

Special Surveillance Report: Veteran Suicide 2017-2021

November 2022



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Table of Contents

| | |
|---|----|
| Acknowledgements..... | 2 |
| Table of Contents | 3 |
| Introduction | 5 |
| Data Sources | 6 |
| Technical Notes..... | 8 |
| Veteran-Related Deaths..... | 9 |
| Figure 1. Top 10 Primary Causes of Death by Veteran Status. Nevada Residents, 2017-2021 Combined. | 10 |
| Figure 2. Total Count of Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2017-2021. | 11 |
| Figure 3. Veteran Death Counts by Manner of Death and Race/Ethnicity. Nevada Residents Ages 20+, 2017-2021. | 12 |
| Figure 4. Non-Veteran Death Counts by Manner of Death and Race/Ethnicity. Nevada Residents Ages 20+, 2017-2021. | 13 |
| Figure 5. Percentage of Total Deaths that had a Cause of Death Indicated as Suicide by Veteran Status by Age Group. Nevada Residents Ages 20+, 2017-2021 Combined. | 14 |
| Figure 6. Total Count of Suicide-Related Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2017-2021..... | 15 |
| Figure 7. Counts of Suicide-Related Deaths by Year and Veteran Status. Nevada Residents Ages 20+, 2017-2021. | 15 |
| Figure 8. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Aged 20+, 2017-2021 Combined..... | 16 |
| Figure 9. Age Distribution of Population by Veteran Status. Nevada Residents Ages 20+, 2017-2021 Combined..... | 16 |
| Figure 10. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Ages 20+, 2017-2021. | 17 |
| Figure 11. Suicide-Related Deaths by Year, Veteran Status, and Method of Suicide. Nevada Residents Ages 20+, 2017-2021..... | 17 |
| Figure 12. Percent of Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2017-2021 Combined. | 18 |
| Figure 13. Percent of Non-Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2017-2021 Combined. | 18 |
| Figure 14. Suicide Age-Adjusted Rates (per 100,000 Population) by Year and Veteran Status. Nevada Residents Ages 20+, 2017-2021. | 19 |
| Figure 15. Methods of Suicide Age-Adjusted Rates (per 100,000 Population) by Year, Veteran Nevada Residents Ages 20+, 2017-2021. | 20 |

| | |
|---|----|
| Figure 16. Methods of Suicide Age-Adjusted Rates (per 100,000 Population) by Year, Non-Veteran Nevada Residents Ages 20+, 2017-2021..... | 20 |
| Figure 17. Firearm/Air Gun/Explosive as the Method of Suicide, Age-Adjusted Rates (per 100,000-Population) by Year and Veteran Status. Nevada Residents Ages 20+, 2017-2021. | 21 |
| Suicide-Related Hospitalizations..... | 22 |
| Figure 18. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Sex. Nevada Residents, 2017-2021 Combined..... | 22 |
| Figure 19. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Age Group. Nevada Residents, 2017-2021 Combined. | 23 |
| Figure 20. Suicide-Related Emergency Department Visits by Military Community Status, Method of Attempts and Year. Nevada Residents, 2017-2021. | 24 |
| Figure 21. Suicide-Related Inpatient Admissions by Military Community Status, Method of Attempts and Year. Nevada Residents, 2017-2021. | 25 |
| Behavioral Risk Factor Surveillance System (BRFSS)..... | 26 |
| Figure 22. Percentage who Reported Suicidal Ideation by Veteran Status and Year. Nevada Residents, 2017-2021. | 26 |
| Conclusion..... | 27 |
| Appendix | 28 |
| Figure A1. Age-Adjusted Weights. | 28 |
| Figure A2. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2017. | 29 |
| Figure A3. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2018. | 29 |
| Figure A4. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2019. | 30 |
| Figure A5. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2020. | 30 |
| Figure A6. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2021. | 31 |
| Figure A7. Total Counts by Discharge Status, Veteran Status, and Hospitalization Type (ED/IP), Nevada Residents Ages 20+, 2017-2021..... | 31 |

Introduction

The Nevada Department of Health and Human Services has collected data for reporting on veteran health status, specifically for insights on suicide. According to NRS 417.0194, this annual report will be published as data collected are finalized to inform professionals and the public. This report will focus on suicide in the veteran population and how it compares to the non-veteran population in Nevada. To understand the issue more clearly, the Office of Analytics also includes sections on overall leading causes of death between veteran and non-veteran populations in Nevada.

Suicide is defined as an act of intentional self-harm resulting in death and is a pressing public health concern in Nevada. High rates of suicide can result in public complacency, diminishing discussion, and community action. The consequence can be a lack of preparedness for preventing these deaths and the secondary harm they cause.

Suicide is an action often taken by individuals who feel isolated and hopeless, with high levels of emotional pain, physical pain, family and personal problems, and/or financial stress. Nevada's military veterans, particularly younger veterans, are dying from suicide at rates above the State's rate (see [Figure 14](#)). A veteran who is recently released from active duty, reserve, or National Guard is often one who has experienced wars of the last decade. Veterans may have endured deployments that disrupt life with family and friends. Even considering the unprecedented access to technology that enhances communication with loved ones, deployments bring exposure to long periods of numbing routine with time to worry about crises occurring at home, interspersed with moments of extreme violence and death.

Individuals in uniform yet not deployed into actual war zones may experience continuous training for performing a wartime mission, longer assignments to hot regions, delayed discharges, emotional turmoil of friends who are injured or killed, and guilt for "not being there to help." The stress of being in military service can include feeling cut off and isolated from "the real world" where birthdays and holidays are observed along with weddings, funerals, and the arrival of new babies. Deployment brings concern for family back home who deal with everyday emergencies such as car or home repairs and school activities.

The paradox of military service during wartime is that even though exposure to trauma, violence, and isolation from loved ones occurs, the service member often feels a tremendous sense of pride, belonging, purpose, and accomplishment. The dynamics of belonging to a unit with support structures and certainty enhances the resilience of the individual. However, discharge or return to reserve status can strip away these supports, plunging an individual into a struggling economy characterized by loss of jobs, homes, and friends. This confluence of circumstance and experience can result in feelings of loss and hopelessness that, for some, lead to thoughts of suicide.

The data and information contained in this report highlight the need for efforts to address and prevent this public health problem. This document is intended to be a brief examination of suicide, not a full discussion or action plan.

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, chronic health conditions, and use of preventive services. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely and accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and individual states may include and pay for their own questions in the survey. While the survey's focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise among many others. Since state-added questions are not asked nationwide, these questions are not comparable.

Nevada Hospital Emergency Department Billing (HEDB)

The Hospital Emergency Department Billing data provides health billing data for emergency room patients for Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data is for patients who used the emergency room service. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses (up to 33 diagnoses respectively).

Nevada Hospital Inpatient Billing (HIB)

The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data is for patients who spent at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses (up to 33 diagnoses respectively).

Nevada Electronic Death Registry System

Mortality data in this report are from Nevada's Electronic Death Registry System, collected by the Office of Vital Records. In this report, the top 10 primary causes of death are ranked from highest to lowest based on frequency of occurrence. Death data from 2017 to 2021 have been finalized as of September of 2022. This includes the addition of out-of-state deaths and data cleaning. Data in previous reports were preliminary and therefore may not match exactly to data in this report.

Nevada Veteran Population Demographics

Nevada veteran population by age groups and sex from 2017 to 2021 were gathered from the U.S. Department of Veteran Affairs website. More information can be found at [Veteran Demographics Website](#).

Nevada Non-Veteran Population Demographics

Non-veteran population estimates were calculated by subtracting the veteran populations from the Nevada population estimates. Nevada population estimates are from vintage year 2020 data, provided by the Nevada State Demographer. Data include individuals living in group quarters, as defined by the Nevada State Demographer.

Nevada Veteran Health Survey

The Nevada Department of Veteran Services conducted a survey to determine and help Nevada veterans file claims for Veterans Administration (VA) compensation for 2021. This survey can be found at [Nevada Veteran Survey](#).

U.S. Population

The U.S. Census Bureau's U.S. 2000 standard population was used to create age-adjusted weights. More information can be found at [U.S. Demographics Website](#).

Technical Notes

Age-adjusted rates are included in this report. Age-adjusting is used to control the effect of differences in rates that result from age differences in the populations being compared. For example, heart disease death rates would be higher in a population comprised of older individuals compared to a population comprised of younger individuals. In this report, age-adjusting is applied to eliminate the effect of age distribution between veteran and non-veteran populations.

Age-adjusted rates are weighted to the 2000 standard population provided by the U.S. Census. The weights table can be found in the Appendix Section, Figure A1.

All age-adjusted rates are based on the standard population distribution for the population aged 20 and older. The Nevada veteran population breakdown by age groups is provided by the U.S. Department of Veteran Affairs, which categorizes all veterans under the age of 20 into a single population group. Some Nevadans aged under 18 had the “Military Status” box checked as “Yes” on their death certificates due to error or perhaps enrollment in delayed military entry programs. Since these individuals cannot be considered veterans, are not the target group in this report, and may skew age-adjusted rates, only individuals aged 20 and over at time of death are included in this report.

Race/Ethnicity in this report are broken down into White, Black, Native American, Asian, Hispanic, and Other/Unknown. White, Black, Native American, and Asian categories are all non-Hispanic.

Identifying veteran status within the hospitalization data available in the NHEDB/NHIB datasets is reliant (with limitations) on a payer code of TRICARE (formerly CHAMPUS, Civilian Health, and Medical Program of the Uniformed Services) and CHAMPVA (Civilian Health and Medical Program of the Department of Veteran's Affairs). TRICARE is a Department of Defense health care program for “active duty and retired members of the uniformed services, their families, and survivors,” per [benefits.gov](https://www.benefits.gov), and CHAMPVA is a Veteran's Affairs program. Because of this limitation, the hospitalization section of this report may contain dependents and spouses of veterans who are covered through these payer sources.

Hospitalization data from HEDB/HIB is representative of the number of visits and not the number of unique individuals. Therefore, a single person may be counted multiple times.

