



2015 Data Report



WELLNESS • RECOVERY • RESILIENCE



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Description of Kings and Tulare Counties, California

Kings and Tulare Counties are neighboring counties, centrally located in the agriculturally-rich southern region of California's San Joaquin Valley. Both are midway between San Francisco and Los Angeles, and are in close proximity to Sequoia and Kings Canyon National Parks, Giant Sequoia National Monument and Sequoia National Forest, and Naval Air Station Lemoore. State Highways 99 and 198 provide convenient access to these destinations.

Kings County

Kings County's land area is 1,391 square miles, and it boasts a population of 150,965 in 2015, as estimated by the U.S. Census.¹ The County has four incorporated cities, the largest being Hanford with a population of 55,659. The cities of Avenal, Corcoran, and Lemoore each have populations below 30,000. More than 20% of Kings County's population lives in rural or unincorporated communities.

Agriculture is a major part of Kings County's economy, with milk being the County's top commodity (estimated at \$651 million in value in 2015).² In addition to agriculture, the county is home to the Naval Air Station Lemoore, which hosts the Pacific Strike Fighter Wing, as well as three state prisons for men.

The majority of Kings County residents are of Latino ethnicity, representing 53% of the population. The other racial/ethnic groups (not including Latinos) include 33% white, 5% African-American, 4% Asian, and 1% Native American. A large percentage (20%) of residents are foreign-born. In addition, 42% of Kings County's population speaks a language other than English at home, with the vast majority speaking Spanish (37% of the population).

¹ All population data in this report come from the U.S. Census Bureau's website: factfinder.census.gov.

² "Annual Crop Report, 2015 Kings County." Kings County Agricultural Commissioner, 2015, www.countyofkings.com/home/showdocument?id=13237.

Tulare County

The County of Tulare is situated in a geographically diverse region. Mountain peaks of the Sierra Nevada Range rise to more than 14,000 feet in its eastern half, which is comprised primarily of public lands. Meanwhile, the extensively cultivated and extraordinarily fertile valley floor in its western half has allowed the County to become 2015's leading producer of agricultural commodities in the United States.³ In addition to substantial agricultural packing and shipping operations, light and medium manufacturing plants are becoming an important sector of the County's economy.

Tulare County's land area is 4,824 square miles, and according to the U.S. Census, its estimated population is 459,863, with residents living in unincorporated areas or one of the County's eight cities: Dinuba, Exeter, Farmersville, Lindsay, Porterville, Tulare, Visalia, and Woodlake. The largest is Visalia, with a population of 130,094. The cities of Porterville and Tulare have populations of over 50,000, while the remaining five cities maintained smaller populations of less than 30,000. A significant proportion of the population (32%) lives in small, rural, unincorporated communities, many of which lack services such as health clinics, parks, and grocery stores.

The majority of Tulare County residents are of Latino ethnicity (64%). The other racial/ethnic groups (not including Latinos) include 30% white, 3% Asian, 1% African American, and 0.6% Native American. A large percentage (23%) of residents are foreign-born. In addition, 42% of Tulare County's population speaks a language other than English at home, with the vast majority speaking Spanish (37% of the population).

³ "Tulare County Agricultural Facts." Tulare County Farm Bureau, 5 Sept. 2016, www.tulcofb.org/index.php?page=agfacts.

Overview of the Tulare and Kings Counties Suicide Prevention Task Force

The mission of the Tulare and Kings Counties Suicide Prevention Task Force (SPTF) is to foster the hope of suicide-free Kings and Tulare Counties through education, empowerment, and innovation. SPTF's vision is a community without suicide. SPTF's membership is composed of individuals and organizations from both counties, and it is staffed by employees of Kings County Behavioral Health and the Tulare County Health and Human Services Agency.

SPTF supports and sponsors a wide variety of programs and activities in furtherance of its mission and vision. These are described in detail on the SPTF web site, sptf.org. They include workshops for mental health clinicians, workshops for the general public on suicide and mental health, programs directed toward school-age students and those in colleges and vocational schools, a team that visits individuals who have lost loved ones to suicide, grief and bereavement counseling and a support group for people who have lost loved ones to suicide, a support group for those who have attempted suicide, comic books that educate about suicide, and other efforts to increase awareness of the problem of suicide across both counties and how to prevent it.

In the past year, SPTF has engaged in four broad initiatives:

- To promote public awareness that suicide is a preventable public health problem.
- To promote effective clinical and professional practices.
- To develop and implement suicide prevention programs.
- To improve and expand data collection systems.

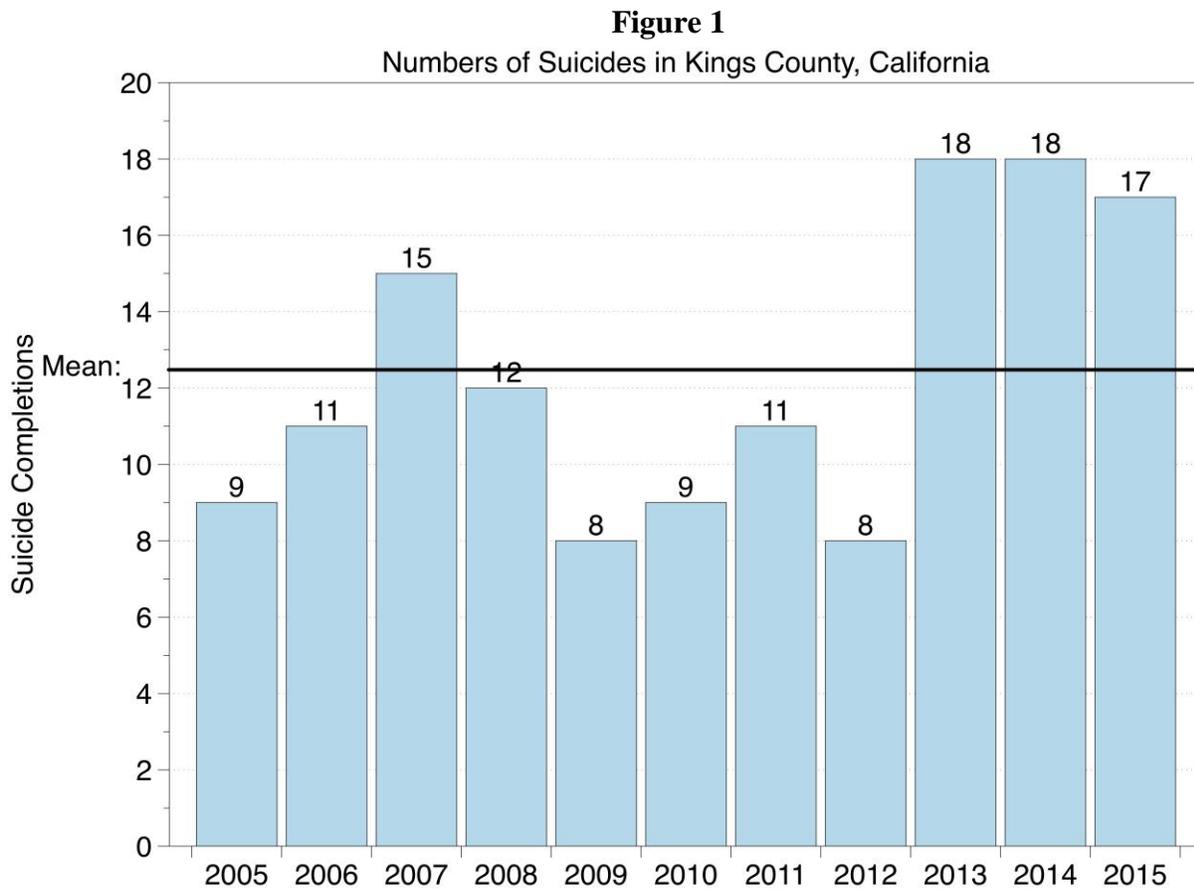
Introduction

The last initiative in the list above is being undertaken by the newly-formed Data Review Committee, which has developed this first annual data report. It presents suicide-related data from recent years, including 2015. This information includes the numbers and rates of suicide deaths in each county and the days of the week and months of the year when suicides took place. The report also shows categories of people who completed suicide: by age, sex, race/ethnicity, marital status, and veteran status, as well as the means used to complete suicide. SPTF hopes that by understanding more about those who die by suicide, we will be better able to direct our efforts to prevent deaths by suicide in our two counties.

