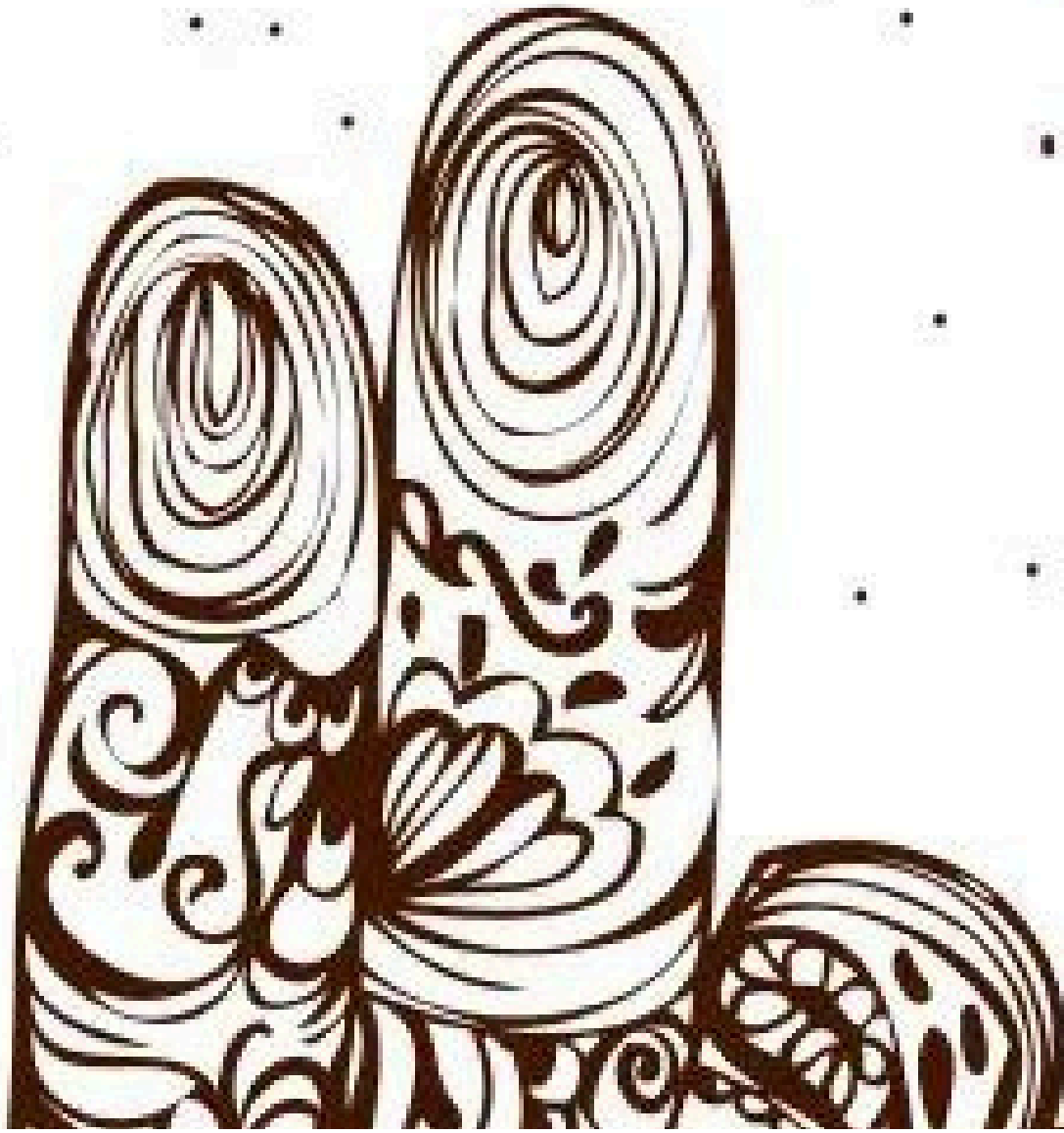


# NOTES FROM THE FIELD: RECENT CHANGES IN SUICIDE RATES, BY RACE AND ETHNICITY AND AGE GROUP — UNITED STATES, 2021

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## About Me

YogaBrofessor LLC is an independently run holistic interventions company that aims to create transformative experiences through physical and mental awareness and development.

I am committed to supporting the awareness that assists with creating pathways to increasing positive individual and collective empowerment.



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Suicide is a serious public health problem in the United States. After 2 consecutive years of declines in suicide (47,511 in 2019 and 45,979 in 2020), 2021 data indicate an increase in suicide to 48,183, nearly returning to the 2018 peak (48,344) with an age-adjusted rate of 14.1 suicides per 100,000 population (versus 14.2 in 2018).\*

To understand how this increase is distributed across racial and ethnic groups, CDC analyzed changes in racial and ethnic age-adjusted and age-specific suicide rates during 2018–2021.



Suicides were identified from the National Vital Statistics System multiple cause-of-death mortality files for 2018–2021. Age-adjusted rates and 95% CIs were calculated using the direct method and the 2000 U.S. standard population. Hispanic or Latino (Hispanic) persons could be of any race, and racial groups excluded persons of Hispanic ethnicity. Persons with unknown ethnicity were excluded from race and ethnicity groups but were included in the overall total.

