

Ohio

Veteran Suicide Data Sheet, 2014



The 2014 state data sheets contain the most up-to-date Veteran suicide information for all 50 states, the District of Columbia, and Puerto Rico. These sheets have been updated to reflect the U.S. Department of Veterans Affairs' expanded analysis of suicide rates and include data that has become available since the last update in 2017.

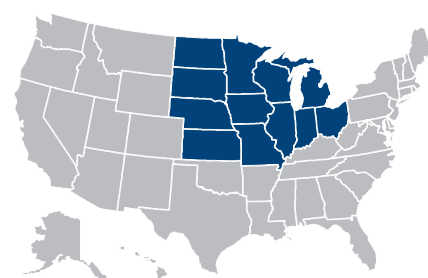
This Ohio Veteran Suicide Data Sheet is based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The statistics herein are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the Defense Suicide Prevention Office. Cause of death was identified through the NCHS National Death Index (NDI). For additional information, please email Dr. Megan McCarthy, National Deputy Director for Suicide Prevention, VA Office of Mental Health and Suicide Prevention, at megan.mccarthy@va.gov.

Ohio Veteran Suicide Deaths, 2014

Sex	Veteran Suicides
Total	228
Male	211
Female	17

Midwestern Region

Illinois
Indiana
Iowa
Kansas
Michigan
Minnesota
Missouri
Nebraska
North Dakota
Ohio
South Dakota
Wisconsin



Ohio, Midwestern Region^a, and National Veteran Suicide Deaths by Age Group, 2014^b

Age Group	Ohio Veteran Suicides	Midwestern Region Veteran Suicides	National Veteran Suicides	Ohio Veteran Suicide Rate	Midwestern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	228	1,296	6,260	27.4	28.7	29.7
18-34	26	163	734	39.4	41.4	35.5
35-54	69	396	1,775	33.3	37.0	33.6
55-74	91	468	2,342	24.8	23.7	26.0
75+	42	268	1,405	22.0	24.9	29.9

After accounting for differences in age, the Veteran suicide rate in Ohio was not significantly different from the national Veteran suicide rate^c.



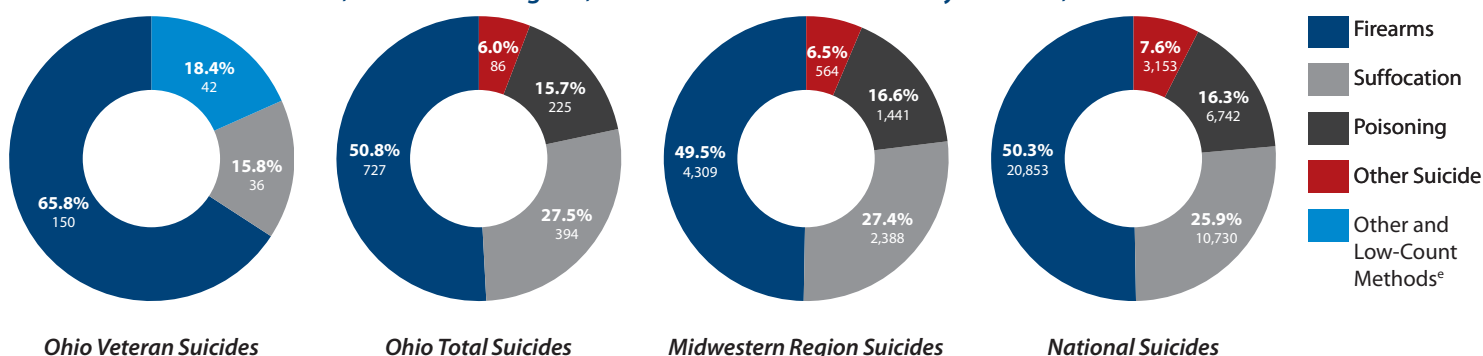
U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Mental Health and
Suicide Prevention

Ohio Veteran and Total Ohio, Midwestern Region^a, and National Suicide Deaths by Age Group, 2014^b