Veteran-Related Deaths

This section of the report will focus on deaths in Nevada as they relate to suicide and veteran status of Nevada residents. It was decided that this section would compare the Nevada veteran population to Nevada's non-veteran population. This determination was made to ensure a person's veteran status was clearly identified through an individual's death certificate and no assumptions were made about veteran status. The Nevada death certificate contains a field related to veteran status, but this is not always completed. Due to this limitation, care should be taken in comparing total number of deaths, percentages, and rates within this report to other topical reports, as well as the total number of deceased Nevada residents in any given year.

Between 2017 and 2021, there was a total of 138,449 Nevada resident deaths. Of these deaths, 1,951 were under the age of 20. Records with age under 20, unknown age, and unknown veteran status were not mutually exclusive, and there were cases of overlap. For comparative purposes, individuals with either age under 20, unknown age, and/or unknown veteran status have been excluded from this section of the report, leaving a total of 132,493 deaths.

With the global COVID-19 pandemic, Figure 1 shows slight differences in the leading four causes of death between veterans and non-veterans. The top two remain the same: diseases of the heart and malignant neoplasms (cancer), respectively. However, COVID-19 was the third leading cause of death for non-veterans and the fourth for veterans. Chronic lower respiratory disease was the third leading cause of death among veterans and the fourth among non-veterans.

When comparing primary causes of death, non-veterans had a higher percentage of total deaths for cerebrovascular diseases (5%) and non-transport accidents (5%), where veteran percentage is 4% and 3%, respectively. Diabetes and Alzheimer's disease continued to account for the same percentage of total deaths in both veteran and non-veteran populations at 3%. Intentional self-harm (suicide) was equal between veteran and non-veteran populations at 2% and influenza ranked as the 9th leading cause of death in both populations also at 2%. The 10th leading cause of death for veterans was influenza and pneumonia at 2% of deaths and chronic liver disease and cirrhosis at 2% of non-veteran deaths. All other causes accounted for 22% of veteran deaths and 25% of non-veteran deaths.

Figure 1. Top 10 Primary Causes of Death by Veteran Status. Nevada Residents, 2017-2021 Combined.

| Rank | Primary Cause of Death | Count | % of Total Deaths |
|--------------------|--|----------------|-------------------|
| Veteran | | | |
| 1 | Diseases of the heart | 9,240 | 29 |
| 2 | Malignant neoplasms | 6,677 | 21 |
| 3 | Chronic lower respiratory diseases | 2,089 | 6 |
| 4 | COVID-19 | 1,729 | 5 |
| 5 | Cerebrovascular diseases (stroke) | 1410 | 4 |
| 6 | Nontransport accidents | 908 | 3 |
| 7 | Diabetes mellitus | 889 | 3 |
| 8 | Alzheimer's disease | 879 | 3 |
| 9 | Intentional self-harm (suicide) | 602 | 2 |
| 10 | Influenza and pneumonia | 594 | 2 |
| 11 | All other causes | 7,258 | 22 |
| Total | | 32,275 | 100 |
| Non-Veteran | | | |
| 1 | Diseases of the heart | 23,736 | 24 |
| 2 | Malignant neoplasms | 19,367 | 19 |
| 3 | COVID-19 | 6,446 | 6 |
| 4 | Chronic lower respiratory diseases | 5,645 | 6 |
| 5 | Cerebrovascular diseases (stroke) | 4,913 | 5 |
| 6 | Nontransport accidents | 4,882 | 5 |
| 7 | Alzheimer's disease | 2,979 | 3 |
| 8 | Diabetes mellitus | 2,867 | 3 |
| 9 | Intentional self-harm (suicide) | 2,336 | 2 |
| 10 | Chronic liver disease and cirrhosis | 2,119 | 2 |
| 11 | All other causes | 24,928 | 25 |
| Total | | 100,218 | 100 |

Data Source: Nevada Electronic Death Registry System

Suicide ranks as the ninth primary cause of death among both veteran and non-veteran populations at 2% of the total deaths.

Total veteran deaths comprise a range of 23% (2021) to 26% (2017) of total deaths in Nevada of individuals aged 20+. This fluctuation is expected and should not be interpreted as significant change. It represents both changes in numbers of total deaths as well as population changes.

Figure 2. Total Count of Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2017-2021.

| Year of Death | Veteran Status | Age Group | | | | | | | | Total |
|---------------|----------------|-----------|-------|-------|-------|--------|--------|--------|--------|---------|
| | | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85+ | |
| 2017 | Veteran | 6 | 27 | 56 | 158 | 535 | 1,550 | 1,958 | 1,892 | 6,182 |
| | Non-Veteran | 180 | 495 | 677 | 1,450 | 2,869 | 3,784 | 4,018 | 3,708 | 17,181 |
| 2018 | Veteran | 1 | 35 | 33 | 134 | 454 | 1,539 | 1,934 | 1,815 | 5,945 |
| | Non-Veteran | 165 | 478 | 776 | 1,425 | 2,966 | 3,827 | 4,157 | 3,800 | 17,594 |
| 2019 | Veteran | 5 | 26 | 40 | 125 | 511 | 1,549 | 1,940 | 1,988 | 6,184 |
| | Non-Veteran | 165 | 468 | 693 | 1,467 | 2,949 | 4,101 | 4,524 | 3,827 | 18,194 |
| 2020 | Veteran | 6 | 31 | 54 | 168 | 524 | 1,649 | 2,216 | 2,175 | 6,823 |
| | Non-Veteran | 220 | 627 | 923 | 1,811 | 3,621 | 5,140 | 5,617 | 4,633 | 22,592 |
| 2021 | Veteran | 6 | 35 | 55 | 160 | 593 | 1,756 | 2,488 | 2,048 | 7,141 |
| | Non-Veteran | 263 | 813 | 1,191 | 2,149 | 4,040 | 5,746 | 5,918 | 4,537 | 24,657 |
| Total | Veteran | 24 | 154 | 238 | 745 | 2,617 | 8,043 | 10,536 | 9,918 | 32,275 |
| | Non-Veteran | 993 | 2,881 | 4,260 | 8,302 | 16,445 | 22,598 | 24,234 | 20,505 | 100,218 |

Data Source: Nevada Electronic Death Registry System

When veteran deaths are broken down by race/ethnicity, White (non-Hispanic) accounted for 84% of the total deaths (N=27,109), followed by Black (non-Hispanic) accounting for 8% of total veteran deaths (N=2,579), and Hispanics at 4% (N=1,223) between 2017 and 2021. This race/ethnicity breakdown of deaths differs from the non-veteran population, where White (non-Hispanic) accounted for 69% of deaths, followed by Hispanics at 12% and Black (non-Hispanic) at 10% of deaths (See Figure 3).

Among veteran suicides from 2017 to 2021, 88% were White (non-Hispanic), followed by 5% Black (non-Hispanic), 4% Hispanic, 2% API (non-Hispanic), and 1% AI/AN (non-Hispanic). The racial breakdown of non-veteran suicides is 73% White (non-Hispanic), 13% Hispanic, 6% each Black (non-Hispanic) and API (non-Hispanic), and 1% AI/AN (non-Hispanic) (See Figure 4).

Figure 3. Veteran Death Counts by Manner of Death and Race/Ethnicity. Nevada Residents Ages 20+, 2017-2021.

| Manner of Death | Year of Death | Race/Ethnicity | | | | | | Total |
|------------------------------|------------------|----------------|--------------|------------|------------|--------------|---------------|---------------|
| | | White (NH) | Black (NH) | AI/AN (NH) | API (NH) | Hispanic | Other/Unknown | |
| Assault | 2017 | 8 | 3 | 0 | 0 | 3 | 0 | 14 |
| Intentional Self-harm | 2017 | 112 | 5 | 1 | 1 | 5 | 2 | 126 |
| Accident | 2017 | 194 | 17 | 0 | 7 | 9 | 11 | 238 |
| All Other | 2017 | 4,901 | 420 | 27 | 144 | 182 | 130 | 5,804 |
| Total | 2017 | 5,215 | 445 | 28 | 152 | 199 | 143 | 6,182 |
| Assault | 2018 | 5 | 5 | 1 | 0 | 1 | 0 | 12 |
| Intentional Self-harm | 2018 | 103 | 4 | 0 | 1 | 7 | 0 | 115 |
| Accident | 2018 | 193 | 27 | 4 | 6 | 8 | 0 | 238 |
| All Other | 2018 | 4,756 | 432 | 43 | 156 | 174 | 19 | 5,580 |
| Total | 2018 | 5,057 | 468 | 48 | 163 | 190 | 19 | 5,945 |
| Assault | 2019 | 7 | 1 | 0 | 0 | 0 | 0 | 8 |
| Intentional Self-harm | 2019 | 107 | 9 | 1 | 3 | 4 | 0 | 124 |
| Accident | 2019 | 176 | 14 | 4 | 5 | 12 | 3 | 214 |
| All Other | 2019 | 4,950 | 461 | 48 | 144 | 217 | 18 | 5,838 |
| Total | 2019 | 5,240 | 485 | 53 | 152 | 233 | 21 | 6,184 |
| Assault | 2020 | 10 | 4 | 0 | 0 | 0 | 0 | 14 |
| Intentional Self-harm | 2020 | 96 | 4 | 3 | 7 | 1 | 0 | 111 |
| Accident | 2020 | 180 | 25 | 1 | 2 | 14 | 0 | 222 |
| All Other | 2020 | 5,388 | 530 | 51 | 218 | 279 | 10 | 6,476 |
| Total | 2020 | 5,674 | 563 | 55 | 227 | 294 | 10 | 6,823 |
| Assault | 2021 | 3 | 4 | 0 | 1 | 2 | 0 | 10 |
| Intentional Self-harm | 2021 | 110 | 6 | 1 | 1 | 7 | 1 | 126 |
| Accident | 2021 | 218 | 17 | 2 | 9 | 14 | 0 | 260 |
| All Other | 2021 | 5,592 | 591 | 50 | 216 | 284 | 12 | 6,745 |
| Total | 2021 | 5,923 | 618 | 53 | 227 | 307 | 13 | 7,141 |
| Assault | 2017-2021 | 33 | 17 | 1 | 1 | 6 | 0 | 58 |
| Intentional Self-harm | 2017-2021 | 528 | 28 | 6 | 13 | 24 | 3 | 602 |
| Accident | 2017-2021 | 961 | 100 | 11 | 29 | 57 | 14 | 1,172 |
| All Other | 2017-2021 | 25,587 | 2,434 | 219 | 878 | 1,136 | 189 | 30,443 |
| Total | 2017-2021 | 27,109 | 2,579 | 237 | 921 | 1,223 | 206 | 32,275 |