Differences in rates from 2018 to 2021 were compared using z-tests when deaths were  $\geq 100$ ; p-values  $< 0.05$  were considered statistically significant. When deaths were  $< 100$ , differences in rates were considered significant if CIs based on a gamma distribution did not overlap. This activity was reviewed by CDC and was conducted consistent with applicable federal law and CDC policy.<sup>†</sup>

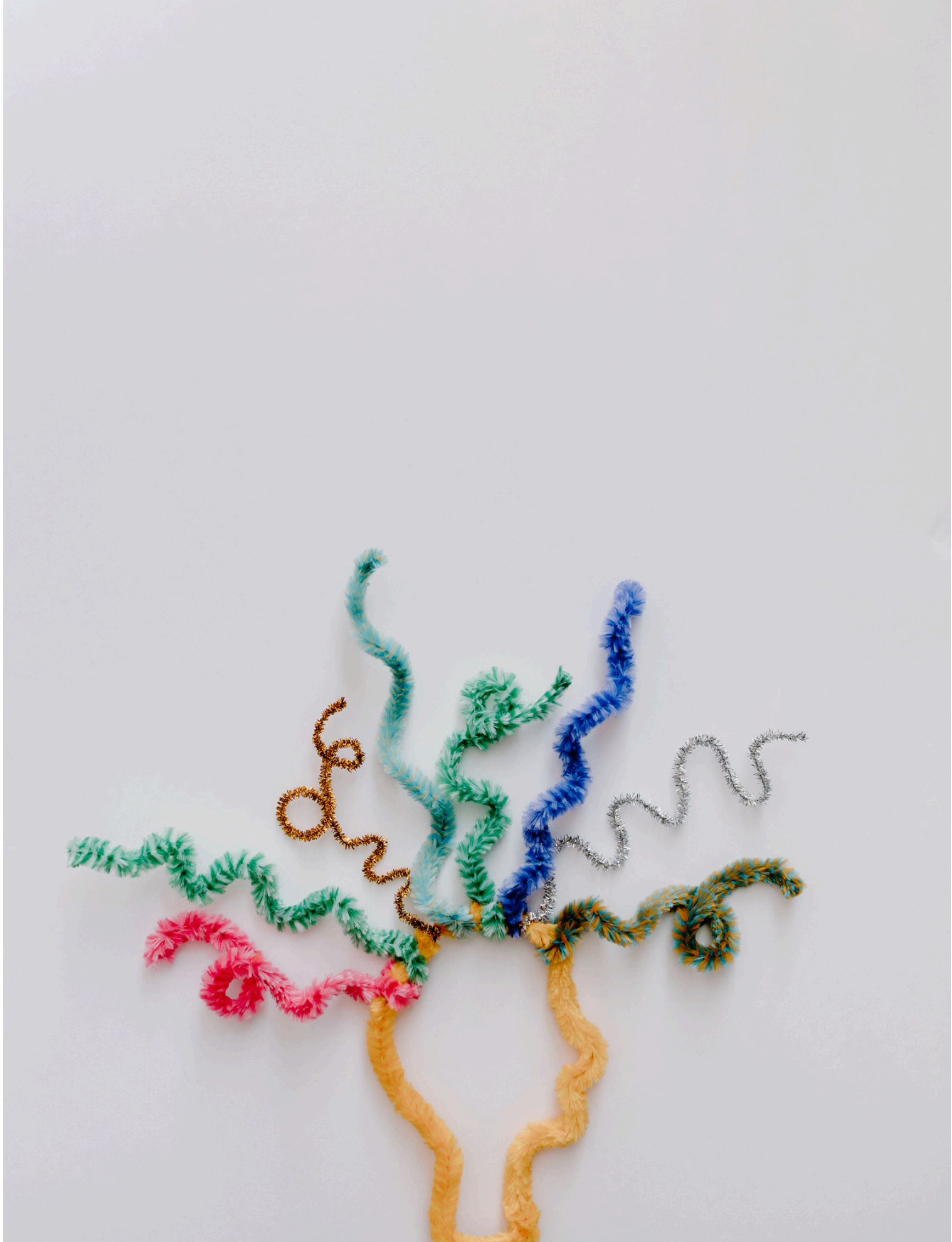
Age-adjusted 2021 suicide rates were highest among non-Hispanic American Indian or Alaska Native (AI/AN) persons (28.1 per 100,000) overall; this group also experienced the highest relative percentage change during 2018–2021 (from 22.3 to 28.1 per 100,000; a 26% increase) (Table).

Age-adjusted rates also increased significantly among non-Hispanic Black or African American (Black) persons (from 7.3 to 8.7; a 19.2% increase) and for Hispanic persons (from 7.4 to 7.9; a 6.8% increase) during 2018–2021. Non-Hispanic White (White) persons were the only group to show an overall age-adjusted rate decline compared with that in 2018 (from 18.1 to 17.4; a 3.9% decline).

M<sub>3</sub> E<sub>1</sub> N<sub>1</sub> T<sub>1</sub> A<sub>1</sub> L<sub>1</sub>

H<sub>4</sub> E<sub>1</sub> A<sub>1</sub> L<sub>1</sub> T<sub>1</sub> H<sub>4</sub>

M<sub>3</sub> A<sub>1</sub> T<sub>1</sub> T<sub>1</sub> E<sub>1</sub> R<sub>1</sub> S<sub>1</sub>



These analyses demonstrate disparities in suicide rates among populations based on race and ethnicity and age group in the context of overall suicide rates nearly returning to their 2018 peak after 2 years of declines. Significant increases among young Black persons aged 10–24 years and across multiple racial and ethnic populations aged 25–44 years raise particular concern.



Suicide is a complex problem related to multiple risk factors such as relationship, job or school, and financial problems, as well as mental illness, substance use, social isolation, historical trauma, barriers to health care, and easy access to lethal means of suicide among persons at risk

(1). Moreover, suicide rates might be stable or even decline during a disaster, only to rise afterwards as the longer-term sequelae ensue for individual persons and within families and communities (2). As the nation continues to respond to the short- and long-term impacts of the COVID-19 pandemic, remaining vigilant in prevention efforts is critical, especially among disproportionately affected populations where longer-term impacts might compound preexisting inequities in suicide risk.





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