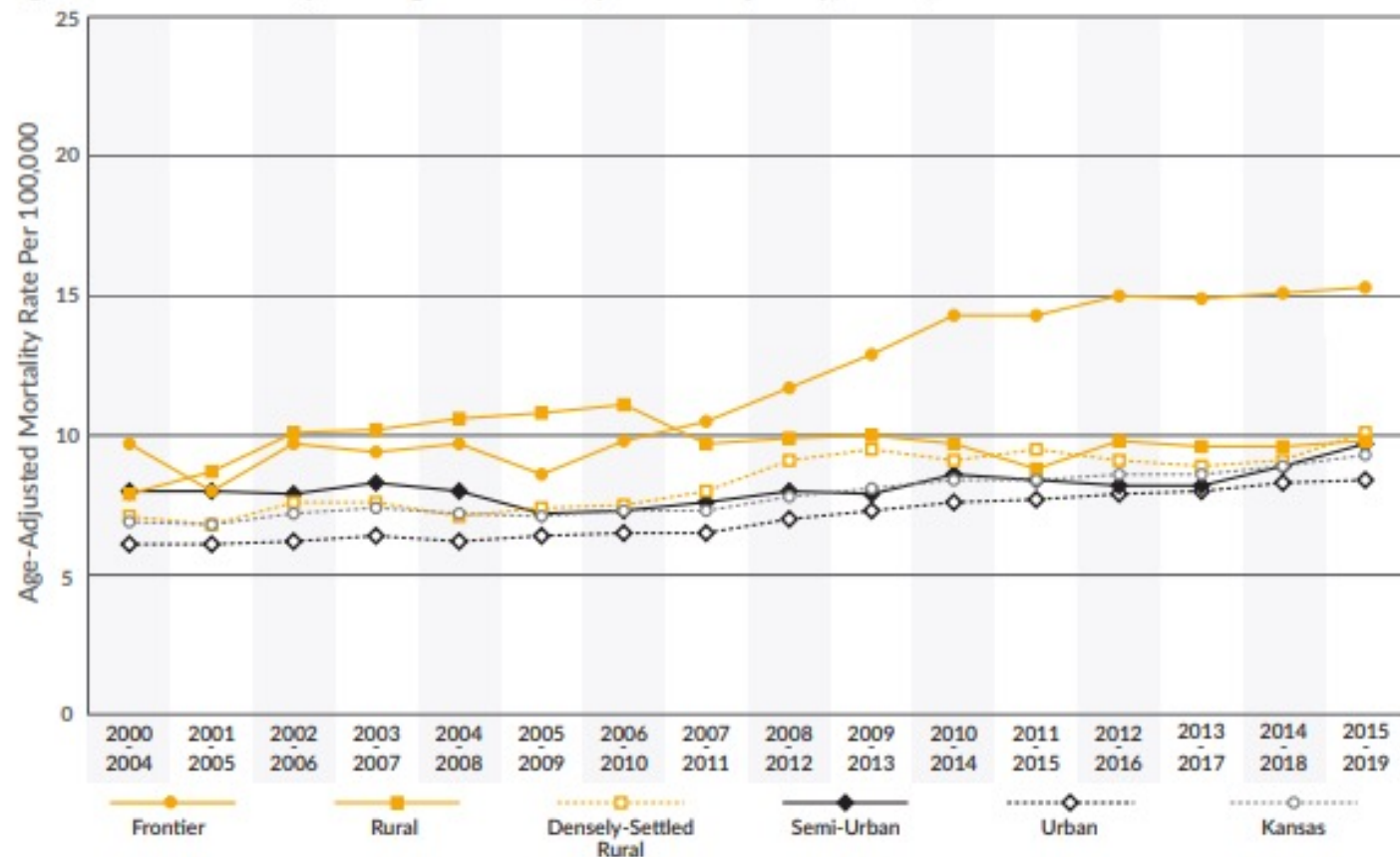
Note: Data were aggregated to five years due to small sample size. All rates are age-adjusted to the U.S. 2000 standard population.  
 Source: KHI analysis of Kansas Information for Communities data, 2000-2019.