Data Source: Nevada Electronic Death Registry System

NH denotes non-Hispanic populations

AI/AN denotes American Indian/Alaskan Native populations

API denotes Asian Pacific Islander populations

Figure 4. Non-Veteran Death Counts by Manner of Death and Race/Ethnicity. Nevada Residents Ages 20+, 2017-2021.

| Manner of Death | Year of Death | Race/Ethnicity | | | | | | Total |
|-----------------------|------------------|----------------|--------------|--------------|--------------|---------------|---------------|----------------|
| | | White (NH) | Black (NH) | AI/AN (NH) | API (NH) | Hispanic | Other/Unknown | |
| Assault | 2017 | 61 | 59 | 3 | 12 | 38 | 4 | 177 |
| Intentional Self-harm | 2017 | 326 | 30 | 3 | 29 | 50 | 7 | 445 |
| Accident | 2017 | 764 | 85 | 10 | 46 | 140 | 63 | 1,108 |
| All Other | 2017 | 10,955 | 1,371 | 145 | 1,105 | 1,522 | 353 | 15,451 |
| Total | 2017 | 12,106 | 1,545 | 161 | 1,192 | 1,750 | 427 | 17,181 |
| Assault | 2018 | 61 | 62 | 3 | 6 | 50 | 0 | 182 |
| Intentional Self-harm | 2018 | 360 | 24 | 5 | 31 | 60 | 1 | 481 |
| Accident | 2018 | 781 | 110 | 23 | 59 | 147 | 7 | 1,127 |
| All Other | 2018 | 11,428 | 1,457 | 154 | 1,175 | 1,525 | 65 | 15,804 |
| Total | 2018 | 12,630 | 1,653 | 185 | 1,271 | 1,782 | 73 | 17,594 |
| Assault | 2019 | 54 | 33 | 4 | 7 | 35 | 0 | 133 |
| Intentional Self-harm | 2019 | 359 | 21 | 5 | 23 | 58 | 4 | 470 |
| Accident | 2019 | 717 | 111 | 20 | 66 | 161 | 9 | 1,084 |
| All Other | 2019 | 11,708 | 1,499 | 175 | 1,242 | 1,739 | 144 | 16,507 |
| Total | 2019 | 12,838 | 1,664 | 204 | 1,338 | 1,993 | 157 | 18,194 |
| Assault | 2020 | 62 | 69 | 4 | 11 | 40 | 0 | 186 |
| Intentional Self-harm | 2020 | 311 | 32 | 6 | 28 | 53 | 0 | 430 |
| Accident | 2020 | 891 | 175 | 19 | 59 | 218 | 1 | 1,363 |
| All Other | 2020 | 13,739 | 2,027 | 211 | 1,780 | 2,811 | 45 | 20,613 |
| Total | 2020 | 15,003 | 2,303 | 240 | 1,878 | 3,122 | 46 | 22,592 |
| Assault | 2021 | 66 | 99 | 2 | 4 | 56 | 1 | 228 |
| Intentional Self-harm | 2021 | 357 | 38 | 5 | 29 | 80 | 1 | 510 |
| Accident | 2021 | 1,027 | 224 | 28 | 76 | 267 | 2 | 1,624 |
| All Other | 2021 | 14,758 | 2,272 | 245 | 2,023 | 2,940 | 57 | 22,295 |
| Total | 2021 | 16,208 | 2,633 | 280 | 2,132 | 3,343 | 61 | 24,657 |
| Assault | 2017-2021 | 304 | 322 | 16 | 40 | 219 | 5 | 906 |
| Intentional Self-harm | 2017-2021 | 1,713 | 145 | 24 | 140 | 301 | 13 | 2,336 |
| Accident | 2017-2021 | 4,180 | 705 | 100 | 306 | 933 | 82 | 6,306 |
| All Other | 2017-2021 | 62,588 | 8,626 | 930 | 7,325 | 10,537 | 664 | 90,670 |
| Total | 2017-2021 | 68,785 | 9,798 | 1,070 | 7,811 | 11,990 | 764 | 100,218 |

Data Source: Nevada Electronic Death Registry System

NH denotes non-Hispanic populations

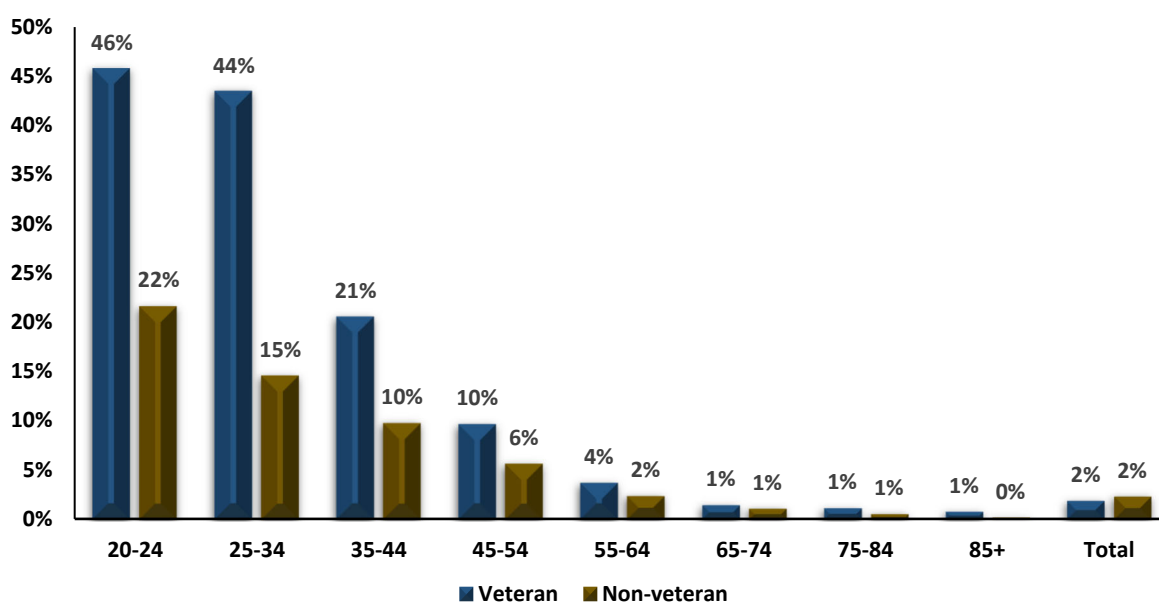
AI/AN denotes American Indian/Alaskan Native populations

API denotes Asian Pacific Islander populations

When broken down by age groups between 2017 and 2021, 44% of the veteran deaths of Nevada residents aged 25-34 (N=154) were due to suicide (N=67). This is unlike the non-veteran population in the same age group with 15% of deaths in this age group (N=2,881) due to suicide (N=421). Suicides made up a higher percentage of deaths among veterans compared to non-veterans in all but two age groups, where it was equal at 1% in the 65-74 and 75-84 age groups.

When examining percentages, it should be noted that most people aged 20-34 are less likely to pass away due to disease and natural causes compared to older adults. Therefore, suicide is more likely to be represented in death data among this age group.

Figure 5. Percentage of Total Deaths that had a Cause of Death Indicated as Suicide by Veteran Status by Age Group. Nevada Residents Ages 20+, 2017-2021 Combined.



Data Source: Nevada Electronic Death Registry System

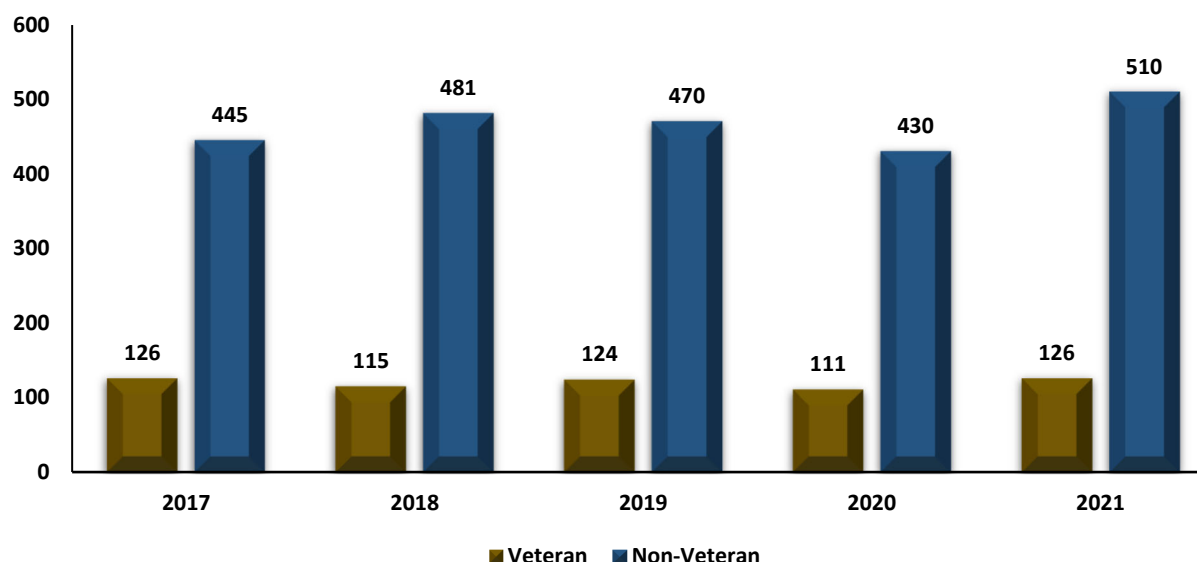
Of the 132,493 deaths included within this report between 2017 and 2021, 2,938 died due to suicide, and 602 (26%) of those suicide deaths were reported as having a veteran status (Figure 6). The highest number of reported veteran suicides occurred in 2017 and 2021 (N=126) with the lowest number reported in 2020 (N=111). From 2017 to 2021 there were no significant increases or decreases in the number of veteran suicides in Nevada (Figure 7).