Suicide Completions

Numbers of Completed Suicides

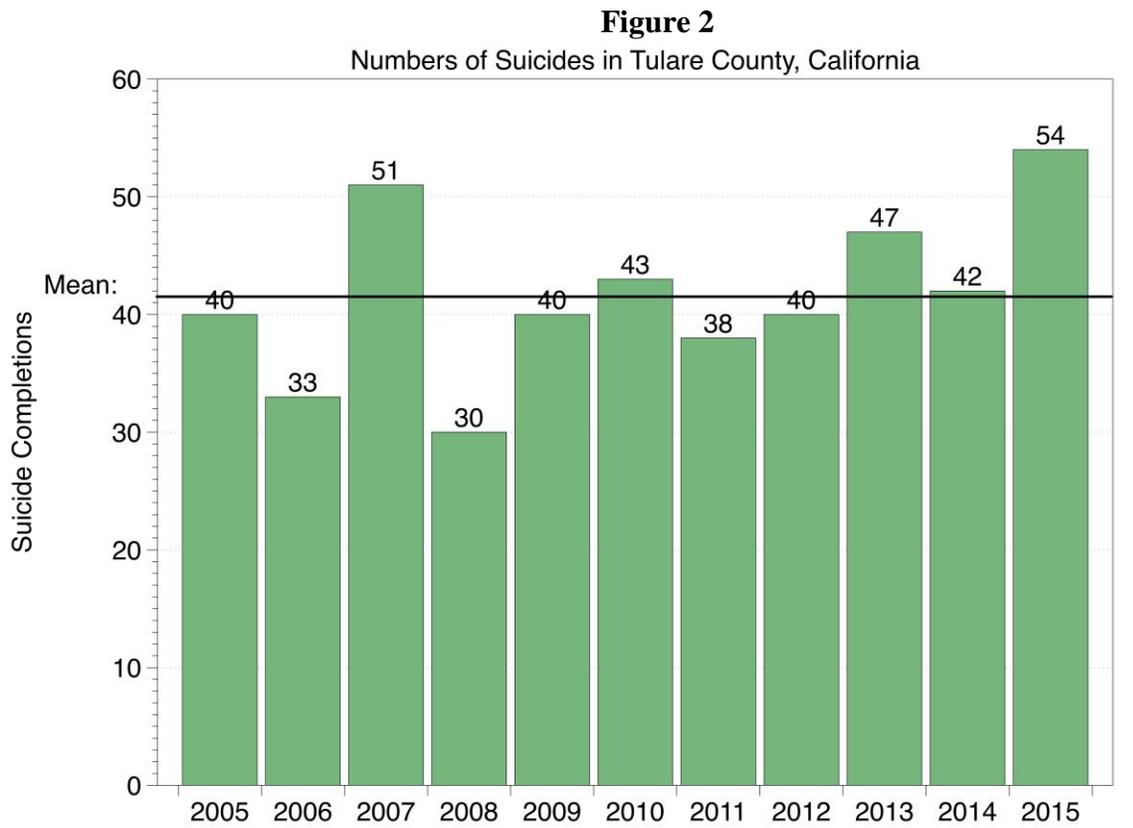
In Kings County, there were 17 suicides completed in 2015, a decrease of one since 2014, which, along with 2013, saw the highest number of suicides in a year since local data began to be recorded in 2005.⁴



Mean (average) number of suicides in Kings County, 2005-2015: 12.4. The mean is represented in the graph by a black horizontal line.

⁴ The suicide completion data were provided by the Coroners of Kings and Tulare Counties. The deaths listed are those which took place in Kings or Tulare Counties, or the injury which caused the deaths took place in either county.

In Tulare County, there were 54 completed suicides in 2015. This is the highest number of suicides in a year since local data began to be recorded in 2005.

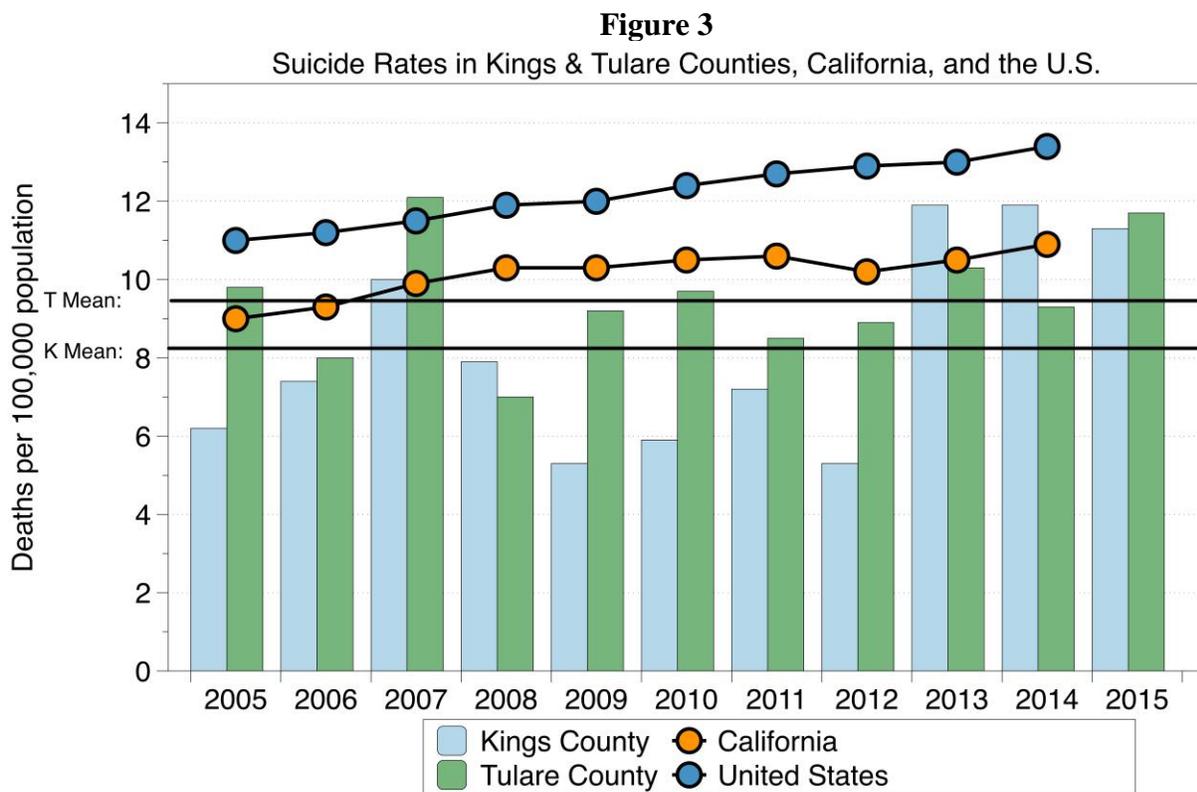


Mean number of suicides in Tulare County, 2005-2015: 41.6. The mean is represented in the graph by a black horizontal line.

Rates of Completed Suicides

The graph below displays the suicide completion rates (suicide deaths per 100,000 population) in Kings and Tulare Counties, represented by blue and green bars, respectively. The suicide completion rates in California and the United States as a whole are shown as orange and blue circles, respectively.⁵ (Final data for California and the U.S. are not yet available for 2015.)

The rate has decreased slightly compared to 2014 in Kings County, but it has increased markedly in Tulare County. While the suicide completion rates have remained lower in all but one year than the U.S. rate, one or both counties have exceeded the California rate in four years.



Mean suicide rate in Kings County, 2005-2015: 8.2. The mean is represented in the graphs by a black horizontal line.

Mean suicide rate in Tulare County, 2005-2015: 9.5.

⁵ Additional data sources include the California Electronic Death Registration System's Death Statistical Master File, California Department of Public Health; the U.S. Centers for Disease Control and Prevention's WISQARS Fatal Injury Report database; and Drapeau, C. W., & McIntosh, J. L. (for the American Association of Suicidology). (2015). U.S.A. suicide 2014: Official final data. Washington, DC: American Association of Suicidology, dated December 22, 2015, downloaded from <http://www.suicidology.org>.

Completed Suicides by Month

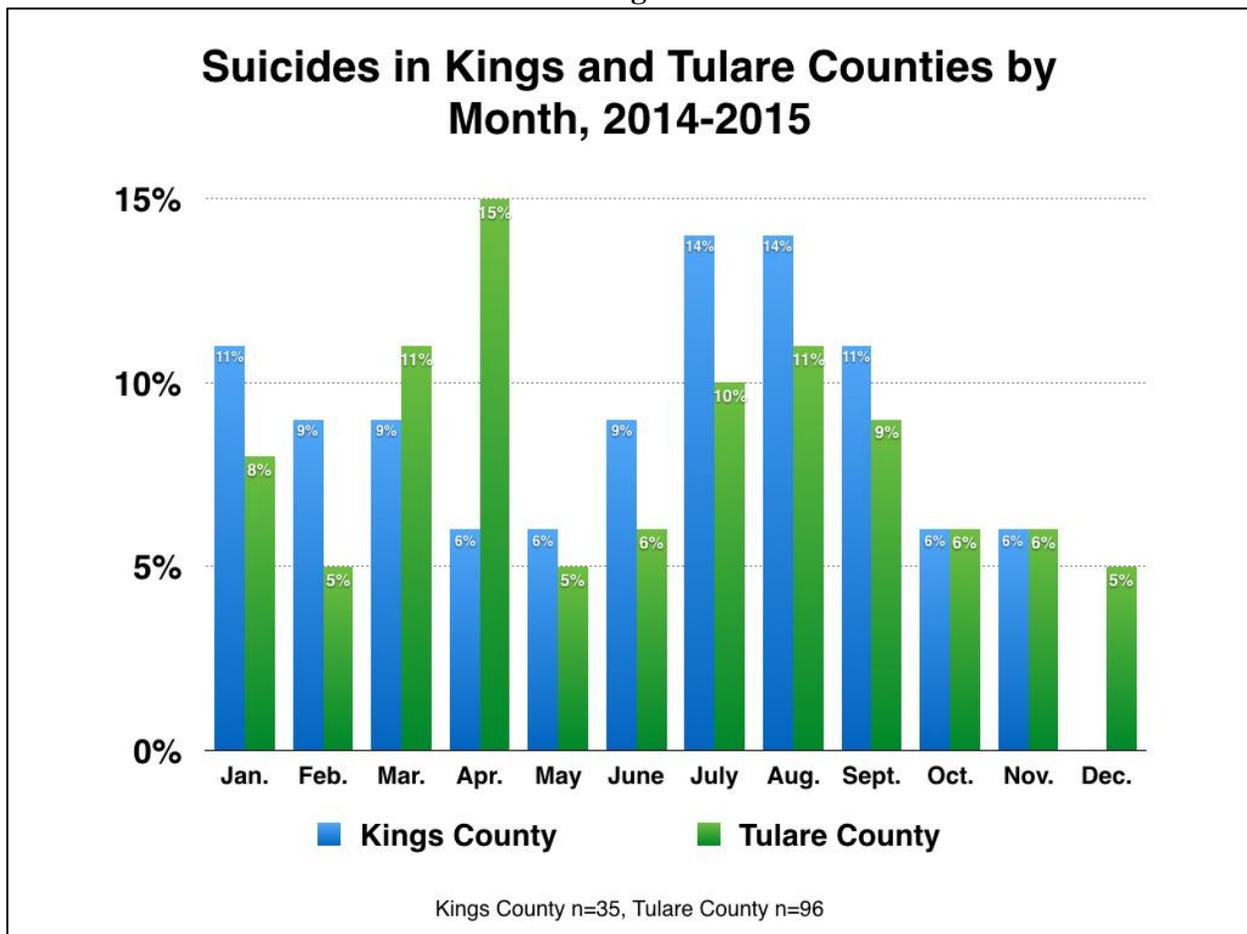
The percentages of completed suicides by month in Kings County are shown by blue bars, while those in Tulare County are represented by green bars.

