



KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

SUICIDE IN FRONTIER KANSAS: Challenges and Opportunities on the Plains

Thursday, October 28, 2021

11:20 AM – 12:00 PM

2021 Special Committee on Kansas Mental Health
Modernization and Reform



KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

HELLO, I AM WYATT BECKMAN.



I am an Analyst at the Kansas Health Institute.

You can connect with me at: wbeckman@khi.org

 212 SW 8th Avenue | Suite 300
Topeka, Kansas | 66603-3936

 785.233.5443

 khi.org

 /KHIorg

 @KHIorg

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 Kansas Statehouse
- Committed to convening meaningful conversations around tough topics related to health

TODAY'S AGENDA

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

URBAN-RURAL DIFFERENCES IN SUICIDE RATES AND LEADING MEANS IN KANSAS

Introduction

Suicide was the ninth leading cause of death in Kansas in 2019 and the 10th leading cause of death in the U.S., and the leading cause of death in the U.S., discharge of firearms has been the leading means of suicide. The suicide rate in Kansas, 18.2 per 100,000 population (age-adjusted to the U.S. 2000 standard population), was the 16th highest in the country in 2019. Nationally, suicide rates ranged from 8.0 per 100,000 in New Jersey to 29.3 per 100,000 in Wyoming. While rising suicide rates across the nation have drawn attention, urban-rural differences also have been noticed. Rural areas have experienced a higher suicide rate than urban areas, regardless of age, sex, race or ethnicity.



rural differences in rates and means of suicide could help devise unique policies and programs to meet the needs of local communities.

Rising Suicide Rates in Kansas

The majority (89 of 105) of counties in Kansas are considered rural by population density, including Frontier, Rural and Densely-Settled Rural counties, according to the peer county group classification used by the Kansas Department of Health and Environment. This issue brief highlights how suicide rates and the means of suicide have changed over time and have varied across Kansas, with a close look at differences by rurality. A better understanding of urban-

Increase in Rural Counties Outpaces Non-Rural

Over the past 20 years, the rate of suicide across Kansas has steadily risen, from 12.5 per 100,000 population in 2000-2004 to 18.1 in 2015-2019 (Figure 1, page 2). This translates

per 100,000 among 1), and there was a ween Frontier and

by Discharge in Kansas

firearms has been cross counties of by discharge of s been higher than e past 20 years. ly in the 2011- y discharge ly higher in roups of e 3, page 4), fied means, s remained

that two- r counties - sure 3, page 4), and

KEY POINTS

- ✓ The suicide rate in Kansas was nearly 1.5 times higher in 2015-2019 than in 2000-2004 (18.1 compared to 12.5 per 100,000), and in 2019 was the 16th highest in the country.
- ✓ The suicide rate increased gradually starting in 2000, then picked up pace between 2007-2011.
- ✓ While Kansas counties of all population densities saw an increase in suicide rates over the past 20 years, the increase in Frontier and Rural counties outpaced that

- ✓ In Densely-Settled Rural, Semi-Urban and Urban counties (54.7 and 59.4 percent increases compared to 43.2, 40.3 and 45.4 percent increases, respectively).
- ✓ Since 2011-2015, the rate of suicide by discharge of firearms in Frontier counties has been significantly higher than other county groups.
- ✓ In 2015-2019, two-thirds (66.8 percent) of suicides in Frontier counties occurred by discharge of firearms (15.3 out of 22.9 per 100,000).

KHI/21-41

Rate and Leading Means in Kansas

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

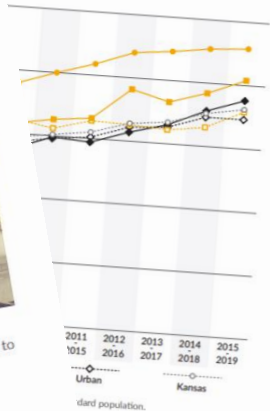
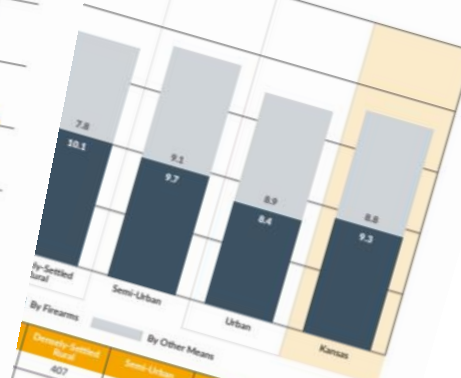
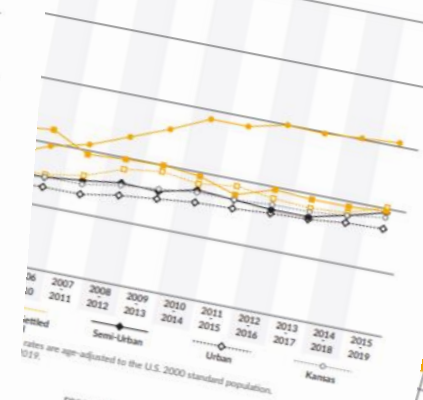


