

County-Level Trends and Potential Disparities in the Suicide Rates in Virginia

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Outline

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 - Research Question
 - Aim of the study
- Methods
- Results and Interpretation
- Recommendations
- Conclusion
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 - Biblical view





INTRODUCTION



Background

- Suicide is one of the leading causes of death in the United States and a significant public health problem in Virginia.
- According to the Centers for Disease Control and Prevention (CDC), Virginia had a suicide rate of 13.44 per 100,000 in 2020, which is close to the national average of 13.48 per 100,000.¹



Suicide Data: Virginia



Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2020 data from the CDC, the most current verified data available at time of publication (March 2022).

11th leading cause of death in Virginia

2nd leading
cause of death for ages 10-24

2nd leading
cause of death for ages 25-34

4th leading
cause of death for ages 35-44

7th leading
cause of death for ages 45-54

9th leading
cause of death for ages 55-64

17th leading
cause of death for ages 65+

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Virginia	1,202	13.44	35
Nationally	45,979	13.48	

See full list of citations at afsp.org/statistics.

57.45% of communities did not have enough mental health providers to serve residents in 2021, according to federal guidelines.

Almost **five times** as many people died by suicide in 2019 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of **24,978 years** of potential life lost (YPLL) before age 65.

59% of firearm deaths were suicides.

58% of all suicides were by firearms.

afsp.org/statistics



Fig. 1 Suicide Data: Virginia from: American Foundation for Suicide Prevention. “Pictured is a factsheet on Virginia Suicide Data.”, n.d., <https://afsp.org/facts/virginia> Accessed March 20, 2023, Creative Commons BY-SA 2.0.

Research Question

- What social determinants of health contribute to suicide rate disparities among Virginia counties?



Aim of the Study

- To identify potential factors associated with the observed disparities in suicide rates across different counties in Virginia





METHODS



Methods

- Secondary Data Analysis
 - Data were collected from County Health Rankings and the CDC databases
 - Databases only contained data from 2020 - 2022
- Variables:
 - Suicide Rate (Age-Adjusted)
 - Social determinants of health: race, median household income, high school graduation rate, mental health provider rate, and geolocation (rural, suburban, and urban)
- Data were analyzed using IBM® SPSS® Statistics v.29
 - Multiple regression
- Data were visualized using Tableau





RESULTS



Suicide Deaths 2020

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.414 ^a	.172	.131	5.55687

a. Predictors: (Constant), % Unemployed, Mental Health Provider Rate, High School Graduation Rate, %Rural, Median Household Income

b. Dependent Variable: Suicide Rate (Age-Adjusted)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	646.964	5	129.393	4.190	.002 ^b
	Residual	3118.756	101	30.879		
	Total	3765.720	106			

a. Dependent Variable: Suicide Rate (Age-Adjusted)

b. Predictors: (Constant), % Unemployed, Mental Health Provider Rate, High School Graduation Rate, %Rural, Median Household Income

Model		Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics		
		B	Std. Error				Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF	
1	(Constant)	7.783	13.357		.583	.561	-18.713	34.279						
	%Rural	.037	.019	.240	1.905	.060	-.002	.075	.294	.186	.172	.518	1.930	
	Mental Health Provider Rate	.002	.004	.068	.595	.553	-.005	.010	-.128	.059	.054	.619	1.615	
	Median Household Income	-6.329E-5	.000	-.236	-1.808	.074	.000	.000	-.343	-.177	-.164	.480	2.085	
	High School Graduation Rate	.093	.137	.071	.677	.500	-.180	.365	.016	.067	.061	.739	1.353	
	% Unemployed	.811	.952	.106	.853	.396	-1.076	2.699	.262	.085	.077	.527	1.898	

a. Dependent Variable: Suicide Rate (Age-Adjusted)

Fig. 2 A multiple regression was run to predict the age-adjusted suicide rate by geolocation – labeled as %rural (rural, suburban, and urban), mental health provider rate, median household income, high school graduation, and unemployment rates. These variables significantly predicted the suicide age-adjusted rate, $F(5, 101) = 4.190$, $p = .002$, $R^2 = .172$ (17.2%). None of the predictors individually added a statistical significance to the prediction, $p < .05$



