



Suicide Prevention
Centers for Disease Control and Prevention (CDC)
National Center for Injury Prevention and Control
FY 2025 Labor HHS Appropriations Bill

| | FY 2023 | FY 2024 | FY 2025 President's Request | FY 2025 TFAH |
|--------------------|----------------|----------------|------------------------------------|---------------------|
| Suicide Prevention | \$30,000,000 | N/A | N/A | \$80,000,000 |

Background: Suicide is a public health crisis. According to provisional data from the Centers for Disease Control and Prevention (CDC), the number of suicides—over 49,000 deaths—increased in 2022 to historic peak levels after slight declines in 2019 and 2020.¹ The highest age-adjusted suicide rate in 2022 was for American Indian and Alaska Native (AI/AN) people, and rates for men in all age groups 35 and older increased from 2021 to 2022, with significant increases for those aged 45-54 and 55–64.² Suicide is the second leading cause of death among Americans between the ages of 10-14 and 25-34, and suicide rates increased by 36 percent between 2000 and 2021.³ CDC has also reported that suicide rates among rural populations were consistently higher than suicide rates among populations in urban areas during this period.⁴

Inequities in suicide risk appear to have widened during the COVID-19 pandemic. A June 2021 CDC report found that in February through March 2021 emergency department visits related to suspected suicide attempts by girls aged 12-17 years were almost 51 percent higher than during the same period in 2019.⁵ Similarly, findings CDC released in February 2023 show worsening trends in suicidal thoughts and behaviors among teen girls through 2021.⁶ In 2021, specifically, female Hispanic students were more likely than female white students to report a suicide attempt

¹ Curtin S, Garnett M, and Ahmad F, “Provisional Estimates of Suicide by Demographic Characteristics: United States, 2022.” *NVSS Vital Statistics Rapid Release*, Report No. 34, November 2023. <https://www.cdc.gov/nchs/data/vsrr/vsrr034.pdf> (accessed December 14, 2023).

² *Id.*

³ Facts About Suicide. In *Centers for Disease Control and Prevention, Violence Prevention*, updated October 24, 2022. <https://www.cdc.gov/suicide/facts/index.html> (accessed January 30, 2024); Underlying Cause of Death Data. In *Centers for Disease Control and Prevention, CDC WONDER Online Database, Multiple Cause of Death Files, 1999-2020*, updated 2021. <http://wonder.cdc.gov/ucd-icd10.html> (accessed January 30, 2024).

⁴ Suicide in Rural America. In *Centers for Disease Control and Prevention, Rural Health*, updated November 17, 2022. <https://www.cdc.gov/ruralhealth/Suicide.html> (accessed January 30, 2024).







⁵ Yard E, Radhakrishnan L, Ballesteros M, et al. “Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021.” *Morbidity and Mortality Weekly Report*, 70(24):888-894, June 18, 2021. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm> (accessed January 30, 2024).

⁶ *Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021*. Atlanta: CDC Division of Adolescent and School Health, February 13, 2023. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf (accessed January 30, 2024).

that required medical treatment.⁷ In addition, the AI/AN population experienced the highest relative percentage change in suicide rates—a 26 percent increase—during 2018-2021.⁸ Among individuals aged 10-24, the Black population experienced the highest relative percentage increase—almost 37 percent—over the same period.⁹

The complex nature of suicide requires a comprehensive approach to prevention that focuses on disproportionately affected populations, uses data to understand risk factors associated with suicide in these groups, and applies the best available evidence to decrease risk and increase protective factors. CDC was first funded to implement and evaluate a comprehensive approach to prevention in states and communities in FY 2020. This work helps implement and evaluate a range of effective strategies for preventing suicide, from strengthening economic supports to improving access and delivery of suicide care to promoting connectedness. This type of prevention approach involving public health departments and partners can leverage their focus on social determinants of health, shared risk and protective factors, and community services.