Figure 3. Rate of Suicide and Means of Suicide by Peer County Group, 2015-2019



| County Group | By Firearms | By Other Means | Total |
|--------------|-------------|----------------|-------|
| Semi-Urban | 10.1 | 9.7 | 19.8 |
| Urban | 8.9 | 8.4 | 17.3 |
| Kansas | 9.3 | 8.8 | 18.1 |

research and considerations for prevention into the National Strategy for Suicide Prevention" and the U.S. Department of Health and Human Services (HHS) be required 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." Nevertheless, four years later, additional targeted efforts and strategies may be needed to reduce suicide in rural areas and narrow the gap with their urban counterparts.

The statewide suicide prevention plan provides overall guidance and activities to prevent and reduce suicide in Kansas and offers the possibility for approaches specifically designed for varied geographic areas. Tailored approaches may be necessary to narrow the differences and meet the unique challenges and limited resources in the most rural communities. An upcoming blog in Rural Communities – will dive into approaches, and other stakeholders may consider when working to reduce suicide rates in rural Kansas.

Disclaimer: a database that is created by the Kansas Department of Health and Human Services (KDHS) that tracks suicide rates and means of suicide by peer county group in Kansas from 2000 to 2019. Using year 2000 standard population. Five-year average rates were used in the analysis of events. Differences in the suicide rate and means for suicide were grouped based on their population density to form the peer county group. Means of suicide include those by discharge of firearms and by

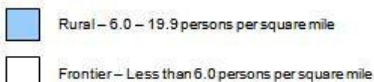
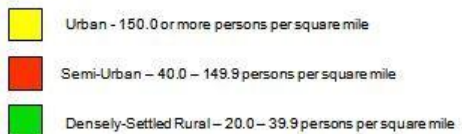
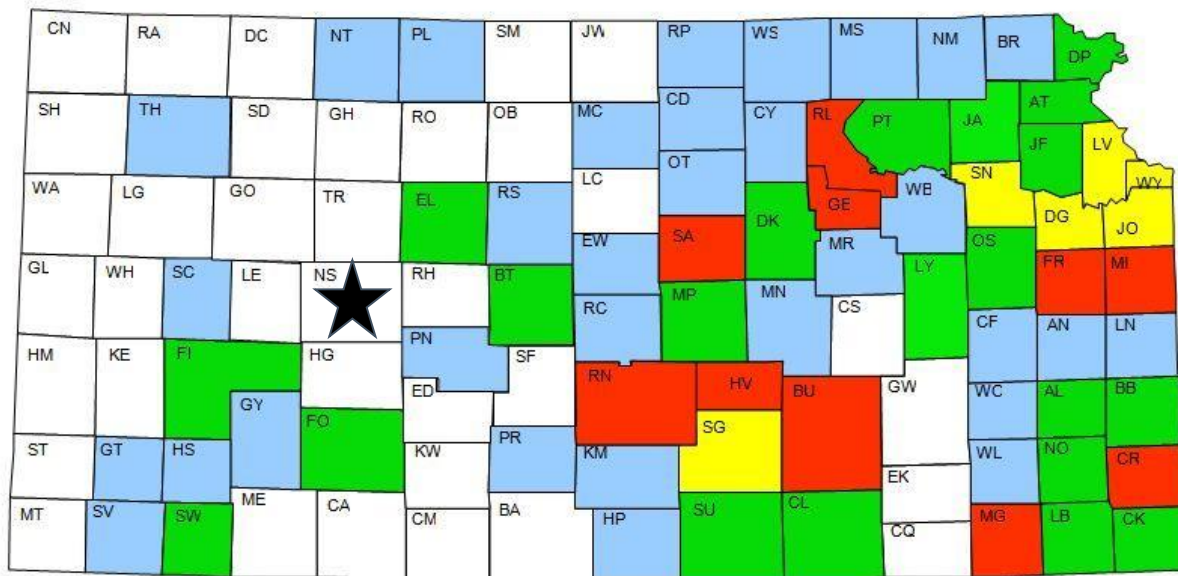
Policy Bloggers, M.P.H., Linda J. Shover, J.D., and Wen-Chieh Lin, Ph.D.
 Kansas Health Institute
 www.khi.org
 @KHIorg
 KHI.org

