



SUICIDE PREVENTION

GAPS AND NEEDS ANALYSIS, DEC. 2023

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SUICIDE PREVENTION GAPS AND NEEDS ANALYSIS

South Central Public Health District

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Purpose and Background

The purpose of this project is to review previously conducted needs and resources assessments related to suicide prevention in Public Health District 5. Then that data is compared to the Idaho Suicide Prevention Plan's nine goals, and focus's on areas of improvement for suicide prevention. "In 2021, Suicide was the 9th leading cause of death in the United States, and in Idaho for people ages 10 – 64 (Facts About Suicide | Suicide | CDC, 2023)."

In the most recent year with available data (2022), there were 441 deaths, resulting in a suicide death rate of 27.2 per 100,000 Idahoans. Idaho has the 39th highest rate of suicide deaths in the U.S. In the past five years, 2,032 Idaho residents died from suicide. The number of deaths per year ranged from 418 deaths in 2018, 365 deaths in 2019, 421 deaths in 2020, 387 deaths in 2021 and 441 deaths in 2022 (Idaho Violent Death Reporting System, 2023).

Public Health District 5, which includes Blaine County, Camas County, Cassia County, Gooding County, Jerome County, Lincoln County, Minidoka County, and Twin Falls County, consistently experiences high suicide rates compared to other Health Districts in Idaho, with the most recent years (2018-2022) aggregate average rate of 26.5 per 100,000 compared to the state rate of 24 per 100,000 (Idaho Violent Death Reporting System, 2023).

Demographic Information

Idaho's Public Health District 5 (PHD5) is located in South Central Idaho and includes eight counties: Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls. The region covers over 11,504 square miles bordering Nevada and Utah to the south and extending to its northernmost area, the Wood River Valley. The land includes beautiful mountains, lakes, reservoirs, the Snake River Canyon, Shoshone Falls, and a vast area of farmland and dairies (Idaho Land Area County Rank, 2023).

When comparing PHD5 data to that of the United States and to the state of Idaho, PHD5 has a larger proportion of children. PHD5 also has a higher percentage of Hispanic or Latino people, more than double the percentages of the rest of Idaho. South Central Idahoans have significantly lower median income than the United States. People in Idaho make about \$4,935 less per year than the rest of the United States. At the same time, PHD5's poverty rate is higher than other U.S. and Idaho rates. The percentage of people living in Idaho without private or public health insurance coverage is higher than the average found in the United States. Graduation rates in PHD5 are lower than the U.S. and Idaho, and only 20.2% of those over the age of 25 have a bachelors degree (U.S. Census Bureau QuickFacts, 2023).

United States voter registration data reveal that there are more registered Democrats than Republicans and approximately 1/3 of voters reaffiliated with other political parties or remain unaffiliated politically (Ballotpedia, 2023). In Idaho there are 989,524 registered voters. More than half are Republican at 58.2% and Democrats are at 12.7%. That leaves the remaining registered voters unattached or unaffiliated at 29.1%. In PHD5 more than half of all registered voters are Republican at 60%, about 28% remain unaffiliated and 12% are Democrat (Idaho Secretary of State, 2023).

County Health Rankings & Roadmaps

A collaboration between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, is working to improve health outcomes for all. Across the country there are significant differences in health outcomes from one county to the next and among racial/ethnic groups. For example, Blacks, Native Americans and Hispanics have consistently faced barriers to opportunity and good health. Health disparities emerge when some individuals gain more than others from consistently better access to opportunities and resources over the course of their lives. Increasing opportunities for everyone can reduce gaps in health. For instance, providing better access to high-quality education and enrichment opportunities boosts workforce skills that are key to landing a good job and for upward economic mobility (County Health Rankings & Roadmaps, 2023).

Census Report Table 1

| | Public Health District 5 | Idaho | United States |
|--|--------------------------|-----------|---------------|
| Population Estimates, July 1, 2022 | 213,919 | 1,938,996 | 333,271,411 |
| Persons under 18 years, percent | 25.85% | 23.90% | 21.70% |
| Persons 65 years and over, percent | 17.60% | 17.00% | 17.30% |
| Female persons, percent | 48.85% | 49.60% | 50.40% |
| Race and Hispanic Origin | | | |
| White alone, percent | 93.65% | 92.60% | 75.50% |
| Black or African American alone, percent | 0.76% | 1.00% | 13.60% |
| American Indian and Alaska Native alone, percent | 1.90% | 1.70% | 1.30% |
| Asian alone, percent | 0.89% | 1.70% | 6.30% |
| Native Hawaiian and Other Pacific Islander alone, percent | 0.23% | 0.20% | 0.30% |
| Two or More Races, percent | 2.26% | 2.80% | 3.00% |
| Hispanic or Latino, percent | 27.20% | 13.50% | 19.10% |
| Population Characteristics | | | |
| Veterans, 2017-2021 | 10,994 | 119,733 | 17,038,807 |
| Foreign born persons, percent, 2017-2021 | 11.80% | 5.70% | 13.70% |
| Housing | | | |
| Median selected monthly owner costs -with a mortgage, 2017-2021 | \$1,346 | \$1,520 | \$1,828 |
| Median gross rent, 2017-2021 | \$920 | \$1,061 | \$1,268 |
| Families & Living Arrangements | | | |
| Households, 2017-2021 | 73,986 | 675,323 | 125,736,353 |
| Persons per household, 2017-2021 | 2.90 | 2.67 | 2.57 |
| Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021 | 88.81% | 83.80% | 86.60% |
| Language other than English spoken at home, percent of persons age 5 years+, 2017-2021 | 22.10% | 10.70% | 21.70% |
| Computer and Internet Use | | | |
| Households with a computer, percent, 2017-2021 | 93.55% | 95.20% | 94.00% |
| Households with a broadband Internet subscription, percent, 2017-2021 | 85.90% | 89.80% | 88.30% |
| Education | | | |
| High school graduate or higher, percent of persons age 25 years+, 2017-2021 | 83.66% | 91.40% | 89.10% |
| Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021 | 21.45% | 30.20% | 34.30% |
| Health | | | |
| With a disability, under age 65 years, percent, 2017-2021 | 8.50% | 9.70% | 8.90% |
| Persons without health insurance, under age 65 years, percent | 16.61% | 9.70% | 9.30% |
| Transportation | | | |
| Mean travel time to work (minutes), workers age 16 years+, 2017-2021 | 23.2 | 21.4 | 26.7 |
| Income & Poverty | | | |
| Median household income (in 2021 dollars), 2017-2021 | \$65,548 | \$70,214 | \$75,149 |
| Per capita income in past 12 months (in 2021 dollars), 2017-2021 | \$32,204 | \$34,919 | \$41,216 |
| Persons in poverty, percentage | 10.89% | 10.70% | 11.50% |
| Registered Voters | | | |
| Total | 91,669 | 989,524 | 123,696,642 |
| Republican | 54,741 | 576,381 | 36,391,714 |
| Democrat | 10,933 | 125,633 | 47,964,498 |
| Other | 25,995 | 287,510 | 40,412,438 |

Source: U.S. Census Bureau, 2023, Idaho Secretary of State, 2023, Ballotpedia, 2023

Census Report Table 2

| | Blaine, ID | Camas, ID | Cassia, ID | Gooding, ID |
|--|------------|-----------|------------|-------------|
| Population Estimates, July 1, 2022 | 24,866 | 1,153 | 25,655 | 15,715 |
| Persons under 18 years, percent | 19.00% | 21.80% | 30.70% | 25.60% |
| Persons 65 years and over, percent | 22.30% | 24.30% | 14.70% | 18.50% |
| Female persons, percent | 50.00% | 47.40% | 48.40% | 48.80% |
| Race and Hispanic Origin | | | | |
| White alone, percent | 94.20% | 94.10% | 94.10% | 93.50% |
| Black or African American alone, percent | 0.70% | 0.50% | 0.90% | 0.60% |
| American Indian and Alaska Native alone, percent | 1.60% | 1.40% | 1.90% | 2.40% |
| Asian alone, percent | 1.40% | 0.40% | 0.80% | 0.90% |
| Native Hawaiian and Other Pacific Islander alone, percent | 0.10% | 0.00% | 0.30% | 0.30% |
| Two or More Races, percent | 2.00% | 3.60% | 1.90% | 2.30% |
| Hispanic or Latino, percent | 23.70% | 9.00% | 28.70% | 30.00% |
| Population Characteristics | | | | |
| Veterans, 2017-2021 | 1,399 | 80 | 859 | 1,019 |
| Foreign born persons, percent, 2017-2021 | 17.00% | 1.30% | 9.70% | 12.40% |
| Housing | | | | |
| Median selected monthly owner costs -with a mortgage, 2017-2021 | \$1,941 | \$1,328 | \$1,222 | \$1,141 |
| Median gross rent, 2017-2021 | \$1,238 | \$925 | \$874 | \$841 |
| Families & Living Arrangements | | | | |
| Households, 2017-2021 | 9,298 | 323 | 8,8180 | 5,413 |
| Persons per household, 2017-2021 | 2.56 | 3.51 | 2.98 | 2.85 |
| Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021 | 90.10% | 92.80% | 85.90% | 91.60% |
| Language other than English spoken at home, percent of persons age 5 years+, 2017-2021 | 25.00% | 6.80% | 19.70% | 25.30% |
| Computer and Internet Use | | | | |
| Households with a computer, percent, 2017-2021 | 97.80% | 96.00% | 92.80% | 90.30% |
| Households with a broadband Internet subscription, percent, 2017-2021 | 93.90% | 85.40% | 87.20% | 79.50% |
| Education | | | | |
| High school graduate or higher, percent of persons age 25 years+, 2017-2021 | 91.80% | 87.20% | 85.70% | 79.00% |
| Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021 | 44.50% | 27.00% | 20.50% | 15.80% |
| Health | | | | |
| With a disability, under age 65 years, percent, 2017-2021 | 4.60% | 9.80% | 9.30% | 11.80% |
| Persons without health insurance, under age 65 years, percent | 15.10% | 16.50% | 14.80% | 17.90% |
| Transportation | | | | |
| Mean travel time to work (minutes), workers age 16 years+, 2017-2021 | 18.1 | 41.1 | 17 | 21.9 |
| Income & Poverty | | | | |
| Median household income (in 2021 dollars), 2017-2021 | \$81,794 | \$63,750 | \$63,525 | \$60,938 |
| Per capita income in past 12 months (in 2021 dollars), 2017-2021 | \$47,151 | \$34,790 | \$28,986 | \$29,147 |
| Persons in poverty, percentage | 6.90% | 9.40% | 11.60% | 13.30% |
| Registered Voters | | | | |
| Total | 15,066 | 739 | 9,993 | 6,635 |
| Republican | 4,401 | 533 | 7,530 | 4,545 |
| Democrat | 4,327 | 59 | 585 | 565 |
| Other | 6,338 | 147 | 1,878 | 1,525 |

Source: U.S. Census Bureau, 2023, & Idaho Secretary of State, 2023

Census Report Table 3

| | Jerome, ID | Lincoln, ID | Minidoka, ID | Twin Falls, ID |
|--|------------|-------------|--------------|----------------|
| Population Estimates, July 1, 2022 | 25,311 | 5,329 | 22,194 | 93,696 |
| Persons under 18 years, percent | 29.30% | 25.90% | 28.30% | 26.20% |
| Persons 65 years and over, percent | 13.50% | 14.80% | 16.20% | 16.50% |
| Female persons, percent | 48.30% | 48.20% | 49.30% | 50.40% |
| Race and Hispanic Origin | | | | |
| White alone, percent | 94.50% | 93.40% | 93.90% | 93.40% |
| Black or African American alone, percent | 0.80% | 0.60% | 1.00% | 1.00% |
| American Indian and Alaska Native alone, percent | 2.30% | 2.40% | 2.40% | 1.40% |
| Asian alone, percent | 0.60% | 0.70% | 0.70% | 1.60% |
| Native Hawaiian and Other Pacific Islander alone, percent | 0.30% | 0.40% | 0.10% | 0.30% |
| Two or More Races, percent | 1.60% | 2.50% | 1.90% | 2.30% |
| Hispanic or Latino, percent | 39.00% | 32.60% | 36.40% | 18.20% |
| Population Characteristics | | | | |
| Veterans, 2017-2021 | 1,043 | 276 | 907 | 5,411 |
| Foreign born persons, percent, 2017-2021 | 17.20% | 16.00% | 12.50% | 8.30% |
| Housing | | | | |
| Median selected monthly owner costs -with a mortgage, 2017-2021 | \$1,281 | \$1,237 | \$1,231 | \$1,386 |
| Median gross rent, 2017-2021 | \$834 | \$804 | \$871 | \$951 |
| Families & Living Arrangements | | | | |
| Households, 2017-2021 | 8,092 | 1,846 | 7,474 | 33,360 |
| Persons per household, 2017-2021 | 3 | 2.78 | 2.88 | 2.67 |
| Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021 | 88.80% | 91.60% | 87.10% | 82.60% |
| Language other than English spoken at home, percent of persons age 5 years+, 2017-2021 | 33.20% | 26.20% | 25.40% | 15.20% |
| Computer and Internet Use | | | | |
| Households with a computer, percent, 2017-2021 | 95.20% | 91.60% | 90.90% | 93.80% |
| Households with a broadband Internet subscription, percent, 2017-2021 | 86.70% | 81.30% | 84.50% | 88.70% |
| Education | | | | |
| High school graduate or higher, percent of persons age 25 years+, 2017-2021 | 75.30% | 81.60% | 81.30% | 87.40% |
| Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021 | 13.10% | 11.20% | 15.90% | 23.60% |
| Health | | | | |
| With a disability, under age 65 years, percent, 2017-2021 | 7.90% | 7.80% | 7.20% | 9.60% |
| Persons without health insurance, under age 65 years, percent | 17.80% | 19.30% | 18.10% | 13.40% |
| Transportation | | | | |
| Mean travel time to work (minutes), workers age 16 years+, 2017-2021 | 19 | 34 | 15.6 | 18.9 |
| Income & Poverty | | | | |
| Median household income (in 2021 dollars), 2017-2021 | \$67,347 | \$62,250 | \$63,594 | \$61,183 |
| Per capita income in past 12 months (in 2021 dollars), 2017-2021 | \$28,266 | \$27,335 | \$29,561 | \$32,393 |
| Persons in poverty, percentage | 11.70% | 10.80% | 12.30% | 11.10% |
| Registered Voters | | | | |
| Total | 8,686 | 2,245 | 7,929 | 40,376 |
| Republican | 5,446 | 1,573 | 5,556 | 25,157 |
| Democrat | 806 | 166 | 620 | 3,805 |
| Other | 2,434 | 506 | 1,753 | 11,414 |

Source: U.S. Census Bureau, 2023, & Idaho Secretary of State, 2023

County Health Rankings & Roadmaps Table 4

| | Idaho | Blaine, ID | Camas, ID | Cassia, ID | Gooding, ID | Jerome, ID | Lincoln, ID | Minidoka, ID | Twin Falls, ID |
|---|---------|------------|-----------|------------|-------------|------------|-------------|--------------|----------------|
| *Premature death | 6,300 | 4,700 | | 7,400 | 7,100 | 5,600 | 9,400 | 7,400 | 7,500 |
| Poor mental health days | 4.1 | 3.9 | 4.4 | 4.3 | 4.1 | 4.1 | 4.2 | 4.0 | 4.1 |
| Adult smoking | 14% | 13% | 19% | 16% | 18% | 18% | 19% | 18% | 17% |
| Adult obesity | 31% | 12% | 34% | 35% | 37% | 37% | 36% | 39% | 33% |
| Physical inactivity | 20% | 21% | 24% | 26% | 27% | 28% | 28% | 28% | 22% |
| Excessive drinking | 17% | 21% | 17% | 17% | 16% | 16% | 17% | 16% | 16% |
| Alcohol-impaired driving deaths | 31% | 38% | 0% | 30% | 28% | 37% | 44% | 31% | 23% |
| **Teen births | 18 | 11 | 0 | 31 | 31 | 42 | 29 | 36 | 25 |
| Primary care physicians | 1,560:1 | 1,060:1 | 1,130:1 | 1,210:1 | 3,120:1 | 2,730:1 | 5,360:1 | 4,240:1 | 1,500:1 |
| Dentists | 1,530:1 | 1,240:1 | 1,140:1 | 1,400:1 | 3,940:1 | 3,520:1 | 5,280:1 | 2,740:1 | 1,400:1 |
| Mental health providers | 420:1 | 450:1 | | 720:1 | 750:1 | 3,520:1 | 5,280:1 | 2,440:1 | 350:1 |
| *Preventable hospital stays | 1,597 | 805 | | 2,504 | 2,335 | 2,836 | 2,280 | 1,237 | 2,272 |
| Flu vaccinations | 45% | 60% | 25% | 44% | 30% | 41% | 38% | 35% | 51% |
| Life expectancy | 79.2 | 85.2 | | 77.5 | 78.5 | 79.4 | 76.2 | 77.5 | 77.2 |
| Frequent physical distress | 9% | 9% | 12% | 11% | 12% | 12% | 12% | 12% | 11% |
| Frequent mental distress | 13% | 13% | 15% | 14% | 14% | 14% | 15% | 14% | 14% |
| Diabetes prevalence | 8% | 8% | 10% | 10% | 10% | 11% | 11% | 11% | 9% |
| *HIV prevalence | 84 | | | | 71 | 31 | | | 21 |
| Food insecurity | 9% | 10% | 11% | 8% | 10% | 9% | 9% | 10% | 10% |
| Limited access to healthy foods | 8% | 3% | 44% | 9% | 0% | 12% | 42% | 18% | 5% |
| *Drug overdose deaths | 15 | | | 17 | | | | 16 | 26 |
| *Motor vehicle crash deaths | 13 | 12 | | 25 | 27 | 26 | 35 | 19 | 17 |
| Insufficient sleep | 30% | 30% | 33% | 31% | 33% | 32% | 32% | 31% | 33% |
| Uninsured adults | 13% | 18% | 14% | 18% | 24% | 24% | 21% | 22% | 16% |
| Uninsured children | 6% | 11% | 11% | 8% | 11% | 11% | 13% | 11% | 7% |
| Other primary care providers | 780:1 | 1,910:1 | 1,140:1 | 970:1 | 1,050:1 | 4,110:1 | 1,760:1 | 2,740:1 | 760:1 |
| Disconnected youth | 7% | | | | | | | | 10% |
| Children eligible for free or reduced price lunch | 31% | 30% | 35% | 39% | 53% | 46% | 64% | 44% | 36% |
| *Homicides | | 2 | | | | | | | 3 |
| *Suicides | 22 | 14 | | 22 | 21 | 17 | | 27 | 27 |
| *Firearm fatalities | 16 | 11 | | 13 | 21 | 18 | | 15 | 17 |
| Homeownership | 72% | 75% | 67% | 68% | 72% | 69% | 71% | 71% | 71% |

Source: County Health Rankings & Roadmaps, 2023

* Number of cases per 100,000

** Number of Cases per 1,000



Idaho Health Report Card



| | | | |
|--|--------------------------------------|---|----------|
| Heart Disease Deaths 180.4 per 100,000 persons died from heart disease in 2021* | <p>U.S. ID</p> <p>Increasing</p> | Target 130.8 per 100,000 Unmet | B |
| Cancer Deaths 164.4 per 100,000 persons died from cancer in 2021* | <p>U.S. ID</p> <p>Unchanged</p> | Target 122.7 per 100,000 Unmet | B |
| Unintentional Injury Deaths 61.2 per 100,000 persons died from unintentional injury in 2021* | <p>U.S. ID</p> <p>Increasing</p> | Target 45.0 per 100,000 Unmet | C |
| Suicide Deaths 20.4 per 100,000 persons died from suicide in 2021 | <p>ID U.S.</p> <p>Increasing</p> | Target 19.0 per 100,000 Unmet | F |
| Drug Overdose Deaths 15.7 per 100,000 persons died from a drug overdose in 2020 | <p>U.S. ID</p> <p>Increasing</p> | Target 14.1 per 100,000 Unmet | B |
| Obesity Prevalence 33.2% of adults were considered obese in 2022* | <p>U.S. ID</p> <p>Increasing</p> | Target 27.3% Unmet | C |
| Diabetes Prevalence 9.9% of Idaho adults had been diagnosed with diabetes in 2022* | <p>U.S. ID</p> <p>Unchanged</p> | Target 8.2% Unmet | C |
| Infant Deaths 5.2 per 1,000 live births died before reaching 1 year old in 2021* | <p>U.S. ID</p> <p>Unchanged</p> | Target 5.0 per 1,000 live births Unmet | D |
| Pre-term Births 9.0% of live births occurred at 36 weeks gestation or earlier in 2021* | <p>U.S. ID</p> <p>Unchanged</p> | Target 7.7% Unmet | B |
| Childhood Immunization 71.8% of children 9 to 24 months of age who were born in 2019 had received the combined 7-vaccine series* | <p>ID U.S.</p> <p>Unchanged</p> | Target 79.6% Unmet | C |