Figure 6. Total Count of Suicide-Related Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2017-2021.

| 2017 | | | | | | | | | | |
|------|-------------|----|----|----|-----|----|----|----|----|-----|
| | Non-Veteran | 43 | 79 | 77 | 96 | 70 | 42 | 33 | 5 | 445 |
| 2018 | | | | | | | | | | |
| | Non-Veteran | 38 | 75 | 98 | 103 | 90 | 48 | 20 | 9 | 481 |
| 2019 | | | | | | | | | | |
| | Non-Veteran | 36 | 98 | 78 | 87 | 78 | 54 | 33 | 6 | 470 |
| 2020 | | | | | | | | | | |
| | Non-Veteran | 39 | 75 | 74 | 79 | 78 | 57 | 18 | 10 | 430 |
| 2021 | | | | | | | | | | |
| | Non-Veteran | 59 | 94 | 90 | 106 | 76 | 48 | 28 | 9 | 510 |
| | | | | | | | | | | |
| | | | | | | | | | | |

Data Source: Nevada Electronic Death Registry System

Figure 7. Counts of Suicide-Related Deaths by Year and Veteran Status. Nevada Residents Ages 20+, 2017-2021.

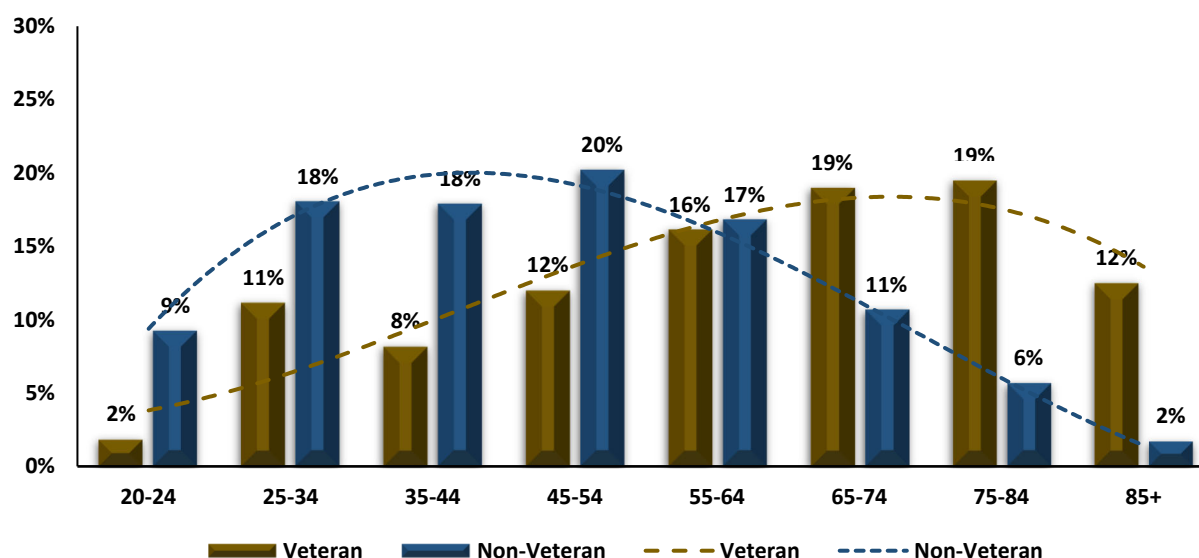


Data Source: Nevada Electronic Death Registry System

Data show an increase in non-veteran suicide deaths as age increases until the 45-54 age group, followed by a steady decline (Figure 8). This is different in the veteran population, where suicide deaths increase as age increases until the 65-74 age group before they start to decline. This demonstrates that veteran suicides are skewed to an older population.

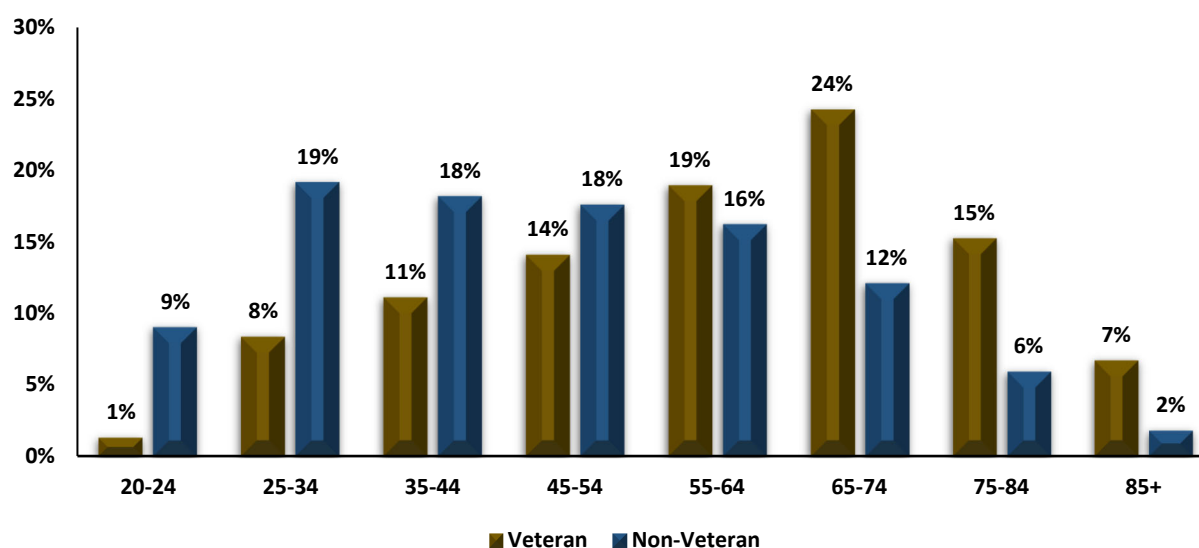
The differences in the age distributions between veteran and non-veteran suicides represented above are likely due to the differences in the age distributions of those populations in general. The veteran vs. non-veteran populations follow a similar distribution (Figure 9).

Figure 8. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Aged 20+, 2017-2021 Combined.



Data Source: Nevada Electronic Death Registry System

Figure 9. Age Distribution of Population by Veteran Status. Nevada Residents Ages 20+, 2017-2021 Combined.



Data Source: Nevada Electronic Death Registry System

Among the veteran population from 2017 to 2021, the highest percentage of suicides occurred in the 65-74 and 75-84 age groups, accounting for 19% of the 602 suicide-related deaths each, compared to 11% and 6% of the non-veteran suicide deaths respectively (Figure 10). The highest percentage of suicides among the non-veteran population occurred in the 45-54 age group, accounting for 20% of the deaths, compared to 12% of veteran deaths. Disparities occur between the veteran and non-veteran populations among all eight age groups, ranging from a 1% to a 13% difference.

Figure 10. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Ages 20+, 2017-2021.

| Year of Death | Veteran Status | Age Group | | | | | | | | Total |
|---------------|-----------------------|-----------|-------|-------|-------|-------|-------|-------|-----|-------|
| | | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85+ | |
| 2017 | Veteran (N=126) | 2% | 12% | 9% | 15% | 19% | 17% | 14% | 13% | 100% |
| | Non-Veteran (N=445) | 10% | 18% | 17% | 22% | 16% | 9% | 7% | 1% | 100% |
| 2018 | Veteran (N=115) | 0% | 19% | 7% | 10% | 13% | 25% | 18% | 8% | 100% |
| | Non-Veteran (N=481) | 8% | 16% | 20% | 21% | 19% | 10% | 4% | 2% | 100% |
| 2019 | Veteran (N=124) | 3% | 11% | 6% | 11% | 18% | 21% | 19% | 11% | 100% |
| | Non-Veteran (N=470) | 8% | 21% | 17% | 19% | 17% | 11% | 7% | 1% | 100% |
| 2020 | Veteran (N=111) | 2% | 8% | 5% | 15% | 16% | 21% | 19% | 14% | 100% |
| | Non-Veteran (N=430) | 9% | 17% | 17% | 18% | 18% | 13% | 4% | 2% | 100% |
| 2021 | Veteran (N=126) | 2% | 6% | 13% | 9% | 14% | 12% | 27% | 17% | 100% |
| | Non-Veteran (N=510) | 12% | 18% | 18% | 21% | 15% | 9% | 5% | 2% | 100% |
| Total | Veteran (N=602) | 2% | 11% | 8% | 12% | 16% | 19% | 19% | 12% | 100% |
| | Non-Veteran (N=2,336) | 9% | 18% | 18% | 20% | 17% | 11% | 6% | 2% | 100% |

Data Source: Nevada Electronic Death Registry System

Figure 11. Suicide-Related Deaths by Year, Veteran Status, and Method of Suicide. Nevada Residents Ages 20+, 2017-2021.