Kansas Peer County Groups



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

Kansas Peer County Groups



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

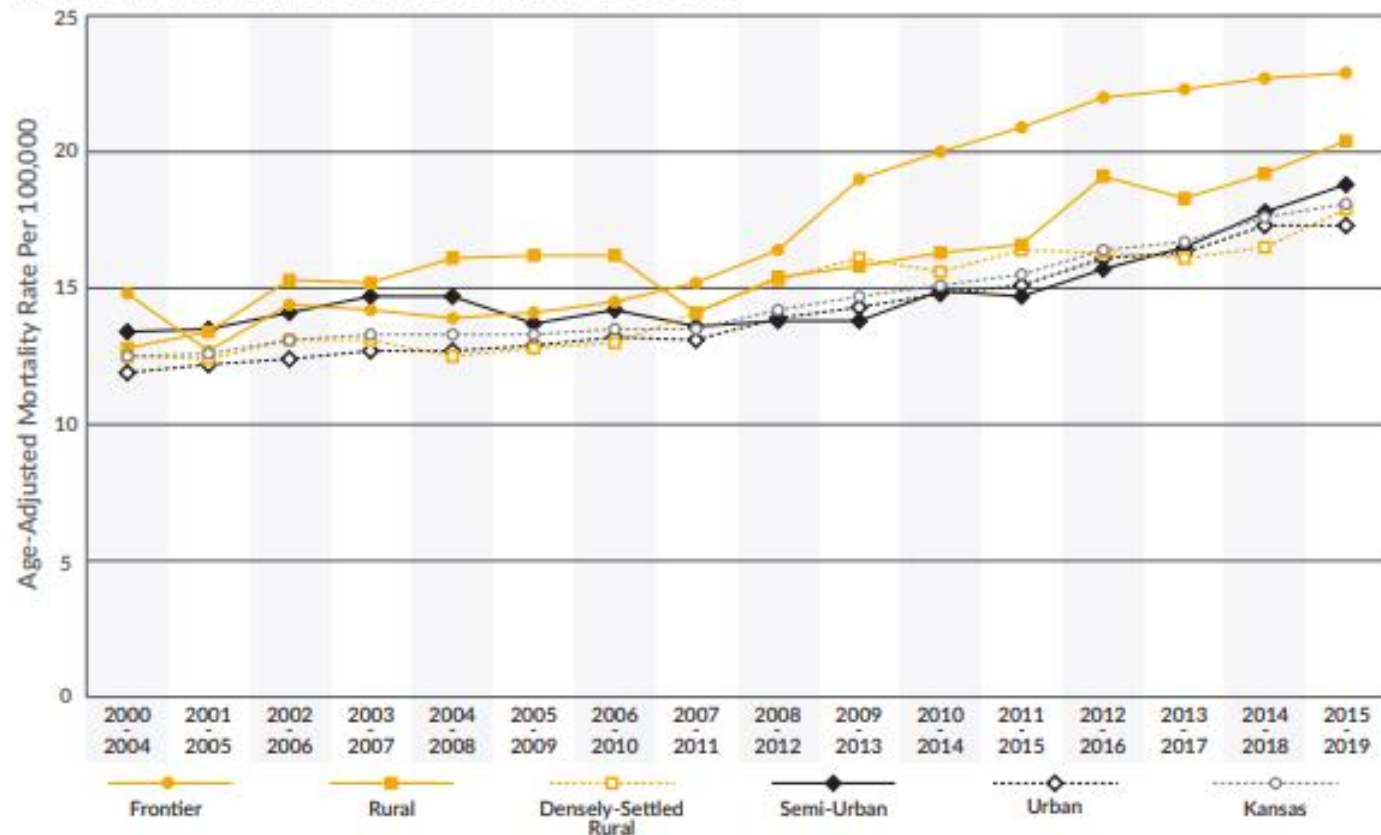
1.