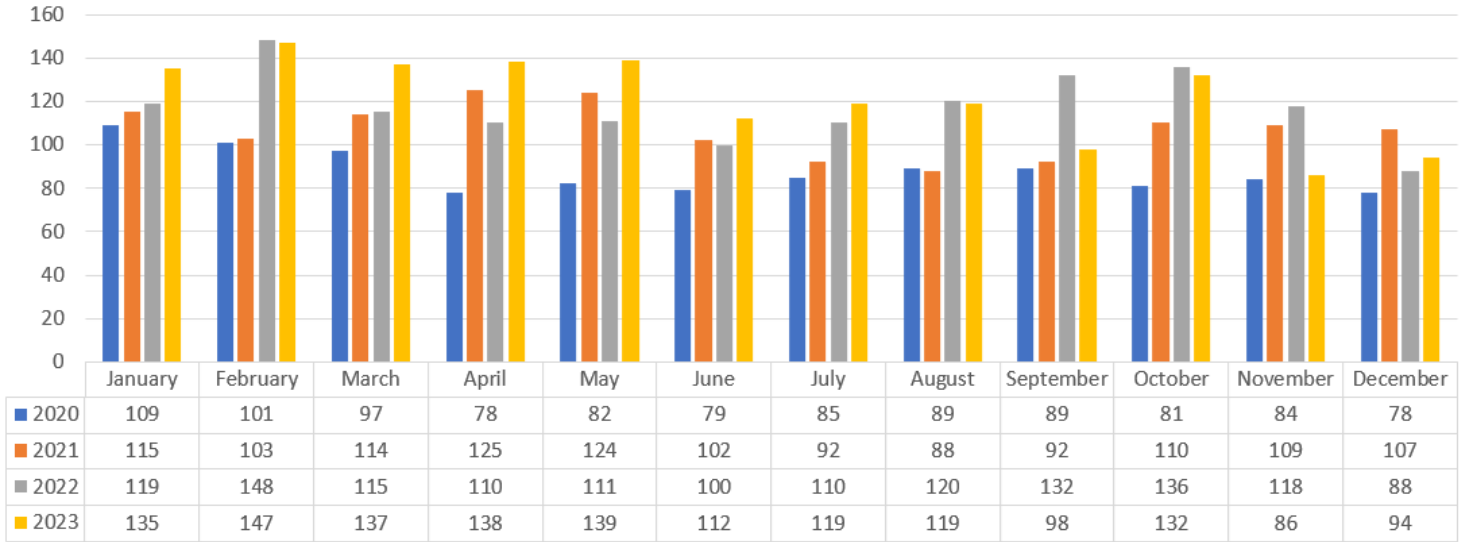
Source: Idaho Health Report Card, 2023

Public Health District 5

Suicide Emergency Room Visits

2020—2023

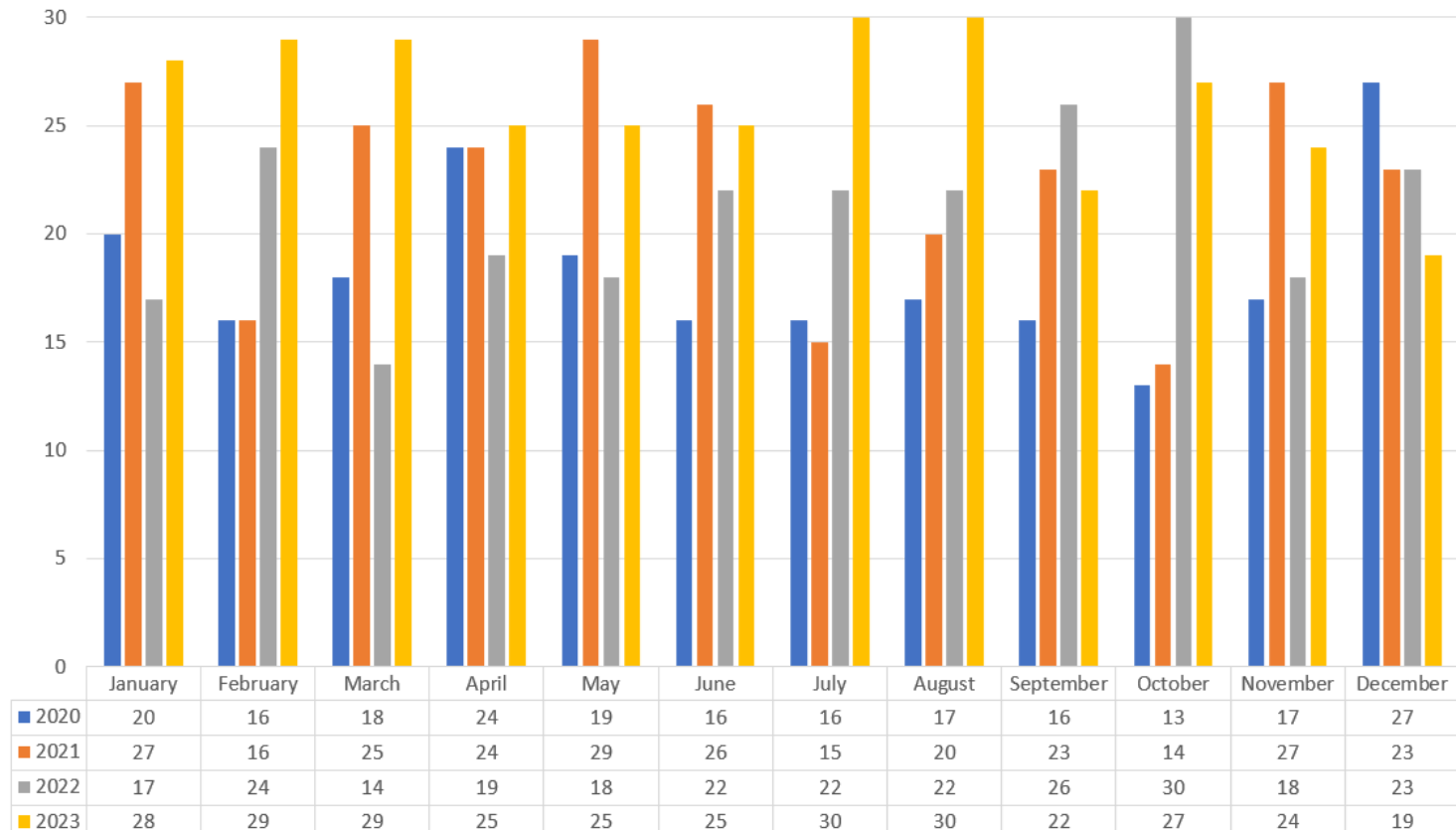
Suicide Ideation



■ 2020 ■ 2021 ■ 2022 ■ 2023

Suicide Attempts

■ 2020 ■ 2021 ■ 2022 ■ 2023



Source: Suicide Prevention (ED Visits), 2023

Introduction

Established in 2002, the National Violent Death Reporting System (NVDRS) is a comprehensive, state-based public health surveillance system, overseen by the United States Center for Disease Control (CDC), which allows states to collect comprehensive data on circumstances surrounding violent deaths. Data is collected from three primary sources: the death certificate, the coroner's report, and law enforcement reports. By combining information on a violent death from these three sources, NVDRS builds a comprehensive picture of the circumstances in a victim's life which have led to or contributed to their violent death.

In 2018, the Idaho Bureau of Vital Records and Health Statistics, within the Idaho Department of Health and Welfare, was funded by the CDC to establish the Idaho Violent Death Reporting System (IdVDRS). The IdVDRS collects data on all violent deaths which occur annually in the state of Idaho. By collecting comprehensive data on violent deaths, IdVDRS prevention partners can create targeted, evidence-based prevention strategies to help reduce the burden of violent deaths in Idaho.

IdVDRS Case Definition

The IdVDRS collects information on deaths that result from the use of force or power against oneself or another person. This definition includes homicides, suicides, deaths from legal intervention, deaths of undetermined intent and deaths resulting from the accidental discharge of a firearm.

Data Collected

Over 600 variables may be collected on a single violent death incident. General circumstance data are collected on each case, while manner-specific circumstances are collected on homicides, suicides, and deaths of undetermined intent. This data is collected from death certificates, coroner reports and law enforcement reports.

All data presented on this dashboard are of Idaho Residents. The single exception is the up-to-date suicide and violent death tab. This data is from deaths occurring within Idaho, regardless of resident status

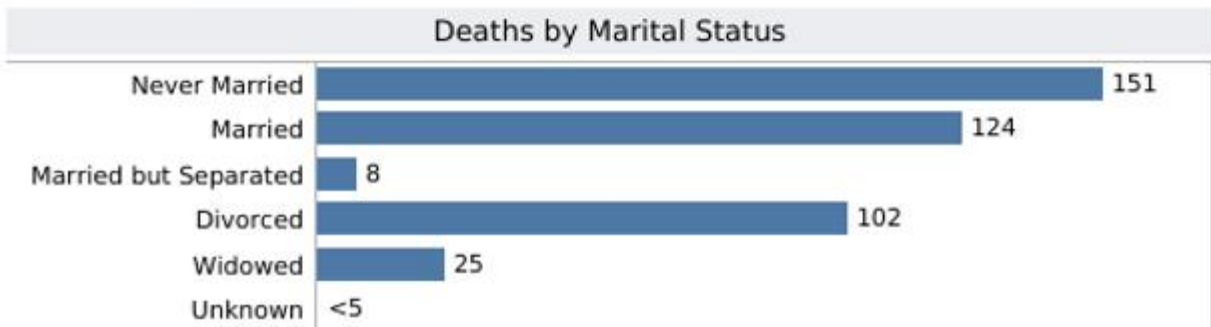
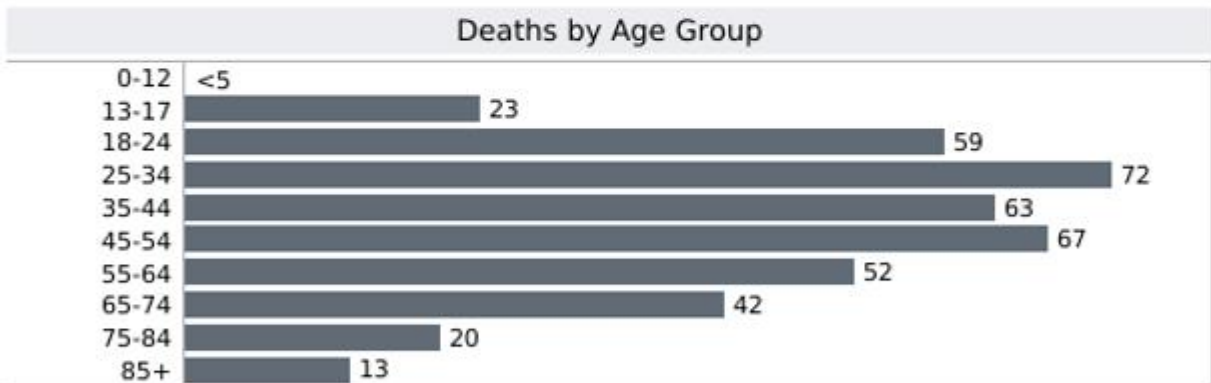
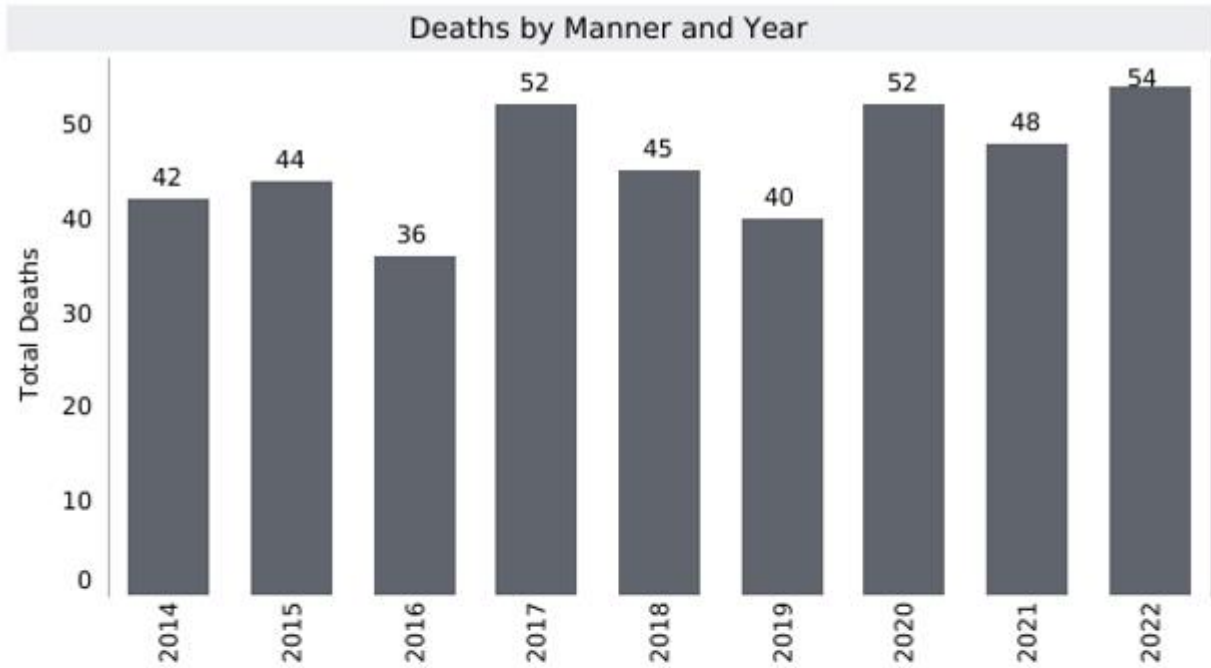
IdVDRS Goals

- 1) Collect and analyze timely, high quality data on violent deaths in Idaho
- 2) Ensure IdVDRS partners, stakeholders and the public receive high quality data to inform policy and prevention activities.
- 3) To better understand factors surrounding violent deaths in the state of Idaho

Public Health District 5

Suicide Totals

2014 - 2022



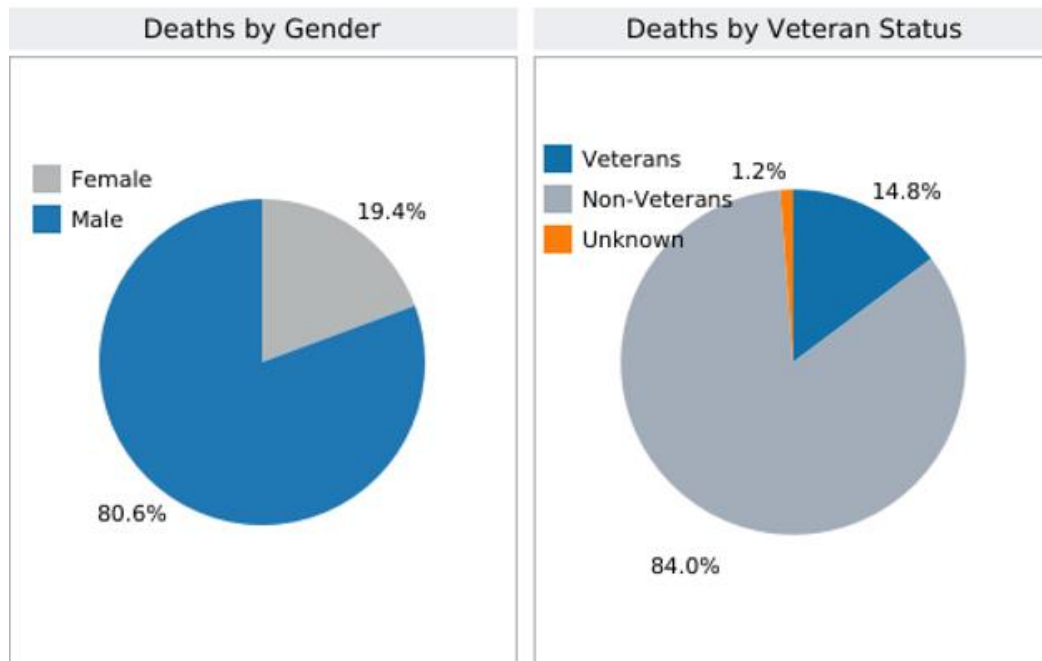
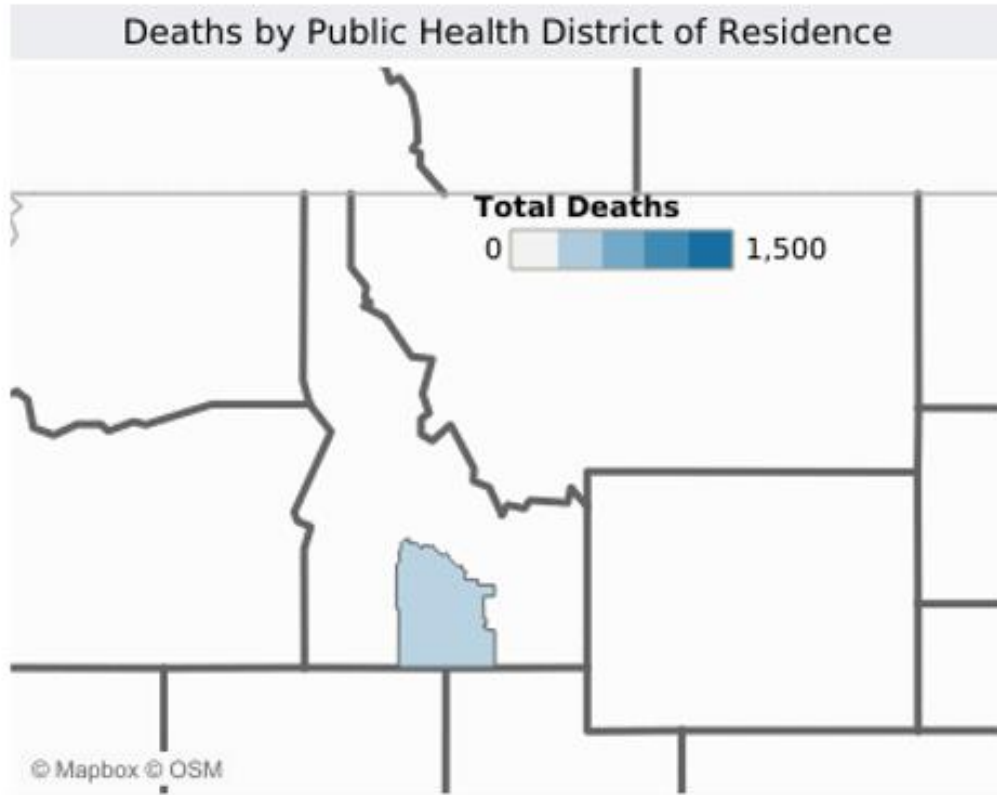
Source: Idaho VDRS (Violent Death), 2023

Public Health District 5

Suicide Totals

2014 - 2022

Continued

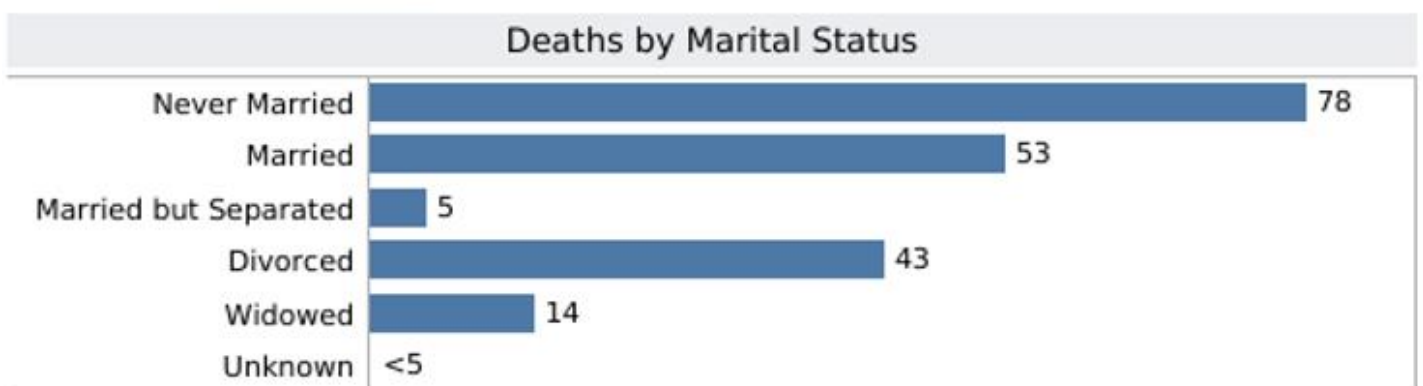
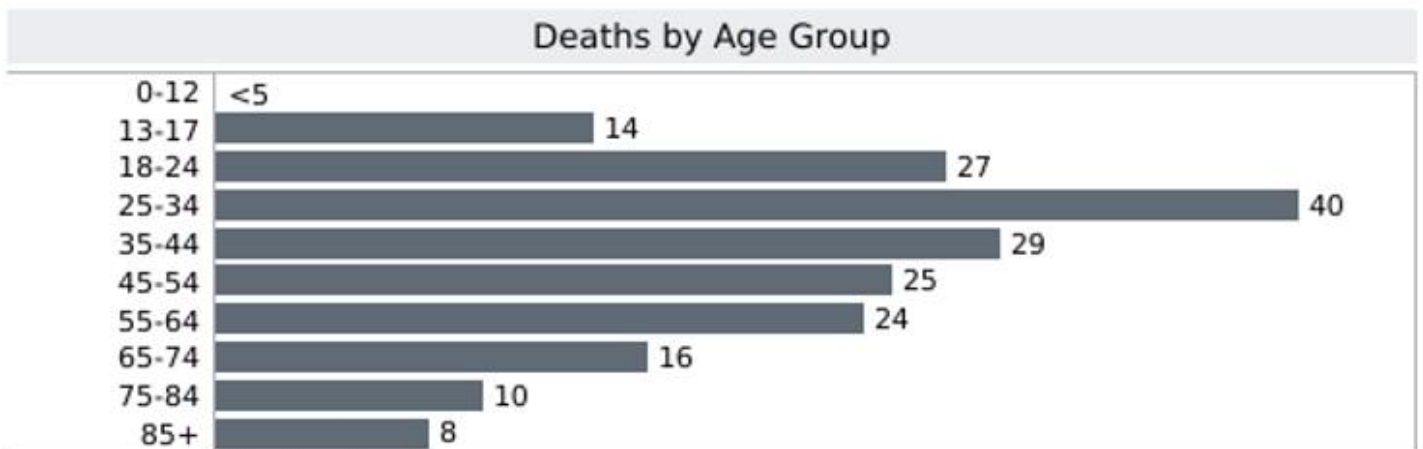
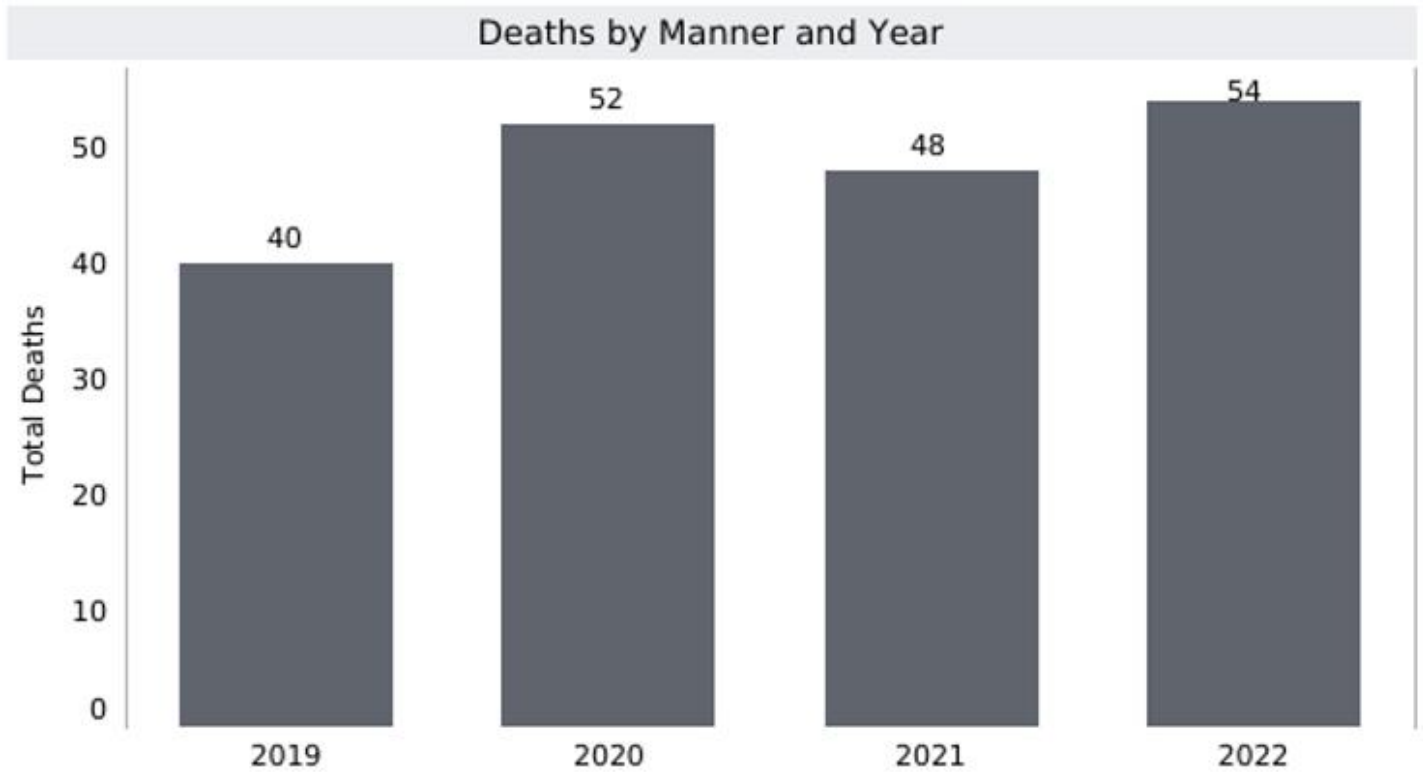