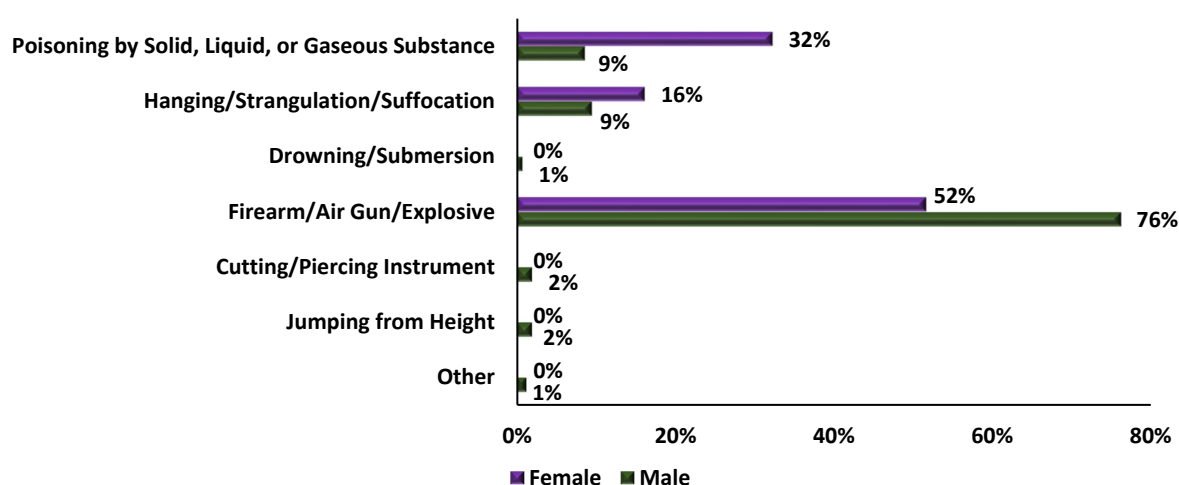
| Year of Death | Veteran Status | Method of Suicide | | | | | | | Total |
|---------------|----------------|--|-------------------------------------|----------------------|-----------------------------|------------------------------|---------------------|-------|-------|
| | | Poisoning by Solid, Liquid, or Gaseous Substance | Hanging/ Strangulation/ Suffocation | Drowning/ Submersion | Firearm/ Air Gun/ Explosive | Cutting/ Piercing Instrument | Jumping from Height | Other | |
| 2017 | Veteran | 19 | 18 | 0 | 84 | 3 | 1 | 1 | 126 |
| | Non-Veteran | 96 | 94 | 0 | 217 | 8 | 22 | 8 | 445 |
| 2018 | Veteran | 12 | 10 | 1 | 83 | 3 | 4 | 2 | 115 |
| | Non-Veteran | 86 | 110 | 2 | 253 | 10 | 15 | 5 | 481 |
| 2019 | Veteran | 13 | 14 | 2 | 90 | 2 | 2 | 1 | 124 |
| | Non-Veteran | 80 | 115 | 1 | 243 | 5 | 16 | 10 | 470 |
| 2020 | Veteran | 8 | 10 | 0 | 91 | 0 | 1 | 1 | 111 |
| | Non-Veteran | 57 | 93 | 4 | 245 | 10 | 10 | 11 | 430 |
| 2021 | Veteran | 7 | 7 | 1 | 103 | 3 | 3 | 2 | 126 |
| | Non-Veteran | 80 | 104 | 0 | 284 | 10 | 15 | 17 | 510 |
| Total | Veteran | 59 | 59 | 4 | 451 | 11 | 11 | 7 | 602 |
| | Non-Veteran | 399 | 516 | 7 | 1,242 | 43 | 78 | 51 | 2,336 |

Data Source: Nevada Electronic Death Registry System

Among the veteran population from 2017 to 2021, the highest number of suicides between veterans and non-veterans were caused by firearms accounting for 53% (N=1,242) of non-veteran deaths and 75% (N=451) veteran deaths. Following that, Hanging/Strangulation accounted for 22% (N=516) of non-veteran deaths compared to 10% (N=59) of veteran deaths. Poisoning was the third leading method of suicide comprising 17% (N=399) of non-veteran suicides vs 10% (N=59) of veteran suicides (Figure 11).

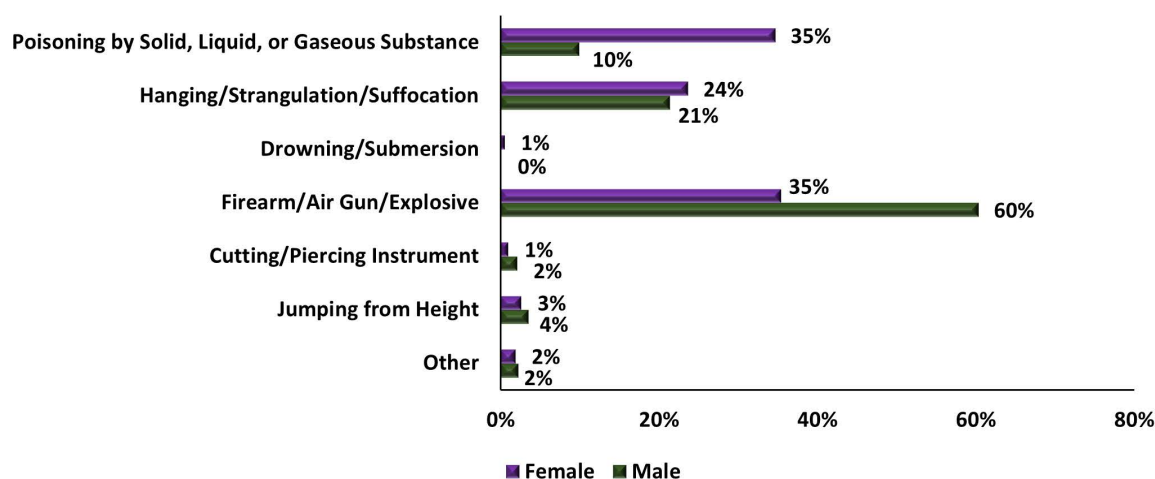
Among the male population, 76% of the veteran suicides were by firearms/explosives, compared to 60% of non-veteran suicides. Among the female population, the greatest difference in method was firearms/explosives, which accounted for 52% of veteran suicide deaths and 35% of non-veteran suicide deaths (Figure 12 & 13).

Figure 12. Percent of Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2017-2021 Combined.



Data Source: Nevada Electronic Death Registry System

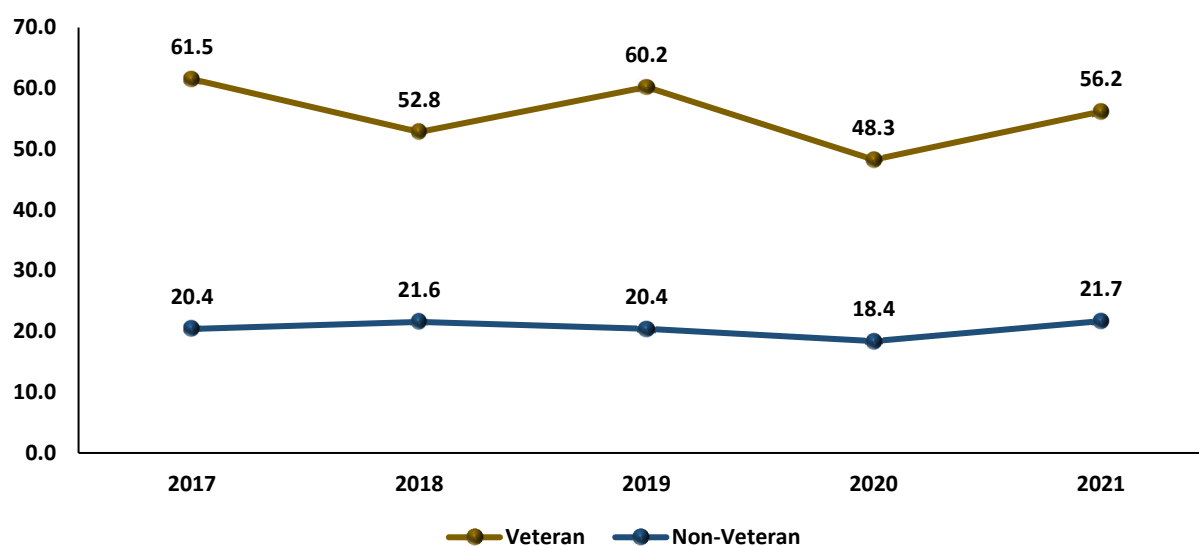
Figure 13. Percent of Non-Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2017-2021 Combined.



Data Source: Nevada Electronic Death Registry System

Veteran suicide rates (per 100,000) have varied between 2017 and 2021 with a peak rate of 61.5 per 100,000 veteran population in 2017 compared to the lowest rate of 48.3 per 100,000 veteran population in 2020. This contrasts with the rate per 100,000 of non-veteran suicides, with rates between 16.1 and 17.4 per 100,000 non-veterans (Figure 14). These rates demonstrate an increased risk for a veteran to complete suicide compared to non-veteran Nevada residents.

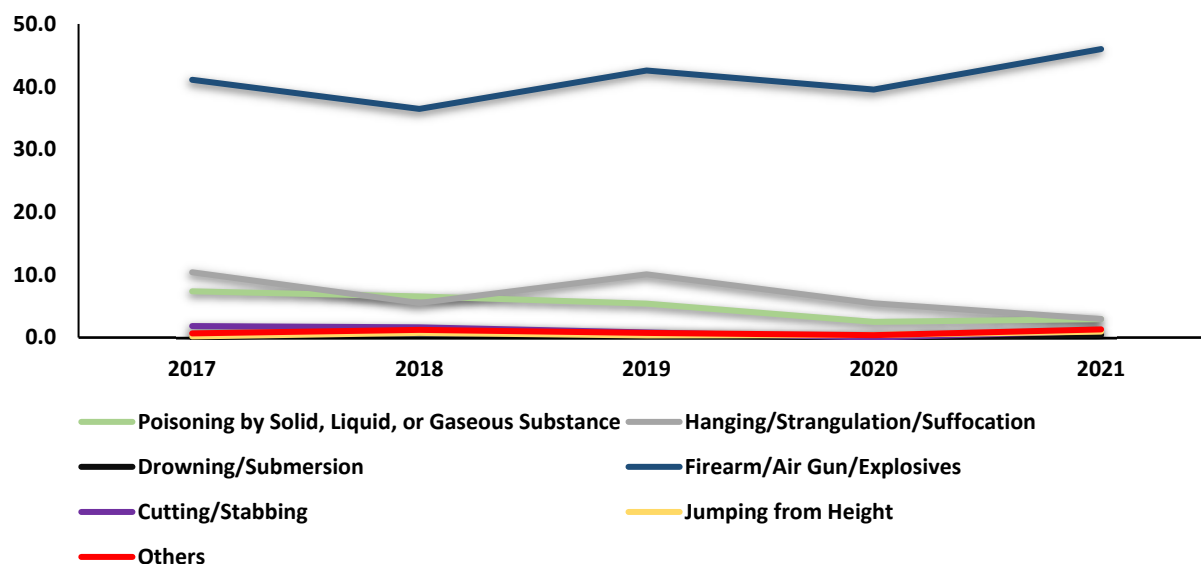
Figure 14. Suicide Age-Adjusted Rates (per 100,000 Population) by Year and Veteran Status. Nevada Residents Ages 20+, 2017-2021.