In Kings County in 2014-2015 (that is, January 1, 2014 through December 31, 2015), the highest percentages of suicides were completed in July and August (14% each), followed by January and September (11%).

In Tulare County, the most suicides were completed in April (15%), March (11%), and August (11%).

Note that in this graph and others in this report, many of which include reported categories with small numbers of cases, we chose to include data from two years (the 2014 and 2015 calendar years) combined, instead of just one, in order to preclude any possible identification of suicide victims.

Figure 4

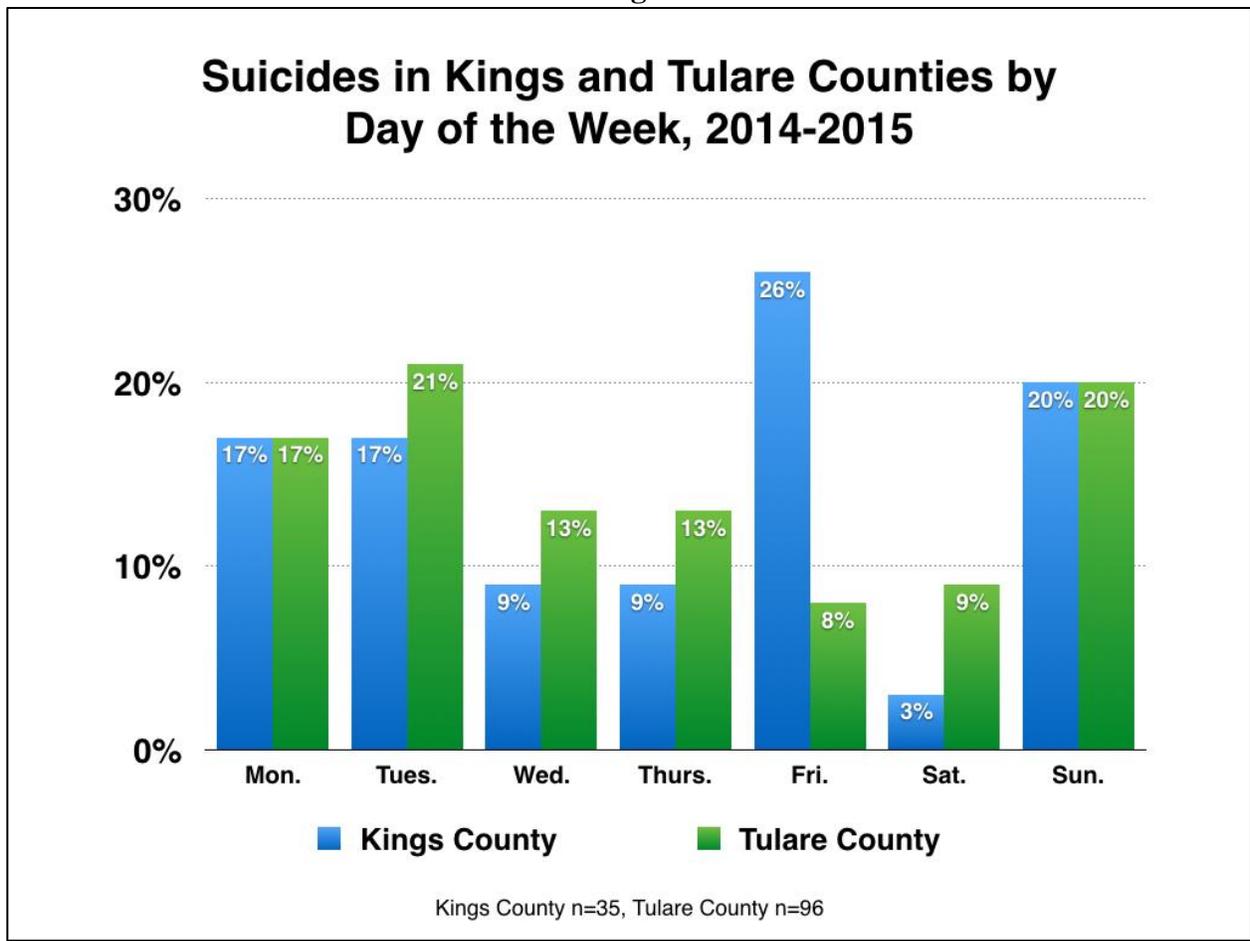


Completed Suicides by Day of the Week

In Kings County in 2014-2015, the most suicides were completed on Friday (26%) and Sunday (20%).

In Tulare County, Tuesday (21%) and Sunday (20%) had the highest percentages of completed suicides.

Figure 5



Completed Suicides by Means

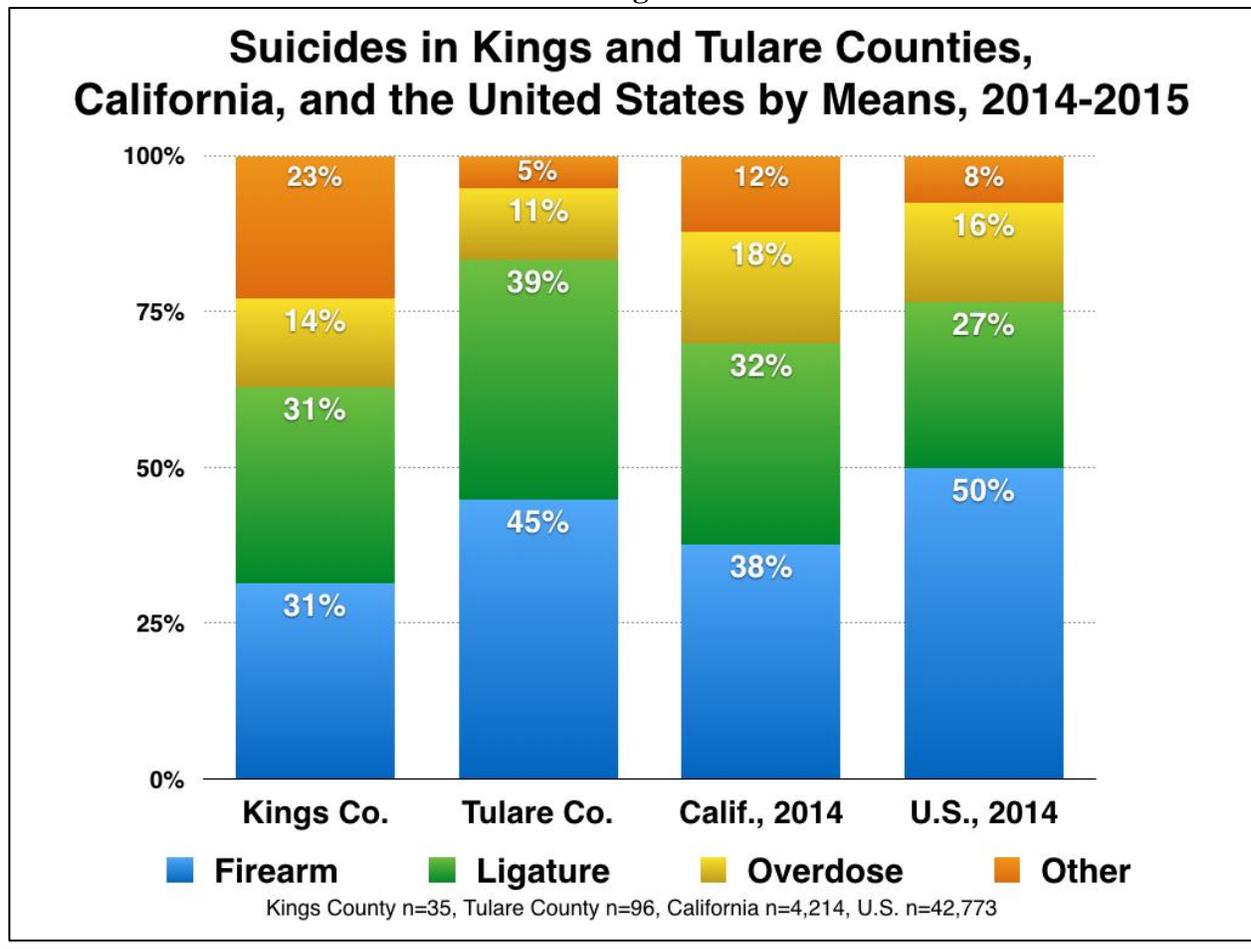
Figure 6 displays the means of suicide completion, from left to right, in Kings County, Tulare County, California in 2014, and the United States in 2014.