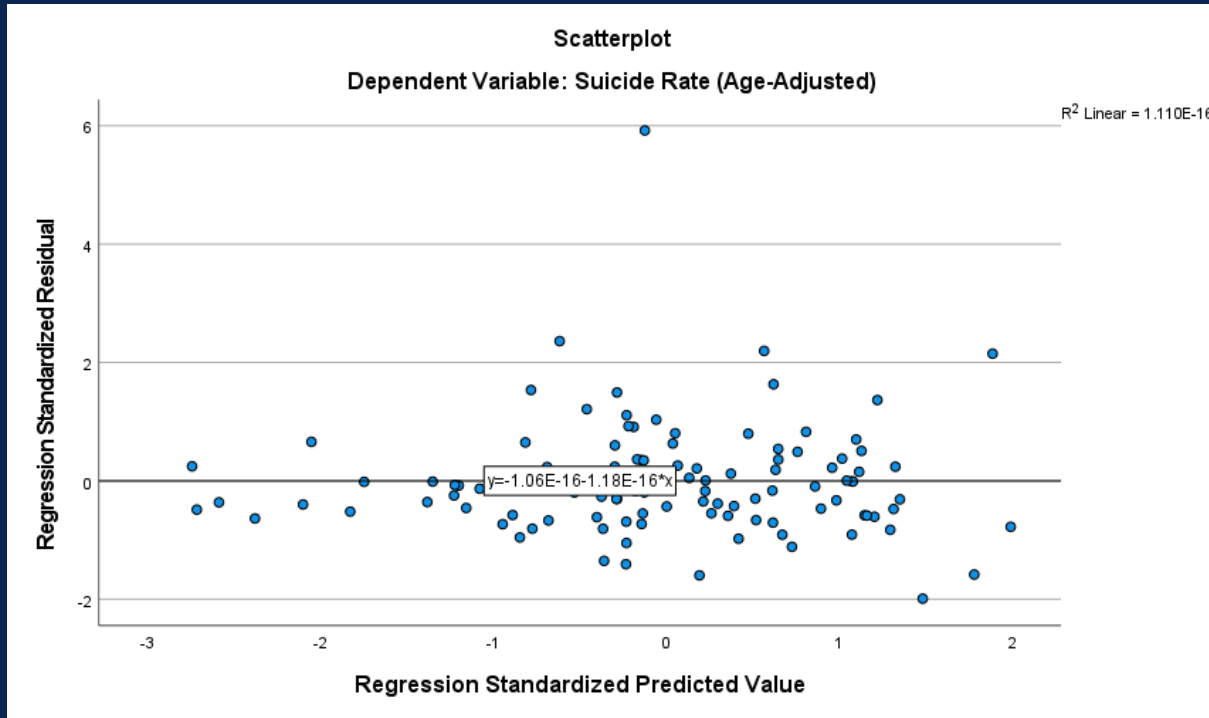


Fig. 3 A standardized residuals against predicted value shows the relationship between the response variable and predictor variables. The variables are randomly scattered around zero, and there is the presence of a few outliers



Suicide Deaths 2021

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.498 ^a	.248	.210	5.06652

a. Predictors: (Constant), % Unemployed, Mental Health Provider Rate, High School Graduation Rate, %Rural, Median Household Income

b. Dependent Variable: Suicide Rate (Age-Adjusted)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	838.557	5	167.711	6.533	<.001 ^b
	Residual	2541.291	99	25.670		
	Total	3379.848	104			

a. Dependent Variable: Suicide Rate (Age-Adjusted)

b. Predictors: (Constant), % Unemployed, Mental Health Provider Rate, High School Graduation Rate, %Rural, Median Household Income

Model		Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics		
		B	Std. Error				Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF	
1	(Constant)	15.550	9.673		1.608	.111	-3.643	34.744						
	%Rural	.034	.017	.238	1.957	.053	.000	.069	.349	.193	.171	.515	1.943	
	Mental Health Provider Rate	.001	.003	.020	.184	.854	-0.006	.007	-.179	.019	.016	.621	1.611	
	Median Household Income	-9.788E-5	.000	-.397	-3.090	.003	.000	.000	-4.26	-.297	-.269	.460	2.173	
	High School Graduation Rate	.077	.101	.077	.759	.450	-1.24	.278	.035	.076	.066	.746	1.340	
	% Unemployed	-.079	.920	-.010	-.086	.932	-1.903	1.746	.275	-.009	-.007	.511	1.957	

a. Dependent Variable: Suicide Rate (Age-Adjusted)

Fig. 4 A multiple regression was run to predict the age-adjusted suicide rate by geolocation – labeled as %rural (rural, suburban, and urban), mental health provider rate, median household income, high school graduation, and unemployment rates. These variables significantly predicted the suicide age-adjusted rate, $F(5, 99) = 6.533, p < .001, R^2 = .248(24.8\%)$. Only median household income was statistically significant to the prediction, $p < .05$