Source: Idaho VDRS (Violent Death), 2023

Public Health District 5

Suicide Totals

2019 - 2022



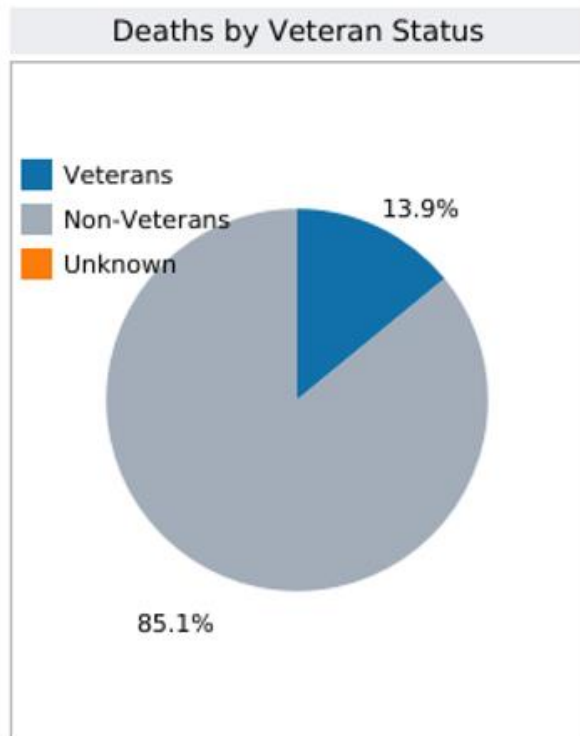
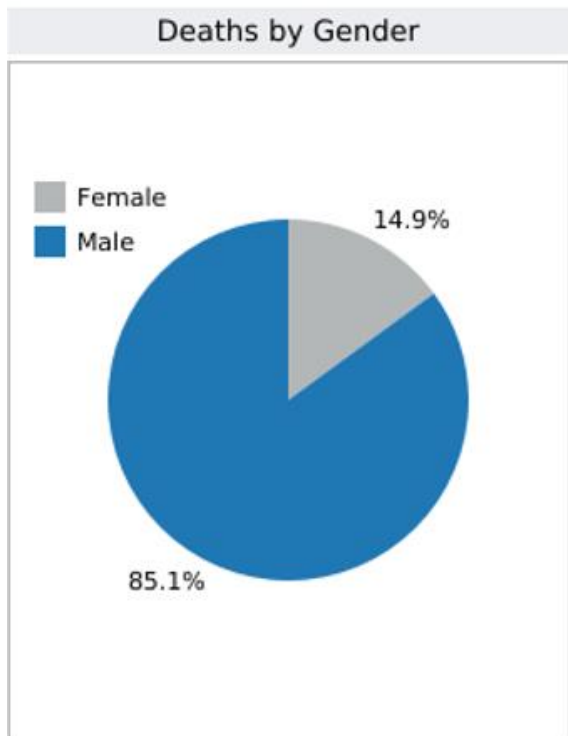
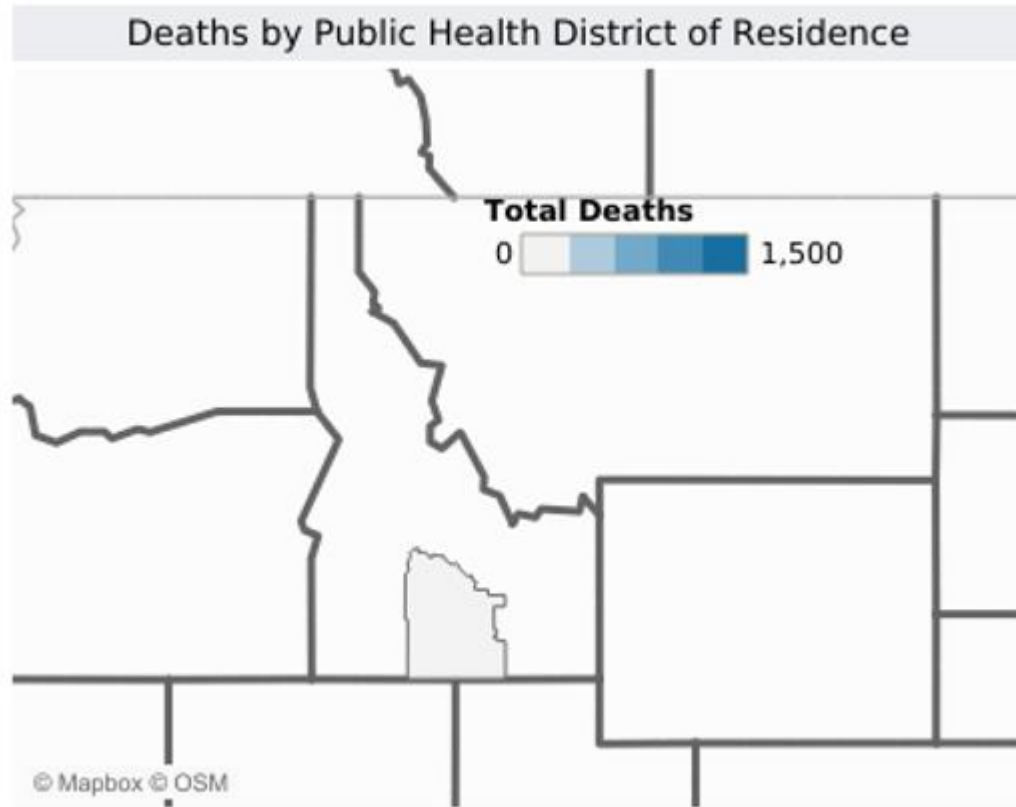
Source: Idaho VDRS (Violent Death), 2023

Public Health District 5

Suicide Totals

2019 - 2022

Continued

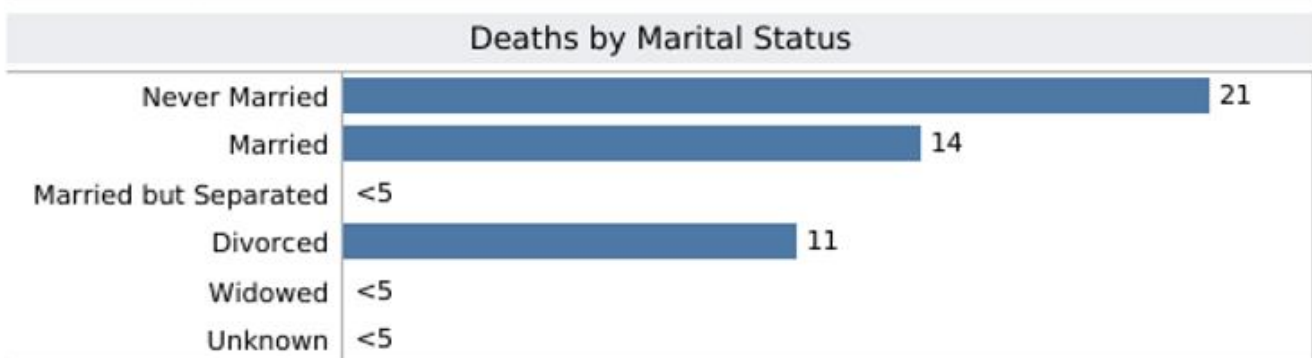
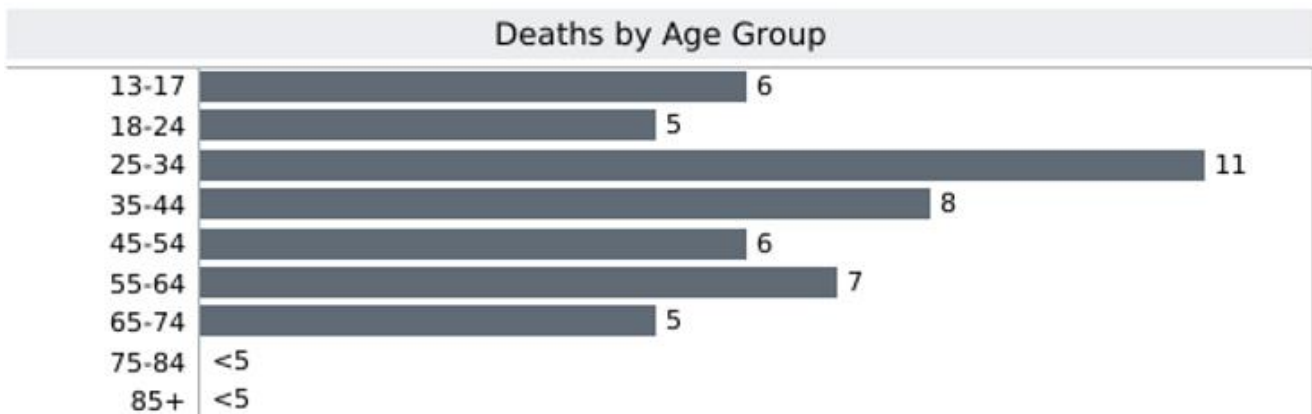
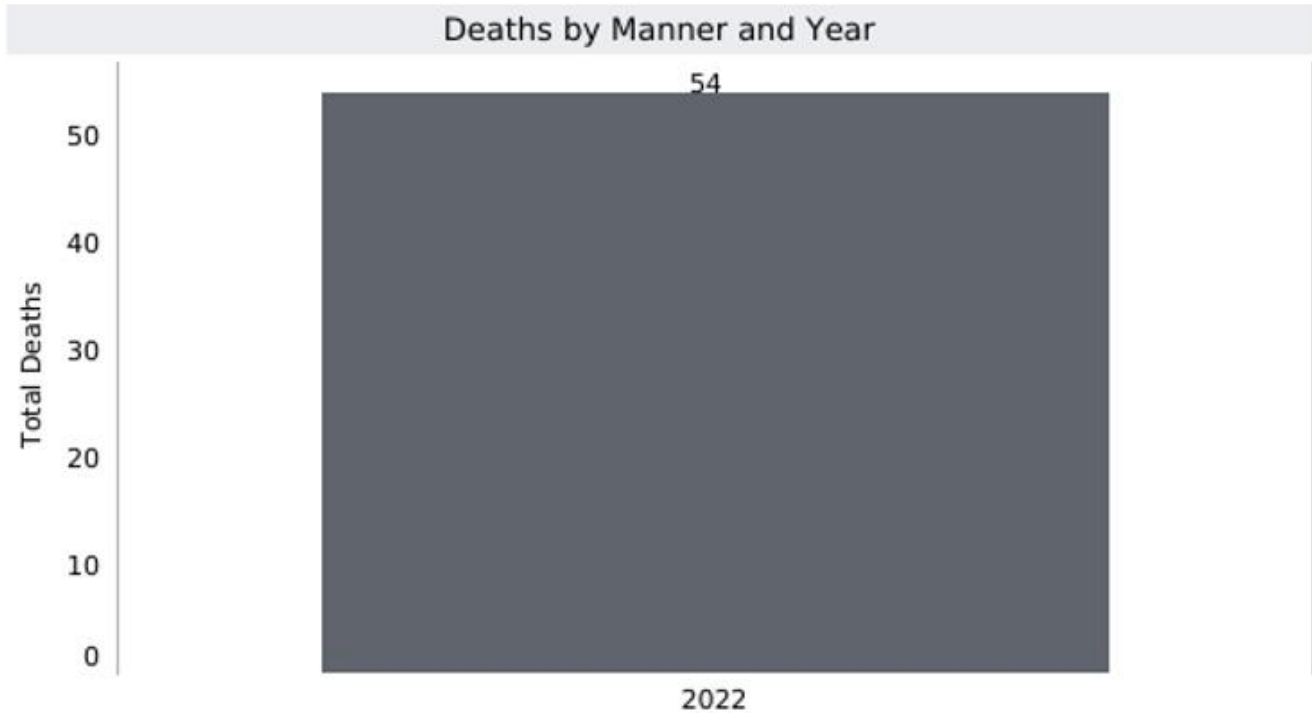


Source: Idaho VDRS (Violent Death), 2023

Public Health District 5

Suicide Totals

2022



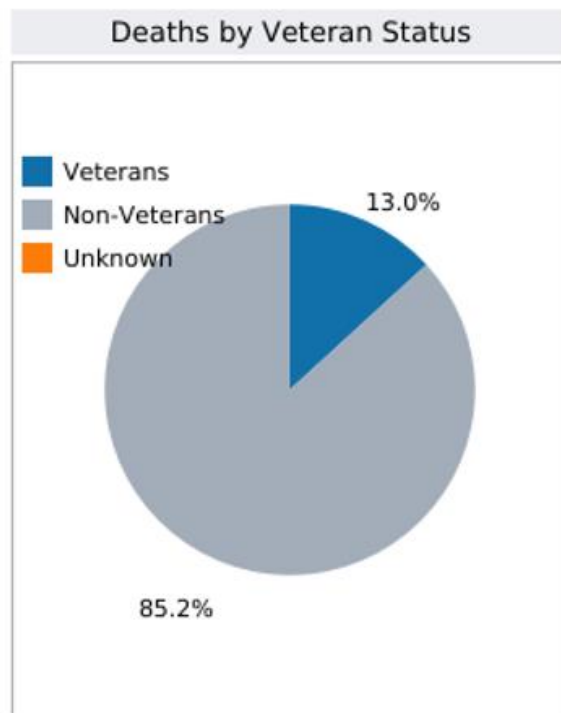
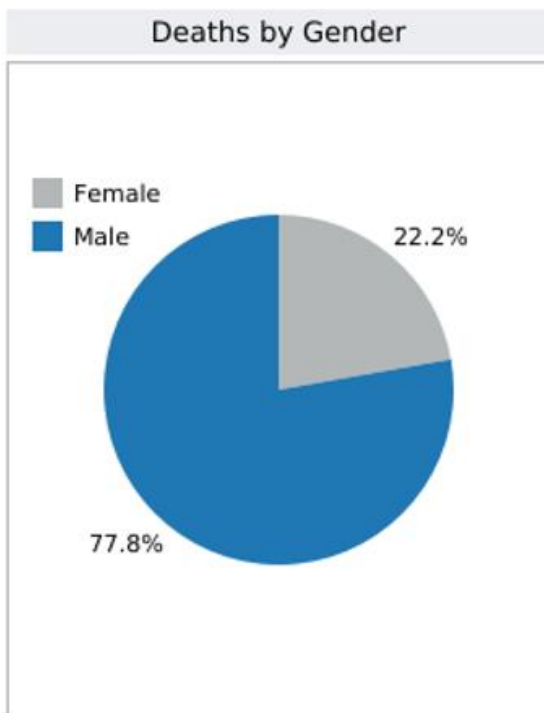
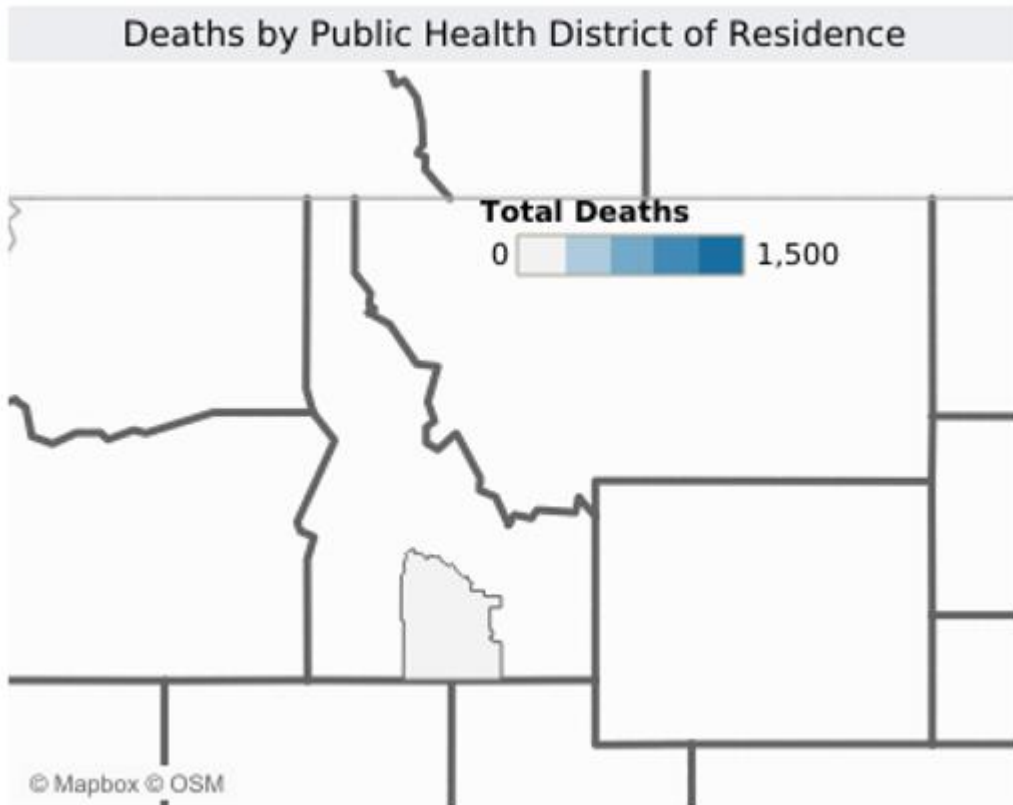
Source: Idaho VDRS (Violent Death), 2023

Public Health District 5

Suicide Totals

2022

Continued

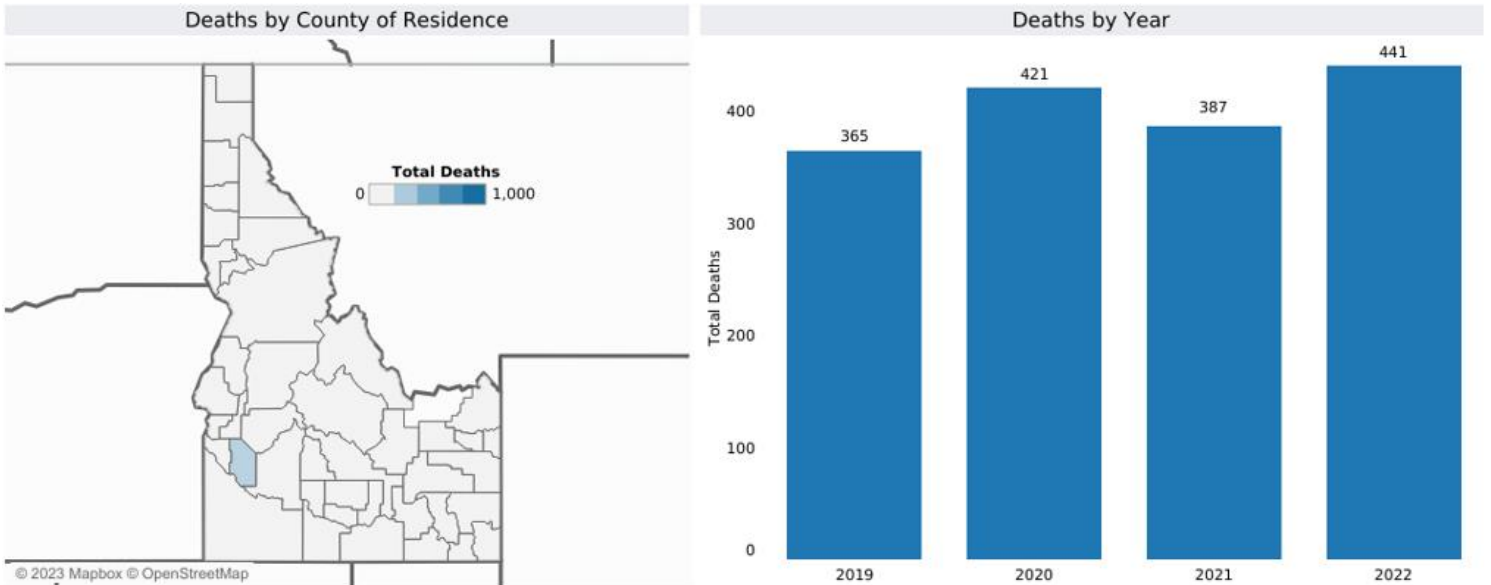


Source: Idaho VDRS (Violent Death), 2023

Idaho

Suicide Totals

2019 - 2022



*Accidental firearm deaths encompass the following ICD-10 codes: W32-W34, and Y86 where firearm is the source of injury.

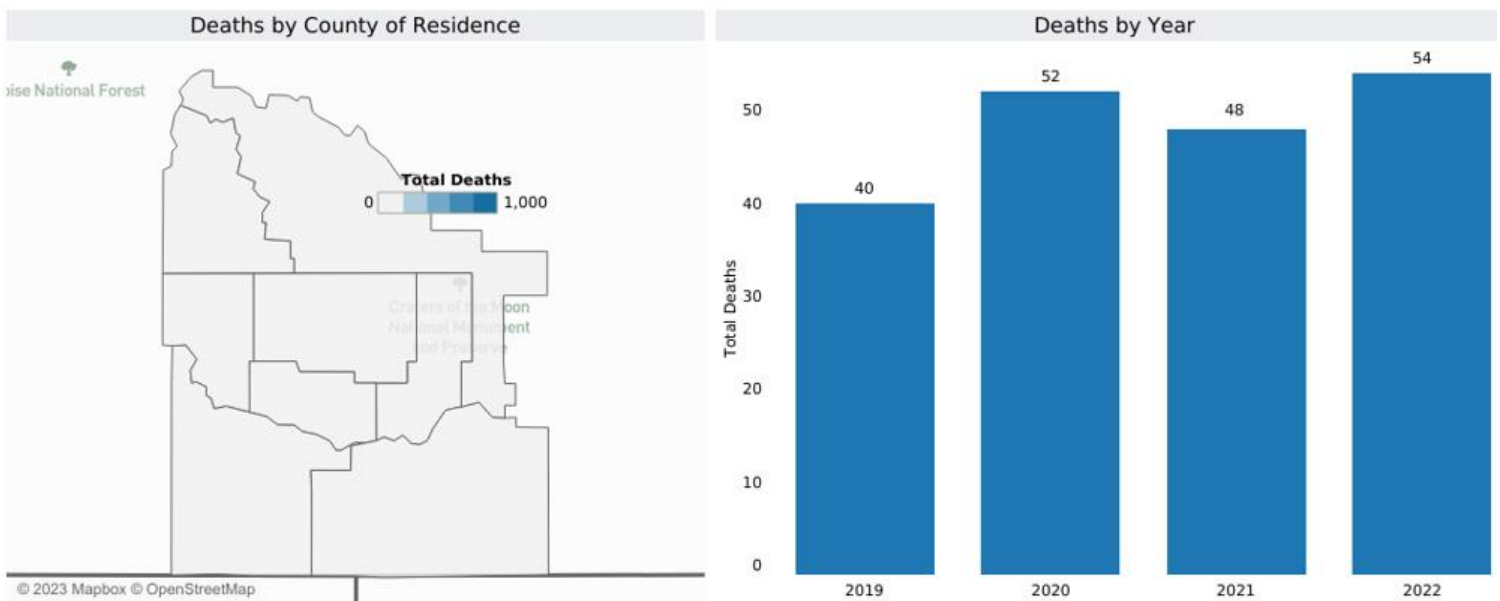
Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

Public Health District 5

Suicide Totals

2019 - 2022



*Accidental firearm deaths encompass the following ICD-10 codes: W32-W34, and Y86 where firearm is the source of injury.

Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

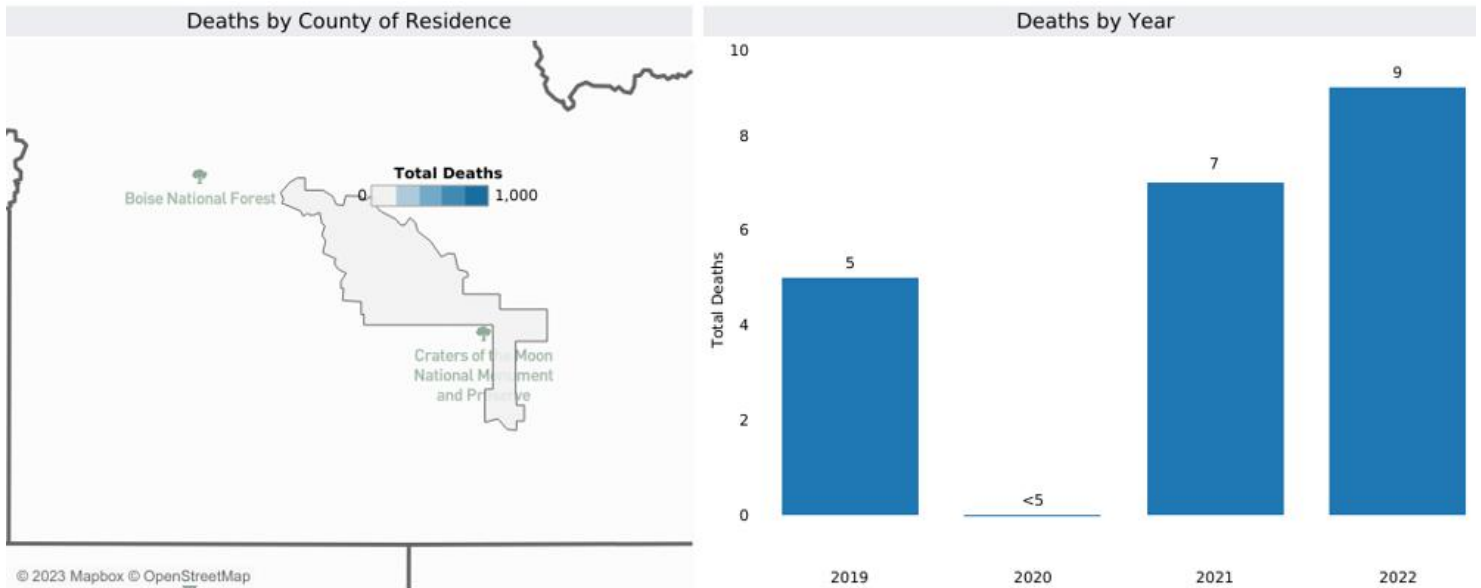
Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

Source: Idaho VDRS (Violent Death), 2023

Blaine County

Suicide Totals

2019 - 2022



*Accidental firearm deaths encompass the following ICD-10 codes: W32-W34, and Y86 where firearm is the source of injury.

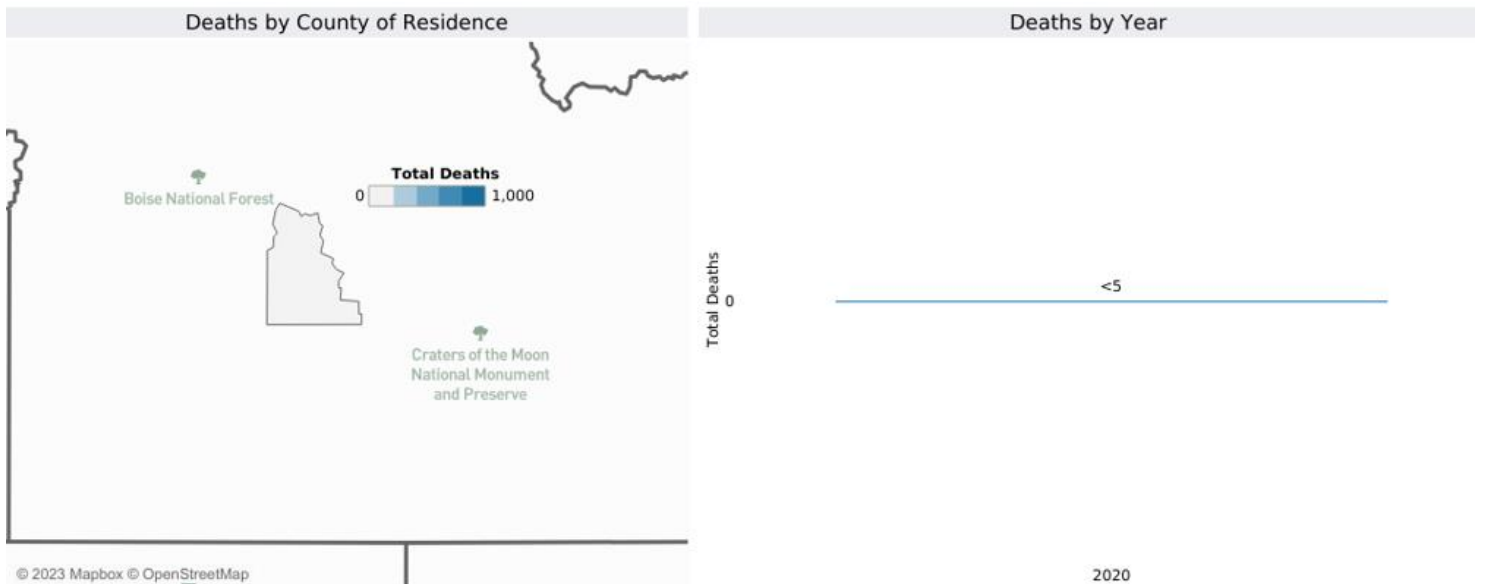
Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

Camas County

Suicide Totals

2019 - 2022



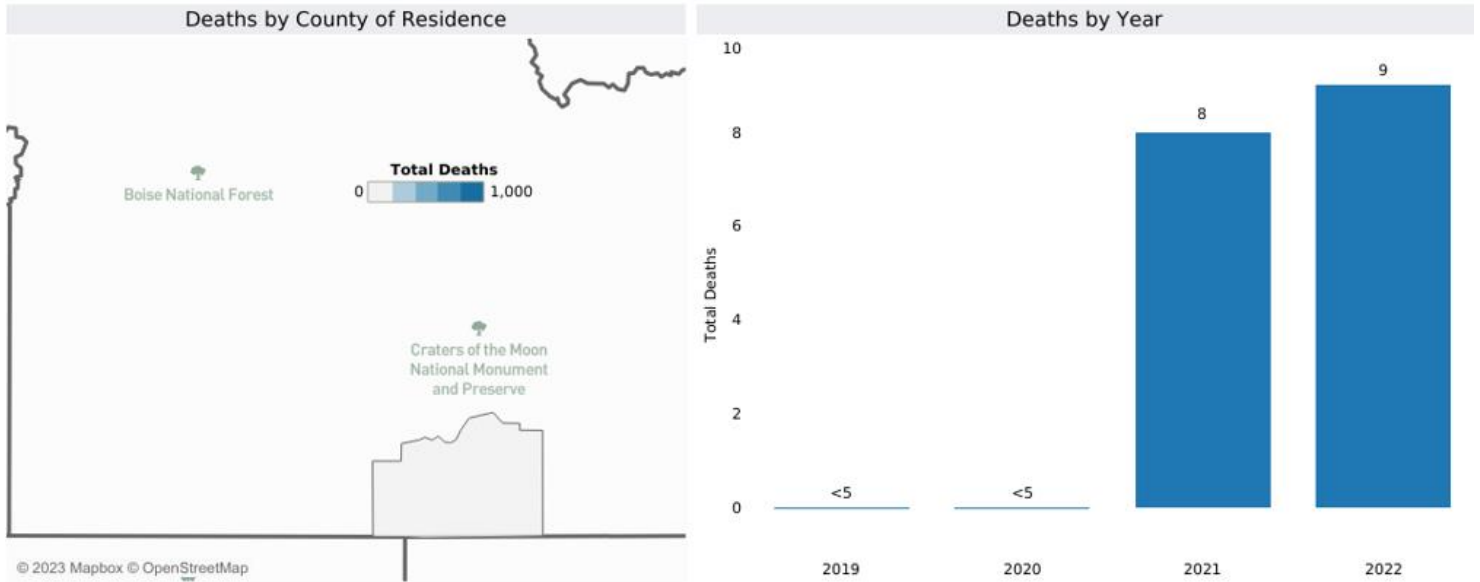
*Accidental firearm deaths encompass the following ICD-10 codes: W32-W34, and Y86 where firearm is the source of injury.

Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

Source: Idaho VDRS (Violent Death), 2023

Cassia County Suicide Totals 2019 - 2022

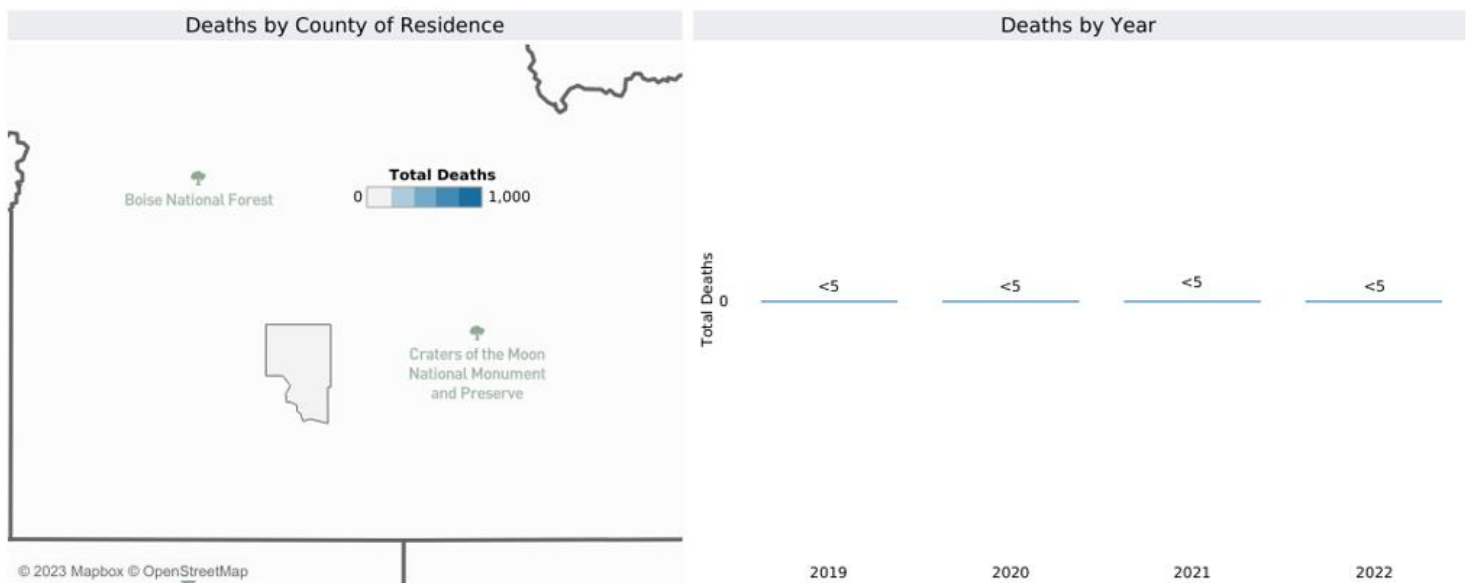


*Accidental firearm deaths encompass the following ICD-10 codes: W32-W34, and Y86 where firearm is the source of injury.

Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

Gooding County Suicide Totals 2019 - 2022



*Accidental firearm deaths encompass the following ICD-10 codes: W32-W34, and Y86 where firearm is the source of injury.

Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

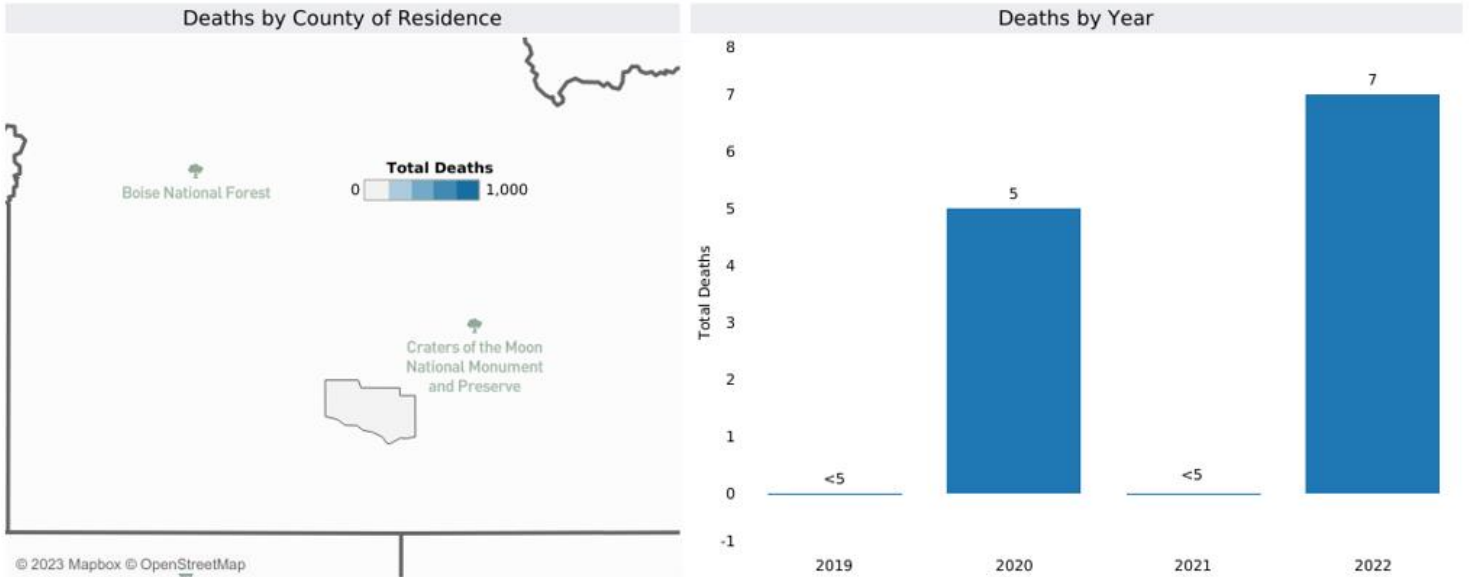
Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

Source: Idaho VDRS (Violent Death), 2023

Jerome County

Suicide Totals

2019 - 2022



*Accidental firearm deaths encompass the following ICD-10 codes: W32-W34, and Y86 where firearm is the source of injury.

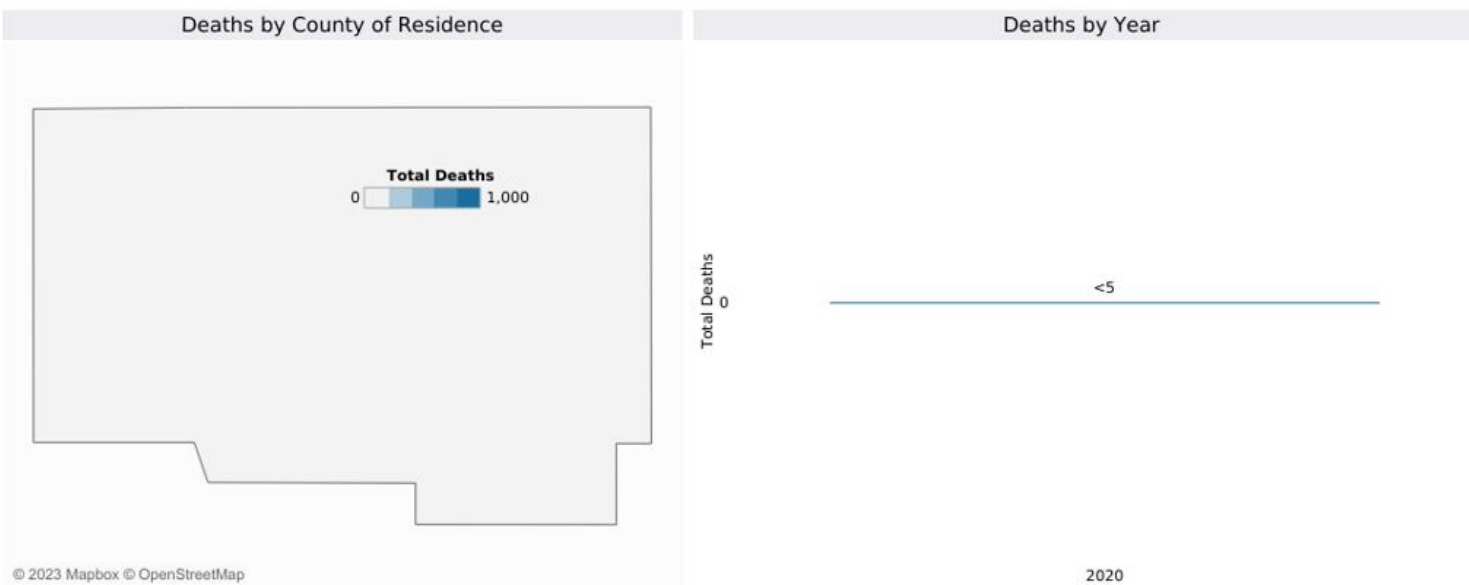
Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

Lincoln County

Suicide Totals

2019 - 2022



*Accidental firearm deaths encompass the following ICD-10 codes: W32-W34, and Y86 where firearm is the source of injury.

Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

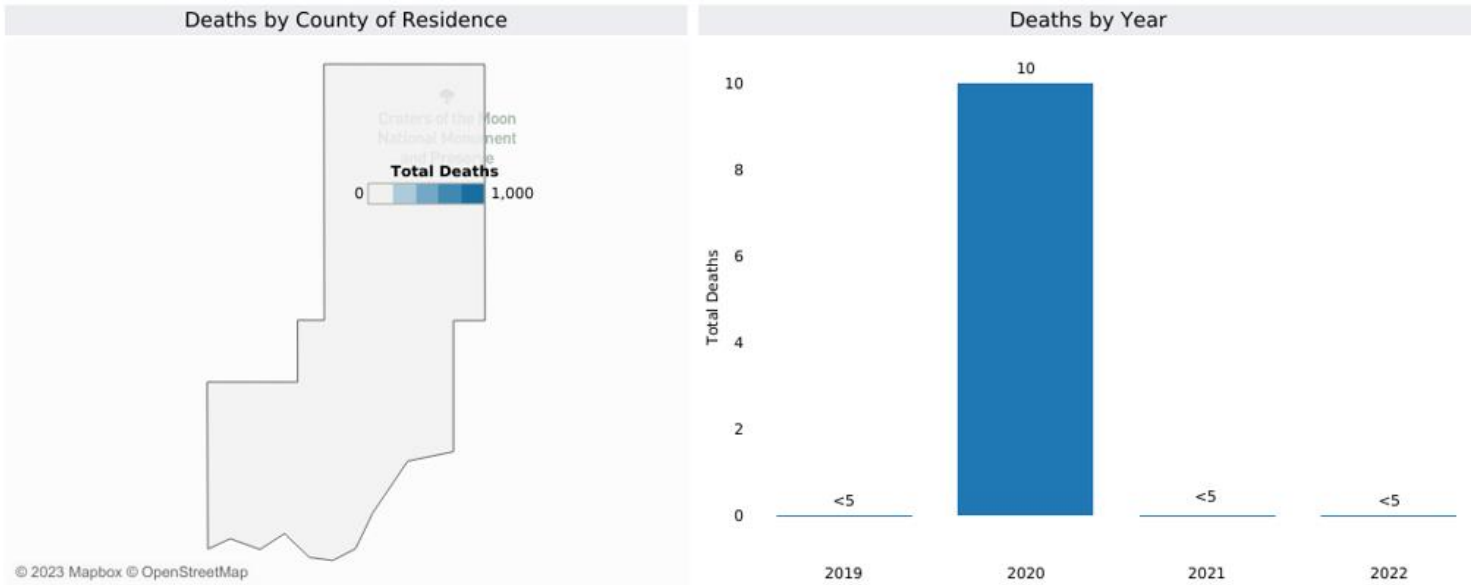
Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

Source: Idaho VDRS (Violent Death), 2023

Minidoka County

Suicide Totals

2019 - 2022



*Accidental firearm deaths encompass the following ICD-10 codes: W32-W34, and Y86 where firearm is the source of injury.

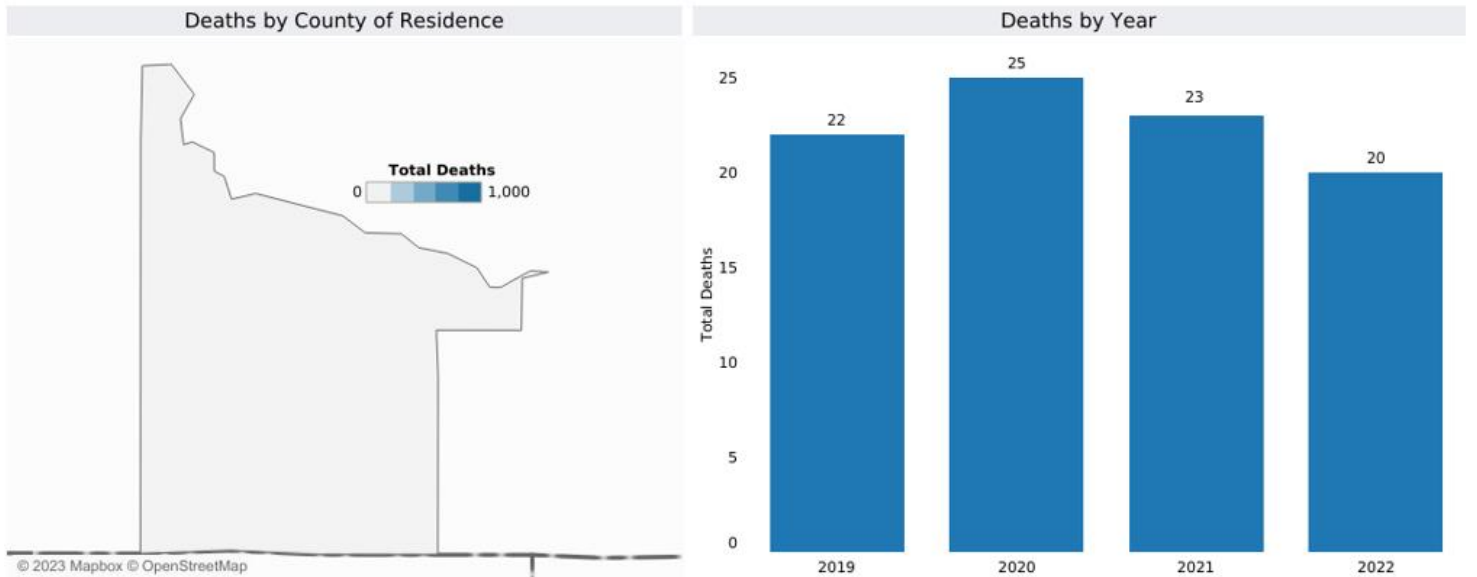
Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

Twin Falls County

Suicide Totals

2019 - 2022



*Accidental firearm deaths encompass the following ICD-10 codes: W32-W34, and Y86 where firearm is the source of injury.

Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

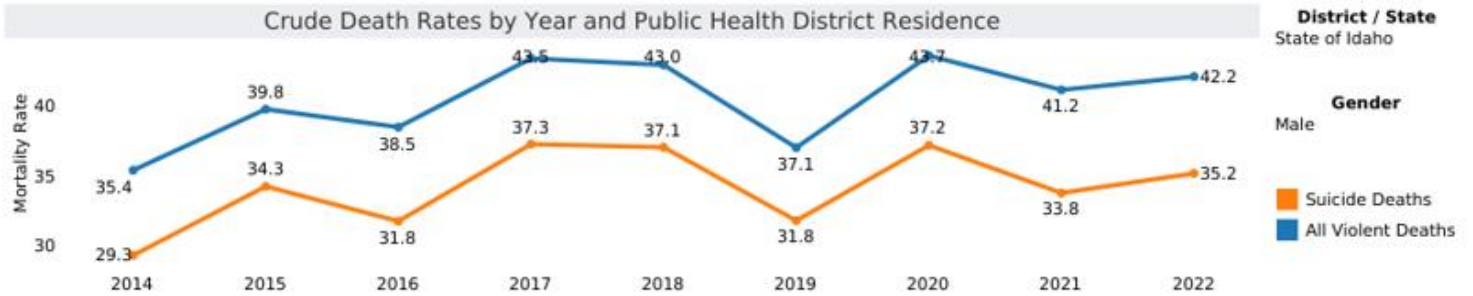
Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

Source: Idaho VDRS (Violent Death), 2023

State of Idaho Crude Death Rates

Male

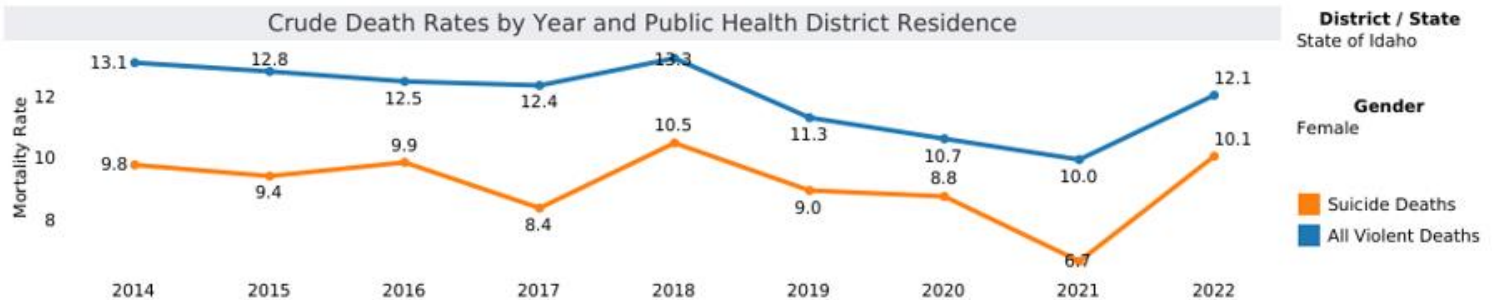
2014—2022



State of Idaho Crude Death Rates

Female

2014—2022



Death rates provided per 100,000 residents. Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

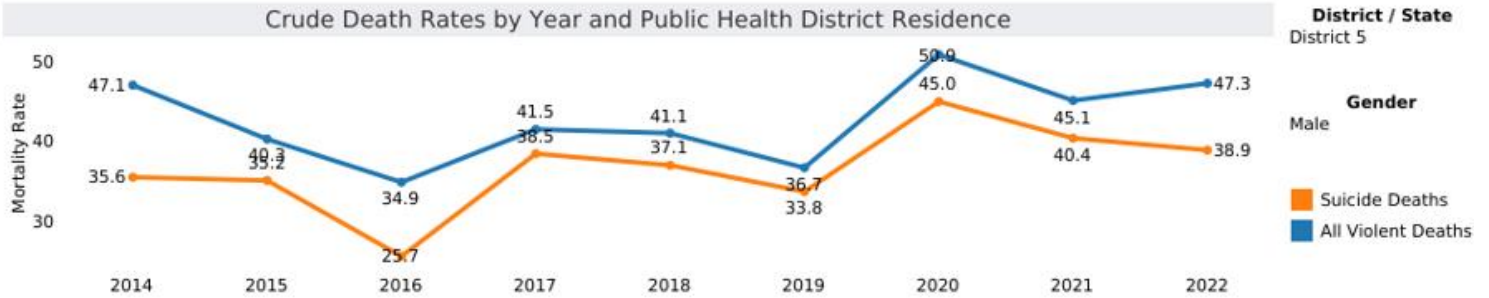
Source: Idaho VDRS (Violent Death), 2023

Public Health District 5

Crude Death Rates

Male

2014—2022

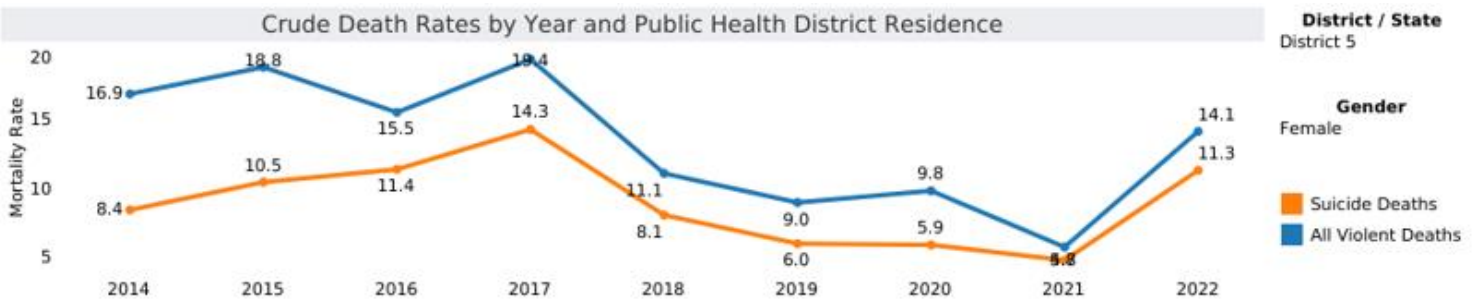


Public Health District 5

Crude Death Rates

Female

2014—2022



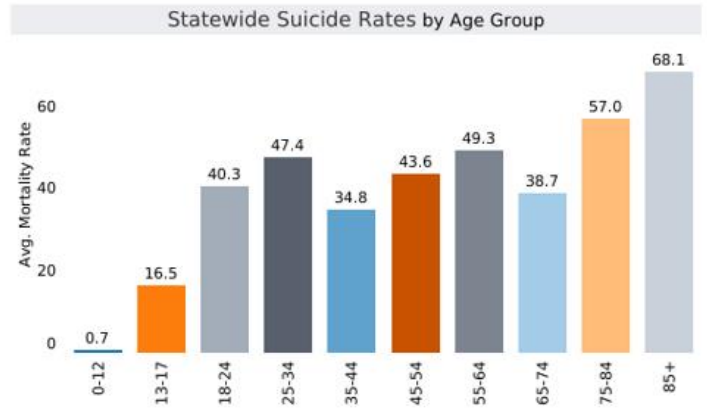
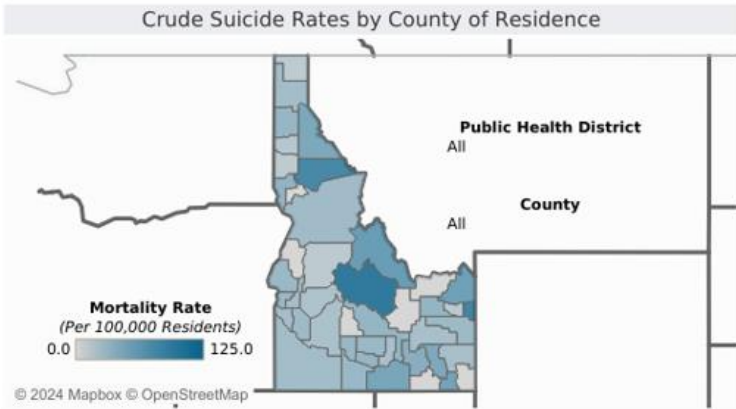
Death rates provided per 100,000 residents. Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

State of Idaho

Crude Death Rates

Male
2022



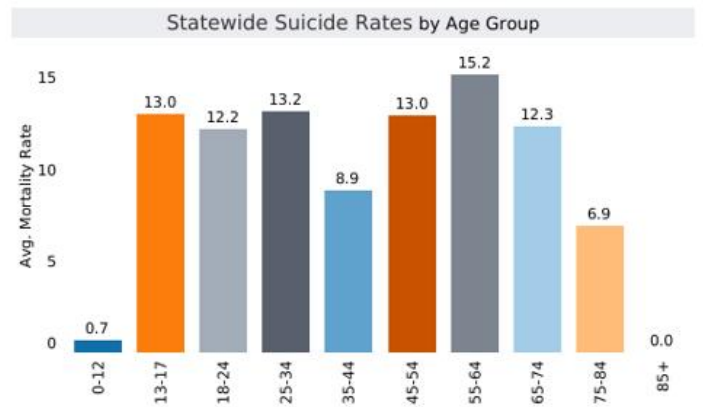
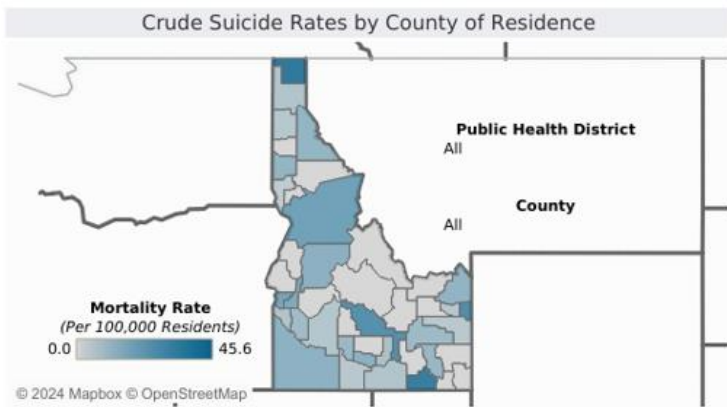
Death rates provided per 100,000 residents. Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

State of Idaho

Crude Death Rates

Female
2022



Death rates provided per 100,000 residents. Data based on Idaho resident deaths, which may have occurred in Idaho or out of state; data are not comparable with deaths occurring in Idaho, which include deaths among Idaho residents and non-residents. Counts of less than 5 are suppressed to protect decedent anonymity.

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

Source: Idaho VDRS (Violent Death), 2023

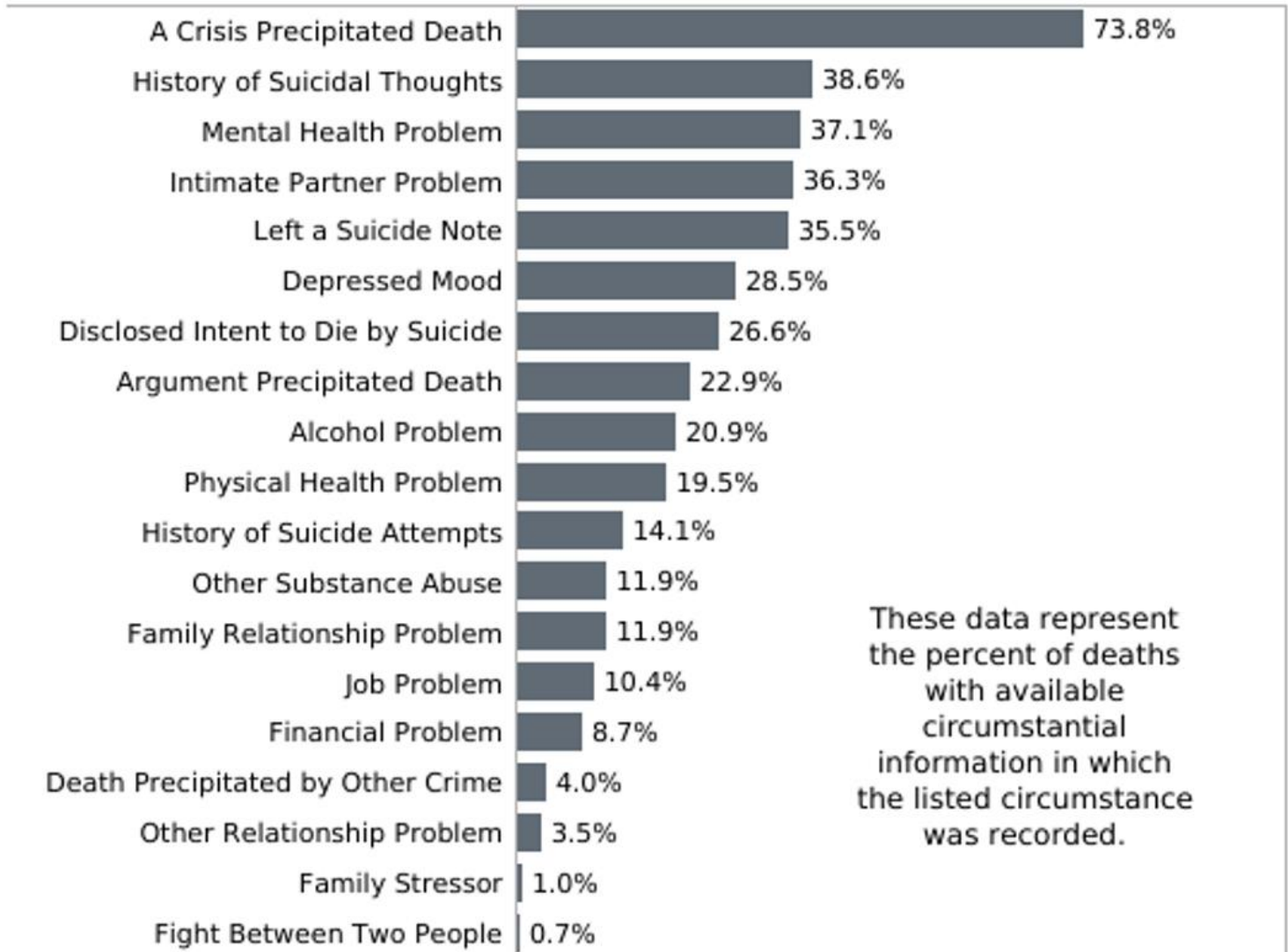
State Of Idaho

Circumstances Recorded in Suicide Deaths

Male

2019—2021

Circumstances Recorded* in Suicide Deaths (2019 - 2021)

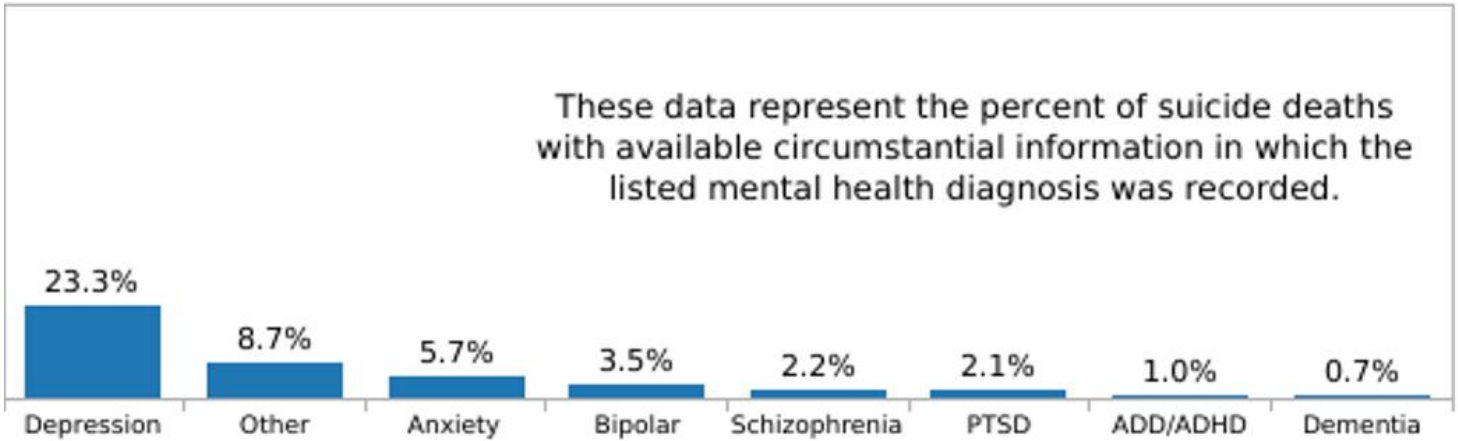


Number of Suicide Deaths with Circumstantial Information* available:

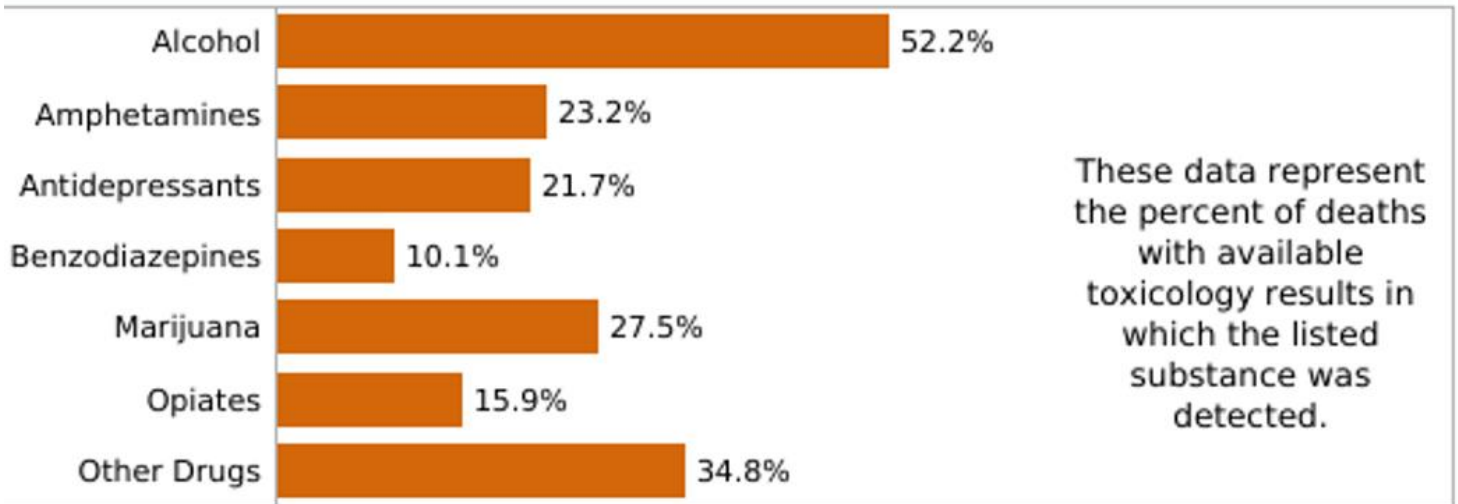
722

State Of Idaho
Circumstances Recorded in Suicide Deaths
Male
2019—2021

Mental Health Diagnoses Recorded* in Suicide Deaths
(2019 - 2021)



Substances Recorded in Suicide Deaths**
(2019 - 2021)



Number of Suicide Deaths with Toxicology Results* available:

69

Source: Idaho VDRS (Violent Death), 2023

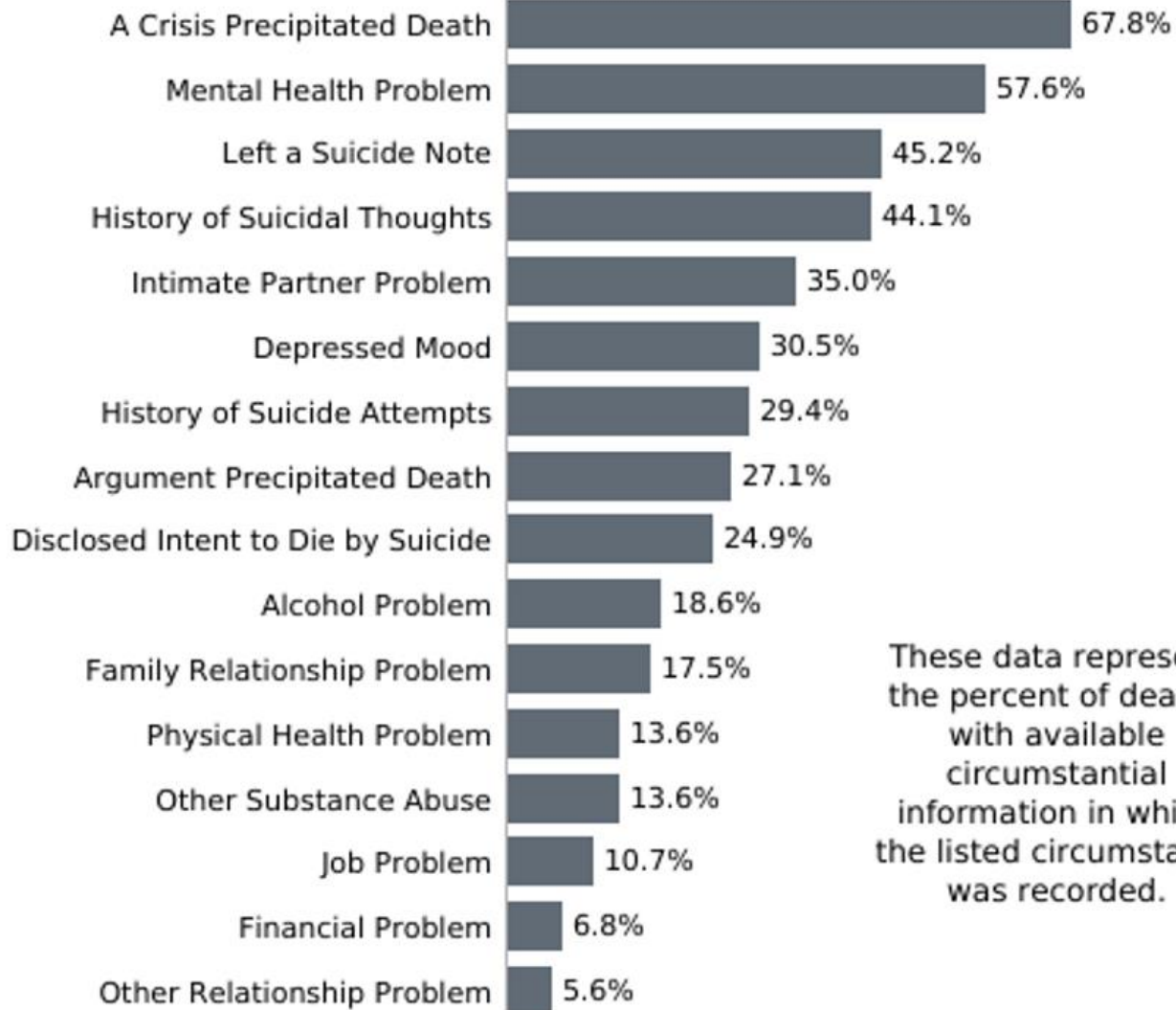
State Of Idaho

Circumstances Recorded in Suicide Deaths

Female

2019—2021

Circumstances Recorded* in Suicide Deaths (2019 - 2021)



These data represent the percent of deaths with available circumstantial information in which the listed circumstance was recorded.