More information on counts and rates can be found in the [appendix](#).

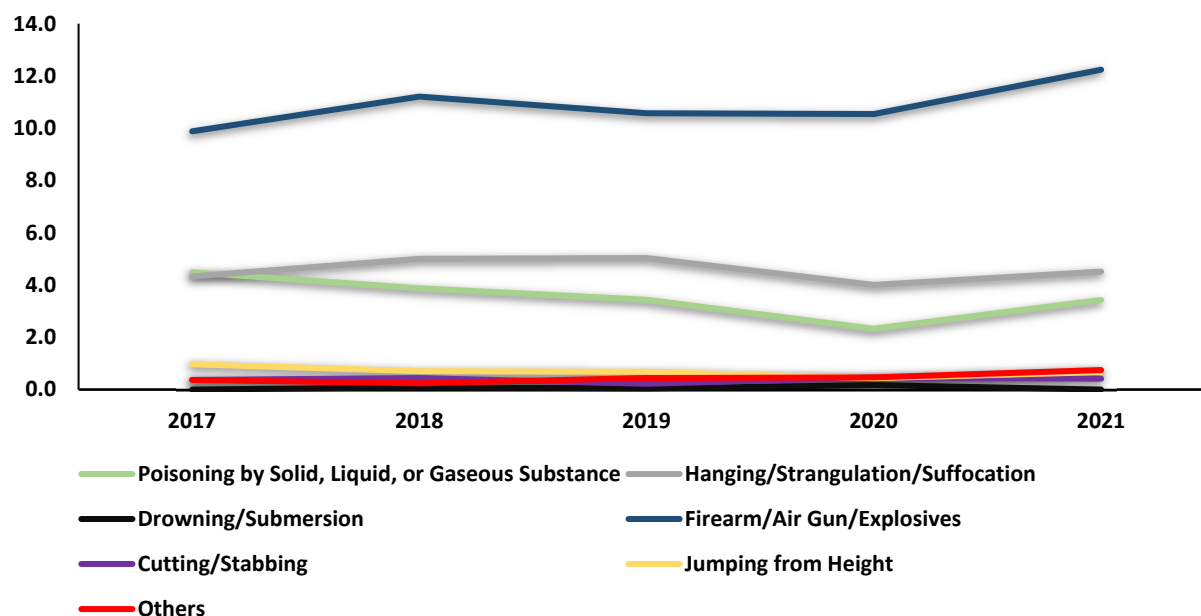
The rates (per 100,000) at which firearm/air gun/explosives were used as the method of suicide was greater in the veteran population compared to non-veteran population in all years from 2017 to 2021. Firearms/air guns/explosives were the top method of suicide for both veterans and non-veterans from 2017-2021(Figures 15 & 16).

Figure 15. Methods of Suicide Age-Adjusted Rates (per 100,000 Population) by Year, Veteran Nevada Residents Ages 20+, 2017-2021.



Data Source: Nevada Electronic Death Registry System

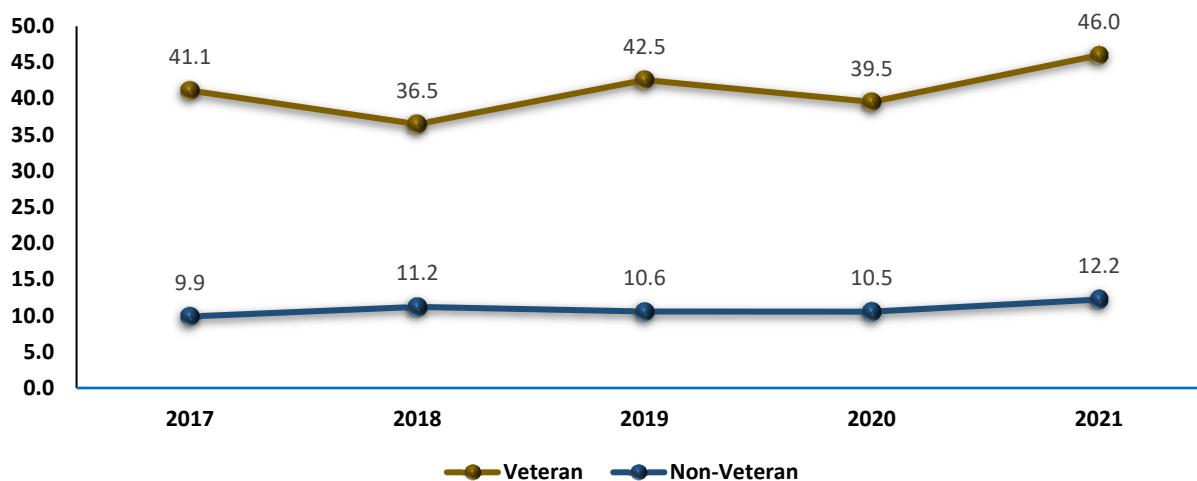
Figure 16. Methods of Suicide Age-Adjusted Rates (per 100,000 Population) by Year, Non-Veteran Nevada Residents Ages 20+, 2017-2021.



Data Source: Nevada Electronic Death Registry System

The veteran suicide rate by firearms/explosives varied from a low of 36.5 in 2018 to a high of 46.0 in 2021. The rate of suicide by firearms/explosives in the non-veteran community was consistent from 2017 to 2021, varying in a range from 9.9 to 12.2. Of the 602 veteran suicides between 2017 and 2021, 75% (N=451) had a reported method of suicide as firearms/explosions (Figure 17). When broken down by gender, a firearm was the method of suicide in 76% of veteran suicides completed by males (N=435), and 52% of females (N=16) (Figure 12).

Figure 17. Firearm/Air Gun/Explosive as the Method of Suicide, Age-Adjusted Rates (per 100,000-Population) by Year and Veteran Status. Nevada Residents Ages 20+, 2017-2021.



Data Source: Nevada Electronic Death Registry System

Suicide-Related Hospitalizations

TRICARE and Civilian Health and Medical Program of the Department of Veteran's Affairs (CHAMPVA), are health care benefits programs in which the Department of Defense and Department of Veteran's Affairs, respectively, share the cost of health care services. Because service members' families are covered by these two programs and veteran status is not identified in the billing data, the term "military community" is used in this report to distinguish the veteran population from the non-veteran population. The veteran population in the suicide-related emergency department visits and inpatient admissions section includes any individual that is covered through TRICARE and CHAMPVA, including spouses and dependents of military members.

In the military community there were 199 emergency department visits and 313 inpatient admissions related to suicide in 2017-2021 combined (Figure 18). Of the 199 visits, three individuals died, and 182 were discharged, transferred, left against medical advice, entered hospice, or admitted as an inpatient. The remaining patients were otherwise administered. Of the 313 inpatient admissions, four individuals died, and 306 admissions were discharged, transferred, entered hospice, or left against medical advice. The remaining patients were otherwise administered ([See Appendix Table A7](#)).

In the non-military community there were 10,545 emergency department visits and 6,923 inpatient admissions related to suicide in 2017-2021 combined. Of the 17,468 visits, 158 individuals died, and 17,294 visits were discharged, transferred, left against medical advice, entered hospice, or admitted as an inpatient. The remaining patients were otherwise administered (See Appendix Table A7).

In contrast to the gender distribution of suicide deaths, suicide-related emergency department visits among the military community (N=199) between 2017 and 2021 were almost equal between females (49%, N=97) and males (51%, N=102). However, for inpatient admissions, a majority of females comprised the visits (54%, N=169), compared to males (46%, N=144). Females in the non-military community comprised the majority as well of both emergency department visits (61%) and inpatient admissions (51%). However, non-military males have made up an increasing number of inpatient admissions (49%) (Figure 18).

Figure 18. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Sex. Nevada Residents, 2017-2021 Combined.

| Sex | Military Community | | | | Non-Military Community | | | |
|--------------|-----------------------------|-------------|----------------------|-------------|-----------------------------|-------------|----------------------|-------------|
| | Emergency Department Visits | | Inpatient Admissions | | Emergency Department Visits | | Inpatient Admissions | |
| | Count | % | Count | % | Count | % | Count | % |
| Female | 102 | 51% | 169 | 54% | 6,436 | 61% | 4,360 | 51% |
| Male | 97 | 49% | 144 | 46% | 4,107 | 39% | 2,561 | 49% |
| Unknown | 0 | 0% | 0 | 0% | 2 | 0% | 2 | 0% |
| Total | 199 | 100% | 313 | 100% | 10,545 | 100% | 6,923 | 100% |

Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing

Figure 19. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Age Group. Nevada Residents, 2017-2021 Combined.

| Age Group | Military Community | | | | Non-Military Community | | | |
|--------------|-----------------------------|-------------|----------------------|-------------|-----------------------------|-------------|----------------------|-------------|
| | Emergency Department Visits | | Inpatient Admissions | | Emergency Department Visits | | Inpatient Admissions | |
| | Count | % | Count | % | Count | % | Count | % |
| 5-14 | 19 | 10% | 51 | 16% | 1,067 | 10% | 615 | 9% |
| 15-24 | 65 | 33% | 109 | 35% | 3,644 | 35% | 1,908 | 28% |
| 25-34 | 37 | 19% | 46 | 15% | 2,258 | 21% | 1,079 | 16% |
| 35-44 | 30 | 15% | 34 | 11% | 1,585 | 15% | 994 | 14% |
| 45-54 | 19 | 10% | 28 | 9% | 1,036 | 10% | 902 | 13% |
| 55-64 | 19 | 10% | 23 | 7% | 616 | 6% | 791 | 11% |
| 65-74 | 6 | 3% | 15 | 5% | 239 | 2% | 403 | 6% |
| 75-84 | 4 | 2% | 4 | 1% | 68 | 1% | 177 | 3% |
| 85+ | 0 | 0% | 3 | 1% | 22 | 0% | 53 | 1% |
| Total | 199 | 100% | 313 | 100% | 10,545 | 100% | 6,922 | 100% |

Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing

In total, the highest reported method of attempted suicide resulting in emergency department visits is poisonings, accounting for 52% of all methods of attempted suicide among the military community and 50% of the non-military community (Figure 20).