ANALYSIS AND FINDINGS

METHODS

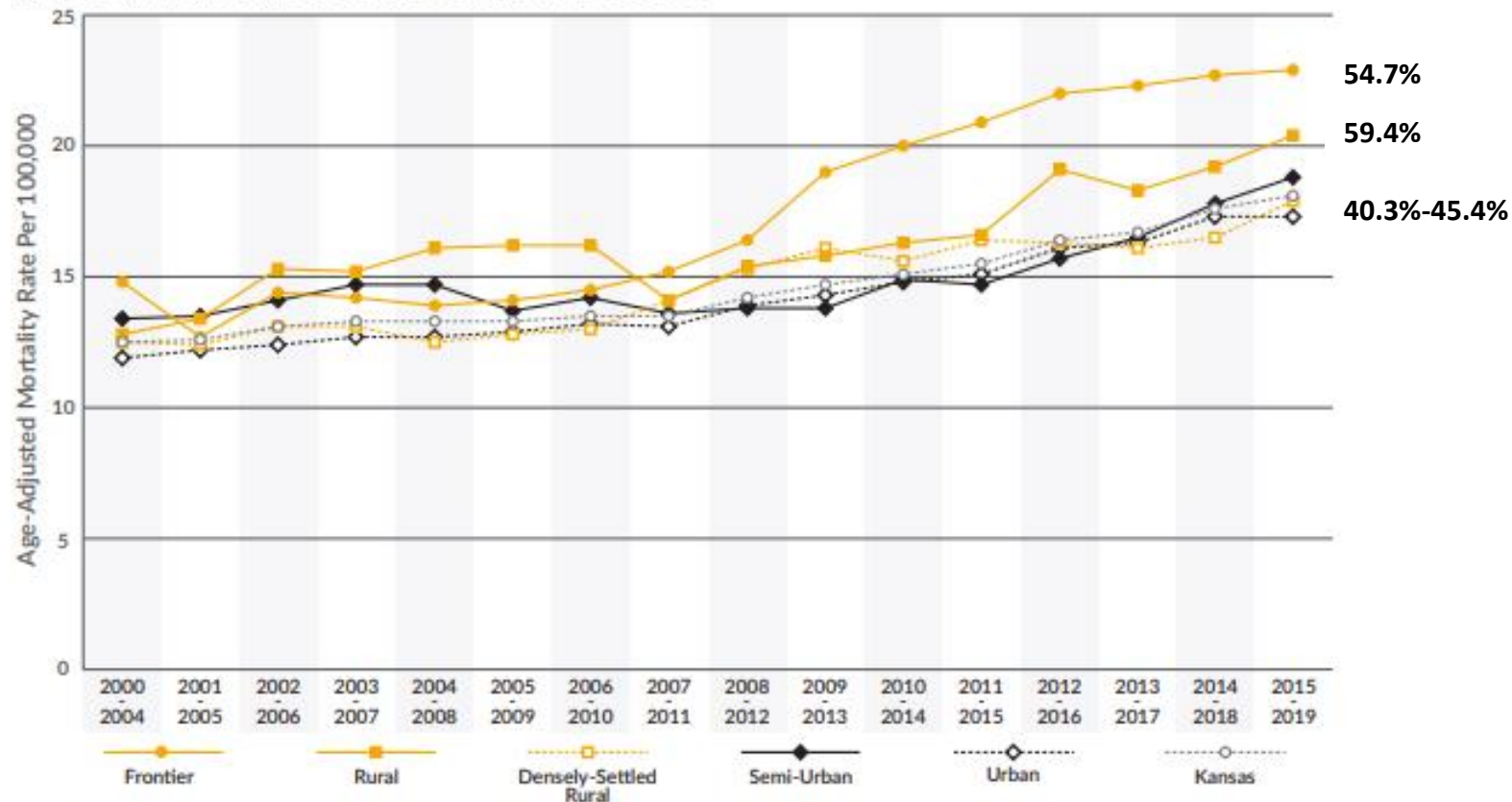
- Kansas Information for Communities (source: KDHE) data from 2000-2019
- Age-adjusted to 2000 U.S. standard population
- Rate per 100,000
- 5-year average rates

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



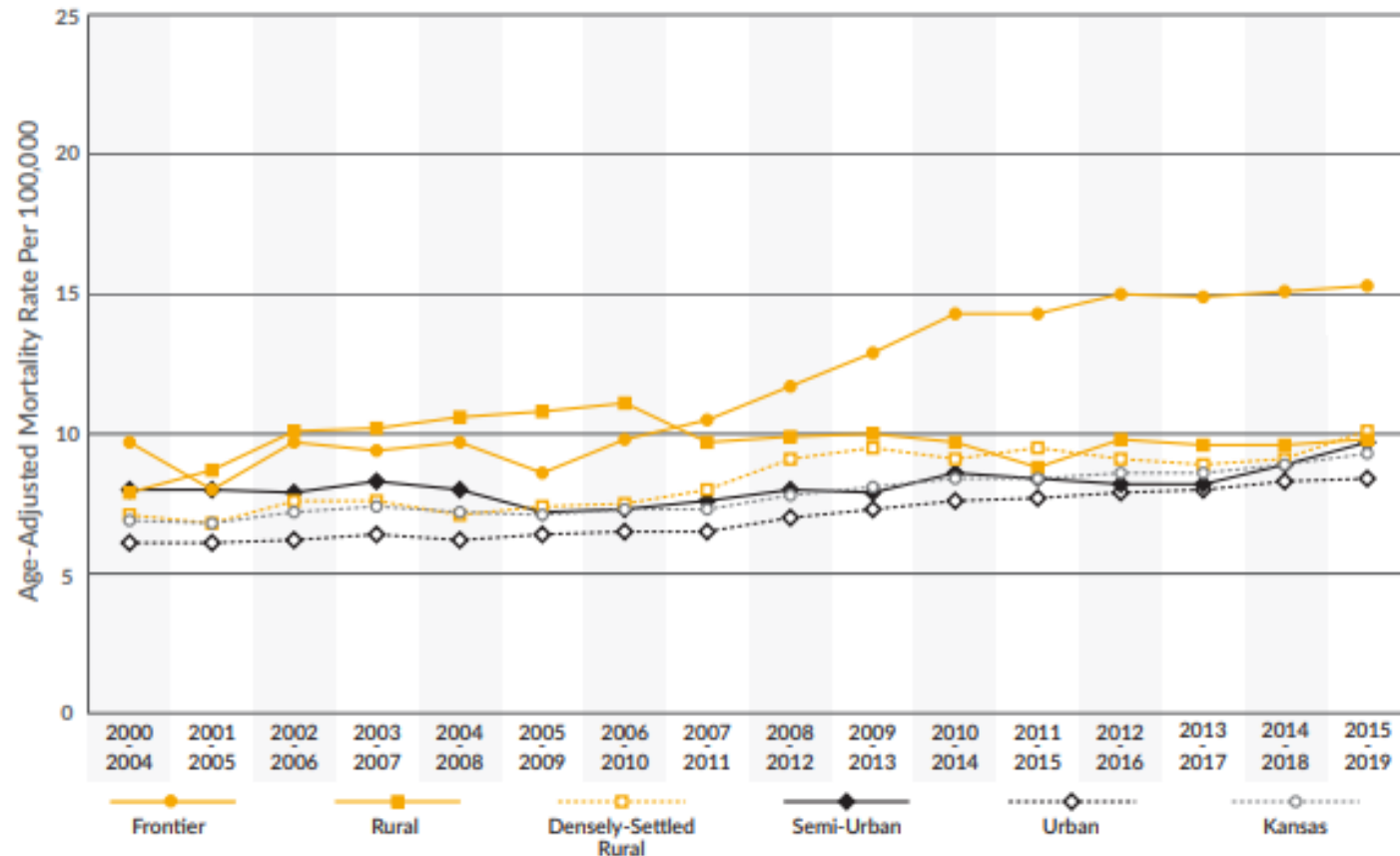
Note: Data were aggregated to five years due to small sample size. All rates are age-adjusted to the U.S. 2000 standard population.
 Source: KHI analysis of Kansas Information for Communities data, 2000-2019.