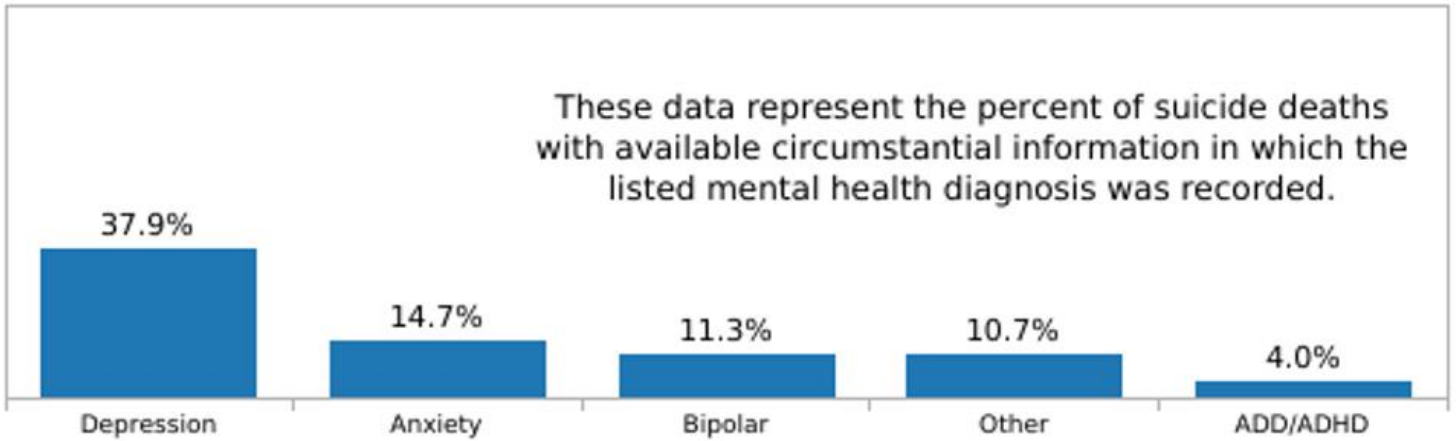
Number of Suicide Deaths with Circumstantial Information* available:

177

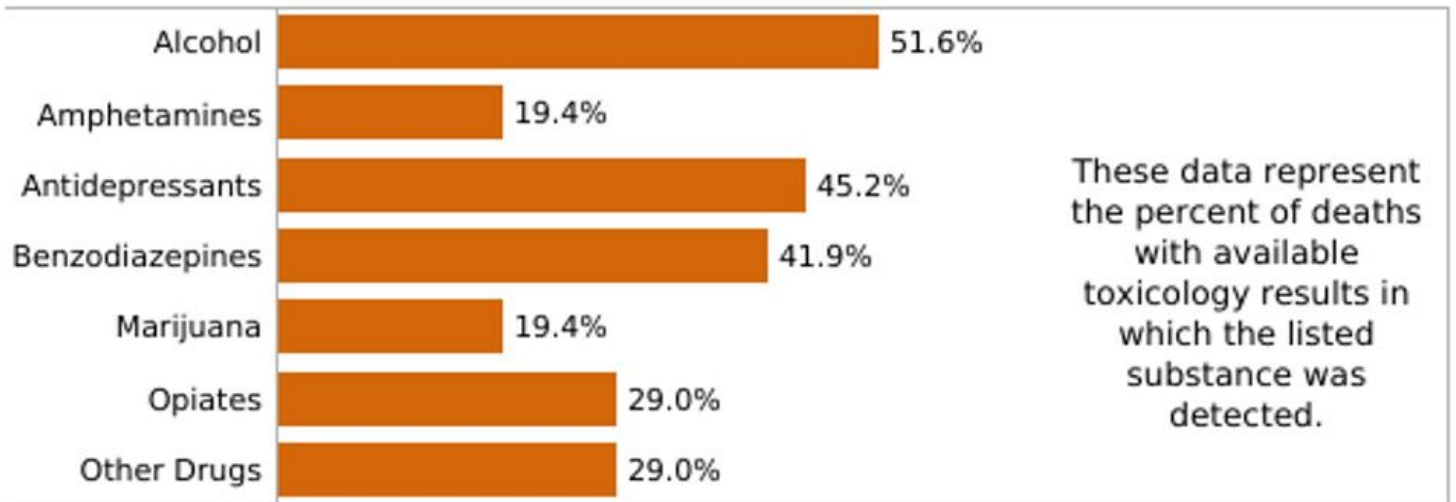
Source: Idaho VDRS (Violent Death), 2023

State Of Idaho
Circumstances Recorded in Suicide Deaths
Female
2019—2021

Mental Health Diagnoses Recorded* in Suicide Deaths
(2019 - 2021)



Substances Recorded in Suicide Deaths**
(2019 - 2021)



Number of Suicide Deaths with Toxicology Results* available:

31

Source: Idaho VDRS (Violent Death), 2023

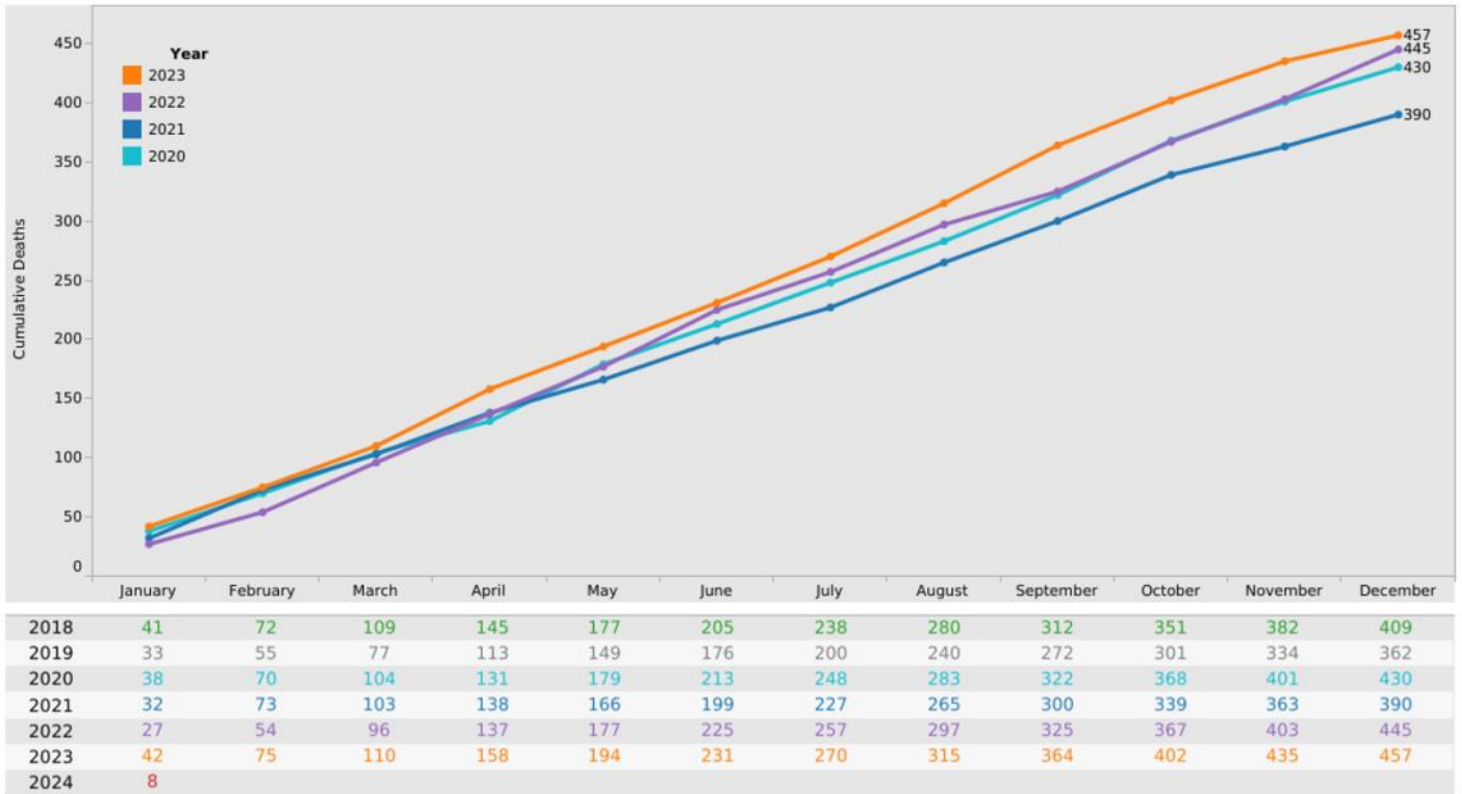
State Of Idaho

Cumulative Suicide Deaths

All Ages

2020—2023

Manner of Death: Suicide Age Groups: All Gender: All



Last Updated: **2/12/2024**

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Data based on deaths occurring in Idaho include deaths among Idaho residents and non-residents; data are not comparable with data based on Idaho resident deaths, which may have occurred in Idaho or out of state. Note that these data may differ from previously published figures due to differences in cutoff dates across data years.

Source: Idaho VDRS (Violent Death), 2023

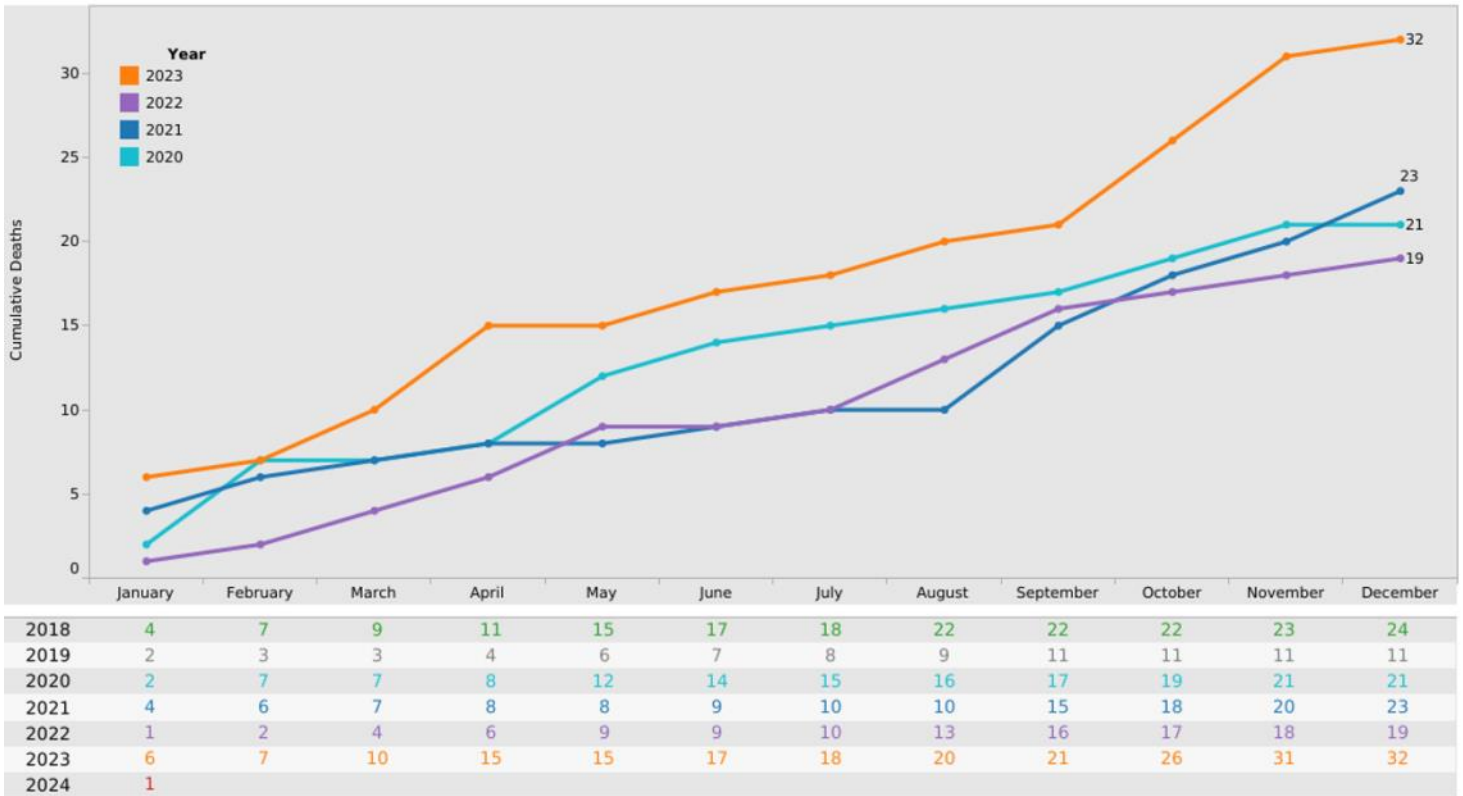
State Of Idaho

Cumulative Suicide Deaths

Ages 13– 17

2020—2023

Manner of Death: Suicide Age Groups: 13-17 Gender: All



Last Updated: 2/12/2024

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*South Central Public Health District wanted to point out this age group specifically for the spike in Suicides during 2023. No other age groups saw a spike that was out of the norm from previous years.

Source: Idaho VDRS (Violent Death), 2023

State Of Idaho

Cumulative Suicide Deaths

All Ages

2020—2023

Male

Manner of Death: Suicide All Age Groups Gender: Male



| | January | February | March | April | May | June | July | August | September | October | November | December |
|------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| 2018 | 37 | 61 | 92 | 120 | 144 | 163 | 191 | 219 | 243 | 272 | 297 | 318 |
| 2019 | 27 | 46 | 59 | 87 | 114 | 134 | 156 | 189 | 210 | 233 | 261 | 282 |
| 2020 | 30 | 59 | 87 | 108 | 142 | 170 | 196 | 226 | 261 | 293 | 322 | 348 |
| 2021 | 24 | 56 | 82 | 113 | 138 | 164 | 186 | 219 | 250 | 278 | 301 | 323 |
| 2022 | 20 | 42 | 78 | 110 | 138 | 181 | 203 | 233 | 257 | 294 | 325 | 355 |
| 2023 | 35 | 63 | 92 | 127 | 152 | 179 | 212 | 250 | 290 | 322 | 348 | 369 |
| 2024 | 8 | | | | | | | | | | | |

Last Updated: **2/12/2024**

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Source: Idaho VDRS (Violent Death), 2023

State Of Idaho

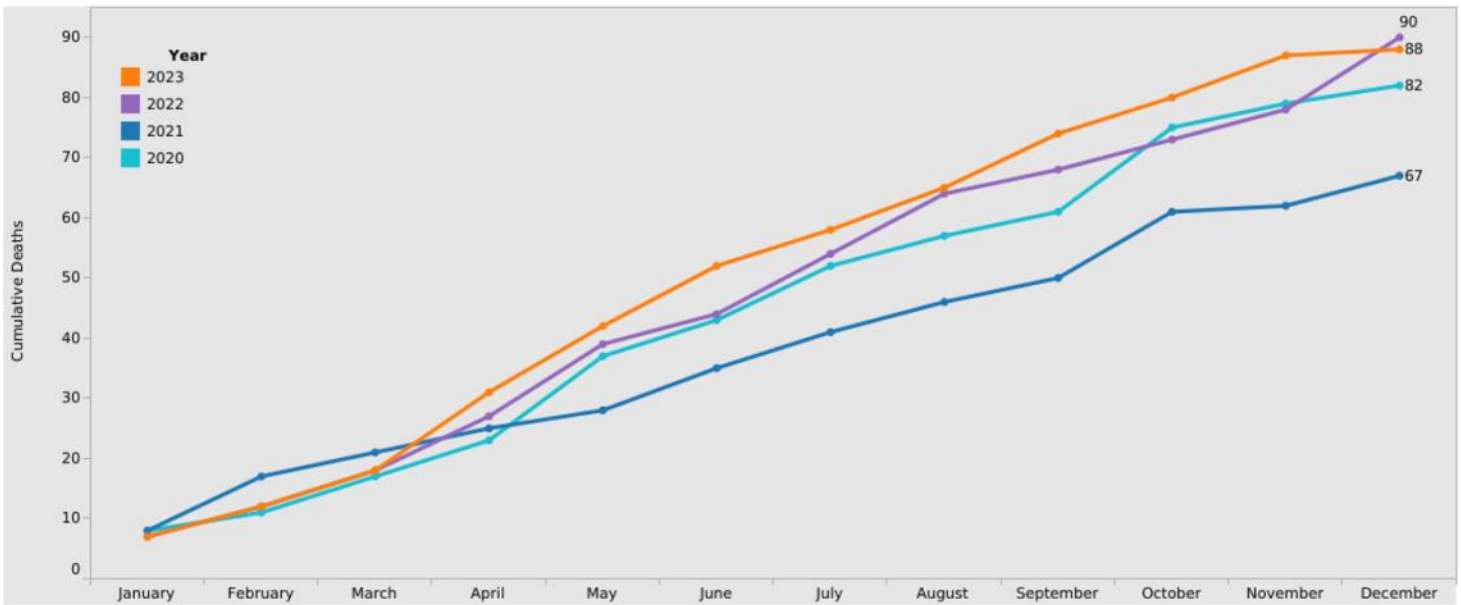
Cumulative Suicide Deaths

All Ages

2020—2023

Female

Manner of Death: Suicide All Age Groups Gender: Female



| Year | January | February | March | April | May | June | July | August | September | October | November | December |
|------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| 2018 | 4 | 11 | 17 | 25 | 33 | 42 | 47 | 61 | 69 | 79 | 85 | 91 |
| 2019 | 6 | 9 | 18 | 26 | 35 | 42 | 44 | 51 | 62 | 68 | 73 | 80 |
| 2020 | 8 | 11 | 17 | 23 | 37 | 43 | 52 | 57 | 61 | 75 | 79 | 82 |
| 2021 | 8 | 17 | 21 | 25 | 28 | 35 | 41 | 46 | 50 | 61 | 62 | 67 |
| 2022 | 7 | 12 | 18 | 27 | 39 | 44 | 54 | 64 | 68 | 73 | 78 | 90 |
| 2023 | 7 | 12 | 18 | 31 | 42 | 52 | 58 | 65 | 74 | 80 | 87 | 88 |

Last Updated: **2/12/2024**

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Source: Idaho VDRS (Violent Death), 2023

State Of Idaho

Cumulative Suicide Deaths

Ages 13—17

2020—2023

Male

Manner of Death: Suicide Age Groups: 13-17 Gender: Male



| Year | January | February | March | April | May | June | July | August | September | October | November | December |
|------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| 2018 | 4 | 6 | 8 | 9 | 12 | 14 | 15 | 17 | 17 | 17 | 18 | 18 |
| 2019 | 1 | 2 | 2 | 3 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 7 |
| 2020 | 2 | 6 | 6 | 7 | 9 | 11 | 11 | 12 | 13 | 15 | 16 | 16 |
| 2021 | 3 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 12 | 12 | 14 | 16 |
| 2022 | 1 | 1 | 3 | 4 | 5 | 5 | 6 | 7 | 9 | 10 | 11 | 11 |
| 2023 | 5 | 5 | 7 | 10 | 10 | 11 | 12 | 13 | 13 | 16 | 20 | 21 |
| 2024 | 1 | | | | | | | | | | | |

Last Updated: 2/12/2024

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State Of Idaho

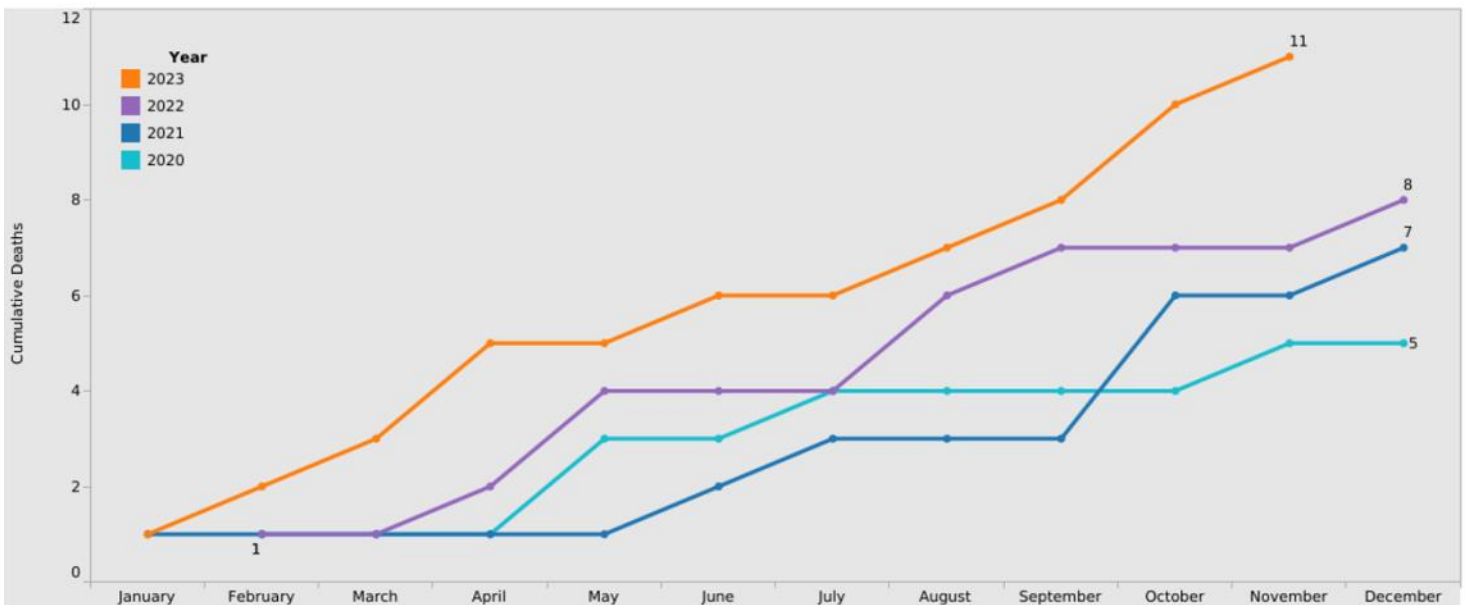
Cumulative Suicide Deaths

Ages 13—17

2020—2023

Female

Manner of Death: Suicide Age Groups: 13-17 Gender: Female



| Year | January | February | March | April | May | June | July | August | September | October | November | December |
|------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| 2018 | | 1 | 1 | 2 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 6 |
| 2019 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 4 | 4 | 4 | 4 |
| 2020 | | 1 | 1 | 1 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 5 |
| 2021 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 6 | 6 | 7 |
| 2022 | | 1 | 1 | 2 | 4 | 4 | 4 | 6 | 7 | 7 | 7 | 8 |
| 2023 | 1 | 2 | 3 | 5 | 5 | 6 | 6 | 7 | 8 | 10 | 11 | 11 |

Last Updated: 2/12/2024

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*South Central Public Health District wanted to point out this age group specifically for the spike in suicides during 2023. No other age groups saw a spike that was out of the norm from previous years.