A single suicide-related hospitalization may have multiple methods listed. Therefore, the numbers listed in Figure 20 cannot be summed to equal the total number of suicide-related hospitalizations. This applies to both the inpatient and emergency department sections.

Figure 20. Suicide-Related Emergency Department Visits by Military Community Status, Method of Attempts and Year. Nevada Residents, 2017-2021.

| Method of Suicide Attempt | Year | | | | | Total | % |
|--|-------|-------|-------|-------|-------|--------|------|
| | 2017 | 2018 | 2019 | 2020 | 2021 | | |
| Military Community | | | | | | | |
| Poisoning by Solid, Liquid, or Gaseous Substance | 21 | 24 | 17 | 21 | 20 | 103 | 52% |
| Hanging/Strangulation/Suffocation | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| Firearm/Air Gun/Explosive | 1 | 0 | 0 | 1 | 0 | 2 | 1% |
| Cutting/Piercing Instrument | 19 | 11 | 16 | 14 | 14 | 74 | 37% |
| Jumping from Height | 0 | 0 | 0 | 0 | 1 | 1 | 1% |
| Late effects of self-inflicted injury | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| Other and unspecified means | 7 | 4 | 3 | 5 | 5 | 24 | 12% |
| Total | 47 | 39 | 34 | 40 | 39 | 199 | 100% |
| Non-Military Community | | | | | | | |
| Poisoning by Solid, Liquid, or Gaseous Substance | 1,259 | 1,117 | 956 | 906 | 995 | 5,233 | 50% |
| Hanging/Strangulation/Suffocation | 3 | 3 | 3 | 0 | 1 | 10 | 0% |
| Firearm/Air Gun/Explosive | 27 | 13 | 11 | 15 | 14 | 80 | 1% |
| Cutting/Piercing Instrument | 916 | 786 | 792 | 840 | 871 | 4,205 | 40% |
| Jumping from Height | 12 | 14 | 10 | 10 | 9 | 55 | 1% |
| Late effects of self-inflicted injury | 0 | 1 | 0 | 1 | 0 | 2 | 0% |
| Other and unspecified means | 299 | 266 | 202 | 233 | 230 | 1,230 | 12% |
| Total | 2,464 | 2,145 | 1,934 | 1,949 | 2,053 | 10,545 | 100% |

Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing

In total, the highest reported method of attempted suicide resulting in inpatient admissions is cutting/piercing incidents, indicated on 47% of the admissions in the military community. In contrast, poisonings account for the highest admission rate at 64% of admissions in the non-military community (Figure 21).

A single suicide-related hospitalization may have multiple methods listed. Therefore, the numbers listed in Figure 21 cannot be summed to equal the total number of suicide-related hospitalizations. This applies to both the inpatient and emergency department sections.

Figure 21. Suicide-Related Inpatient Admissions by Military Community Status, Method of Attempts and Year. Nevada Residents, 2017-2021.

and Year: Nevada Residents, 2017-2021.

| Method of Suicide Attempt | Year | | | | | Total | % |
|--|-------|-------|-------|-------|-------|-------|------|
| | 2017 | 2018 | 2019 | 2020 | 2021 | | |
| Military Community | | | | | | | |
| Poisoning by Solid, Liquid, or Gaseous Substance | 20 | 15 | 29 | 11 | 40 | 115 | 37% |
| Hanging/Strangulation/Suffocation | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| Firearm/Air Gun/Explosive | 6 | 1 | 2 | 0 | 1 | 10 | 3% |
| Cutting/Piercing Instrument | 19 | 35 | 23 | 32 | 37 | 146 | 47% |
| Jumping from Height | 0 | 1 | 0 | 1 | 1 | 3 | 1% |
| Late effects of self-inflicted injury | 5 | 10 | 6 | 1 | 5 | 27 | 9% |
| Other and unspecified means | 3 | 6 | 3 | 5 | 7 | 24 | 8% |
| Total | 52 | 66 | 62 | 49 | 84 | 313 | 100% |
| Non-Military Community | | | | | | | |
| Poisoning by Solid, Liquid, or Gaseous Substance | 903 | 892 | 959 | 809 | 847 | 4,410 | 64% |
| Hanging/Strangulation/Suffocation | 1 | 0 | 3 | 1 | 1 | 6 | 0% |
| Firearm/Air Gun/Explosive | 38 | 9 | 10 | 16 | 16 | 89 | 1% |
| Cutting/Piercing Instrument | 162 | 139 | 242 | 279 | 348 | 1,170 | 17% |
| Jumping from Height | 8 | 5 | 2 | 0 | 3 | 18 | 0% |
| Late effects of self-inflicted injury | 106 | 334 | 206 | 217 | 288 | 1,151 | 17% |
| Other and unspecified means | 63 | 83 | 75 | 46 | 45 | 312 | 5% |
| Total | 1,252 | 1,418 | 1,446 | 1,329 | 1,478 | 6,923 | 100% |

Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS survey contains a question soliciting each participant's veteran status. Between 2017 and 2021, BRFSS participants were asked "During the past 12 months have you ever seriously considered attempting suicide?" Survey results are limited and are not available for further break down beyond what is provided below.

Regarding percentage of participants who reported seriously considering attempting suicide during the past 12 months of taking the BRFSS survey, non-veterans in 2021 reported suicide ideology at a slightly disparate percentage to veterans in 2020 which was also an outlier from 2019 (Figure 22).

Figure 22. Percentage who Reported Suicidal Ideation by Veteran Status and Year. Nevada Residents, 2017-2021.

| Survey Year | Veteran Status | Percent Reported Suicidal Ideation in Last 12 months | Confidence Interval |
|-------------|----------------|--|---------------------|
| 2017 | Veteran | 2% | (0.0%-3.7%) |
| | Non-Veteran | 3% | (2.3%-4.5%) |
| 2018 | Veteran | 3% | (1.1%-4.9%) |
| | Non-Veteran | 3% | (2.3%-4.6%) |
| 2019 | Veteran | 5% | (1.9%-8.7%) |
| | Non-Veteran | 5% | (3.4%-6.1%) |
| 2020 | Veteran | 0% | (0.0%-0.0%) |
| | Non-Veteran | 4% | (2.1%-6.5%) |
| 2021 | Veteran | 6% | (2.0%-9.6%) |
| | Non-Veteran | 4% | (3.0%-5.8%) |

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Conclusion

This report demonstrates the need for continued monitoring of veteran and military deaths and continued efforts of prevention for this population. The rates of suicide among the veteran population fluctuate from year to year but overall remain higher than the rates of suicide among non-veteran populations.

The aging veteran population of Nevada residents seems especially at risk.

Access to firearms and the use of firearms as lethal means within the veteran population as a method of suicide results in suicide deaths not demonstrated in the non-veteran population.

Efforts to prevent drug overdose and poisonings could assist in lowering the number of hospitalizations due to suicide attempts. Wraparound services for veterans and military families are needed to ensure identification of thoughts of suicide. If suicidal ideation is discovered and addressed, this could prevent more members of the military community from attempting suicide or taking their lives.

If you or a veteran in your area is in need, please contact these organizations for assistance:

National Suicide and Crisis Lifeline: #1-800-273-8255 or #988, Option 1.

Appendix

Figure A1. Age-Adjusted Weights.

| Age Group | Weight |
|------------------|-------------|
| Age 20-24 WEIGHT | 0.095734399 |
| Age 25-29 WEIGHT | 0.093587182 |
| Age 30-34 WEIGHT | 0.088532365 |
| Age 35-39 WEIGHT | 0.089497173 |
| Age 40-44 WEIGHT | 0.092651902 |
| Age 45-49 WEIGHT | 0.10071312 |
| Age 50-54 WEIGHT | 0.098892694 |
| Age 55-59 WEIGHT | 0.087213859 |
| Age 60-64 WEIGHT | 0.074587877 |
| Age 65-69 WEIGHT | 0.055150675 |
| Age 70-74 WEIGHT | 0.041148878 |
| Age 75-79 WEIGHT | 0.032454588 |
| Age 80-84 WEIGHT | 0.025471786 |
| Age 85+ WEIGHT | 0.024363501 |

Data Source: [U.S. Demographics Website](#).

