

Suicide Among American Indians & Alaska Natives in the Northwest

A Review of Death Certificate Records from 2008-2012

Suicide is a sensitive issue, but one that is of great concern to many American Indian and Alaska Native (AI/AN) communities. The Northwest Portland Area Indian Health Board is working to address suicide by providing the 43 federally recognized Tribes of Idaho, Oregon, and Washington with data, training, and prevention resources. This fact sheet presents data on suicide deaths among AI/AN residents of Idaho, Oregon, and Washington for the years 2008-2012.

From 2008-2012:

- Suicide was the 7th leading cause of death among AI/ANs living in Idaho, Oregon, and Washington.
- Suicide was the 2nd leading causing of death for Northwest AI/ANs between the ages of 15 and 44.
- There were 260 AI/AN deaths from suicide.

Of these 260 deaths:

70.3% were among men.

Sex	N (%)
Male	183 (70.3%)
Female	77 (29.6%)
Both Sexes	260 (100.0%)

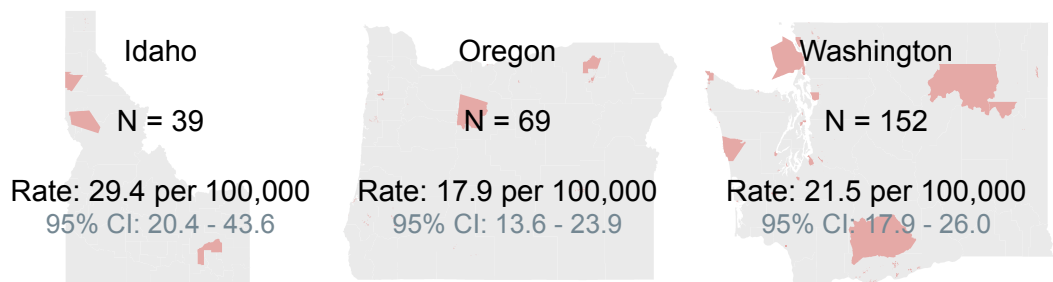
N = Number of suicide deaths % = Percent

Over half (51.5%) were among people less than 35 years of age.

Age Group	N (%)
0-17	23 (8.8%)
18-34	111 (42.7%)
35-49	66 (25.4%)
50-64	42 (16.2%)
65 and older	18 (6.9%)
All Ages	260 (100.0%)

AI/AN Suicides by State

Idaho had the fewest number of AI/AN deaths from suicide, but the highest age-adjusted suicide rate among the three states. Oregon had the lowest rate, while Washington's rate was similar to Northwest region's rate.