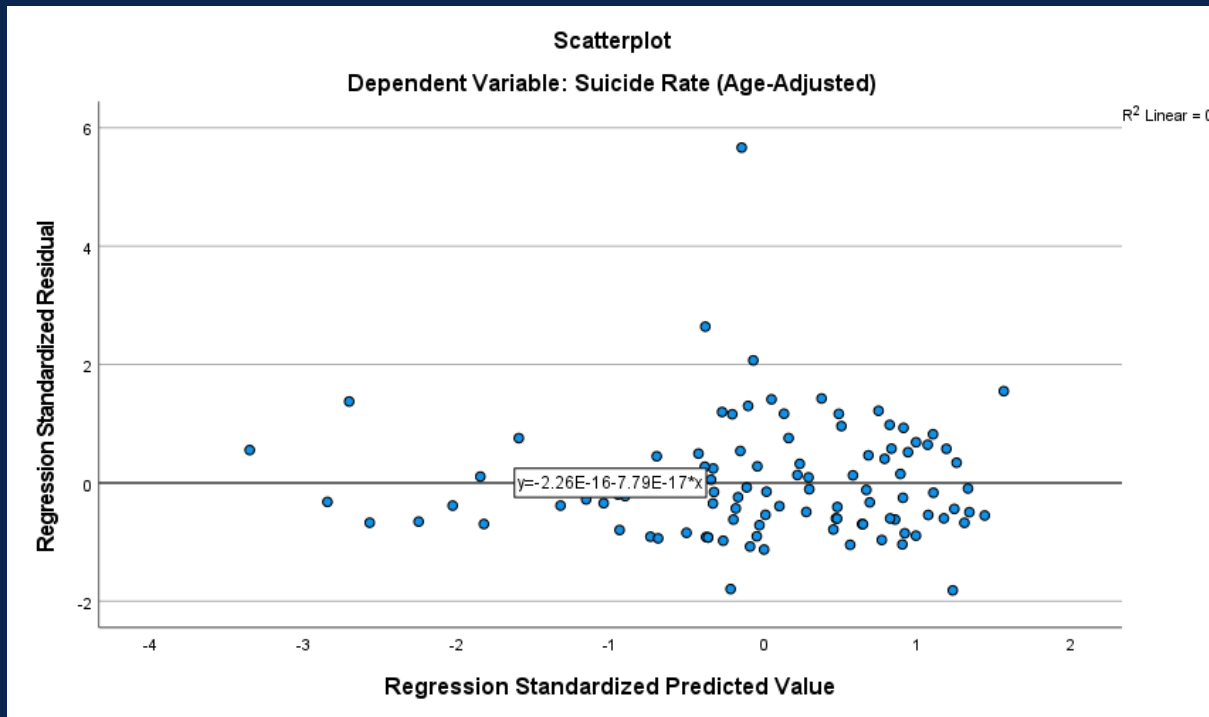


Fig. 5 A standardized residuals versus predicted value shows the relationship between the response variable and predictor variables. The variables are randomly scattered around zero, and there is the presence of a few outliers



Suicide Deaths 2022

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.475 ^a	.225	.187	5.47126

a. Predictors: (Constant), % Unemployed, Mental Health Provider Rate, High School Graduation Rate, Median Household Income, % Rural

b. Dependent Variable: Suicide Rate (Age-Adjusted)

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	887.432	5	177.486	5.929	<.001 ^b
	Residual	3053.336	102	29.935		
	Total	3940.769	107			

a. Dependent Variable: Suicide Rate (Age-Adjusted)

b. Predictors: (Constant), % Unemployed, Mental Health Provider Rate, High School Graduation Rate, Median Household Income, % Rural

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics		
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF	
1	(Constant)	5.328	11.543		.462	.645	-17.568	28.225						
	% Rural	.024	.020	.159	1.215	.227	-.015	.064	.256	.119	.106	.446	2.242	
	Mental Health Provider Rate	.001	.003	.053	.487	.627	-.004	.007	-.126	.048	.042	.635	1.574	
	Median Household Income	-9.927E-5	.000	-.393	-3.189	.002	.000	.000	-.423	-.301	-.278	.500	2.000	
	High School Graduation Rate	.179	.108	.174	1.660	.100	-.035	.393	.071	.162	.145	.692	1.444	
	% Unemployed	.301	.500	.080	.602	.548	-.691	1.293	.160	.060	.052	.431	2.321	

a. Dependent Variable: Suicide Rate (Age-Adjusted)

Fig. 6 A multiple regression was run to predict the age-adjusted rate of suicide by geolocation – labeled as %rural (rural, suburban, and urban), mental health provider rate, median household income, high school graduation, and unemployment rates. These variables significantly predicted the suicide age-adjusted rate, $F(5, 102) = 5.929, p < .001, R^2 = .225(22.5\%)$. Only median household income was statistically significant to the prediction, $p < .05$