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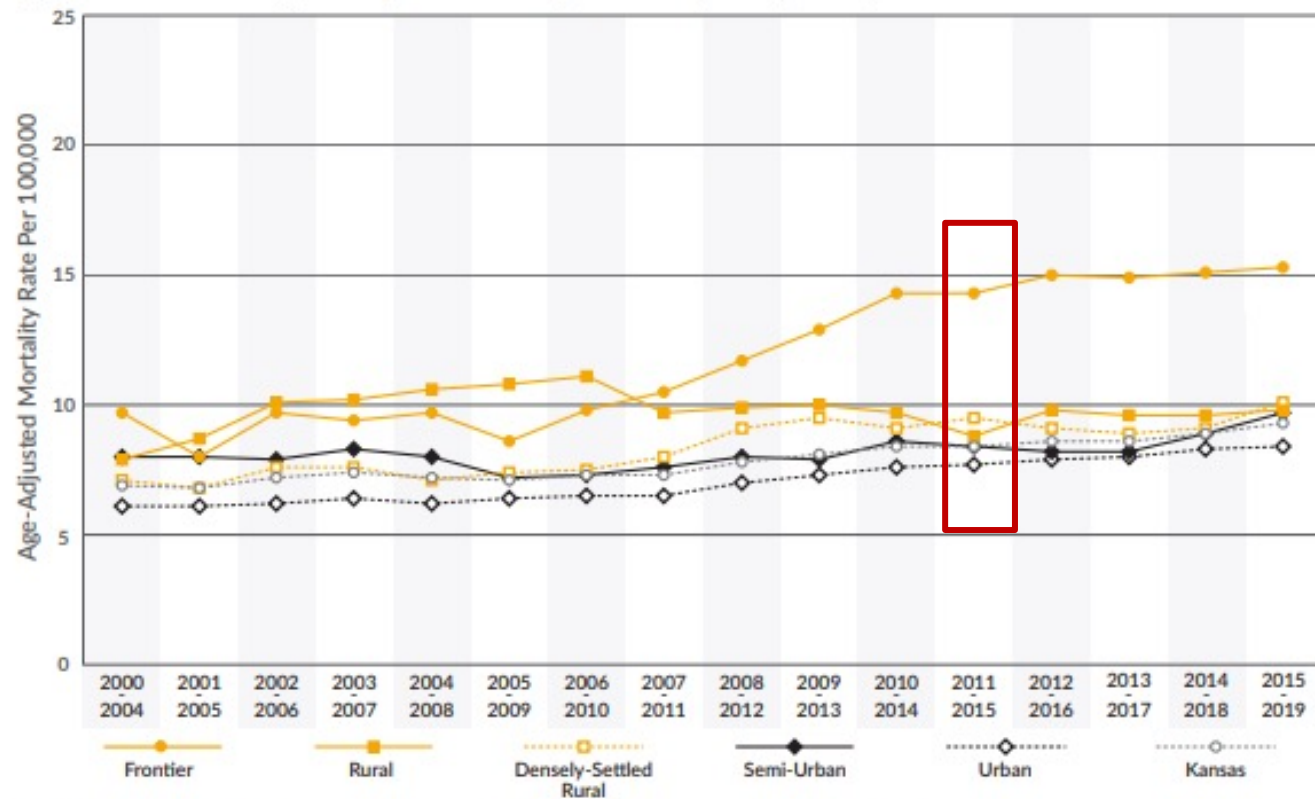
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Figure 2. Rate of Suicide by Discharge of Firearms by Peer County Group, Kansas, 2000-2019



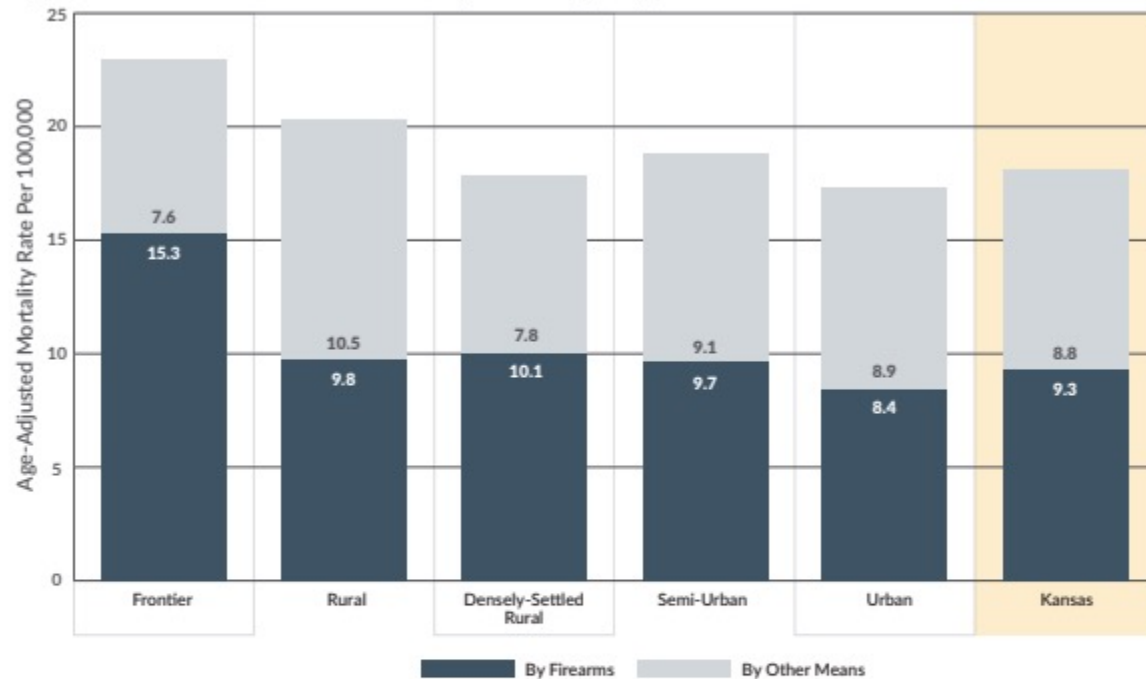
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Figure 3. Rate of Suicide and Means of Suicide by Peer County Group, 2015-2019