CDC Supports Communities By

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|  <p>Funding the Comprehensive Suicide Prevention Program to reduce suicide by 10% among disproportionately affected populations by 2025</p> |  <p>Using near real-time data to track and monitor suicide trends that inform public health suicide prevention efforts</p> |
|  <p>Funding tribes to increase their capacity to tailor, implement, and evaluate programs to prevent suicide among American Indian and Alaska Native people</p> |  <p>Sharing the best available evidence for suicide prevention in CDC's Suicide Prevention Resource for Action</p> |
|  <p>Working with CDC Foundation to build the capacity of veteran-serving organizations to evaluate their upstream suicide prevention activities</p> |  <p>Developing and sharing community resources to prevent suicide during public health emergencies</p> |

Source: CDC, *Preventing Suicide: CDC's Injury Center Uses Data and Research to Save Lives*¹⁰

Impact: CDC suicide prevention programs fund states, communities, and tribes to implement suicide prevention plans. The Comprehensive Suicide Prevention program currently funds 24

⁷ Gaylor E, Krause K, Welder L, et al., “Suicidal Thoughts and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2021.” *Morbidity and Mortality Weekly Report*, 72(1):45-54, April 28, 2023. <https://www.cdc.gov/mmwr/volumes/72/su/su7201a6.htm> (accessed February 6, 2024).

⁸ Stone D, Mack K, Qualters J, “Notes from the Field: Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021.” *Morbidity and Mortality Weekly Report*, 72(6):160-162, February 10, 2023. <https://www.cdc.gov/mmwr/volumes/72/wr/mm7206a4.htm> (accessed January 30, 2024).

⁹ *Id.*

¹⁰ *Preventing Suicide: CDC's Injury Center Uses Data and Research to Save Lives*. Atlanta: CDC Comprehensive Suicide Prevention Program, April 2023. https://www.cdc.gov/suicide/pdf/CDC-DIP_At-a-Glance_SuicidePrevention.pdf (accessed January 30, 2024).

programs across the country to implement and evaluate a comprehensive public health approach to suicide prevention, with attention to disproportionately affected populations and health equity. Other programs provide support to organizations preventing suicide among veterans and tribal populations specifically. The programs consist of multisector partnerships, identifying populations of focus and risk and protective factors, rigorous evaluation efforts, and filling gaps through complementary strategies and effective communications.

A key outcome of the Comprehensive Suicide Prevention program is a 10 percent reduction in suicide and suicide attempts among populations that are disproportionately affected by suicide, including veterans and rural communities. For example, the Florida Department of Health addresses suicide among youth and military personnel, and the Maine Department of Health and Human Services focuses on prevention efforts for rural residents. Overall, CDC aims to build a national program to support reductions in suicide rates.

Increased funding for CDC's innovative work would:

- **Establish a national suicide prevention program.** CDC could build on the 24 programs that are currently funded and expand its prevention efforts to all 50 states, including tribal communities, through a new cooperative agreement with additional appropriations.
- **Increase data collection to inform prevention.** Twenty current recipients also use CDC funding to support data collection of nonfatal suicide related outcomes through emergency department syndromic surveillance. These data can identify upticks and spikes in nonfatal suicide-related outcomes (e.g., suicide attempts and self-harm) in near-real time to inform local responses. Data may be stratified by sex, age group, and U.S. region to identify trends in these behaviors, and these results can provide a foundation for research into the impact of public health policies and socioeconomic and other risk factors. Additional investments will enable CDC efforts on a nationwide basis to integrate real-time data collection on non-fatal suicide related outcomes and self-harm behavior into the Comprehensive Suicide Prevention program.
- **Expand research to fill gaps.** There is a great need to expand our understanding of how certain factors increase the risk of suicide or protect against suicidal behaviors in different populations. Furthering CDC's research investments in these areas, with a focus on populations experiencing disproportionate impact, will enable more effective targeted interventions.

Recommendation: TFAH urges the Committee to provide \$80 million in FY 2025 to create a national suicide prevention program to reverse suicide rates from peak historical levels, address the crisis of suicidal thoughts and behaviors among youth, and reduce recent increases in suicide risk. Increasing funding by \$50 million compared to FY 2023 would help CDC meet these challenges by expanding the innovative prevention activities led by the Injury Center to recipients in all 50 states, including tribal communities. Additional activities would advance suicide prevention by improving understanding of risk and protective factors, identifying populations at higher risk of suicide, and developing and implementing innovative strategies.