The most prevalent means of suicide completion in Kings County in 2014-2015 were firearm (31%), ligature (strangulation) (31%), and overdose (14%). In Tulare County, the most prevalent means were firearm (45%), ligature (39%), and overdose (11%).

California data from 2014 show that firearms (38%) and ligature (32%) were the most prevalent means of suicide completion in the state.

In the United States as a whole, firearm suicide deaths (50%) are more prevalent than they are in California (38%) and in Kings County (31%) and Tulare County (45%). Suicide deaths by ligature (27%) are less prevalent compared to California (32%).

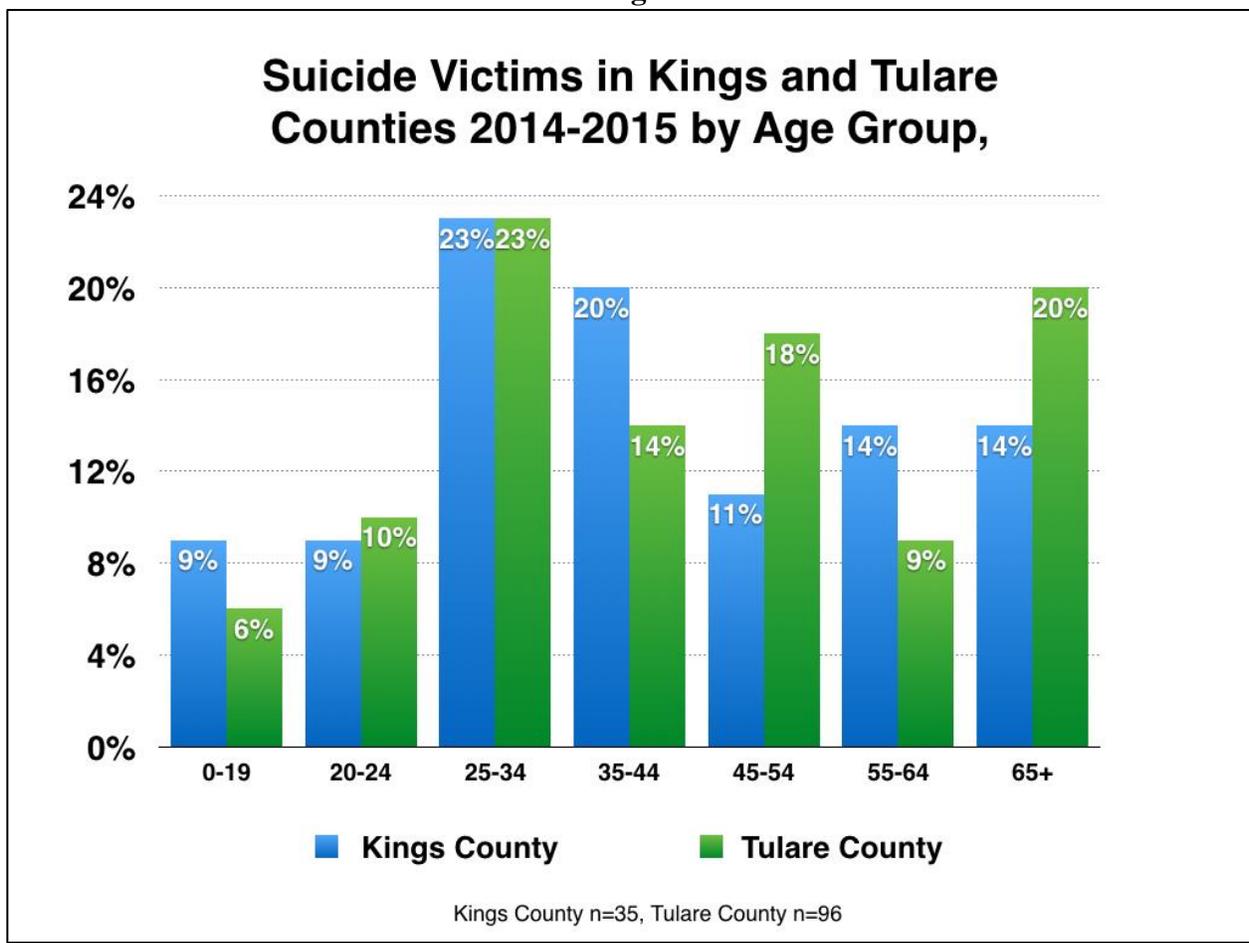
Figure 6



Completed Suicides by Age Group

The age group with the highest number of completed suicides⁶ in 2014-2015 in both Kings and Tulare Counties was 25-34 years olds (23% in both counties). In Kings County, the second-highest number of completed suicides was in the age group 35-44 years old (20%), while in Tulare County the second-highest number of completed suicides was in the age group of people 65 years of age and older (20%). The age group 45-54 (18%) had slightly fewer suicides in Tulare County.

Figure 7



⁶ Note that deaths by suicide are not recorded for children under the age of 10.

The graph below shows suicide deaths by age group in Kings and Tulare Counties, California as a whole in 2014, and the United States in 2014.

In California and the United States as a whole in 2014, the highest percentage of suicide victims was 45-54 years old. The next most prevalent age range is 55 and older. This contrasts with Kings and Tulare Counties, in which suicide deaths were most prevalent in the 25-34 age range.