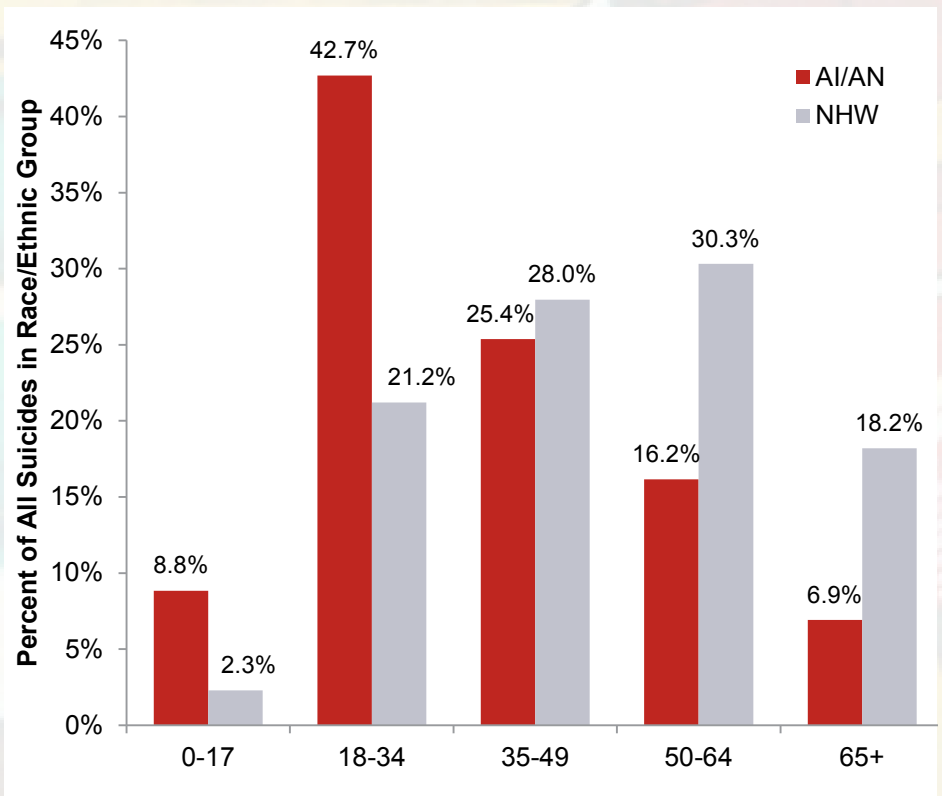


95% CI = 95% Confidence Interval

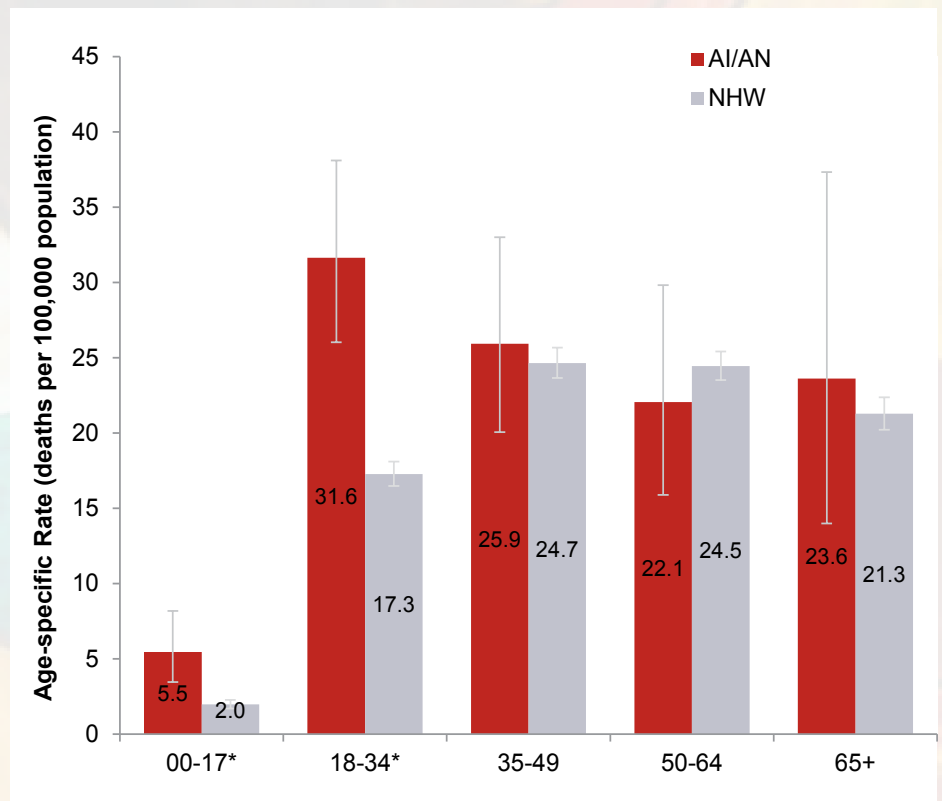
Northwest Region Rate: 21.3 per 100,000
95% CI: 18.5 - 24.5

Age at Death

In the Northwest, AI/ANs who completed suicide tended to be younger than non-Hispanic Whites (NHW) who completed suicide. A higher proportion of AI/AN suicides were in the younger (0-17 and 18-34) age groups, while more NHW suicides were in the older (50-64 and 65+) age groups.



Another way to examine age at death is to compare age-specific suicide rates. For Northwest AI/ANs, those in the youngest age group (ages 0-17) had the lowest suicide rate, while young adults (ages 18-34) had the highest suicide rate. AI/ANs in the 0-17 age group had the largest disparity in suicide rates, with a rate that was 2.8 times higher compared to their NHW counterparts. Among 18-34 year olds, the AI/AN suicide rate was 1.8 times higher than the NHW rate.

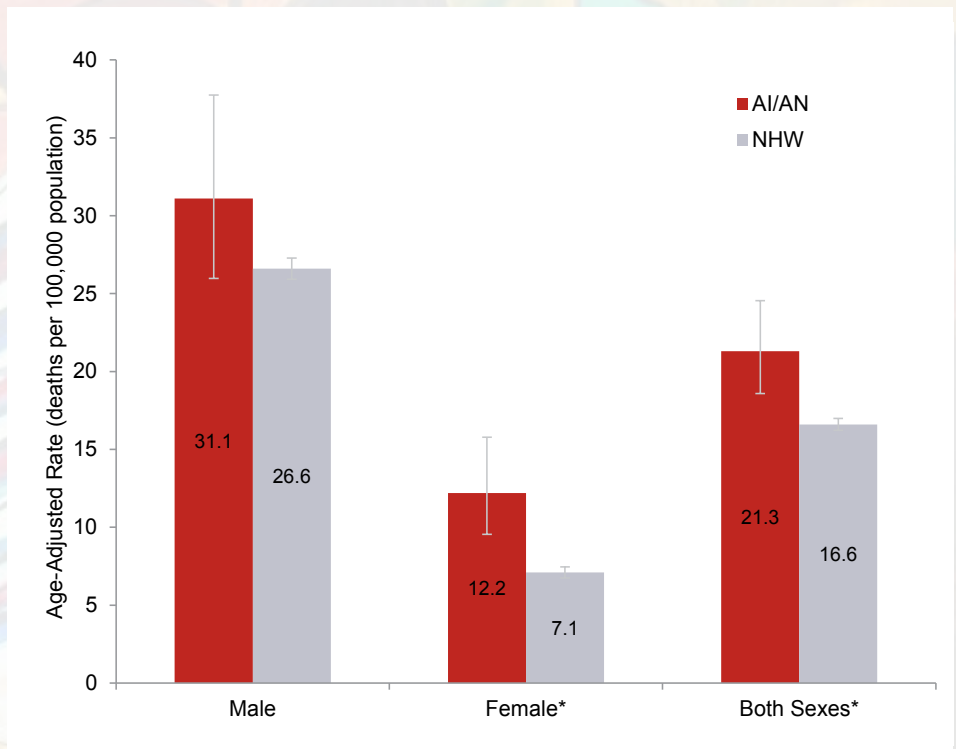


*AI/AN rate significantly higher than NHW rate ($p < 0.05$)

