## Suicide among American Indians & Alaska Natives in Oregon

A review of death certificates from 2013-2017

Issued May 2019



Suicide is the 7th leading cause of death for AI/ANs in Oregon, and the 2nd leading cause of death for AI/ANs ages 10-24.



There were **94** suicide deaths among AI/ANs in Oregon during 2013-2017.

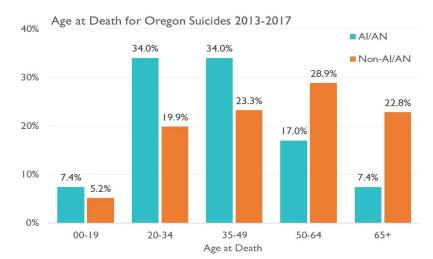


73% of AI/AN suicide deaths were male.

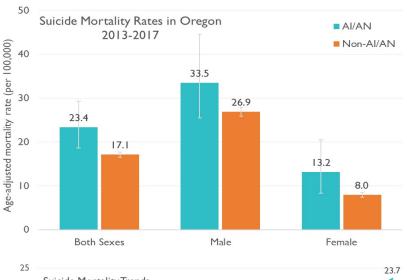


**43**% of AI/AN suicide deaths were by firearm, **35**% were by hanging/strangulation, and **16**% were from self-poisoning.

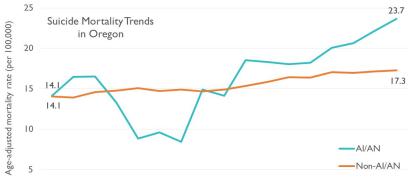
**41.4%** of AI/AN deaths in Oregon occurred among people younger than 35 years of age.



The suicide mortality rate for Al/ANs in Oregon was 1.4 times higher than the rate for non-Al/ANs. While males had a higher suicide rate than females, Al/AN females had a larger disparity in suicide rates (1.7 times higher than non-Al/ANs).



The suicide mortality rate for Al/ANs in Oregon decreased from 2002 to 2006. Since 2007, the suicide rate has nearly tripled.







American Indian and Alaska Native communities have always represented unity and resilience.

We must continue this tradition, and our connections can help our generations thrive.

Each one of us is a gift, and our stories are shared across generations.

## **Resources for Suicide Prevention**



THRIVE (Tribal Health: Reaching out InVolves Everyone) is the suicide prevention project at the Northwest Portland Area Indian Health Board. THRIVE provides suicide prevention training, media material development, and technical assistance to Tribes in the Pacific Northwest in order to increase knowledge and awareness about suicide among Tribal community members, improve intertribal and interagency communication about suicide prevention and treatment, and encourage tribal health programs to track, prevent, and treat suicide.

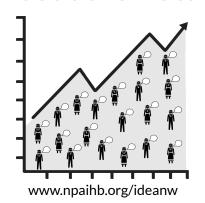
THRIVE provides ASIST and QPR trainings, and works to increase tribal capacity to prevent suicide using the *Zero Suicide Model*, the *Healing of the Canoe* curriculum, and other evidence-based interventions.

THRIVE has developed many social marketing and media products for tribal suicide prevention. These products can be found at http://www.npaihb.org/social-marketing-campaigns.

For more information about THRIVE, contact: Colbie Caughlan at ccaughlan@npaihb.org or 503-228-4185



## **About the Data**



Al/ANs are often misclassified as another race in health data systems, and this makes it difficult to accurately measure and report on outcomes like suicide. NPAIHB's IDEA-NW project works to reduce Al/AN misclassification in public health data systems and provide Northwest Tribes with accurate health data.

The project corrects inaccurate race data for AI/ANs through record linkages with vital records and other data systems. Without this correction, the data used for the publication would have under-counted AI/AN suicides by 12 deaths and underestimated the age-adjusted rate by 15%.

For more information about IDEA-NW, contact: ideanw@npaihb.org or 503-416-3261

- Data Source: Death certificates from the Oregon Center for Health Statistics (2013-2017), corrected for AI/AN misclassification by the IDEA-NW Project
- Suicide deaths include records with the following ICD-10 codes for underlying cause of death: X60-X84, Y87.0
- The data presented may not be comparable to information published by state or federal agencies due to differences in how we
  identify AI/AN individuals.

This publication was produced by NPAIHB's IDEA-NW and THRIVE projects, and was developed with funding support from the Centers for Disease Control and Prevention (Cooperative Agreement Number NU58DP006385), the Indian Health Service's Methamphetamine & Suicide Prevention Initiative, and by the Substance Abuse and Mental Health Services Administration (Grant Number SM61780). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC, IHS, SAMHSA, or the U.S. Department of Health and Human Services.