Figure 8

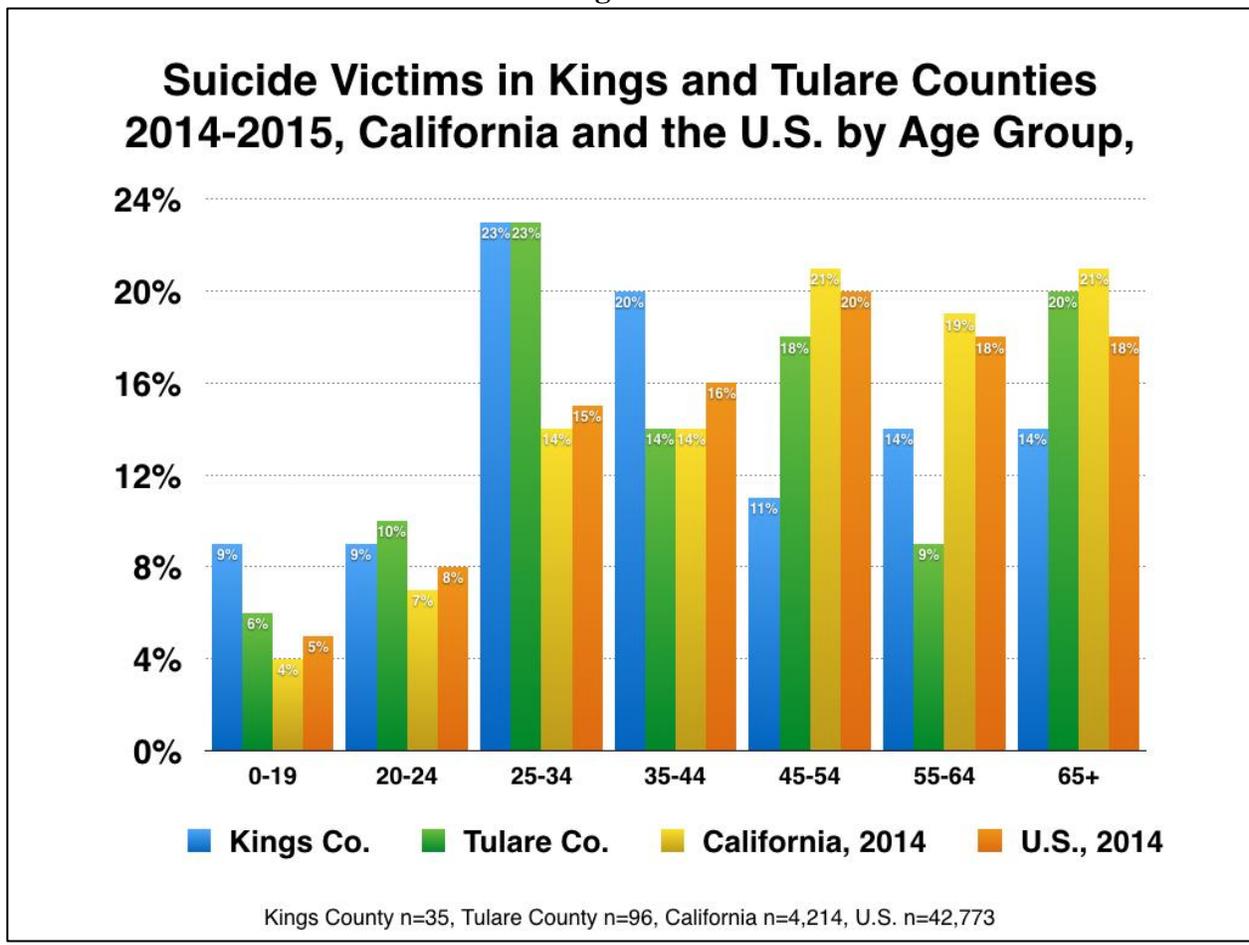
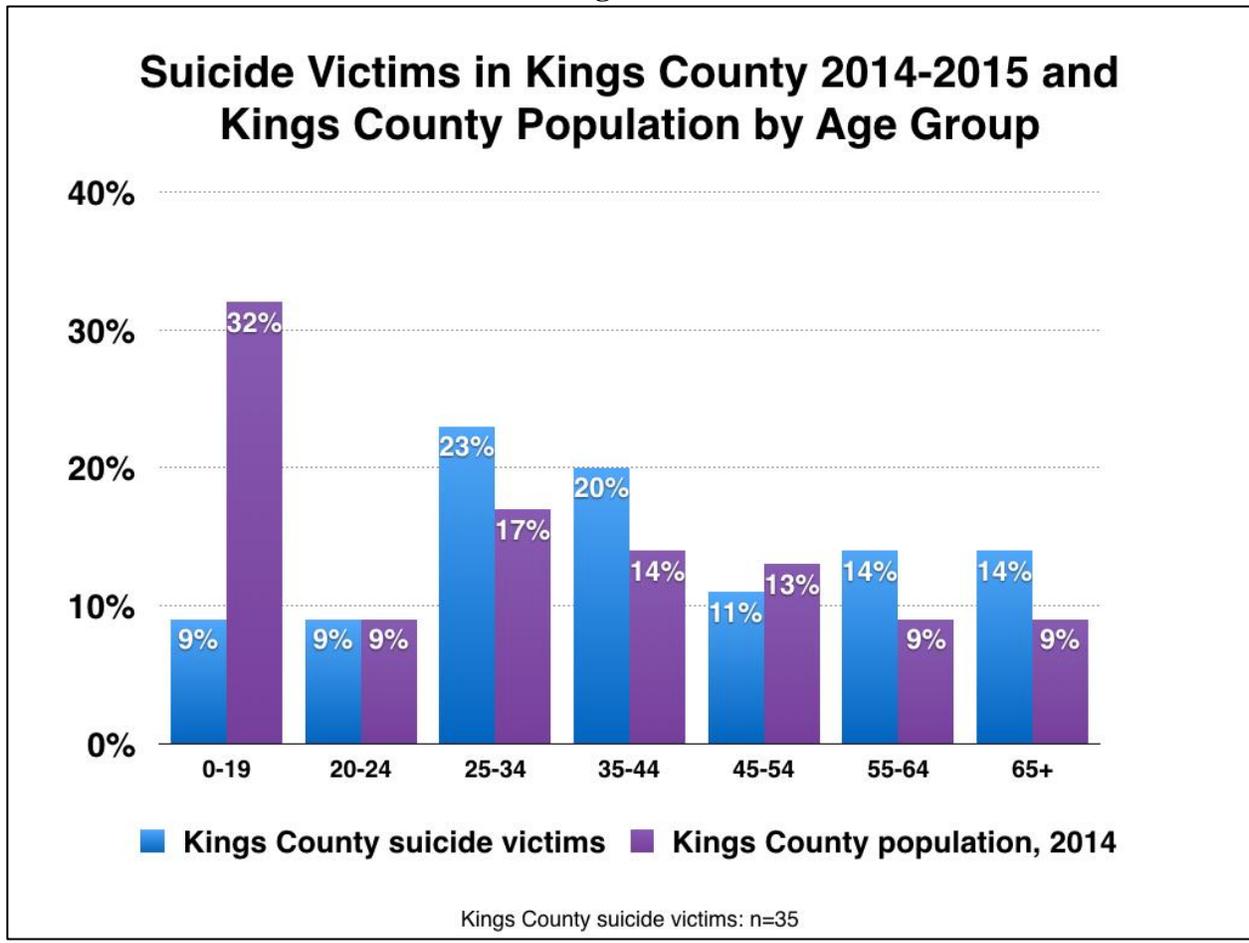


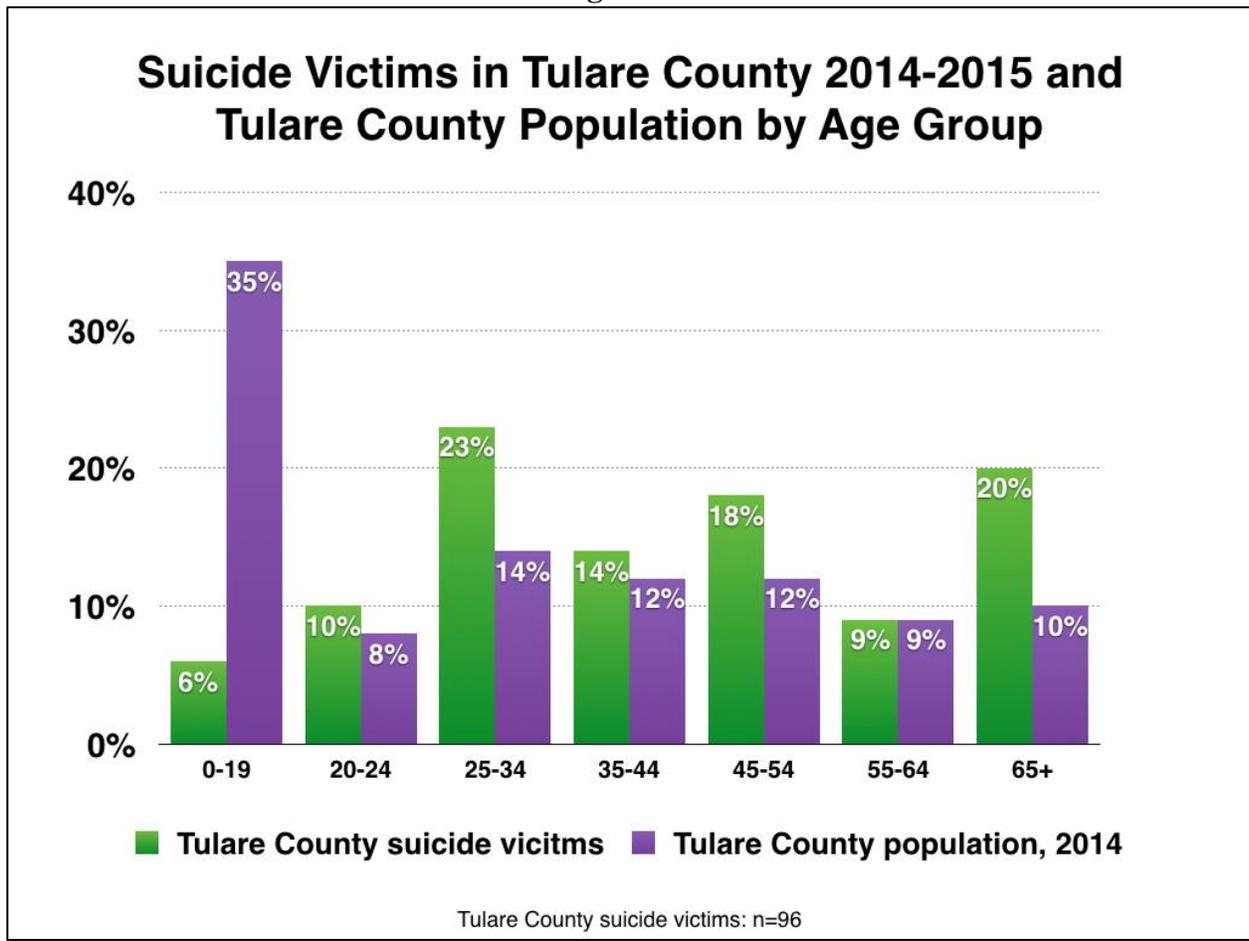
Figure 9 displays the percentage of individuals who died by suicide in Kings County in 2014-2015 by age range (the blue bars), compared to the general population of Kings County (the purple bars). Most notably, it shows that suicide is much more prevalent, compared to the population as a whole, in the 55 and older age ranges, and dramatically less prevalent in the 0-19 age range.

Figure 9



The graph below shows the percentage of individuals who died by suicide in Tulare County in 2014-2015 by age range (the green bars), compared to the general population of Tulare County (the purple bars). It shows that suicide is much more prevalent, compared to the population as a whole, in the 65 and older, 25-34, and 45-54 age ranges, and dramatically less prevalent in the 0-19 age range.

Figure 10



Completed Suicides by Sex

In 2014-2015, in both Kings and Tulare Counties, at least three-quarters of suicides were completed by males (83% in Kings County and 75% in Tulare County).

In California and the United States as a whole, 77% of suicides were completed by males.