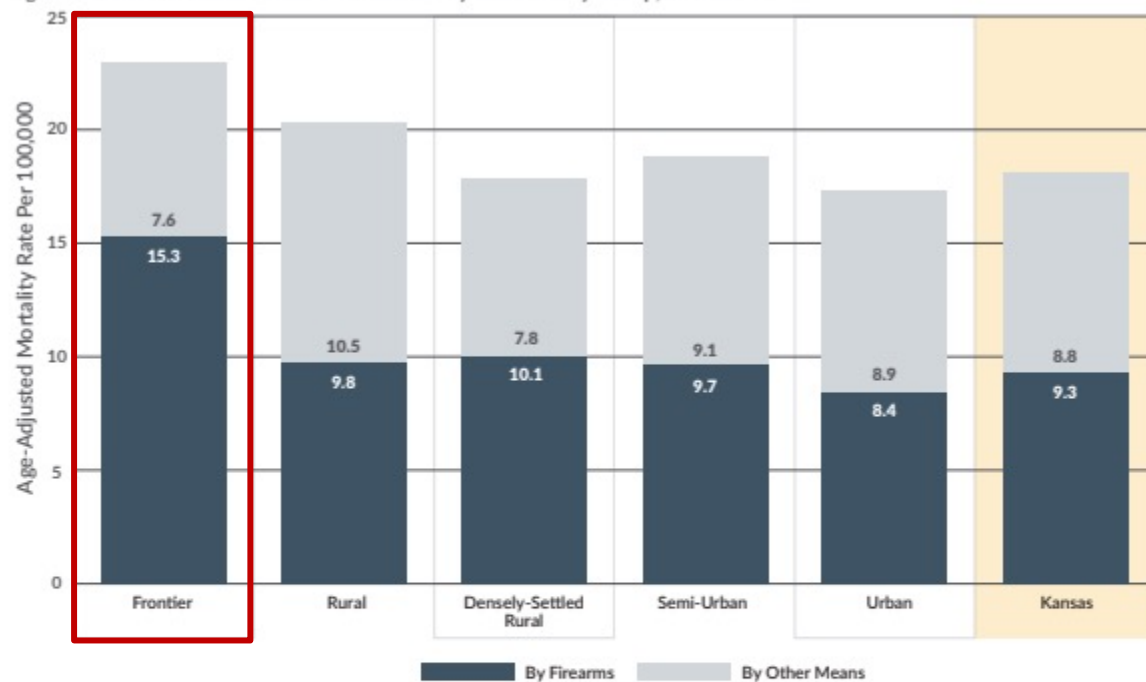


Peer County Group	Frontier	Rural	Densely-Settled Rural	Semi-Urban	Urban	Kansas
Number of Suicides	122	229	407	419	1,432	2,609
Suicide Per 100,000	22.9*	20.4	17.9	18.8	17.3	18.1
By Other Means	7.6**	10.5	7.8	9.1	8.9	8.8
By Firearms	15.3***	9.8	10.1	9.7	8.4	9.3

Note: Data were aggregated to five years due to small sample size. All rates are age-adjusted to the U.S. 2000 standard population. Statistically significant differences (p-value < 0.05) were found between Frontier and Urban counties (\*), between suicide by firearms and by other means for Frontier counties (\*\*), and between Frontier and other county groups (\*\*\*).