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



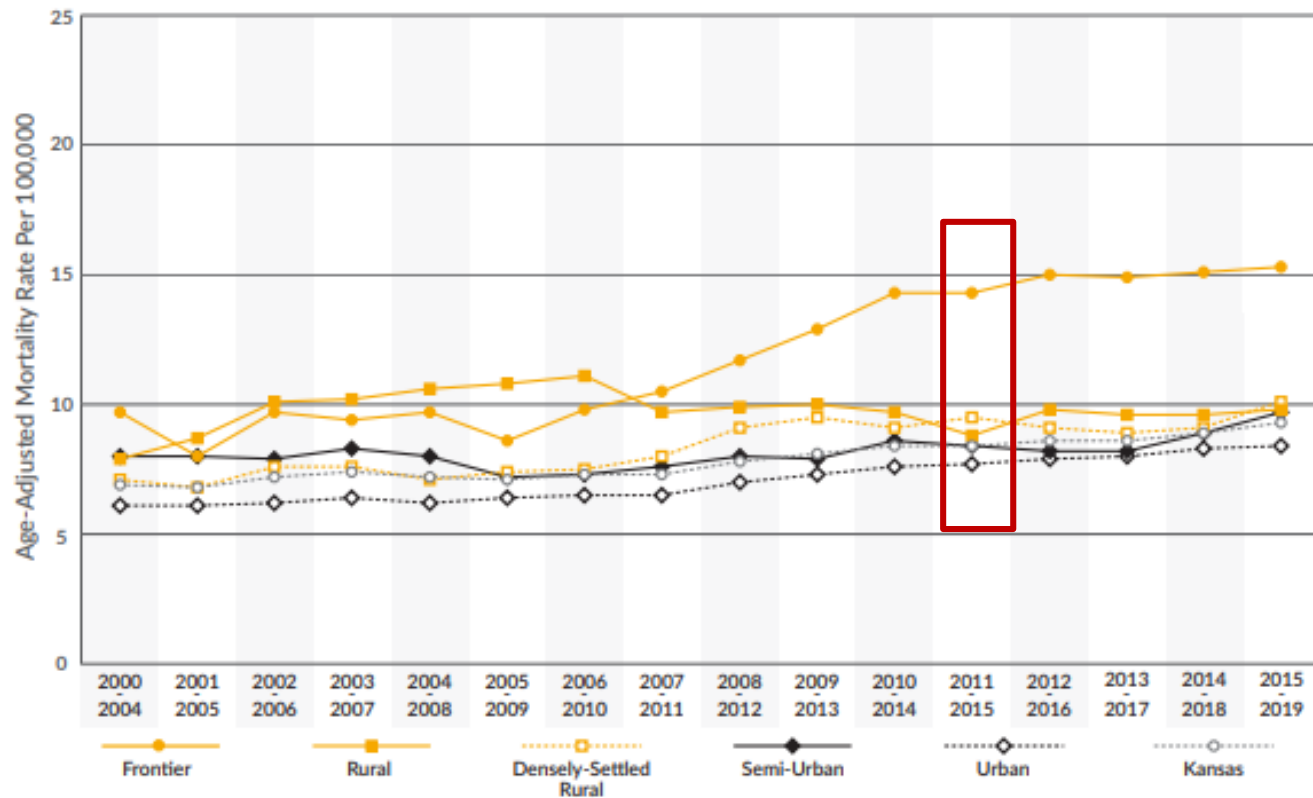
Note: Data were aggregated to five years due to small sample size. All rates are age-adjusted to the U.S. 2000 standard population.
 Source: KHI analysis of Kansas Information for Communities data, 2000-2019.