** There were no 13-17 year old female suicides in December 2023.

Source: Idaho VDRS (Violent Death), 2023

South Central Public Health District

Coroner Survey

July 2022—June 2023

From July 1, 2022 to June 30, 2023, South Central Public Health District (SCPHD) conducted a survey regarding suicides in the eight counties they cover. Survey's were sent quarterly to Coroners in Blaine County, Camas County, Cassia County, Gooding County, Jerome County, Lincoln County, Minidoka County, and Twin Falls County.

The objective of this survey was to have Coroners fill out a survey every three months. This would give SCPHD up to date information regarding suicide deaths and if there are any trends that should be looked at.

SCPHD survey asked questions about

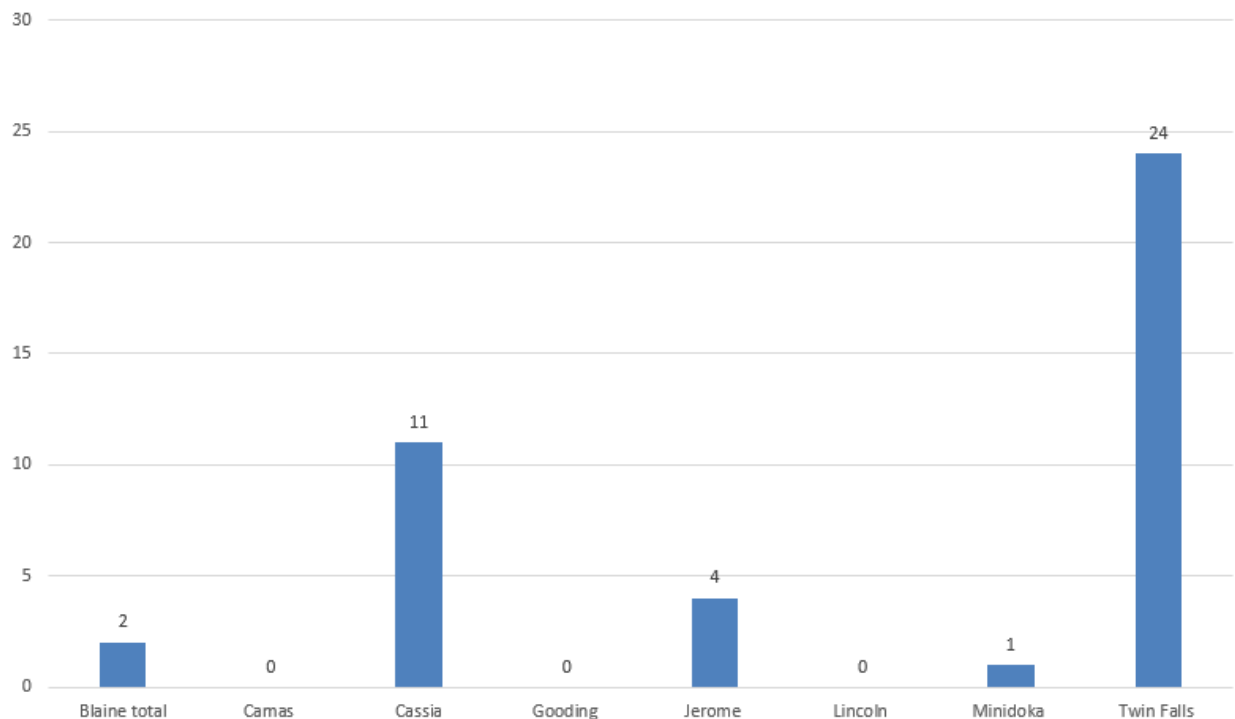
- 1) Suicide totals for the three months reporting (July-September, October - December, January - March, April - June)
- 2) Age (18 and under, 19-35, 36-50, 51 and older)
- 3) Race
- 4) Sex
- 5) Lethal Means

Note:

** Gooding only reported January 2023 - June 2023. The Coroner didn't feel comfortable reporting suicides for July 2022 - December 2022 because he wasn't acting Coroner at the time.

*** Jerome did not report April 2023 - June 2023

Total Suicides for Public Health District 5
(July 2022 - June 2023)



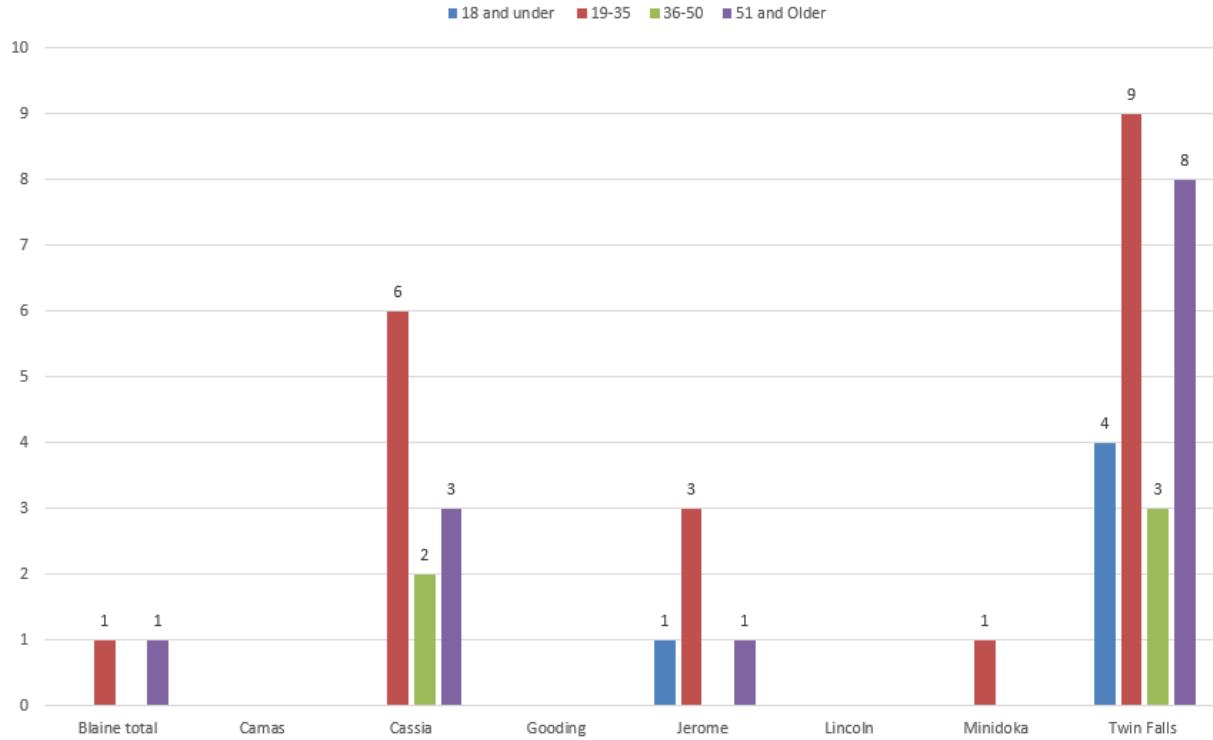
South Central Public Health District

Coroner Survey

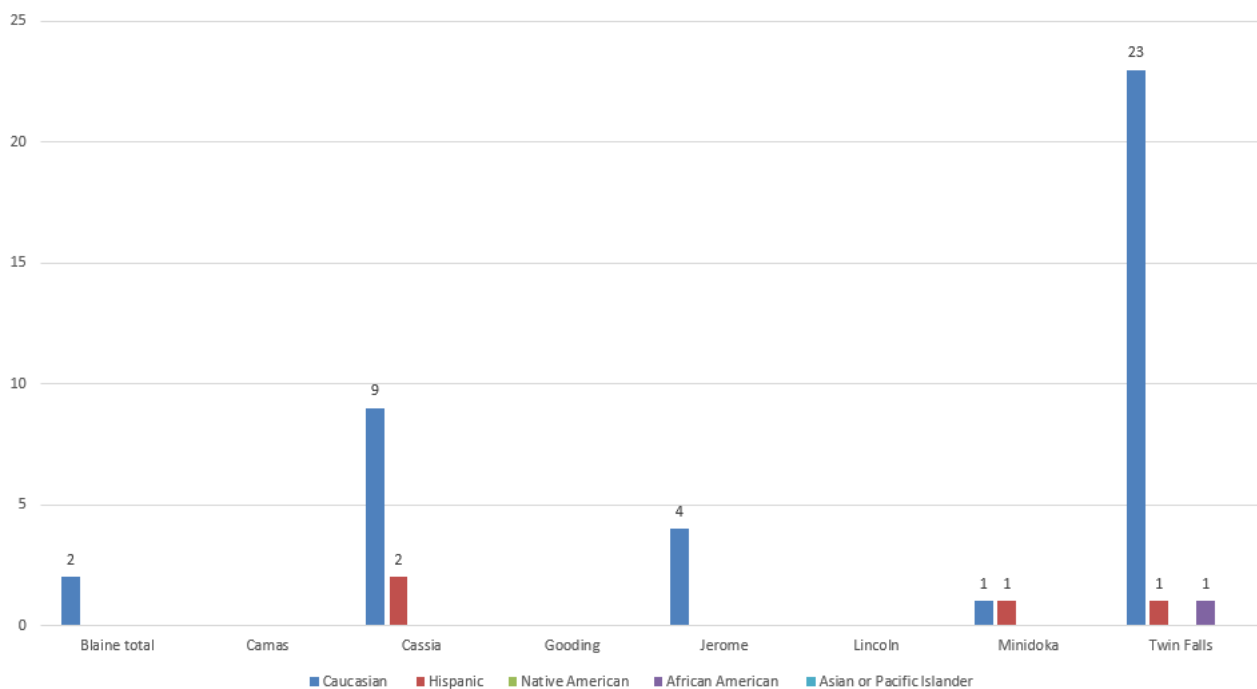
July 2022—June 2023

Continued

Total Suicides Based on Age for Public Health District 5
(July 2022 - June 2023)



Total Suicides Based on Race for Public Health District 5
(July 2022 - June 2023)



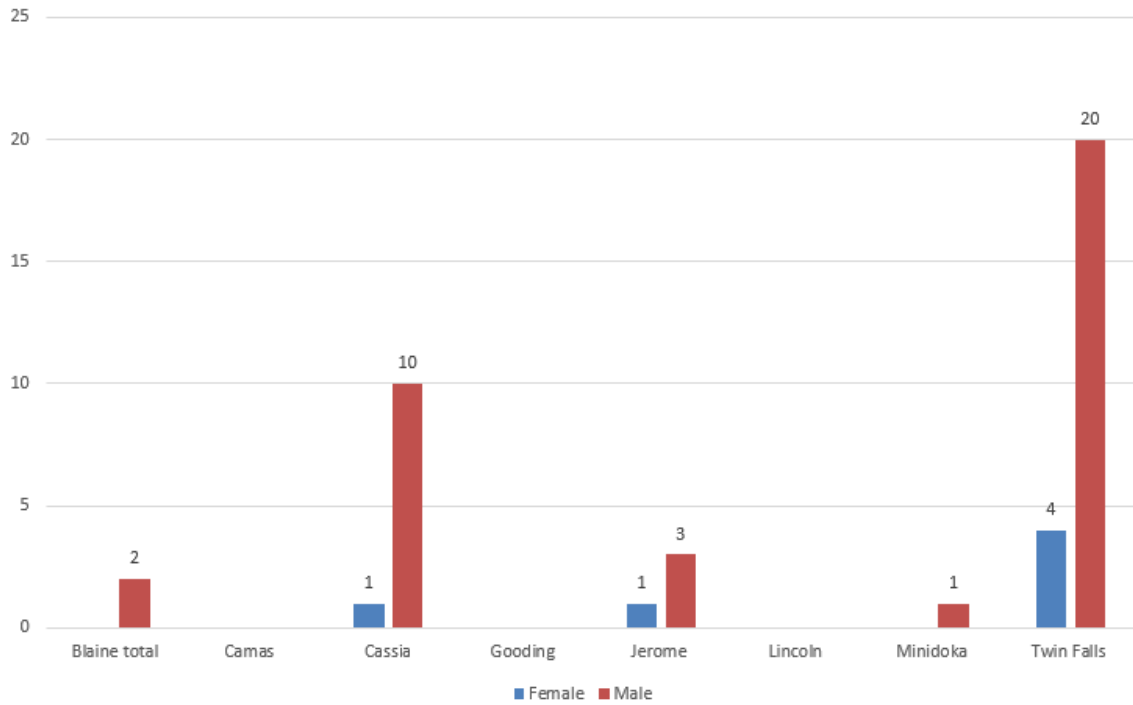
South Central Public Health District

Coroner Survey

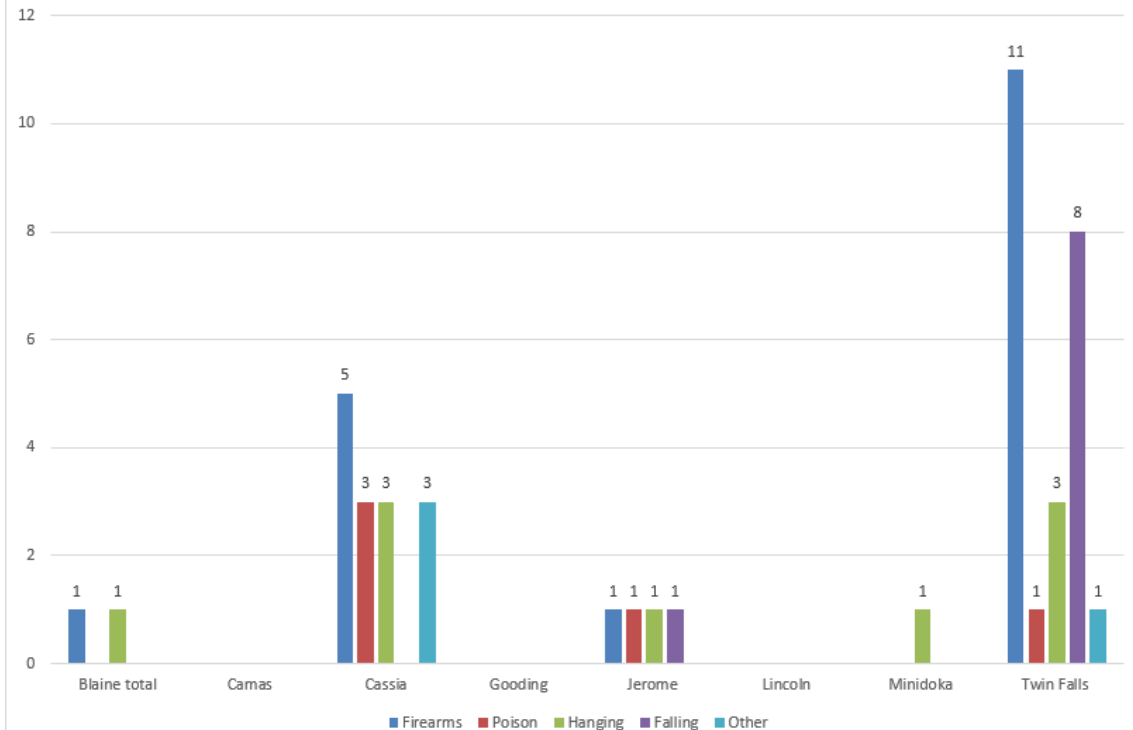
July 2022—June 2023

Continued

Total Suicides Based on Sex for Public Health District 5
(July 2022 - June 2023)



Total Suicides Based on Lethal Means for Health District 5
(July 2022 - June 2023)



Idaho's Youth Risk Behavior Survey 2021 (YRBS)

The Youth Risk Behavior Survey (YRBS) is one component of the Youth Risk Behavior Surveillance System (YRBSS). It was developed by the Centers for Disease Control and Prevention in collaboration with representatives from state and local departments of education and health, other federal agencies, and national education and health organizations. The YRBSS was designed to focus the nation on behaviors among youth related to the leading causes of mortality and morbidity among both youth and adults and to assess how these risk behaviors change over time. The YRBSS primarily measures behaviors that fall into six categories:

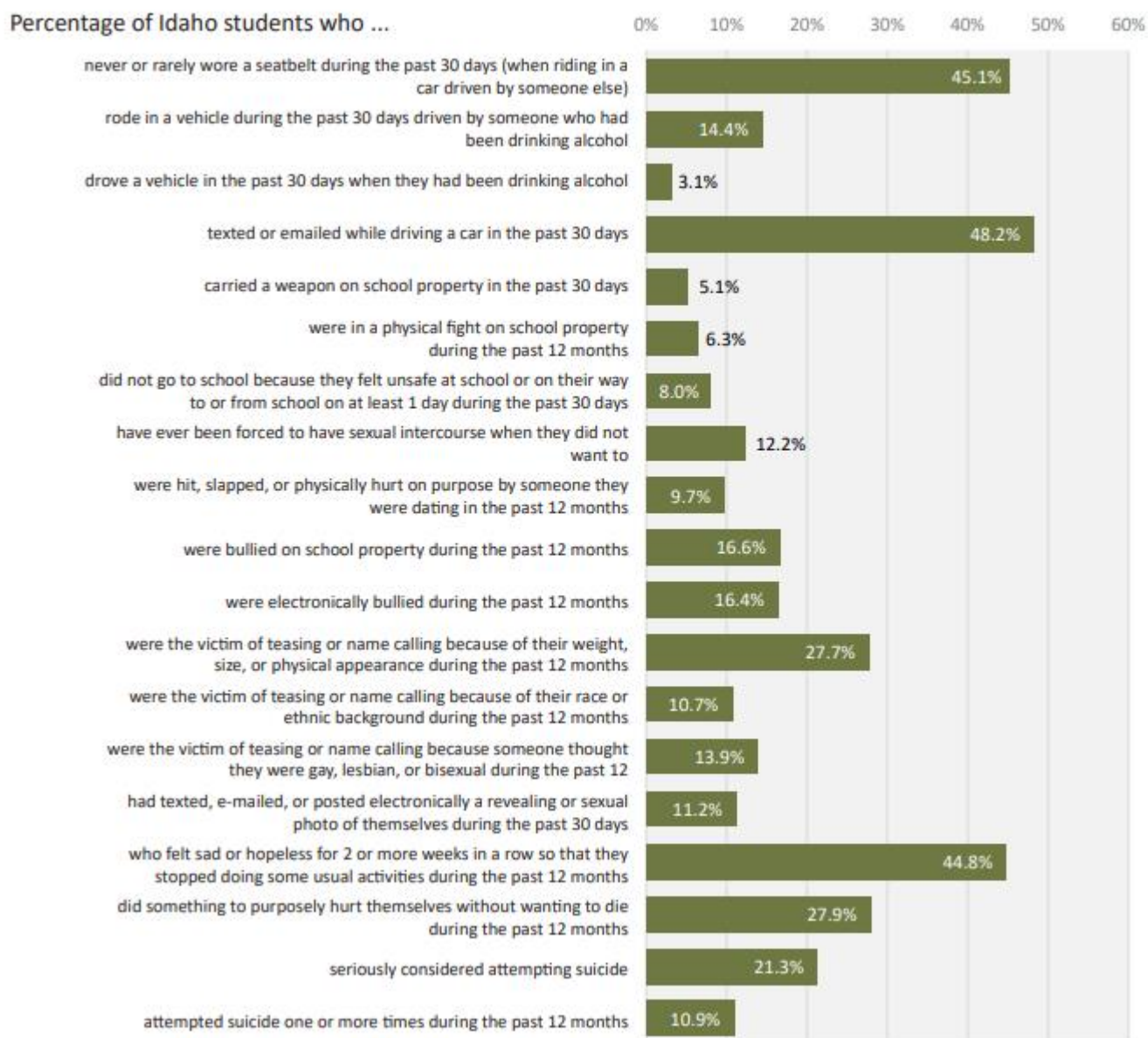
1. Behaviors that contribute to unintentional injuries and violence
2. Tobacco use
3. Alcohol and other drug use
4. Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
5. Unhealthy dietary behaviors
6. Inadequate physical activity

In addition to the six behavior categories, the 2021 Idaho YRBS collected information on other health related topics such as obesity, oral health, asthma, bullying, sunlight and UV light exposure, food insecurity, homelessness, and school-based social support and stability.