Figure A2. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2017.

| 2017 | | | | | | | | | | |
|---|---------|-------------|------------|-------------|-------------|-------------|-------------------|-------------|-------------------|-------------|
| Method of Suicide | Veteran | Non-Veteran | Veteran | | Non-Veteran | | Veteran | | Non-Veteran | |
| | Count | | Crude Rate | C.I. | Crude Rate | C.I. | Age-Adjusted Rate | C.I. | Age-Adjusted Rate | C.I. |
| Poisoning by Solid, Liquid, or Gaseous Substances | 19 | 96 | 8.7 | (4.8-12.6) | 4.4 | (3.5-5.2) | 7.4 | (4.1-10.7) | 6.7 | (5.3-8.0) |
| Hanging/ Strangulation/ Suffocation | 18 | 94 | 8.2 | (4.4-12.1) | 4.3 | (3.4-5.1) | 10.4 | (5.6-15.2) | 8.8 | (7.0-10.6) |
| Drowning/ Submersion | 0 | 0 | 0.0 | (---) | 0.0 | (---) | 0.0 | (---) | 0.0 | (---) |
| Firearm/ Air Gun/Explosive | 84 | 217 | 38.5 | (30.2-46.7) | 9.8 | (8.5-11.2) | 41.1 | (32.3-49.9) | 18.8 | (16.3-21.3) |
| Cutting/Piercing Instrument | 3 | 8 | 1.4 | (0.0-2.9) | 0.4 | (0.1-0.6) | 1.8 | (0.0-3.9) | 0.7 | (0.2-1.2) |
| Jumped from Height | 1 | 22 | 0.5 | (0.0-1.4) | 1.0 | (0.6-1.4) | 0.2 | (0.0-0.5) | 2.1 | (1.2-3.0) |
| Other | 1 | 8 | 0.5 | (0.0-1.4) | 0.4 | (0.1-0.6) | 0.6 | (0.0-1.9) | 0.9 | (0.3-1.5) |
| Total | 126 | 445 | 57.7 | (47.6-67.8) | 20.2 | (18.3-22.1) | 61.5 | (50.8-72.2) | 38.0 | (34.5-41.5) |

Figure A3. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2018.

| 2018 | | | | | | | | | | |
|---|---------|-------------|------------|-------------|-------------|-------------|-------------------|-------------|-------------------|-------------|
| Method of Suicide | Veteran | Non-Veteran | Veteran | | Non-Veteran | | Veteran | | Non-Veteran | |
| | Count | | Crude Rate | C.I. | Crude Rate | C.I. | Age-Adjusted Rate | C.I. | Age-Adjusted Rate | C.I. |
| Poisoning by Solid, Liquid, or Gaseous Substances | 12 | 86 | 5.6 | (2.4-8.8) | 3.9 | (3.1-4.7) | 6.6 | (2.8-10.3) | 4.0 | (3.1-4.8) |
| Hanging/ Strangulation/ Suffocation | 10 | 110 | 4.7 | (1.8-7.5) | 5.0 | (4.1-5.9) | 5.5 | (2.1-8.9) | 5.1 | (4.1-6.1) |
| Drowning/ Submersion | 1 | 2 | 0.5 | (0.0-1.4) | 0.1 | (0.0-0.2) | 0.8 | (0.0-2.4) | 0.1 | (0.0-0.2) |
| Firearm/ Air Gun/Explosive | 83 | 253 | 38.7 | (30.4-47.0) | 11.5 | (10.1-12.9) | 36.5 | (28.6-44.3) | 11.5 | (10.1-12.9) |
| Cutting/Piercing Instrument | 3 | 10 | 1.4 | (0.0-3.0) | 0.5 | (0.2-0.7) | 1.6 | (0.0-3.4) | 0.5 | (0.2-0.7) |
| Jumped from Height | 4 | 15 | 1.9 | (0.0-3.7) | 0.7 | (0.3-1.0) | 0.7 | (0.0-1.4) | 0.7 | (0.4-1.1) |
| Other | 2 | 5 | 0.9 | (0.0-2.2) | 0.2 | (0.0-0.4) | 1.2 | (0.0-2.9) | 0.2 | (0.0-0.5) |
| Total | 115 | 481 | 53.6 | (43.8-63.4) | 21.9 | (19.9-23.9) | 52.8 | (43.2-62.5) | 22.1 | (20.1-24.0) |

Figure A4. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2019.

| 2019 | | | | | | | | | | |
|---|---------|-------------|------------|-------------|-------------|-------------|-------------------|-------------|-------------------|-------------|
| Method of Suicide | Veteran | Non-Veteran | Veteran | | Non-Veteran | | Veteran | | Non-Veteran | |
| | Count | | Crude Rate | C.I. | Crude Rate | C.I. | Age-Adjusted Rate | C.I. | Age-Adjusted Rate | C.I. |
| Poisoning by Solid, Liquid, or Gaseous Substances | 13 | 80 | 5.8 | (2.6-8.9) | 3.6 | (2.8-4.3) | 5.4 | (2.5-8.3) | 3.5 | (2.7-4.3) |
| Hanging/ Strangulation/ Suffocation | 14 | 115 | 6.2 | (3.0-9.5) | 5.1 | (4.2-6.0) | 10.1 | (4.8-15.3) | 5.1 | (4.2-6.1) |
| Drowning/ Submersion | 2 | 1 | 0.9 | (0.0-2.1) | 0.0 | (0.0-0.1) | 0.4 | (0.0-0.9) | 0.0 | (0.0-0.1) |
| Firearm/Air Gun/Explosive | 90 | 243 | 40.0 | (31.7-48.2) | 10.8 | (9.4-12.1) | 42.5 | (33.8-51.3) | 10.8 | (9.4-12.2) |
| Cutting/Piercing Instrument | 2 | 5 | 0.9 | (0.0-2.1) | 0.2 | (0.0-0.4) | 0.8 | (0.0-1.9) | 0.2 | (0.0-0.4) |
| Jumped from Height | 2 | 16 | 0.9 | (0.0-2.1) | 0.7 | (0.4-1.1) | 0.3 | (0.0-0.8) | 0.7 | (0.4-1.0) |
| Other | 1 | 10 | 0.4 | (0.0-1.3) | 0.4 | (0.2-0.7) | 0.7 | (0.0-2.1) | 0.4 | (0.2-0.7) |
| Total | 124 | 470 | 55.1 | (45.4-64.8) | 20.9 | (19.0-22.7) | 60.2 | (49.6-70.8) | 20.8 | (18.9-22.7) |

Figure A5. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2020.

| 2020 | | | | | | | | | | |
|---|---------|-------------|------------|-------------|-------------|-------------|-------------------|-------------|-------------------|-------------|
| Method of Suicide | Veteran | Non-Veteran | Veteran | | Non-Veteran | | Veteran | | Non-Veteran | |
| | Count | | Crude Rate | C.I. | Crude Rate | C.I. | Age-Adjusted Rate | C.I. | Age-Adjusted Rate | C.I. |
| Poisoning by Solid, Liquid, or Gaseous Substances | 8 | 57 | 3.6 | (1.1-6.1) | 2.5 | (1.8-3.1) | 2.5 | (0.8-4.2) | 2.4 | (1.8-3.0) |
| Hanging/ Strangulation/ Suffocation | 10 | 93 | 4.5 | (1.7-7.3) | 4.0 | (3.2-4.9) | 5.4 | (2.1-8.8) | 4.1 | (3.2-4.9) |
| Drowning/ Submersion | 0 | 4 | 0.0 | (---) | 0.2 | (0.0-0.3) | 0.0 | (---) | 0.2 | (0.0-0.4) |
| Firearm/Air Gun/Explosive | 91 | 245 | 41.1 | (32.6-49.5) | 10.7 | (9.3-12.0) | 39.5 | (31.4-47.7) | 10.7 | (9.4-12.1) |
| Cutting/Piercing Instrument | 0 | 10 | 0.0 | (---) | 0.4 | (0.2-0.7) | 0.0 | (---) | 0.5 | (0.2-0.8) |
| Jumped from Height | 1 | 10 | 0.5 | (0.0-1.3) | 0.4 | (0.2-0.7) | 0.4 | (0.0-1.1) | 0.4 | (0.2-0.7) |
| Other | 1 | 11 | 0.5 | (0.0-1.3) | 0.5 | (0.2-0.8) | 0.4 | (0.0-1.1) | 0.5 | (0.2-0.8) |
| Total | 111 | 430 | 50.1 | (40.8-59.4) | 18.7 | (16.9-20.5) | 48.3 | (39.3-57.2) | 18.7 | (17.0-20.5) |

Figure A6. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2021.

| 2021 | | | | | | | | | | |
|---|---------|-------------|------------|-------------|-------------|-------------|-------------------|-------------|-------------------|-------------|
| Method of Suicide | Veteran | Non-Veteran | Veteran | | Non-Veteran | | Veteran | | Non-Veteran | |
| | Count | | Crude Rate | C.I. | Crude Rate | C.I. | Age-Adjusted Rate | C.I. | Age-Adjusted Rate | C.I. |
| Poisoning by Solid, Liquid, or Gaseous Substances | 7 | 80 | 3.2 | (0.8-5.6) | 3.4 | (2.7-4.2) | 2.9 | (0.8-5.1) | 3.5 | (2.7-4.2) |
| Hanging/ Strangulation/ Suffocation | 7 | 104 | 3.2 | (0.8-5.6) | 4.4 | (3.6-5.3) | 3.0 | (0.8-5.2) | 4.6 | (3.7-5.5) |
| Drowning/ Submersion | 1 | 0 | 0.5 | (0.0-1.4) | 0.0 | (---) | 0.4 | (0.0-1.1) | 0.0 | (---) |
| Firearm/Air Gun/Explosives | 103 | 284 | 47.3 | (38.2-56.5) | 12.1 | (10.7-13.5) | 46.0 | (37.1-54.9) | 12.5 | (11.0-13.9) |
| Cutting/Piercing Instrument | 3 | 10 | 1.4 | (0.0-2.9) | 0.4 | (0.2-0.7) | 1.0 | (0.0-2.2) | 0.4 | (0.2-0.7) |
| Jumped from Height | 3 | 15 | 1.4 | (0.0-2.9) | 0.6 | (0.3-1.0) | 0.9 | (0.0-2.0) | 0.7 | (0.3-1.0) |
| Other | 2 | 17 | 0.9 | (0.0-2.2) | 0.7 | (0.4-1.1) | 1.3 | (0.0-3.1) | 0.8 | (0.4-1.1) |
| Total | 126 | 510 | 57.9 | (47.8-68.0) | 21.8 | (19.9-23.7) | 55.4 | (45.8-65.1) | 22.5 | (20.5-24.4) |

Figure A7. Total Counts by Discharge Status, Veteran Status, and Hospitalization Type (ED/IP), Nevada Residents Ages 20+, 2017-2021.

| 2017-2021 | | | | |
|-----------------------------|---------|-----|-------------|--------|
| Discharge Status | Veteran | | Non-veteran | |
| | ED | IP | ED | IP |
| Discharged | 249 | 77 | 4,185 | 5,282 |
| Left Against Medical Advice | 6 | 0 | 144 | 75 |
| Died | 4 | 3 | 112 | 46 |
| Hospice | 3 | 1 | 26 | 12 |
| Still Patient | 0 | 4 | 1 | 39 |
| Other | 60 | 116 | 2,455 | 5,091 |
| Total | 322 | 201 | 6,923 | 10,545 |

ED refers to Emergency Department.

IP refers to Inpatient.