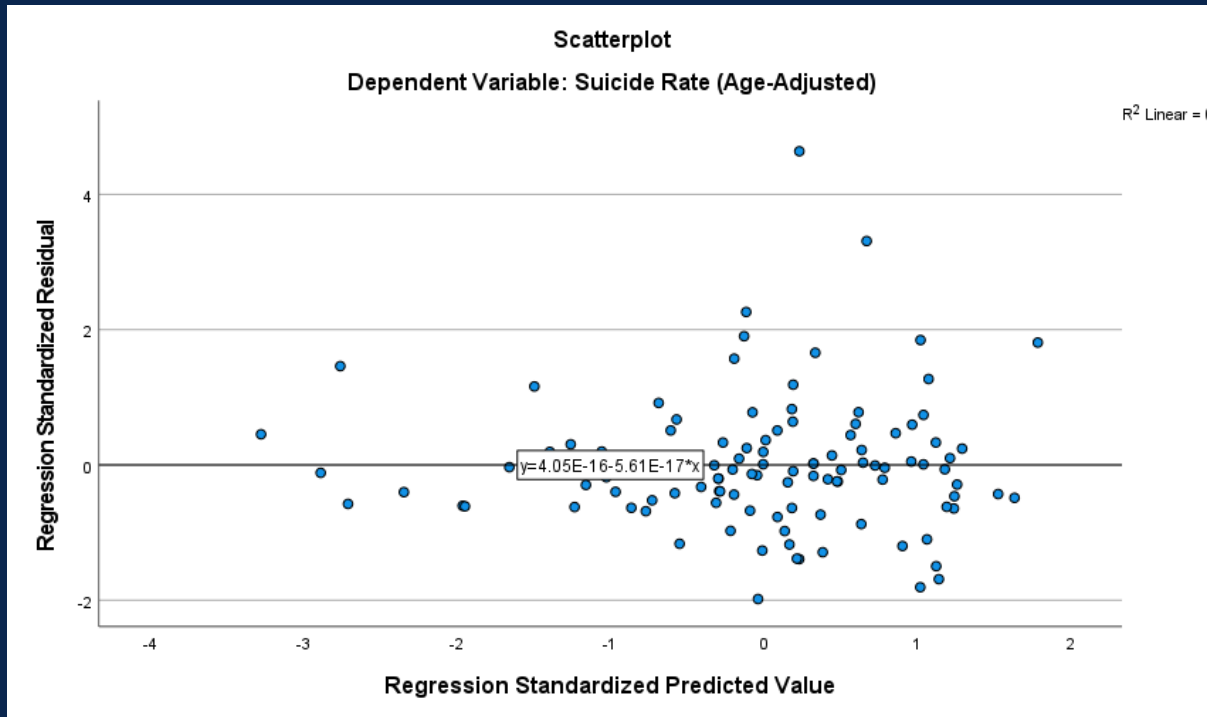


Fig. 7 A standardized residuals versus predicted value shows the relationship between the response variable and predictor variables. The variables are randomly scattered around zero, and there is the presence of a few outliers.