Idaho's Youth Risk Behavior Survey (YRBS): https://odp.idaho.gov/wp-content/uploads/2023/02/2021_Youth-Risk-Behavior-Survey-Results.pdf

Idaho's Youth Risk Behavior Survey (YRBS)

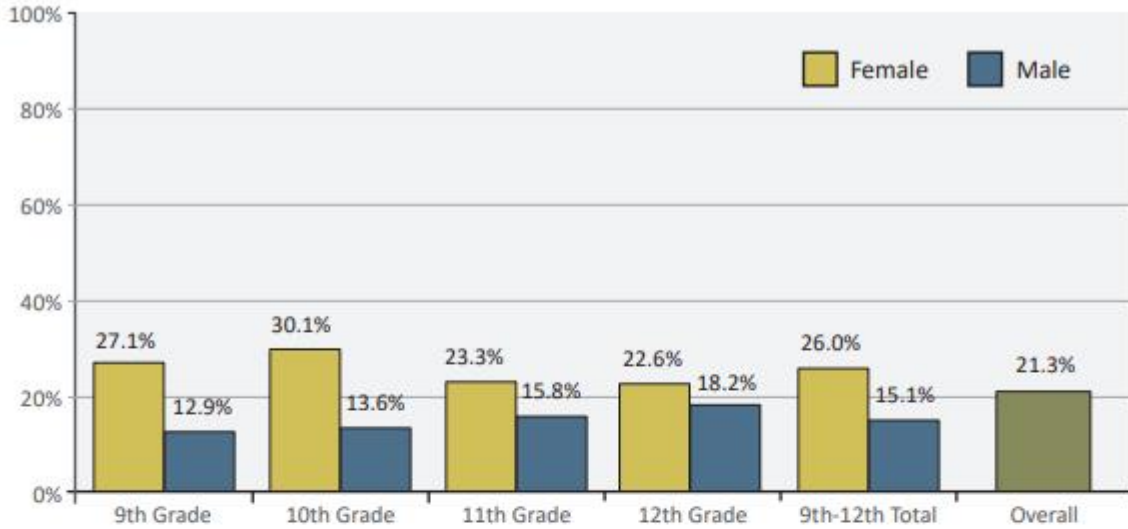
Unintentional and Intentional Injuries



Source: Idaho Youth Risk Behavior Survey, 2021, P. 4

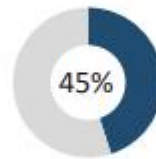
Idaho's Youth Risk Behavior Survey (YRBS)

Percentage of Idaho students who seriously considered attempting suicide during the past 12 months

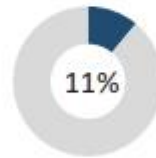


In 2020, suicide was the 2nd leading cause of death among youth in Idaho, and 65 Idahoans between the ages of 15 and 24 completed suicide.²

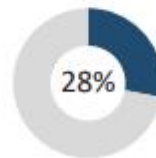
Suicide is when a teen causes his or her own death on purpose. Before attempting to take his or her own life, a teen may have thoughts of wanting to die. This is called suicidal ideation. He or she may also have suicidal behavior. That's when a teen is focused on doing things that cause his or her own death.¹⁰



Forty-five percent of Idaho students felt so sad or hopeless almost every day for two weeks or more during the past 12 months that they stopped doing some usual activities



One in ten students (11%) attempted suicide one or more times during the previous 12 months



Twenty-eight percent of Idaho students purposely tried to hurt themselves without wanting to die, such as cutting themselves, one or more times during the past 12 months

Risk Behaviors & Academic Achievement

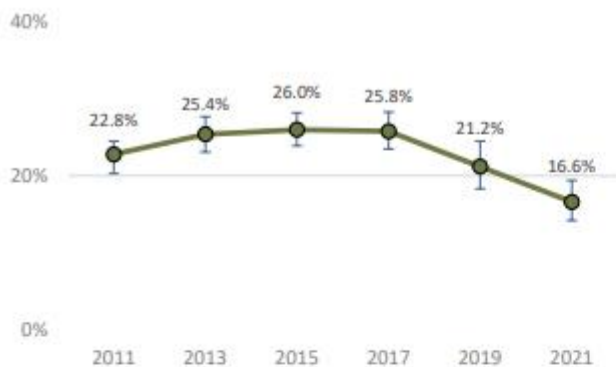
Percentage of students who seriously considered attempting suicide during the past 12 months was **significantly** associated with academic achievement.



Source: Idaho Youth Risk Behavior Survey, 2021, P. 16

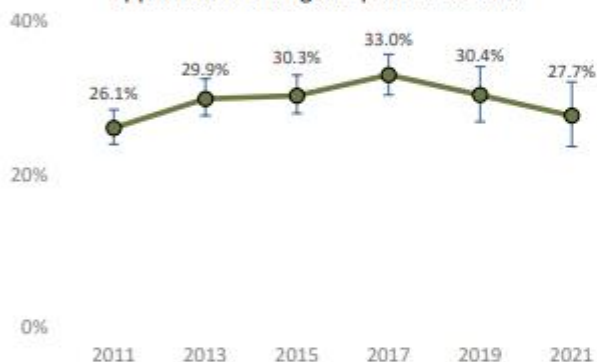
Idaho's Youth Risk Behavior Survey (YRBS)

Percentage of students were bullied on school property during the past 12 months



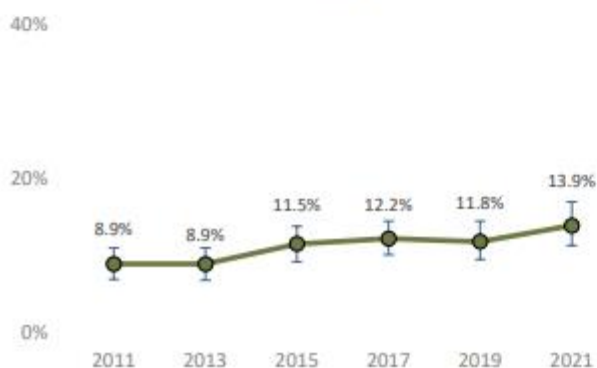
- The percentage of students who bullied on school property during the previous 12 months decreased significantly from 22.8% in 2011 to 16.6% in 2021.

Percentage of students who were the victim of teasing or name calling because of their weight, size, or physical appearance during the past 12 months



- Overall, the percentage of Idaho high school students who had been teased or called names because of their weight, size, or physical appearance during the past 12 months did not change significantly from 2011 to 2021.

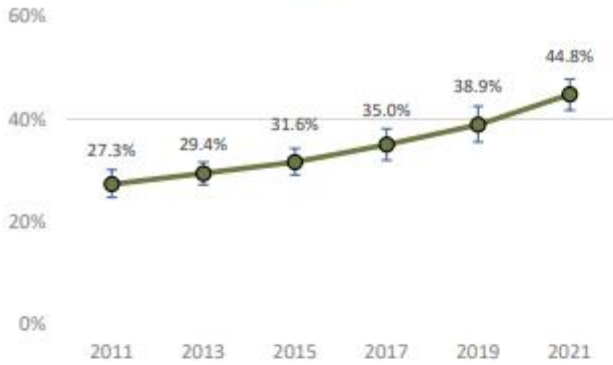
Percentage of students who were the victim of teasing or name calling because someone thought they were gay, lesbian, or bisexual during the past 12 months



- The percentage of Idaho high school students who were the victims of teasing or name calling because someone thought they were gay, lesbian, or bisexual during the previous 12 months increased significantly from 8.9% in 2011 to 13.9% in 2021.

Idaho's Youth Risk Behavior Survey (YRBS)

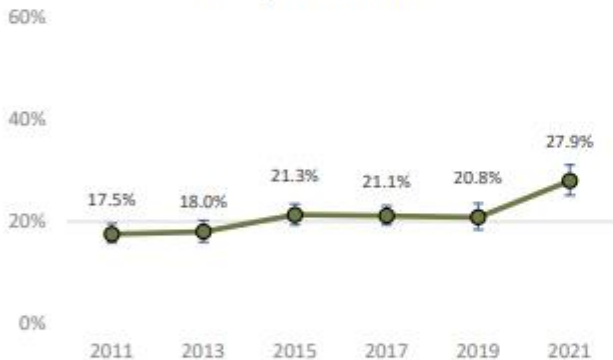
Percentage of students who felt so sad or hopeless (almost every day for 2+ weeks in a row) they stopped doing some usual activities during the past 12 months



- The percentage of Idaho high school students who felt so sad or hopeless (almost every day for the 2+ weeks in a row) during the past 12 months increased significantly from 27.3% in 2011 to 44.8% in 2021.

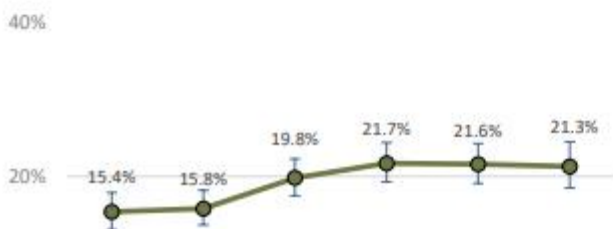
*Among students who had driven a car or other vehicle during the 30 days before the survey.

Percentage of students who did something to purposely hurt themselves without wanting to die, one or more times in the past 12 months



- The percentage of Idaho high school students who did something to purposely hurt themselves without wanting to die increased significantly from 17.5% in 2011 to 27.9% in 2021.

Percentage of students who seriously considered attempting suicide during the past 12 months



- The percentage of Idaho high school students who seriously considered attempting suicide during the previous 12 months increased significantly from 15.4% in 2011 to 21.3% in 2021.

Source: Idaho Youth Risk Behavior Survey, 2021, P. 35

Calls to 988

Idaho Crisis & Suicide Hotline (ICSH) provides 24/7 free and confidential behavioral health crisis support that helps Idahoans lead healthier, more productive lives.

Since 2012, ICSH has responded to over 116,000 contacts (calls/texts/chats) from help-seekers of all ages and has been privileged to support Idahoans from every county in our state. Whether a person is experiencing suicidal thoughts, mental health challenges, substance use disorder (SUD), or is calling on behalf of a loved one—a trained crisis responder is always ready to listen. ICSH is accredited through the international Council on Helpline Services and Proudly serves all Idahoans

When a person contacts ICSH, a trained crisis responder evaluates the person’s situations, conducts a suicide and homicide safety assessment, helps the person reduce stress and deescalate, and assists the help-seeker by creating a safety plan or providing support. By keeping Idahoans safe and connecting them to local resources, ICSH is a critical partner in the state’s crisis care and suicide prevention system. ICSH helps reduce unnecessary emergency department visits and welfare checks by local law enforcement.

ICSH is a proud member of the 988 Suicide & Crisis Lifeline and part of a network of 200+ crisis call centers responding to 988 contacts.

The figure below shows the number of help-seekers that contacted 988 from Health District 5 in 2023:

Figure 1

| County | Population | Contacts |
|-------------------|-------------------|-----------------|
| Blaine County | 24,766 | 68 |
| Camas County | 1,139 | 2 |
| Cassia County | 25,164 | 101 |
| Gooding County | 15,772 | 155 |
| Jerome County | 24,662 | 108 |
| Lincoln County | 5,282 | 26 |
| Minidoka County | 21,995 | 59 |
| Twin Falls County | 92,243 | 630 |

Source: Idaho Crisis & Suicide Hotline—988, 2024

South Central Public Health Gap Analysis

Idaho Suicide Prevention Plan 2024—2028

During South Central Public Health District’s (District 5) review of the needs and gaps, it was determined that the Idaho Suicide Prevention Plan (ISPP) 2024 –2028 already provided goals, objectives, and recommended actions. To support the ISPP, Health District 5 provided a gap analysis and a possible partnership of each goal. See Idaho Suicide Prevention Plan for more details (Idaho Suicide Prevention Plan, 2024)

Goal 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings.

| Objective | Corresponding Gaps | Possible Partnerships |
|---|--|---|
| <p>1.1: Increase suicide prevention interest and action across a broad array of organizations in Idaho</p> <p>1.2: Establish effective, sustainable and collaborative suicide prevention programming at the state/territorial, tribal and local levels</p> <p>1.4: Improve and support inter-agency collaboration</p> <p>1.5: Improve and support public/private initiatives that can contribute to suicide prevention success outcomes</p> <p>1.6: Identify, develop and evaluate select pilot programs to accomplish suicide prevention in rural settings, e.g., community health centers, regional behavioral health centers</p> | <ul style="list-style-type: none"> • Coordinated suicide prevention efforts with local coalitions, coroners offices, support group organizations, and hospitals needs improvement. • There is a lack of collaboration and communication among public and private suicide prevention organizations. • Some private initiatives could use extra funding. A partnership to help them find those funds is needed. | <ul style="list-style-type: none"> • St. Luke’s Mental Health Workgroup • Intermountain Cassia Regional Hospital • North Canyon Hospital • Minidoka Memorial Hospital • Magic Valley Suicide Awareness and Prevention • Mini- Cassia PAuSe Coalition • 5B Suicide Prevention Alliance Meeting • The Crisis Hotline • South Central Behavior Health Board |

Goal 2: Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors.

| Objective | Corresponding Gaps | Possible Partnerships |
|--|--|--|
| <p>2.1: Develop, coordinate, implement and evaluate communication efforts designed to reach defined segments of populations with an emphasis on those at high risk and those serving them</p> <p>2.2: Directly involve policy-makers at the local, regional, and state levels with dedicated communication efforts and strategies</p> <p>2.3: Increase clear, coordinated online communication efforts through social media and other electronic platforms that promote positive messages and support safe crisis intervention strategies</p> <p>2.4: Increase knowledge and awareness of the warning signs for suicide and how to connect individuals with assistance and care within their communities</p> | <ul style="list-style-type: none"> • There is a need for increased awareness/education related to suicide. • When creating educational materials on educating the public about suicide prevention, coordinating efforts between private and public suicide prevention groups needs improvement. • Increased knowledge and awareness of warning signs for suicide prevention and how to talk to someone that is going through a difficult time is needed in the community. Coordination is needed between public and private organizations. • Increased need for more trained professionals to educate the public on suicide prevention strategies. | <ul style="list-style-type: none"> • St. Luke’s Mental Health Workgroup • Intermountain Cassia Regional Hospital • North Canyon Hospital • Minidoka Memorial Hospital • Magic Valley Suicide Awareness and Prevention • Mini- Cassia PAuSe Coalition • 5B Suicide Prevention Alliance Meeting • The Crisis Hotline • South Central Behavior Health Board • Mental Health Services • Local colleges • Idaho Lives Project |

Goal 3 - Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery

| Objective | Corresponding Gaps | Possible Partnerships |
|---|---|---|
| 3.1: Promote culturally competent, evidence-based and best practice programs that increase protection from suicide risk | There is a need to recognize cultural differences, along with promoting community wellness events that promote belongingness. | <ul style="list-style-type: none"> • St. Luke’s Mental Health Workgroup • Magic Valley Suicide Awareness and Prevention • Mini- Cassia PAuSe Coalition • 5B Suicide Prevention Alliance Meeting |
| 3.2: Reduce the stigma and discrimination associated with suicidal behaviors and mental and substance use disorders | There is a need to have effectively transfer information into multiple languages to reach all audiences. | |
| 3.3: Promote the understanding that resiliency and recovery from suicidality are possible for everyone | <p>Increased education about how to get help for everyone and to reduce stigma associated with suicidal behaviors.</p> <p>Increased need in knowing how to find counselors and other mental health providers.</p> | |

Goal 4: Promote responsible and accurate portrayals of suicide and mental illness in media reporting and the safety of online content related to suicide

| Objective | Corresponding Gaps | Possible Partnerships |
|---|---|--|
| 4.1: Encourage and recognize news organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors | <ul style="list-style-type: none"> • There is a need to educate the community about the importance of suicide prevention and the stigma related to it. • There is a need for increased guidelines for online content and new ways to connect with each other. • Education is needed in the community about what online websites are safe and how to address safe messaging through social media. • There is insufficient awareness and education related to suicide in the community including risk and protective factors. | <ul style="list-style-type: none"> • Idaho Youth Risk Behavior (YBRS) Survey 2019 • Local Coroners offices • Get Healthy Idaho– Vital Statistics • 988 Idaho Crisis and Suicide hotline • The Crisis Hotline– Blaine County • CDC.gov • ST. Luke’s Community Health Needs Assessments |
| 4.2: Review and adopt safety guidelines for online content of new and emerging communications technologies and applications | | |
| 4.3: Review, adopt and disseminate guidance for college and university, and university extension communication programs regarding how to address consistent and safe messaging on suicide and related behaviors in their curriculum | | |

Goal 5: Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors among those at risk.

| Objective | Corresponding Gaps | Supporting assessment |
|--|---|---|
| <p>5.1: Strengthen the coordination, implementation and evaluation of comprehensive state/territorial, tribal and local suicide prevention programs</p> <p>5.2 Encourage and empower institutions, agencies and organizations in the community to implement effective programs and provide education that promotes wellness, prevents suicide and related behaviors</p> <p>5.3: Intervene to reduce suicidal thought and behaviors in populations with suicide risk</p> <p>5.4: Increase access to effective programs and services for mental health and substance use disorders</p> | <ul style="list-style-type: none"> • Since there is a shortage of mental health providers, increased knowledge of how people can access appropriate care and transportation to appointments is needed. • Mental health facilities are usually difficult to access due to affordability, and lack of transportation. Some counties have very few mental health services. Residents may need to travel over an hour to access care. • Coordination with local agencies is needed to adopt programs that they can implement into businesses that have high traffic. Implementation might include education on warning signs, QPR classes, posters and banners on the walls. | <ul style="list-style-type: none"> • St. Luke’s Mental Health Workgroup • St. Luke’s Community Health Needs Assessment • Intermountain Cassia Regional Hospital • North Canyon Hospital • Minidoka Memorial Hospital • Magic Valley Suicide Awareness and Prevention • Mini- Cassia PAuSe Coalition • 5B Suicide Prevention Alliance Meeting • The Crisis Hotline—Blaine County • South Central Behavior Health Board • City of Twin Falls (Ride TFT System) |

Goal 6: Promote safe practices related to lethal means access among individuals with suicide risk

| Objective | Gap | Supporting assessment |
|--|--|---|
| <p>6.1: Encourage those who interact with individuals at risk for suicide to be assessed routinely for access to lethal means and then mitigate those means</p> <p>6.2: Collaborate with firearm dealers, shooting clubs, ranges, hunting organizations and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible gun ownership</p> <p>6.3: Engage with pharmacy and medical providers to have safe storage of medication, limit dosages, and utilize the Idaho Prescription Drug Monitoring Program or other monitoring systems</p> <p>6.4: Educate individuals and families about safe storage, disposal, and use of medication</p> | <ul style="list-style-type: none"> • The use of firearms and prescription drug overdose continues to be the most common mechanisms of suicide deaths. More education is needed for suicide awareness, locking firearms, and education for safely storing medication. • Falling as a mechanism for suicide death is extremely high in Jerome and Twin Falls counties. Increased education and awareness is needed. • Collaboration with firearm dealers, shooting clubs, ranges, and pawn shops is needed to incorporate a suicide awareness and prevention program. Ideally this would be based around their club or business. • Increased education of how to dispose of medication, how to lock up medication, and how to prescribe lower doses of medication is needed. | <ul style="list-style-type: none"> • Idaho Transportation Department • Idaho Office of Drug and Alcohol Prevention • Local Shooting clubs • Firearms dealers • Hunters education • Local pharmacies • Idaho Prescription Drug Monitoring Program |

Goal 7: Embed suicide prevention as a core component of health care services. Promote effective clinical and professional practices for assessing and treating those identifying as being at risk for suicidal behaviors.

| Objective | Gap | Possible Partnerships |
|---|--|--|
| <p>7.1: Promote the adoption of the Zero Suicide Model to health care and community support systems that provide services and support to defined patient population</p> <p>7.2: Develop and implement protocols for delivering services to individuals with suicide risk in the most collaborative, responsive and least restrictive settings</p> <p>7.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide</p> <p>7.6: Establish linkages and collaborations between providers of mental health services and community based programs such as peer support programs, crisis centers, veterans organizations, etc.</p> <p>7.7: Coordinate services among suicide prevention and intervention programs, health care and crisis centers</p> <p>7.8: Develop collaborations between emergency departments and other health care providers to provide alternatives to emergency department care and hospitalizations when appropriate and to promote rapid follow up after discharge</p> | <ul style="list-style-type: none"> • Affordable health care is needed. • More mental health providers per capita are needed. The ratio of mental health providers to the population is inadequate to support the populations need. • Increased peer support programs are needed. • An alternative to emergency room care is needed. Emergency room visits were high in our District and having an alternative program through the hospital can help. • Increased need for discharge follow up with clients when leaving hospital. | <ul style="list-style-type: none"> • St. Luke’s Mental Health Workgroup • Magic Valley Suicide Awareness and Prevention • Mini- Cassia PAuSe Coalition • 5B Suicide Prevention Alliance Meeting • Idaho Lives Project |

Goal 8: Provide postvention care to individuals affected by suicide deaths and attempts to promote healing. Implement community strategies to help prevent further suicides

| Objective | Gap | Possible Partnerships |
|--|--|--|
| <p>8.3: Engage suicide attempt survivors in all aspects of suicide prevention planning</p> <p>8.4: Provide health care providers, first responders and others with care and support when a patient under their care dies by suicide</p> <p>8.5: Provide training and support for first responders to communicate with families and those affected by suicide in an empathetic and supportive manner</p> <p>8.6: Adopt, disseminate, implement, and continuously evaluate guidelines for all types of communities</p> | <ul style="list-style-type: none"> • There is a increased need for more support for family and friends effected by suicide. • More trained facilitators to conduct loss survivor support groups, and suicide survivor support groups are needed. • More training is needed for first responders to communicate with families and those effected by suicide. | <ul style="list-style-type: none"> • St. Luke’s Mental Health Workgroup • St Luke’s Clinic – Behavior Health Services • Mental Health Services Region V • Walker Center • Wellness Tree • Intermountain Cassia Regional Hospital • North Canyon Hospital • Minidoka Memorial Hospital • The Crisis Center |

Goal 9: Use validated data and evaluation systems to define priority populations and measure the impact of suicide prevention , intervention, and postvention programming. Synthesize and disseminate findings.

| Objective | Gap | Possible Partnerships |
|---|--|--|
| <p>9.1: Improve the usefulness and quality of suicide-related data</p> <p>9.2: Expand state, tribal and local capacity (public health, schools and other systems) to routinely collect, analyze, report and use suicide related data to implement prevention efforts and inform policy decision</p> <p>9.3: Utilize field surveys and other data collection instruments that include questions on suicidal behaviors, related risk factors and exposure to suicide</p> <p>9.4: Evaluate the effectiveness of Idaho’s suicide prevention, intervention, and postvention activities and programming</p> | <ul style="list-style-type: none"> • More up to date data is needed to identify any trends associated to suicide. • Data collected needs to be used to expand state, tribal, and local education and capacity. | <ul style="list-style-type: none"> • St. Luke’s Mental Health Workgroup • Intermountain Cassia Regional Hospital • North Canyon Hospital • Minidoka Memorial Hospital • Magic Valley Suicide Awareness and Prevention • Mini- Cassia PAuSe Coalition • 5B Suicide Prevention Alliance Meeting • The Crisis Hotline • South Central Behavior Health Board • Mental Health Services • Local colleges • Idaho Lives Project |

References

- Ballotpedia, 2023. [https://ballotpedia.org/Partisan affiliations of registered voters](https://ballotpedia.org/Partisan_affiliations_of_registered_voters).
- County Health Rankings & Roadmaps, 2023. <https://www.countyhealthrankings.org/explore-health-rankings/compare-counties>.
- Facts About Suicide | Suicide | CDC, 2023. <https://www.cdc.gov/suicide/facts/index.html>.
- Idaho Crisis & Suicide Hotline — 988, February 14, 2024. <https://idahocrisis.org>.
- Idaho Health Report Card, 2023. <https://www.gethealthy.dhw.idaho.gov/idaho-health-report-card>.
- Idaho Land Area County Rank, 2023. <http://www.usa.com/rank/idaho-state--land-area--county-rank.htm>.
- Idaho Secretary of State, 2023. <https://sos.idaho.gov/elections-division/voter-registration-totals/>.
- Idaho VDRS (Violent Death), 2023. <https://www.gethealthy.dhw.idaho.gov/idaho-vdrs>.
- Idaho Youth Risk Behavior Survey. *Idaho State Department of Education*, 2021, pages ii, 4, 16,34,35.
- Stats of the State - Suicide Mortality, 2023. <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>.
- Suicide Data and Statistics | Suicide | CDC, 2023. <https://www.cdc.gov/suicide/suicide-data-statistics.html>.
- Suicide Prevention (ED Visits), 2023. <https://www.gethealthy.dhw.idaho.gov/suicide-prevention-ed-visits>
- “U.S. Census Bureau QuickFacts: United States,” 2023. <https://www.census.gov/quickfacts/fact/table/US/PST045222>.