Figure 11

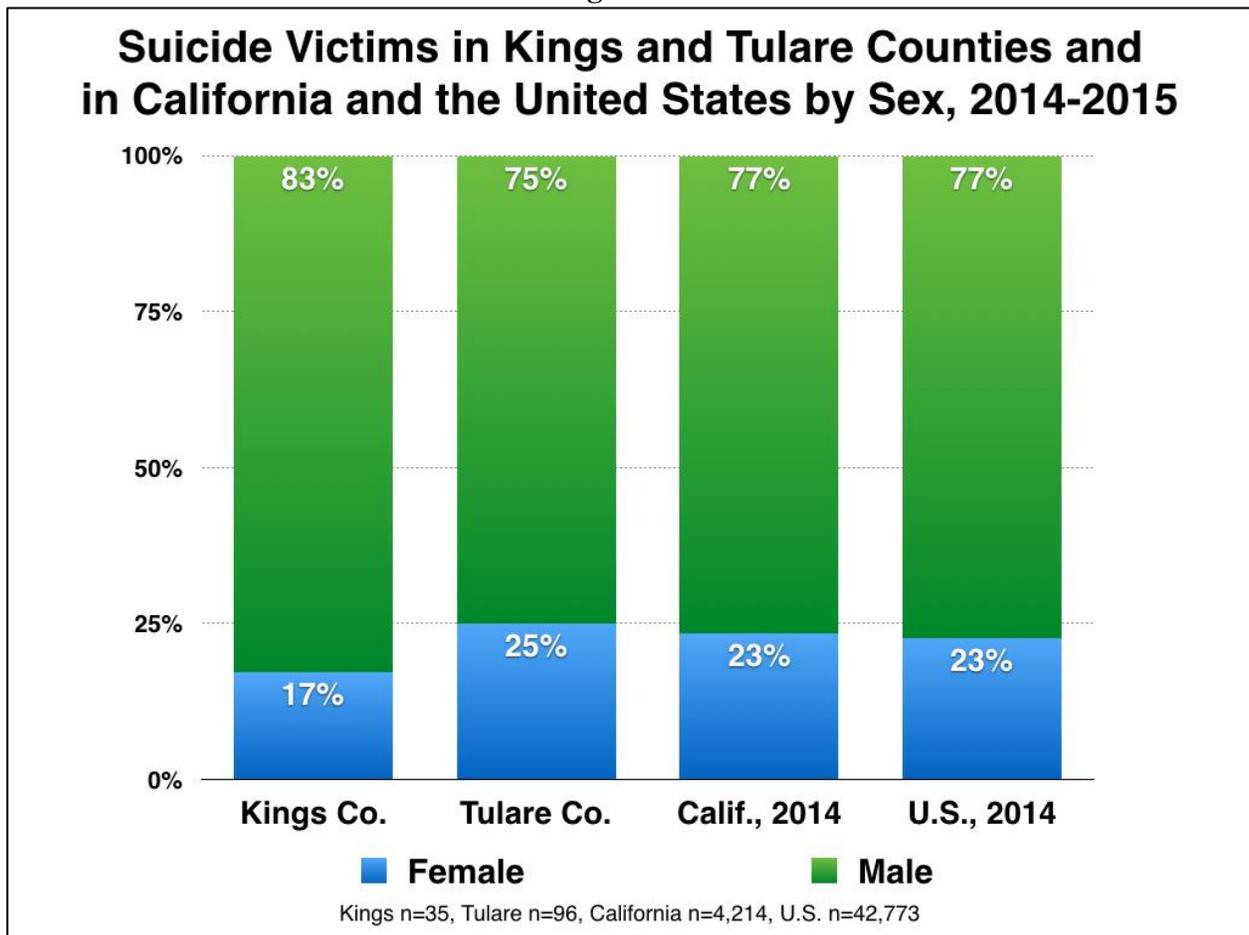


Figure 12 displays the suicide victims in Kings County, by sex, in the left-hand column, and the general population of Kings County in the right-hand column. The general population encompasses all residents of Kings County, including the prison population.

Over eight in ten (83%) Kings County suicide victims are male, but just 56% of Kings County residents are male. (The percentage of males is so much higher than 50% owing to the three state prisons for males in the County, whose nearly 14,000 inmates comprise over 9% of the county's population.)

Figure 12

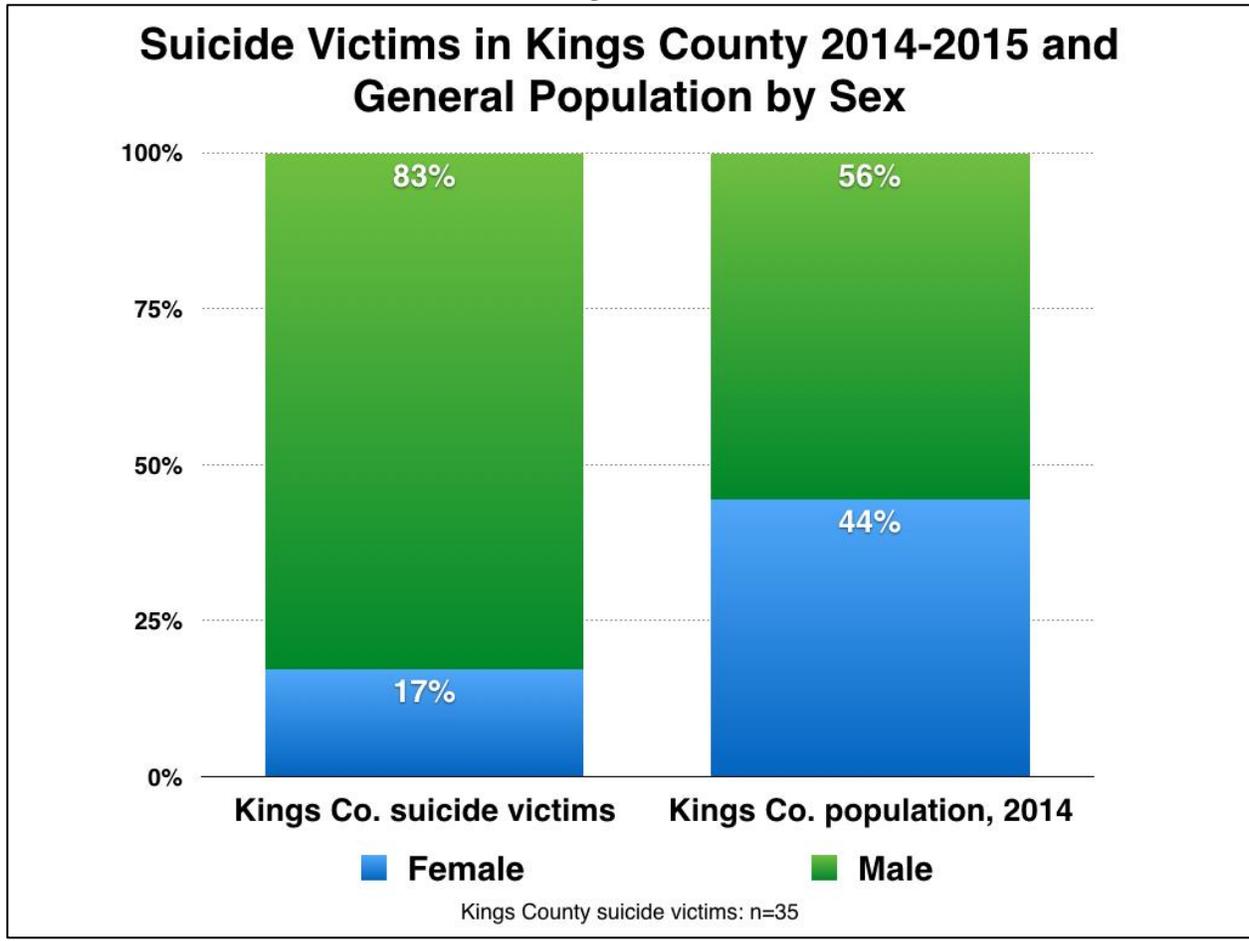
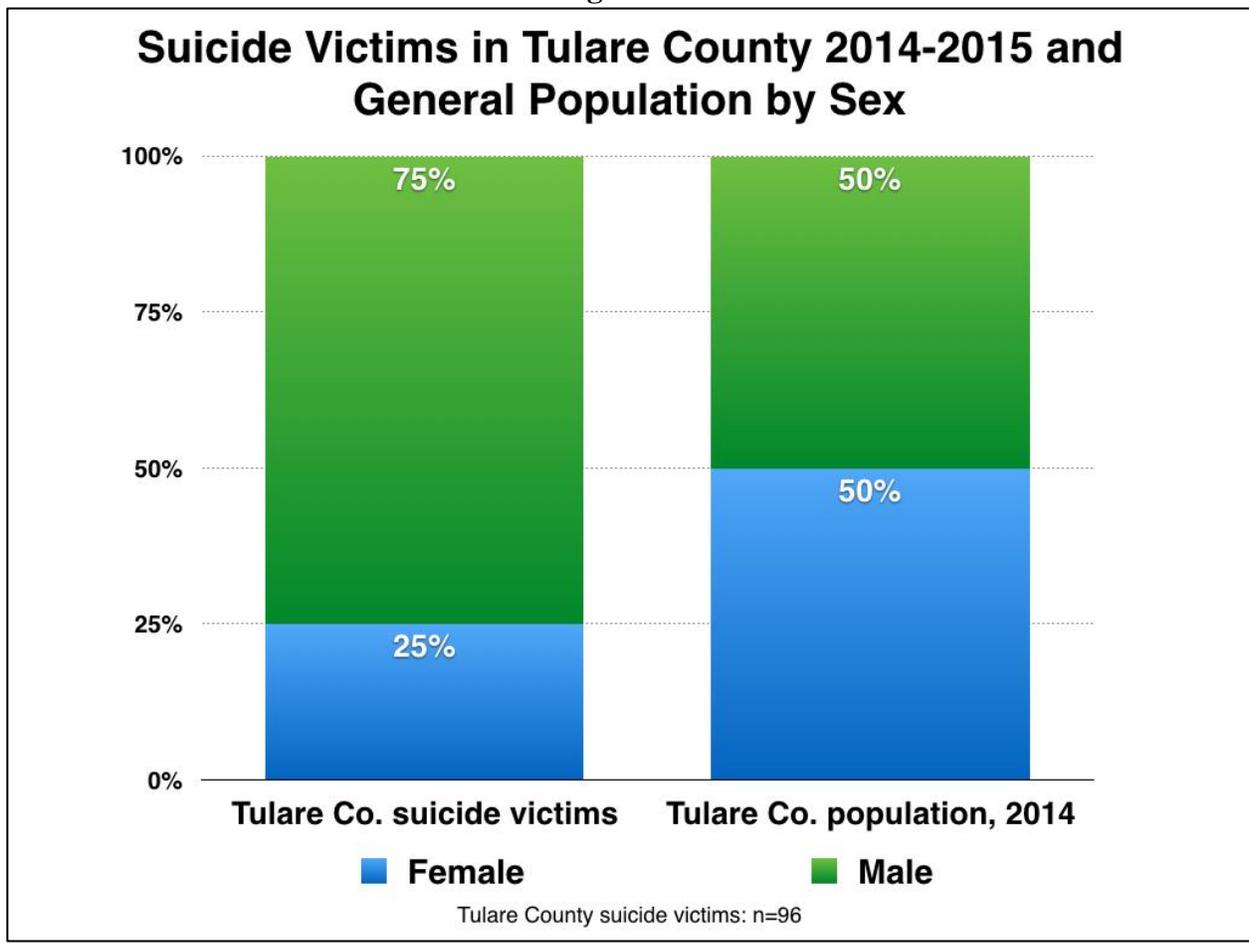