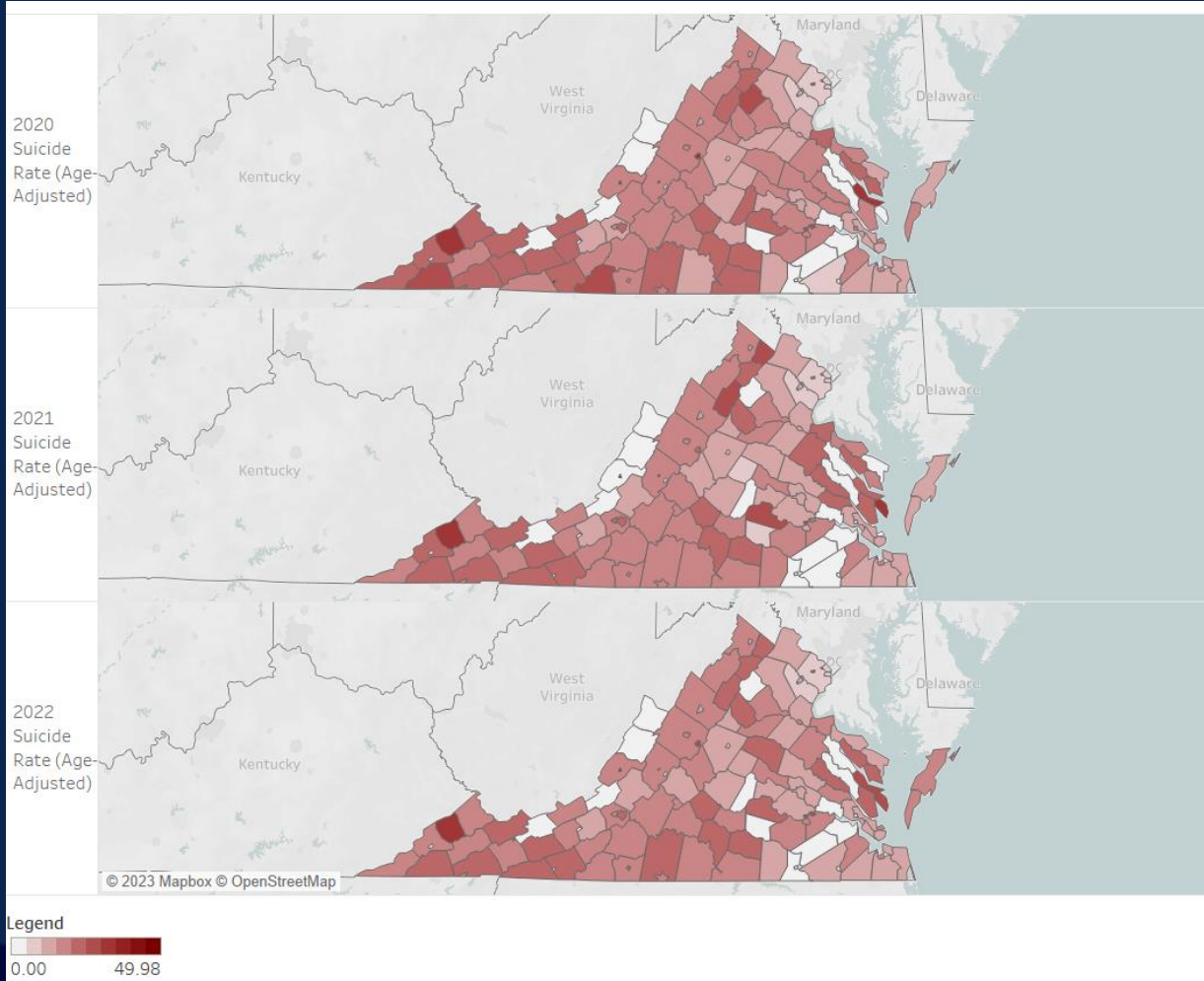


Fig. 8 A 2020 – 2022 map of Virginia showing the distribution of age-adjusted suicide rates per county.



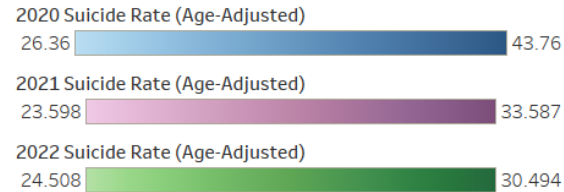
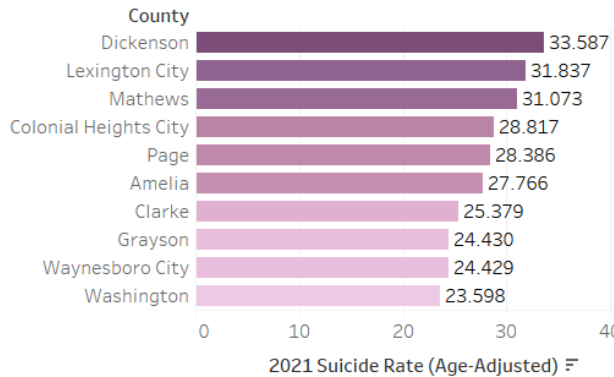
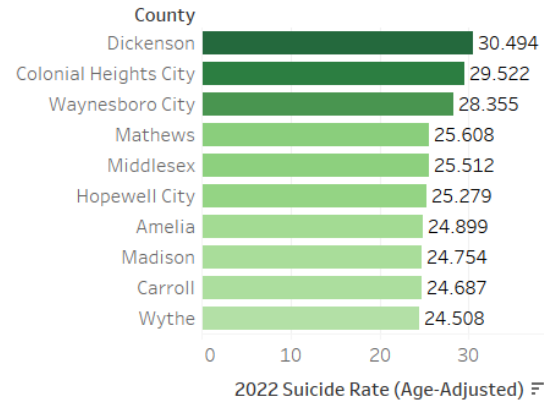
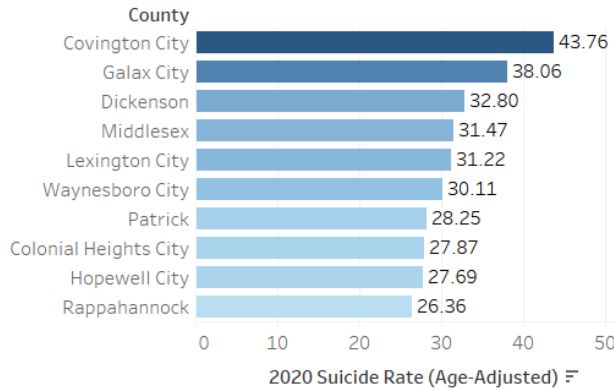


Fig. 9 Top ten counties based on the age-adjusted suicide rates (2020 – 2022)