Disparities in Suicide Rates

The age-adjusted suicide rate for AI/ANs of both sexes was 21.3 deaths per 100,000 population. This was 28% higher than the rate for NHWs in the region - a statistically significant difference. AI/AN females also had significantly higher suicide rates compared to their NHW counterparts, with a rate that was 72% higher.

For both AI/ANs and NHWs in the Northwest, men had significantly higher suicide rates compared to women. The rate for AI/AN men was 2.5 times higher than the rate for AI/AN women.



*AI/AN rate significantly higher than NHW rate ($p < 0.05$)

Suicide Method

From 2008 to 2012, firearms were involved in 42.7% of AI/AN suicide deaths in the Northwest. There were gender and age differences in the methods used by AI/ANs who completed suicide. AI/AN males were most likely to use firearms or suffocation, while a smaller percentage died from self-poisoning. AI/AN females were more likely to die from self-poisoning or suffocation. Suffocation was the leading method for AI/ANs under the age of 35, while firearms were the leading method for those over 35 years of age.

Rank	All AI/AN N (%)	AI/AN Males N (%)	AI/AN Females N (%)	AI/AN Ages 0-34 N (%)	AI/AN Ages 35+ N (%)	All NHW N (%)
1	Firearm 111 (42.7%)	Firearm 96 (52.5%)	Self-Poisoning 30 (39.0%)	Hanging, Strangulation, or Suffocation 63 (47.0%)	Firearm 63 (50.0%)	Firearm 4,577 (54.6%)
2	Hanging, Strangulation, or Suffocation 84 (32.3%)	Hanging, Strangulation, or Suffocation 59 (32.2%)	Hanging, Strangulation, or Suffocation 25 (32.5%)	Firearm 48 (35.8%)	Self-poisoning 31 (24.6%)	Self-poisoning 1,619 (19.3%)
3	Self-Poisoning 42 (16.2%)	Self-Poisoning 12 (6.6%)	Firearm 15 (19.5%)	Self-poisoning 11 (8.2%)	Hanging, Strangulation, or Suffocation 21 (16.7%)	Hanging, Strangulation, or Suffocation 1,556 (18.5%)
Total Suicide Deaths	260	183	77	134	126	8,389



THRIVE stands for Tribal Health: Reaching out InVolves Everyone and is the suicide prevention project at the Northwest Portland Area Indian Health Board. The THRIVE project serves the 43 federally recognized Tribes in Idaho, Oregon, and Washington. THRIVE develops and disseminates culturally-appropriate prevention materials and resources, provides suicide prevention training and technical assistance, and offers financial support to NW Tribes who are interested in implementing suicide prevention activities in their local communities. THRIVE staff are trainers of Question Persuade Refer (QPR) and Applied Suicide Intervention Skills Training (ASIST) and provide these to the NW Tribes for low to no-cost when requested. To view, download, and print any of our materials, please visit:

<http://www.npaihb.org/epicenter/project/thrive>

Data Notes

Definitions and Abbreviations

AI/AN: American Indian/Alaska Native

N: Number of Suicide Deaths

%: Percent

NHW: Non-Hispanic White

Age-adjusted rate: A rate that controls for different age distributions in populations, which allows for accurate comparisons between populations

95% CI: 95% Confidence interval

Methods and Data Sources

- Data Sources: Death certificates from the Idaho Bureau of Vital Records and Health Statistics, the Oregon Center for Health Statistics, and the Washington Center for Health Statistics, corrected for AI/AN misclassification
- AI/AN data include American Indian or Alaska Native (alone or in combination with another race) residents of Idaho, Oregon, and Washington.
- Suicide deaths include records with the following ICD-10 codes for underlying cause of death: X60-X84, Y87.0
- Rates are age-adjusted to the 2000 US Standard population and represent the number of deaths that occurred in a population during the specified time period, per 100,000 population.
- The data presented may not be comparable to information published by state or federal agencies due to differences in how we identify AI/AN individuals.

Racial Misclassification

AI/AN are often incorrectly classified as another race (usually White) in health data systems. Racial misclassification makes it difficult to accurately measure and report on outcomes like suicide. The Improving Data and Enhancing Access - Northwest (IDEA-NW) project works with state health departments to correct AI/AN misclassification through record linkages with the Northwest Tribal Registry. Without this correction, the data used for this fact sheet would have undercounted AI/AN suicides by 33 deaths and underestimated the age-adjusted rate by 17%.

Contact

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