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



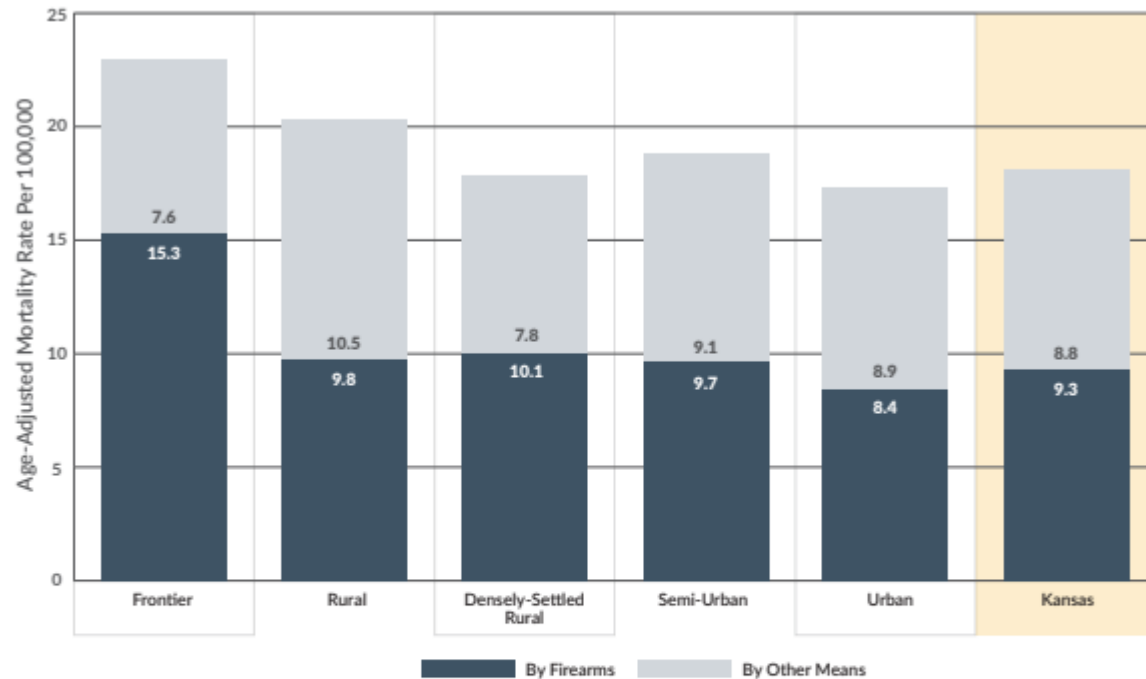
Note: Data were aggregated to five years due to small sample size. All rates are age-adjusted to the U.S. 2000 standard population.
 Source: KHI analysis of Kansas Information for Communities data, 2000-2019.

Figure 2. Rate of Suicide by Discharge of Firearms 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.