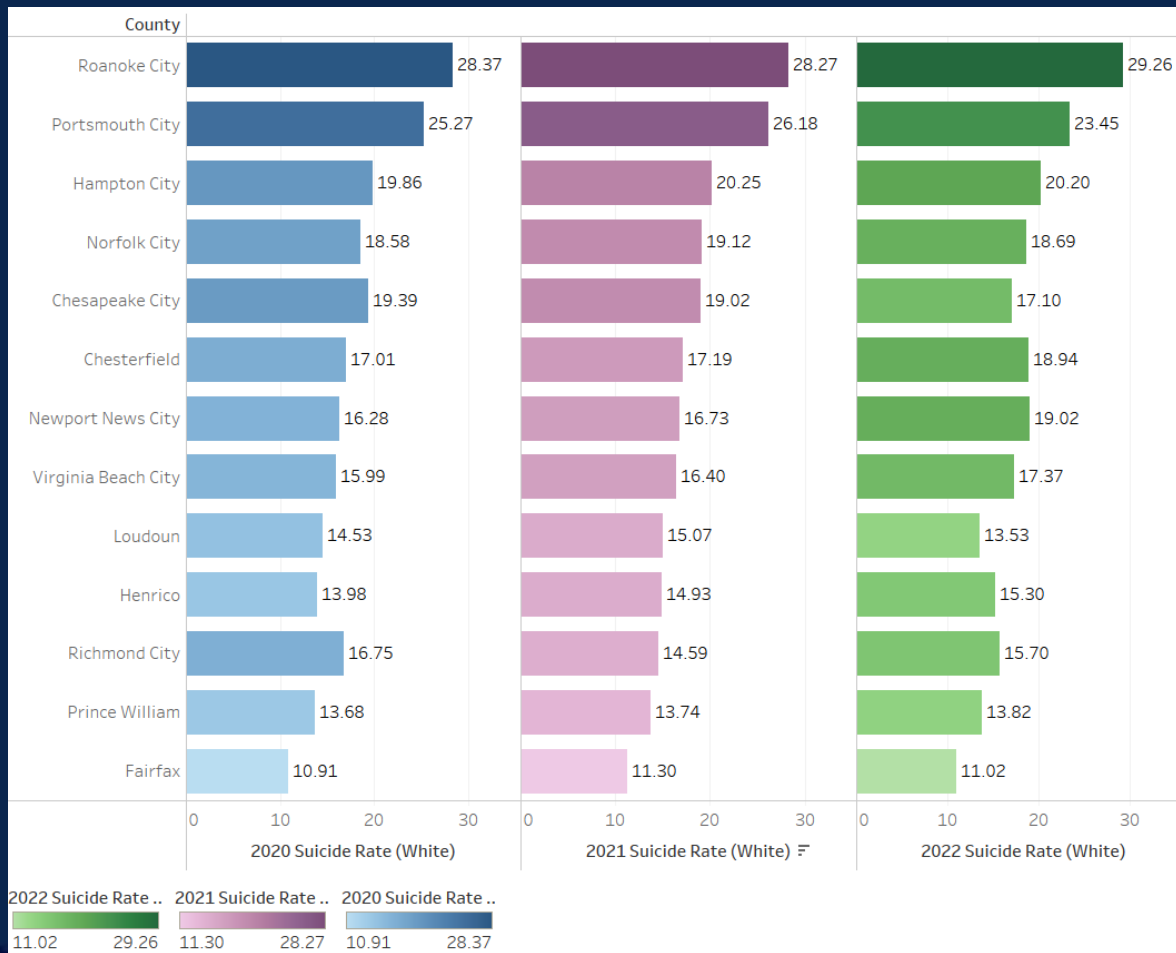


Fig. 10 Suicide rates among Non-Hispanic White per county (2020 – 2022)



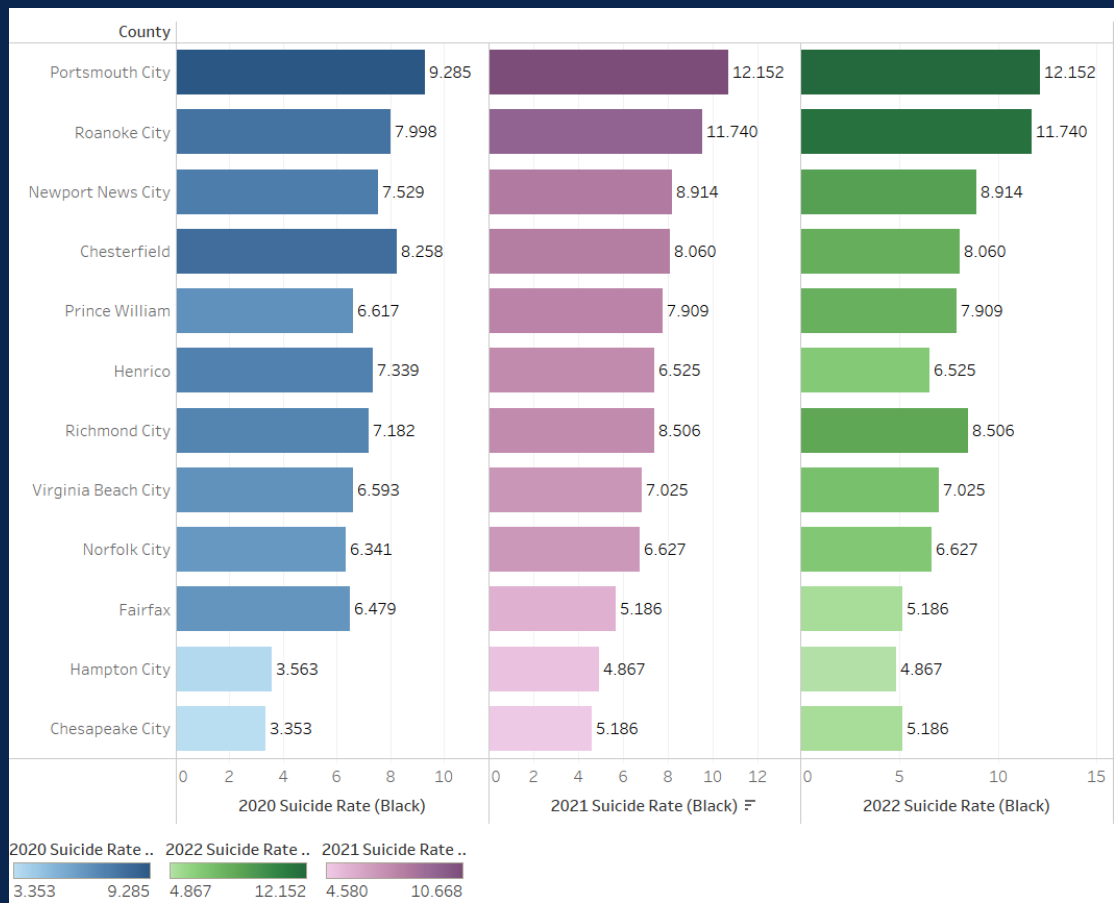


Fig. 11 Suicide rates among African American per county (2020 – 2022)