Figure 13 displays the suicide victims in Tulare County, by sex, in the left-hand column, and the general population of Tulare County in the right-hand column. Three-quarters (75%) of Tulare County's suicide victims are male, but only 50% of its residents are male.

Figure 13



Suicides by Race/Ethnicity

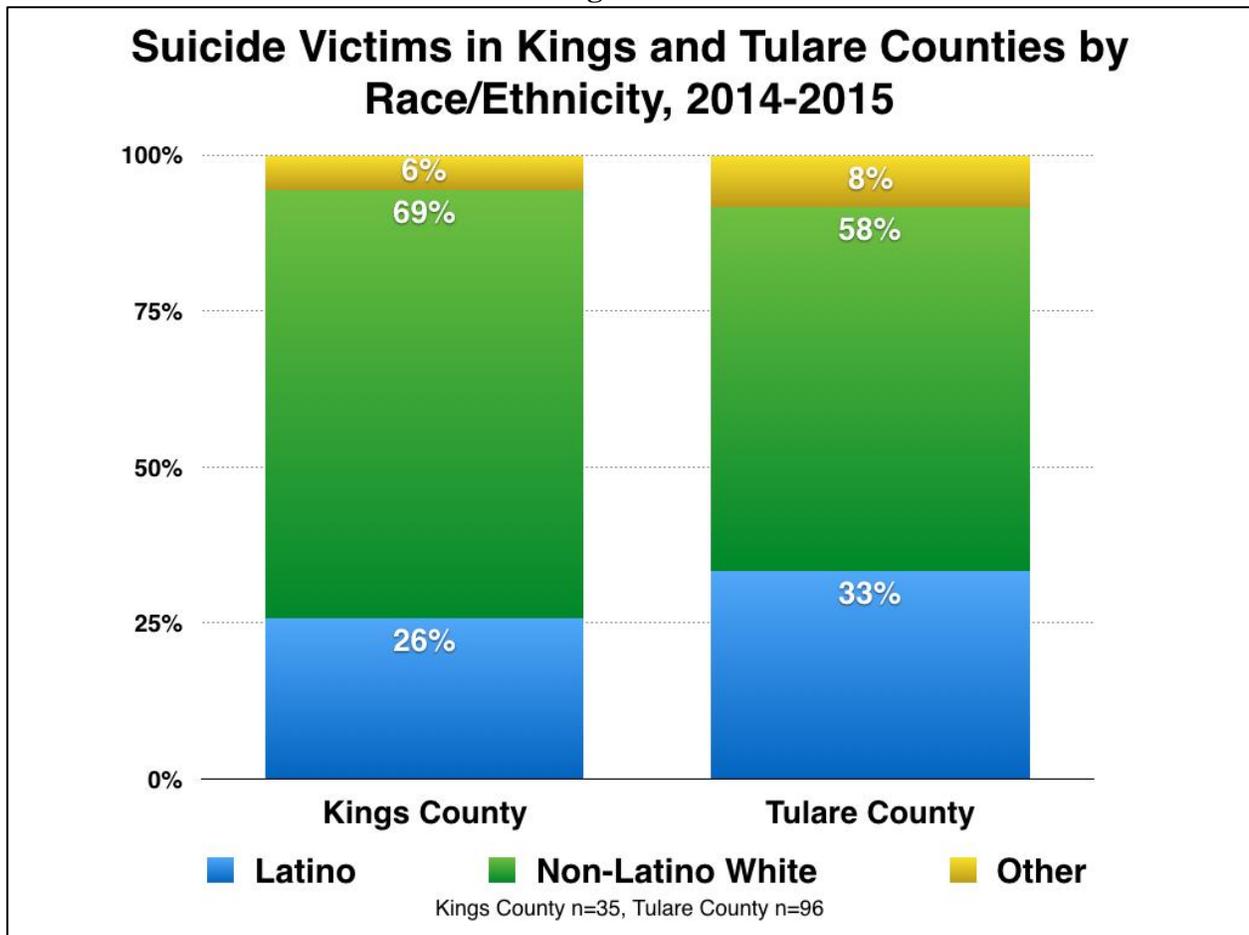
Figure 14 displays suicide victims in both counties in 2014-2015 by race/ethnicity.

In Kings County, 69% of suicides were completed by individuals identified as non-Latino white, 26% were by Latinos, and 6% were by individuals of other races/ethnicities.

In Tulare County, 58% of suicides were completed by non-Latino whites, 33% were by Latinos, and 8% were by individuals of other races/ethnicities.

Nationwide data from 2014 show that the suicide completion rate among Latinos (5.9 deaths per 100,000 people) was far lower than that of whites overall (15.4 deaths per 100,000 people).

Figure 14



Figures 15 and 16 show the suicide victims by race/ethnicity alongside the race/ethnicity of the general population of each county. In both counties, the percentage of non-Latino whites who completed suicide is far higher than the percentage of non-Latino whites in the general population.