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

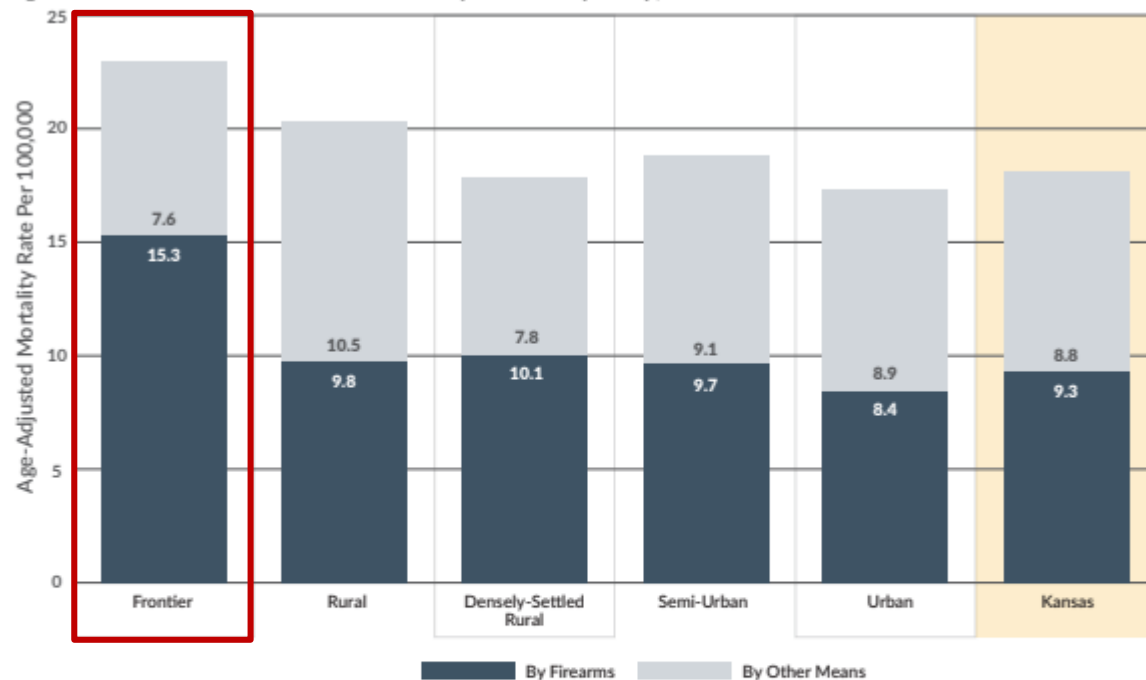


| Peer County Group | Frontier | Rural | Densely-Settled Rural | Semi-Urban | Urban | Kansas |
|---------------------|----------|-------|-----------------------|------------|-------|--------|
| Number of Suicides | 122 | 229 | 407 | 419 | 1,432 | 2,609 |
| Suicide Per 100,000 | 22.9* | 20.4 | 17.9 | 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 (***).

Source: KHI analysis of Kansas Information for Communities data, 2015-2019.

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 (***).

Source: KHI analysis of Kansas Information for Communities data, 2015-2019.

2.

FEDERAL RURAL SUICIDE PREVENTION

FEDERAL ROLES

Agenda
Setting

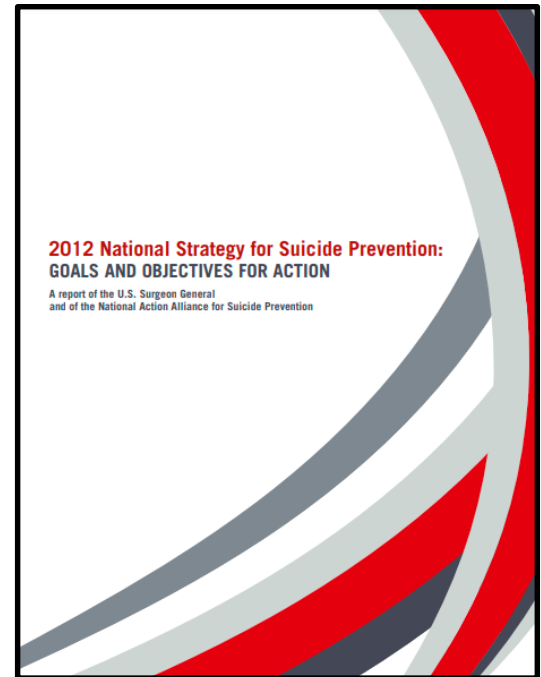
Legislative

Funding

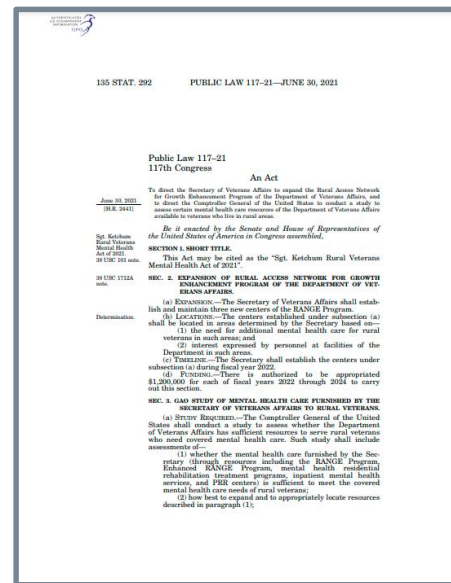
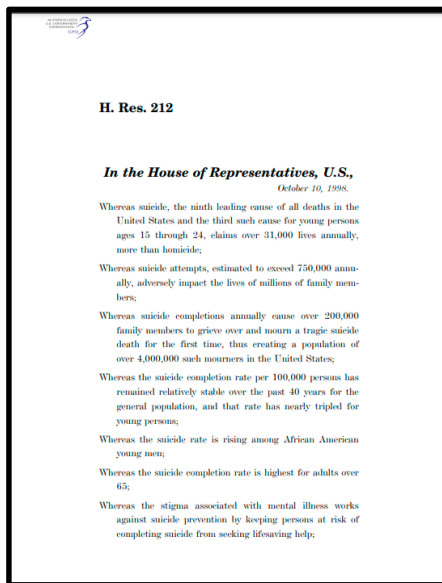
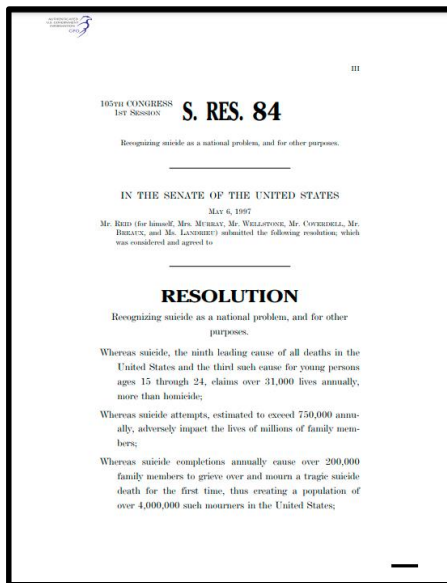
Resources