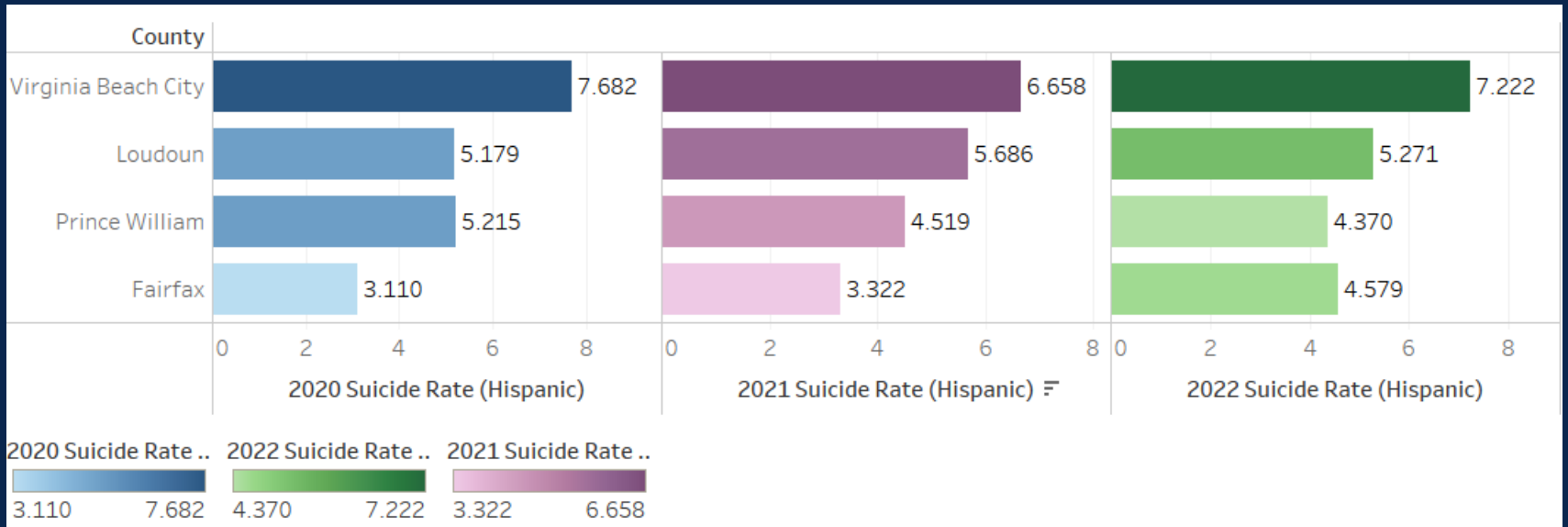


Fig. 12 Suicide rates among Hispanic per county (2020 – 2022)



