

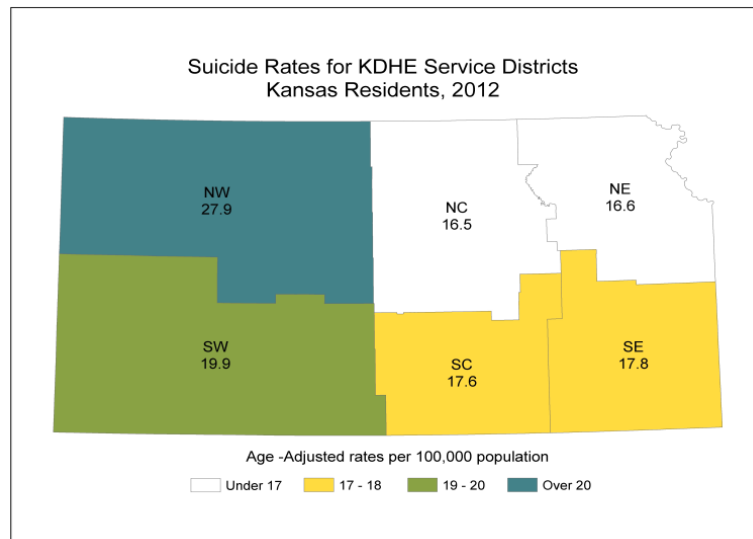
Suicide in Kansas, 2012

Preliminary U.S. data for 2011 (the most recent year available) showed suicide was the 10th leading cause of death, responsible for 38,285 deaths. [1] Suicide was also the 10th leading cause of death in Kansas in 2012, responsible for 505 deaths. [2] This was the highest number of suicides reported in any Kansas Summary of Vital Statistics from 1949 to 2012, and the Kansas age-adjusted suicide death rate (17.6 per 100,000 population) was also the highest reported in that period. This rate is much higher than the goal set by the Healthy People 2020 project, 10.2 suicide deaths per 100,000 population.[3]

Kansas Highlights

- There were 505 Kansas resident suicides in 2012, up 31.5 percent from 384 in 2011.
- The age-adjusted suicide death rate for Kansas residents in 2012 was 17.6 deaths per 100,000 population, up 31.3 percent from 13.4 deaths per 100,000 population in 2011.

- Northwest Kansas had the highest age-adjusted suicide rate (27.9 deaths per 100,000 population) in 2012, while North Central Kansas had the lowest age-adjusted suicide rate (16.5 deaths per 100,000 population), but due to the small number of events, the difference was not statistically significant.[4]



- Men are much more likely to die by suicide than women. In 2012 there were 413 Kansas resident male suicide deaths, compared to 92 female suicide deaths. The age-adjusted suicide death rates were 29.0 deaths per 100,000 for Kansas resident males and 6.6 deaths per 100,000 Kansas resident females.
- White non-Hispanics had more suicides (443) than any other Kansas population group in 2012, as well as the highest age-adjusted suicide death rate (19.4 deaths per 100,000 group population).
- Age-group 45-54 had more suicides than any other age-group (110) in 2012, as well as the highest age-specific suicide rate (28.3 deaths per 100,000 group population).

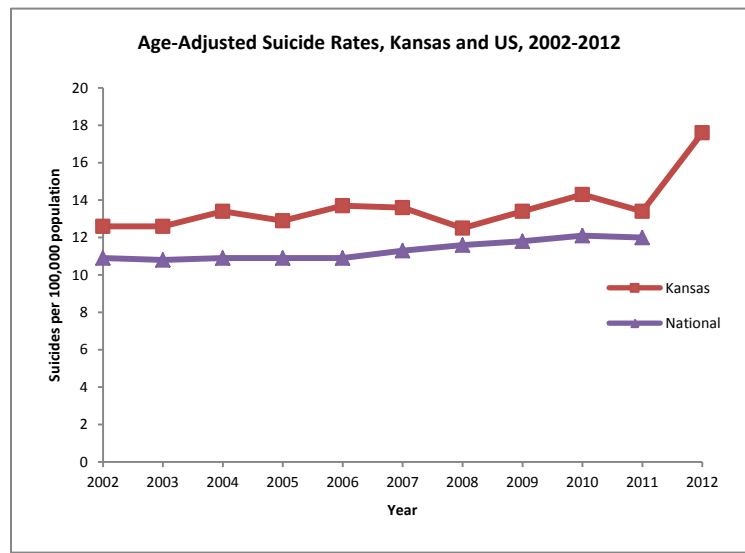
More Kansas Health Statistics and Publications

- For a list of all publications issued by KDHE go to http://www.kdheks.gov/data_reports_stats.htm.
 - Visit Kansas Information for Communities (KIC) the department's online data query tool at <http://kic.kdhe.state.ks.us/kic/index.html>.
- Community Health Needs Assessment information at <http://www.kansashealthmatters.org/>.

- Firearms accounted for a majority (58.8%) of Kansas resident suicide deaths in 2012, a slight decline from 59.9 percent of all suicide deaths in 2011. Suffocation, the second most common method of suicide, accounted for 22.4 percent of all suicide deaths in 2012, unchanged from 2011.

State and National Comparisons

The Kansas suicide rate has been higher than the national rate since 2002. In 2011 (the latest year for which national data has been published), the Kansas suicide rate (13.4 suicides per 100,000 population) was 11.7% higher than the national rate (12.0 suicides per 100,000 population). (National results for 2012 have not yet been released.)



Want to know more about suicide?

For information about Kansas suicide prevention programs, visit the webpage of the Injury and Disability Program (part of KDHE's Bureau of Health Promotion), http://www.kdheks.gov/idp/state_suicide_prevention.html.

For information about suicide prevention counseling services, visit the webpage of Headquarters, Inc., a Lawrence-based suicide prevention counseling center, <http://www.headquarterscounselingcenter.org/>.

Authors: David Oakley, Cathryn Savage, Joy Crevoisserat, Greg Crawford

Acknowledgements: Laurel Stanley

Related References:

- (1) Hoyert DL, Xu JQ. Deaths: Preliminary data for 2011. National vital statistics reports; vol 61 no 6. Hyattsville, MD: National Center for Health Statistics. 2012. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf. Accessed October 15, 2013.
- (2) Oakley D, Crawford G, Savage C. 2012 Kansas Annual Summary of Vital Statistics. Topeka, KS: Kansas Department of Health and Environment, 2013.
- (3) Healthy People 2020 suicide targets available at <http://healthypeople.gov/2020/topicsobjectives2020/TechSpecs.aspx?hp2020id=MHMD-1>. Accessed October 15, 2013.
- (4) Differences in age-adjusted rates may be assumed to be statistically significant unless it is explicitly stated that they are not.