AGENDA SETTING

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



LEGISLATIVE



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)



3

STATE RURAL SUICIDE PREVENTION

STATE ROLES

Convener

Grants &
Funding

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



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.

¡PODRÍA HASTA SALVAR UNA VIDA!

LA OFERTA 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 844-645-TALK (8155) o envíe la palabra TALK al 32855. Más información en ColoradoMensServices.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.



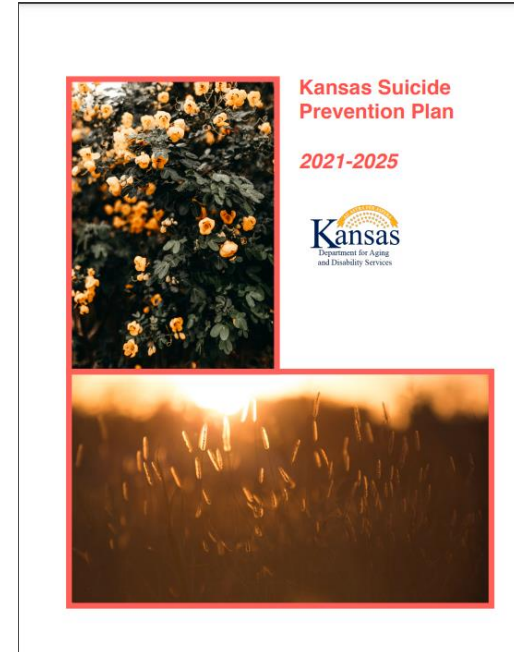
Enrolled Copy H.B. 17

1 FIREARM VIOLENCE AND SUICIDE PREVENTION
 2 AMENDMENTS
 3 2019 GENERAL SESSION
 4 STATE OF UTAH
 5 Chief Sponsor: Steve Eliason
 6 Senate Sponsor: Curtis S. Beaulieu

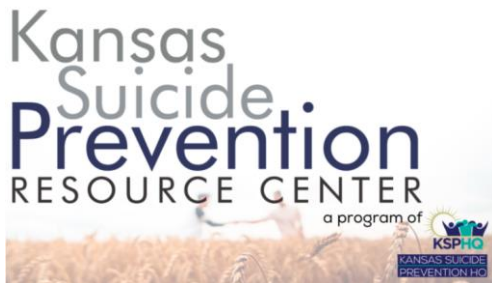
8 LONG TITLE
 9 General Description:
 10 This bill retracts and modifies previously enacted provisions relating to a voluntary
 11 firearm safety program and a suicide prevention education course.
 12 Highlighted Provisions:
 13 This bill:
 14 • requires the Division of Substance Abuse and Mental Health, in consultation with
 15 the Bureau of Criminal Identification, to implement and manage a firearm safety
 16 program and a suicide prevention education course by:
 17 • producing a firearm safety brochure and firearm safety packet;
 18 • procuring cable-style gun locks;
 19 • distributing firearm safety packets;
 20 • administering a program in which a Utah resident who has filed an application
 21 for a concealed firearm permit receives a redeemable coupon toward the
 22 purchase of a firearm safe and receives a firearm safety brochure; and
 23 • creating a suicide prevention education course;
 24 • modifies the administration of a grant program to provide suicide prevention
 25 education opportunities for firearm dealers;
 26 • requires a federal firearm dealer to provide a cable-style gun lock supplied by the
 27 Division of Substance Abuse and Mental Health to an individual purchasing a
 28 certain firearm.

STATE GOVERNMENT

- 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**

IN CLOSING



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





KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

THANK YOU

Any questions?

You can connect with me at: wbeckman@khi.org

 212 SW 8th Avenue | Suite 300
Topeka, Kansas | 66603-3936

 785.233.5443

 khi.org

 /KHIorg

 @KHIorg



Kansas Health Institute



KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.