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# DISCUSSION

What stood out to you from the findings?



**2.**

# **FEDERAL RURAL SUICIDE PREVENTION**

# FEDERAL ROLES

Agenda-  
Setting

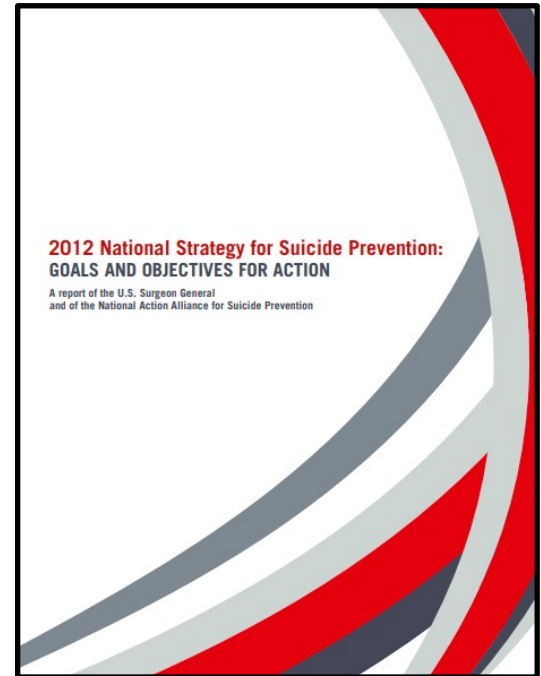
Legislative

Funding

Resources

# AGENDA SETTING

- “Comprehensive, long-term approach to suicide prevention”
- Not identified as one of the 11 identified groups with increased suicide risk



# LEGISLATIVE

III

109TH CONGRESS  
1ST SESSION     **S. RES. 84**

Recognizing suicide as a national problem, and for other purposes.

—

IN THE SENATE OF THE UNITED STATES  
MAY 6, 1997

Mr. BRID (for himself, Mrs. MURRAY, Mr. WELLSPOOK, Mr. COVERDELL, Mr. BUNYAN, and Mr. LAYBONNET) submitted the following resolution, which was considered and agreed to:

**RESOLUTION**

Recognizing suicide as a national problem, and for other purposes.

Whereas suicide, the ninth leading cause of all deaths in the United States and the third such cause for young persons ages 15 through 24, claims over 31,000 lives annually, more than homicide;

Whereas suicide attempts, estimated to exceed 750,000 annually, adversely impact the lives of millions of family members;

Whereas suicide completions annually cause over 200,000 family members to grieve over and mourn a tragic suicide death for the first time, thus creating a population of over 4,000,000 such mourners in the United States;

Whereas the suicide completion rate per 100,000 persons has remained relatively stable over the past 40 years for the general population, and that rate has nearly tripled for young persons;

Whereas the suicide rate is rising among African American young men;

Whereas the suicide completion rate is highest for adults over 65;

Whereas the stigma associated with mental illness works against suicide prevention by keeping persons at risk of completing suicide from seeking lifesaving help;

—

H. Res. 212

*In the House of Representatives, U.S.,*  
October 10, 1998.

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135 STAT. 292     PUBLIC LAW 117-21—JUNE 30, 2021

Public Law 117-21  
117th Congress     An Act

To direct the Secretary of Veterans Affairs to expand the Rural Access Network for Growth Enhancement Program of the Department of Veterans Affairs, and to amend the Comptroller General of the United States to conduct a study to assess certain mental health care resources of the Department of Veterans Affairs available to veterans who live in rural areas.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

This Act may be cited as the “Sgt. Ketchum Rural Veterans Mental Health Act of 2021”.

**SEC. 2. EXPANSION OF RURAL ACCESS NETWORK FOR GROWTH ENHANCEMENT PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) **EXPANSION.**—The Secretary of Veterans Affairs shall establish and maintain three new centers of the RANGE Program.

(b) **LOCATION.**—The centers established under subsection (a) shall be located in areas determined by the Secretary based on—

(1) the need for additional mental health care for rural veterans in such areas; and

(2) interest, expressed by personnel at facilities of the Department in such areas.

(c) **FUNDING.**—The Secretary shall establish the centers under subsection (a) during fiscal year 2022.

(d) **FUNDING.**—There is authorized to be appropriated \$120,000 for each of fiscal years 2022 through 2024 to carry out this section.