Age Group	Ohio Veteran Suicides	Ohio Total Suicides	Midwestern Region Total Suicides	National Total Suicides	Ohio Veteran Suicide Rate	Ohio Suicide Rate	Midwestern Region Suicide Rate	National Suicide Rate
Total	228	1,432	8,702	41,478	27.4	16.0	16.7	17.0
18-34	26	359	2,411	10,748	39.4	14.0	15.6	14.5
35-54	69	555	3,304	15,489	33.3	18.4	18.8	18.5
55-74	91	394	2,299	11,654	24.8	15.3	15.8	17.5
75+	42	124	688	3,587	22.0	15.6	15.5	18.1

After accounting for differences in age, the Veteran suicide rate in Ohio was significantly higher than the national suicide rate^c.

Ohio Veteran and Total Ohio, Midwestern Region^a, and National Suicide Deaths by Method^d, 2014



Data presented herein is based on the U.S. adult population age 18 or older. National and regional statistics presented include the contiguous United States, Alaska, and Hawaii. The total state, regional, and national counts and rates presented are for the general U.S. population, which includes both Veterans and non-Veterans.

Suicide rates presented are the number of suicide deaths in 2014 divided by the estimated population, multiplied by 100,000. Veteran suicide data was obtained from the VA/DoD Joint Suicide Data Repository (SDR), and counts of suicides among the general U.S. population were obtained from CDC Wide-ranging ONline Data for Epidemiologic Research (WONDER)^f. Veteran suicide rates are calculated using the Veteran Population Projection Model 2016 (VetPop2016) population estimates^g. General U.S. population rates are calculated using the U.S. Census Bureau American Community Survey (ACS) one-year estimates^h. Age-specific counts may not sum to the total counts because a small number of deaths with unavailable age information are included in the total counts and rates, but are not included in age-specific counts, age-specific rates, or age-adjusted rates.

Rates are marked with an asterisk (*) when the rate is calculated from fewer than 20 deaths. Rates based on small numbers of deaths are considered unreliable because a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons between age-adjusted rates and underlying age-specific rates based on fewer than 20 suicide deaths should also be interpreted with caution. Significance testing is based on the direct age-adjusted rates, using the 2000 standard U.S. populationⁱ.

Suicide deaths for this data sheet are based on the underlying cause of death listed on the state death certificate as recorded in the SDR. Underlying cause of death, based on the International Classification of Diseases 10th revision (ICD-10), is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury^j. The ICD-10 codes used to define suicide deaths are X60-X84 and Y87.0. For the percentages of suicide deaths by method, when the number of deaths in any one category is lower than 10, the categories with the smallest numbers are combined until a minimum count of 10 is reached.

^a Midwestern Region includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

^b Rates presented are unadjusted rates per 100,000. To protect privacy, and prevent revealing information that may identify specific individuals, counts and rates are suppressed when based on 0-9 people. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (*).

^c Suicide rates presented in the tables are unadjusted for age. Age-adjusting suicide rates ensures that differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates. Comparison of rates based on the rate ratio of adjusted rates, significance determined based on a p-value <0.05.

^d Methods are based on ICD-10 codes X72 to X74 for firearms, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). "Other Suicide" includes all other intentional self-harm, including cut/pierce, drowning, fall, fire/flame, other land transport, struck by/against, and other specified or unspecified injury. In cases where the number of deaths in any one of the categories was lower than 10, the categories with the smallest numbers were combined until the minimum count of 10 was reached, to maintain confidentiality.

^e "Other Suicide" refers to all methods of suicide death apart from firearms, suffocation, and poisoning. "Low-Count Methods" refers to methods used in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearms deaths, suffocation deaths, or poisoning deaths, those data are represented in the "Other and Low-Count Methods" category to protect the privacy of individual suicide decedents.

^f National, regional, and state total suicide counts are obtained from the CDC WONDER online database. For more information on CDC WONDER, please refer to <http://wonder.cdc.gov/ucd-icd10.html>.

^g Veteran Population Model 2016 (VetPop2016), Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.

^h U.S. general population estimates used for rate calculations are obtained from the U.S. Census Bureau, 2015 American Community Survey one-year estimates.

ⁱ Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, No. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.

^j World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Cause of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977.