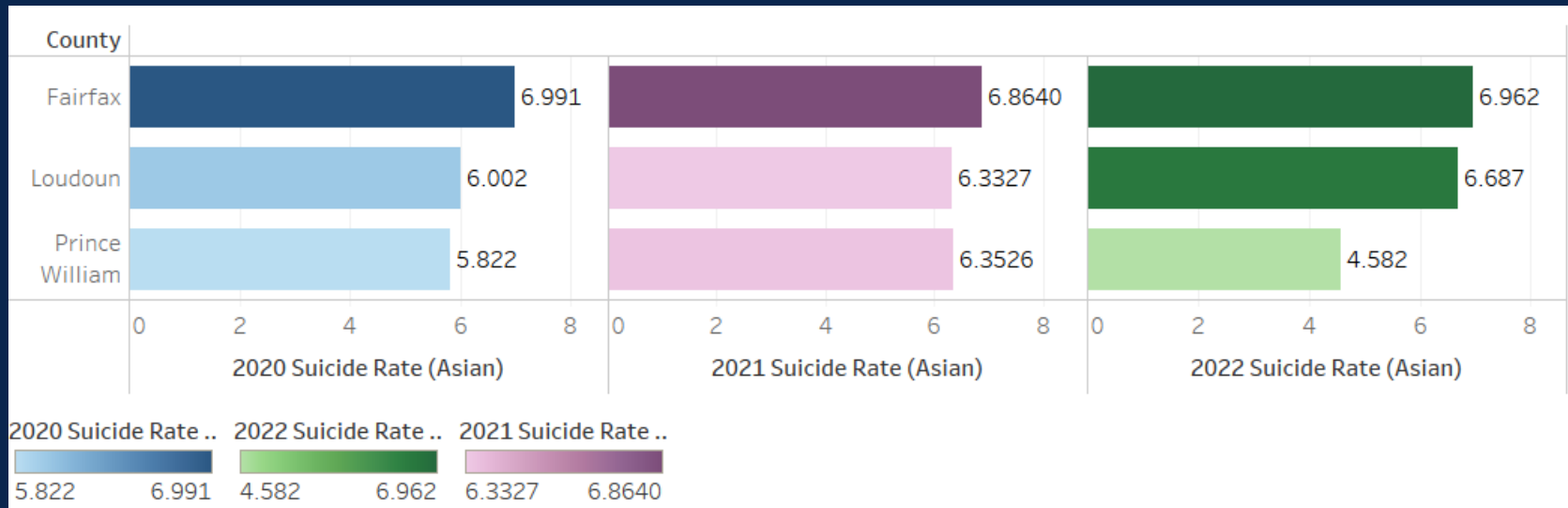


Fig. 13 Suicide rates among Asian per counties (2020 – 2022)



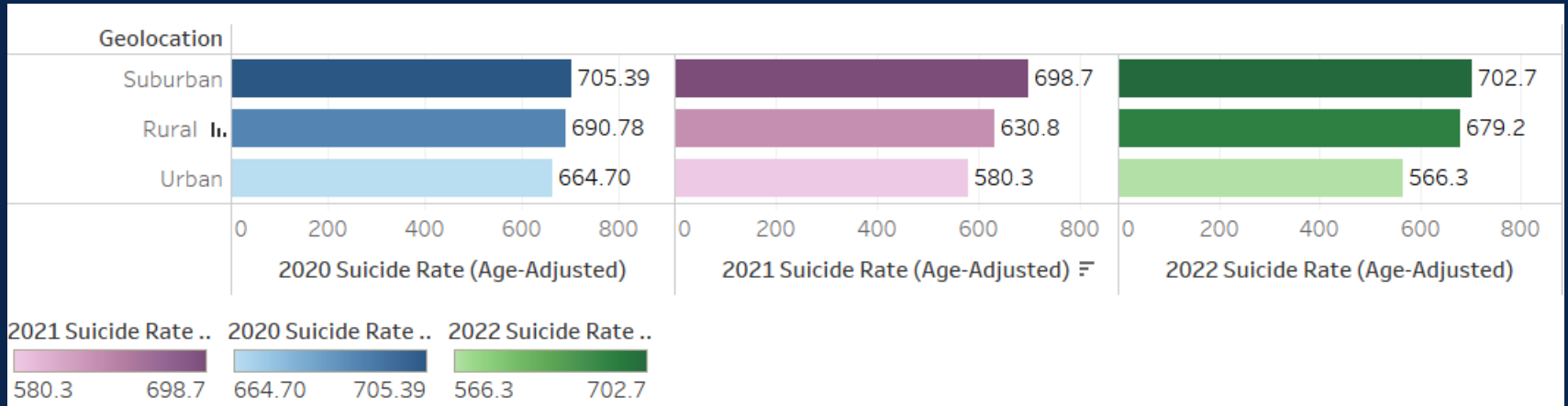


Fig. 14 Sum of suicide rates (Age-adjusted) by geolocation in Virginia. (2020 – 2022)





RECOMMENDATIIONS



Recommendations

- Expand access to crisis intervention services
 - Hotlines, mobile crisis teams for immediate support to individuals experiencing suicidal thoughts or behaviors
- Reduce access to lethal means
 - Firearms, medications, etc.
- Implement suicide prevention training
 - Focuses on identifying warning signs of suicide, providing support, and connecting individuals to resources



Recommendations

- Improving access to mental health resources, particularly in underserved communities
 - Therapy and counseling
 - Increase funding for Mental health services
- Implementing policies to reduce the stigma around seeking mental health treatment.
 - Policies could include public awareness campaigns
 - Education and training program
 - Employee assistance programs
 - Mental health insurance coverage while focusing on diversity, equity and inclusion.





CONCLUSION



Future Goals and Research

- Improve data collection and analysis
 - Intersectionality: race, ethnicity, gender, sexuality, etc.
- Improve historical trends
- Cultural factors
 - Attitudes and beliefs



Biblical View

- From a Christian worldview, suicide is regarded as a severe and tragic issue that has significant implications for the individual who takes their own life and the loved ones who are left behind
- In Psalm 55:22," Cast your cares on the Lord and He will sustain you; He will never let the righteous be shaken"
- 1 Peter 5:7," Cast all your anxiety on him because he cares for you"



Biblical View

- Role of Christians in this research:
 - Love and serve
 - Advocate for policies
 - Implement programs in churches
 - Offer counseling services



References

1. Suicides in Virginia. County Health Rankings & Roadmaps.
<https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors/community-safety/suicides?year=2022&state=51&tab=1>. Accessed March 20, 2023.