**SEC. 3. GAO STUDY OF MENTAL HEALTH CARE FURNISHED BY THE SECRETARY OF VETERANS AFFAIRS TO RURAL VETERANS.**

(a) **STUDY REQUIRED.**—The Comptroller General of the United States shall conduct a study to assess whether the Department of Veterans Affairs has sufficient resources to serve rural veterans who need covered mental health care. Such study shall include assessments of—

(1) whether the mental health care furnished by the Secretary through programs including the RANGE Program, Enhanced RANGE Program, mental health residential rehabilitation treatment programs, inpatient mental health services, and PRG centers is sufficient to meet the covered mental health care needs of rural veterans;

(2) how best to expand and to appropriately locate resources described in paragraph (1);

# FUNDING

## Comprehensive Suicide Prevention



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

## GLS Campus Suicide Prevention Grant



## Farm and Ranch Stress Assistance Network (FRSAN)



National Institute of Food and Agriculture  
UNITED STATES DEPARTMENT OF AGRICULTURE

# RESOURCES



## Rural Suicide Prevention Toolkit



# CDC POLICY BRIEF

1. Improve Access to Mental and Behavioral Health Services
2. Reduce Stigma in Communities
3. Increase Connectedness with Peer Norm Programs
4. Work with Communities to Reduce the Risks for Suicide (Access to Lethal Means)





# DISCUSSION

Which CDC policy option resonates with you the most?



# 3

# STATE RURAL SUICIDE PREVENTION

# STATE ROLES

Grants &  
Funding

Convener

Population-  
Specific  
Initiatives

# GRANTS & FUNDING



**COLORADO**  
Department of Public  
Health & Environment



**ZERO**  
SUICIDES



NV.gov

Nevada Division of Public and Behavioral Health (DPBH) Office of Suicide Prevention

# CONVENER

- Public-Private Partnerships, Task Teams, Coalitions, Commissions

## Michigan Suicide Prevention Commission

*“Must focus on demographics showing the highest suicide rates in this state...”*

# POPULATION-SPECIFIC INITIATIVES

- Meet the unique needs of specific populations
  - Farmers and Ranchers
  - Gun Owners

# FARMERS AND RANCHERS



**KANSAS**  
Ag Stress Resources



For free 24/7 support, call  
**1-800-447-1985**  
Regional Concern Hotline



**LAND O' LAKES, INC.**

# GUN OWNERS

The Gun Owners of Vermont Inc.  
PO Box 45  
Saxtons River, VT 05154  
(802) 463-9026



GOVT

November 2017

## The Vermont Gun Shop Project (VGSP)

In 2016, The Gun Owners of Vermont and the Vermont Federation of Sportsman's Clubs began a project to help reduce the frequency of suicide in Vermont.

In conjunction with the Vermont Department of Mental Health and the Center for Health and Learning in Brattleboro, we set out to create a *unique* program for Vermont that had not been done before.

This program is designed to raise awareness of issues facing Vermont gun owners and to educate them with different methods to guide folks in crisis to professional mental health counseling.

## LOS PROPIETARIOS DE ARMAS PUEDEN AYUDAR.

¿Está preocupado por un amigo o familiar?

- ¿Tiene tendencias suicidas?
- ¿Está deprimido, enojado o tiene conductas impulsivas?
- ¿Está atravesando una separación, problemas legales u otras dificultades?
- ¿Está consumiendo drogas o alcohol con más frecuencia?
- ¿Ha abandonado las actividades que solía disfrutar?
- ¿Piensa que estaría mejor muerto?
- ¿Ha perdido las esperanzas?
- ¿Tiene conductas imprudentes?
- ¿Se siente atrapado?

Dejar que haya tiempo y distancia entre una persona con tendencias suicidas y un arma puede mantenerla a salvo. Averigüe sobre las opciones para guardar temporalmente un arma fuera del hogar.

## IPODRÍA HASTA SALVAR UNA VIDA!

LA CIFRA DE SUICIDIOS EN COLORADO SUPERA AMPLIAMENTE A LA DE HOMICIDIOS



Hay casi 4 suicidios con armas de fuego por cada 1 homicidio con arma de fuego.

LAS ARMAS DE FUEGO SON EL PRINCIPAL METODO DE SUICIDIO.



En la mitad de los casos por suicidio se usan armas de fuego.



En caso de problemas de salud mental, consumo de sustancias o problemas emocionales, llame a los Servicios de Crisis de Colorado al 844-643-TALK (8185) o envíe la palabra TALK al 32855. Más información en Colorado.mh-services.org.

Los voluntarios de guerra y sus familias también pueden llamar a la línea de crisis para veteranos al 1-800-273-8255 y marcar 1.



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H.B. 17

## FIREARM VIOLENCE AND SUICIDE PREVENTION

### AMENDMENTS

2019 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve Eliason

Seniate Sponsor: Curtis S. Bramble

### LONG TITLE

#### General Description:

This bill reenacts and modifies previously enacted provisions relating to a voluntary firearm safety program and a suicide prevention education course.

#### Highlighted Provisions:

This bill:

- requires the Division of Substance Abuse and Mental Health, in consultation with the Bureau of Criminal Identification, to implement and manage a firearm safety

program and a suicide prevention education course by:

- producing a firearm safety brochure and firearm safety packet;

- procuring cable-style gun locks;

- distributing firearm safety packets;

- administering a program in which a Utah resident who has filed an application

for a concealed firearm permit receives a redeemable coupon toward the

purchase of a firearm safe and receives a firearm safety brochure; and

- creating a suicide prevention education course;

- modifies the administration of a grant program to provide suicide prevention

education opportunities for firearm dealers;

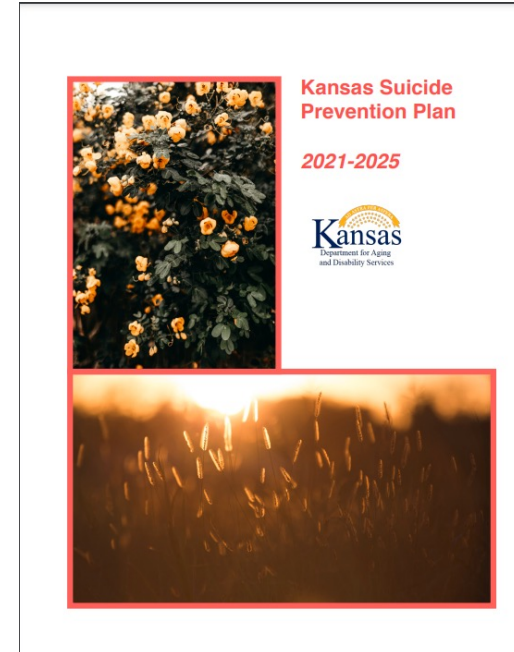
- requires a federal firearm dealer to provide a cable-style gun lock supplied by the

Division of Substance Abuse and Mental Health to an individual purchasing a

certain firearm.

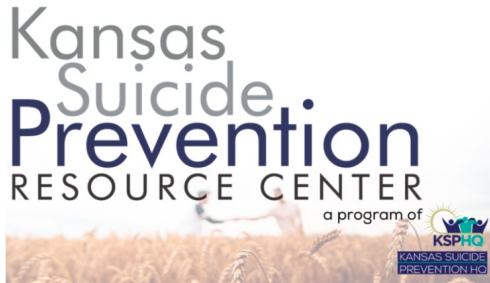
# KANSAS SUICIDE PREVENTION PLAN

- Spread across departments and agencies
- Plan includes rural-focused opportunities
  - *“develop and support culturally informed suicide prevention efforts for diverse populations”*





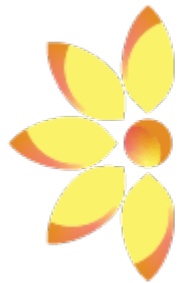
# NON-PROFITS AND ASSOCIATIONS



# COLLABORATIVE & COALITIONS



**KANSAS PREVENTION  
COLLABORATIVE**



**kansas** suicide  
prevention **coalition**

# CONSIDERATIONS



National Advisory Committee on Rural  
Health and Human Services

Understanding the Impact of  
Suicide in Rural America

*Policy Brief and Recommendations*

December 2017

**SAMHSA:** “include **rural-specific research and considerations** for prevention into the National Strategy for Suicide Prevention”

**HHS:** “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**”

# FINAL THOUGHTS





# DISCUSSION

What are your takeaways?  
What questions do you have?



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# THANK YOU

## Any questions?

You can connect with me at: [wbeckman@khi.org](mailto:wbeckman@khi.org)

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 785.233.5443

 [khi.org](http://khi.org)

 /KHIorg

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# READ MORE

- [Urban-Rural Differences in Suicide Rates and Leading Means in Kansas](#)
- [A Kansas Twist — Federal Efforts to Prevent Suicide in Rural Communities](#)
- [A Kansas Twist — State Efforts to Prevent Suicide in Rural Communities](#)



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