Figure 15

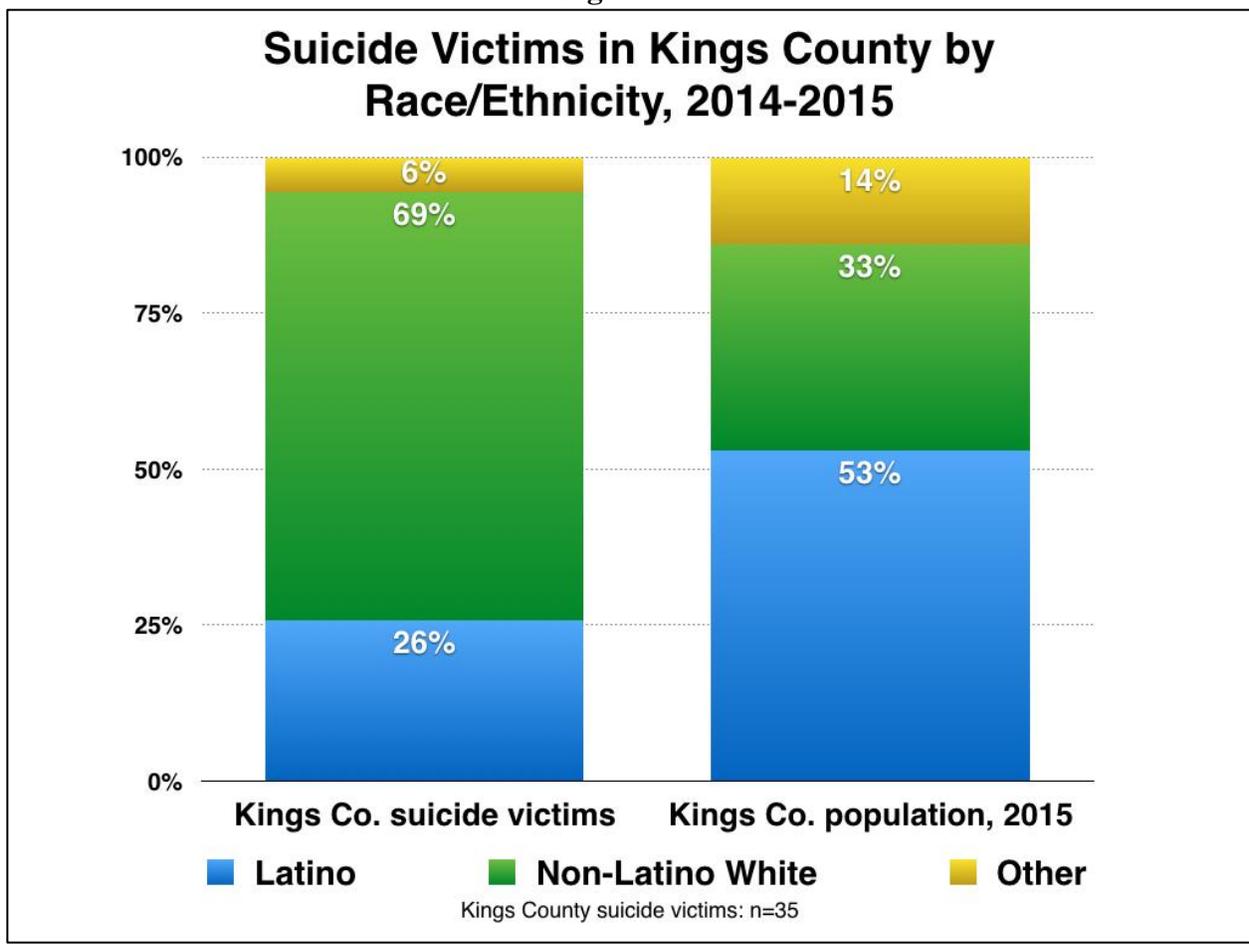
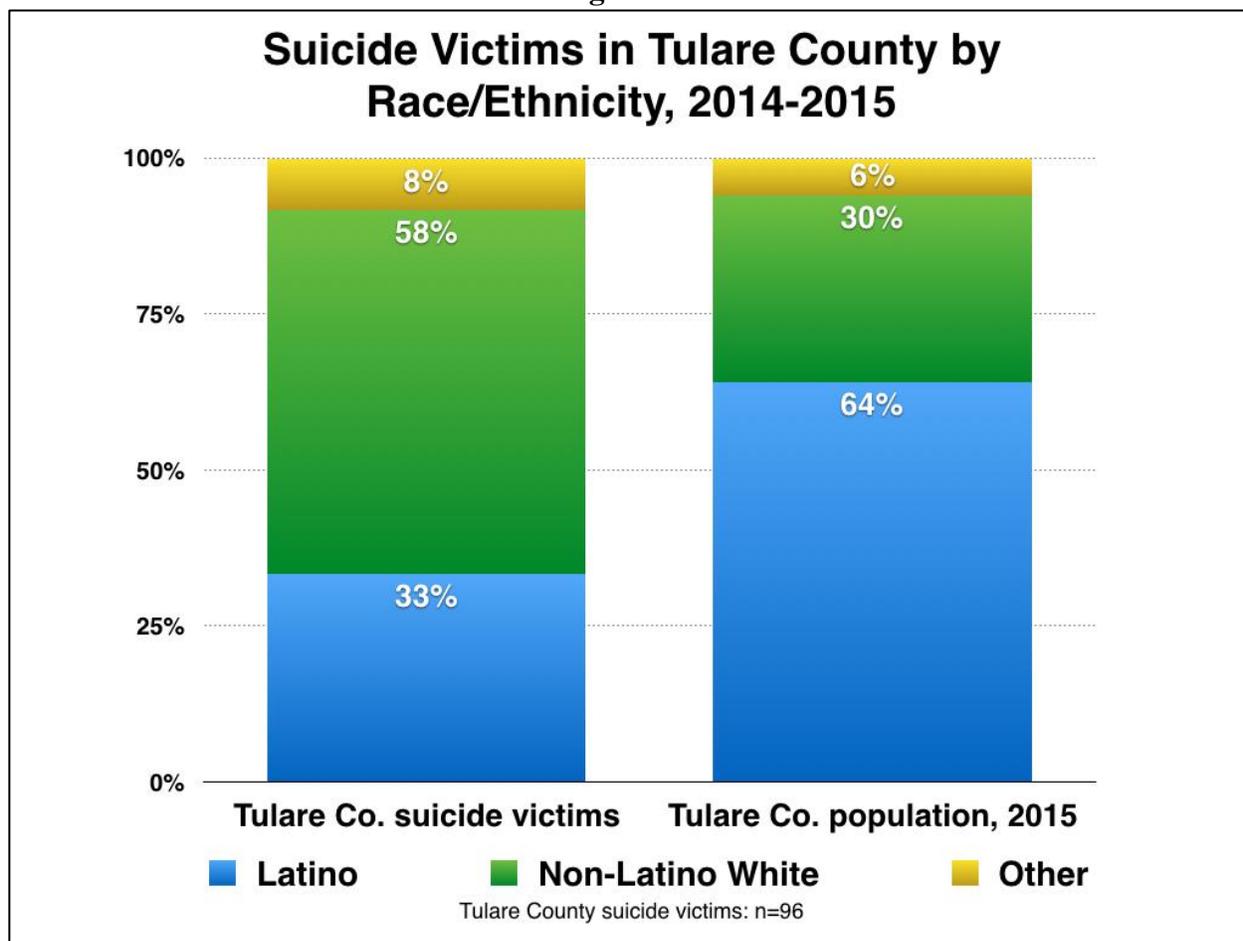


Figure 16



Suicides by Marital Status

Figure 17 displays the suicide victims by marital status, with Kings County in the left-hand column and Tulare County in the right-hand column.

In Kings County, just over one-third (34%) of suicide victims had never married. Those who were married (31%), divorced (25%), widowed (6%), or whose marital status is unknown (3%) completed the remaining suicides.

In Tulare County, nearly half (48%) of suicides were completed by people who had never married. Those who were married (28%), divorced (19%), or widowed (5%) completed the remaining suicides.

Figure 17

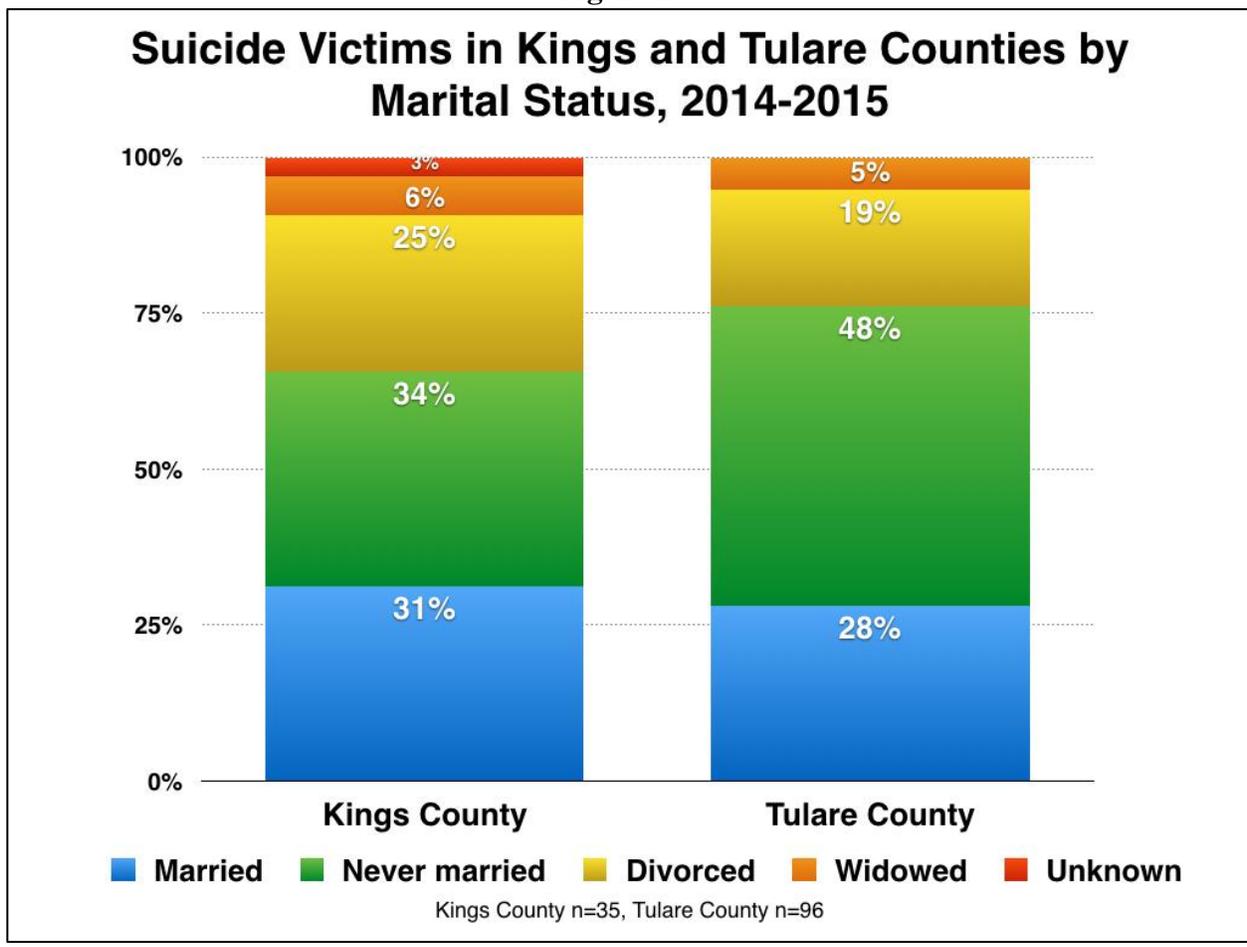
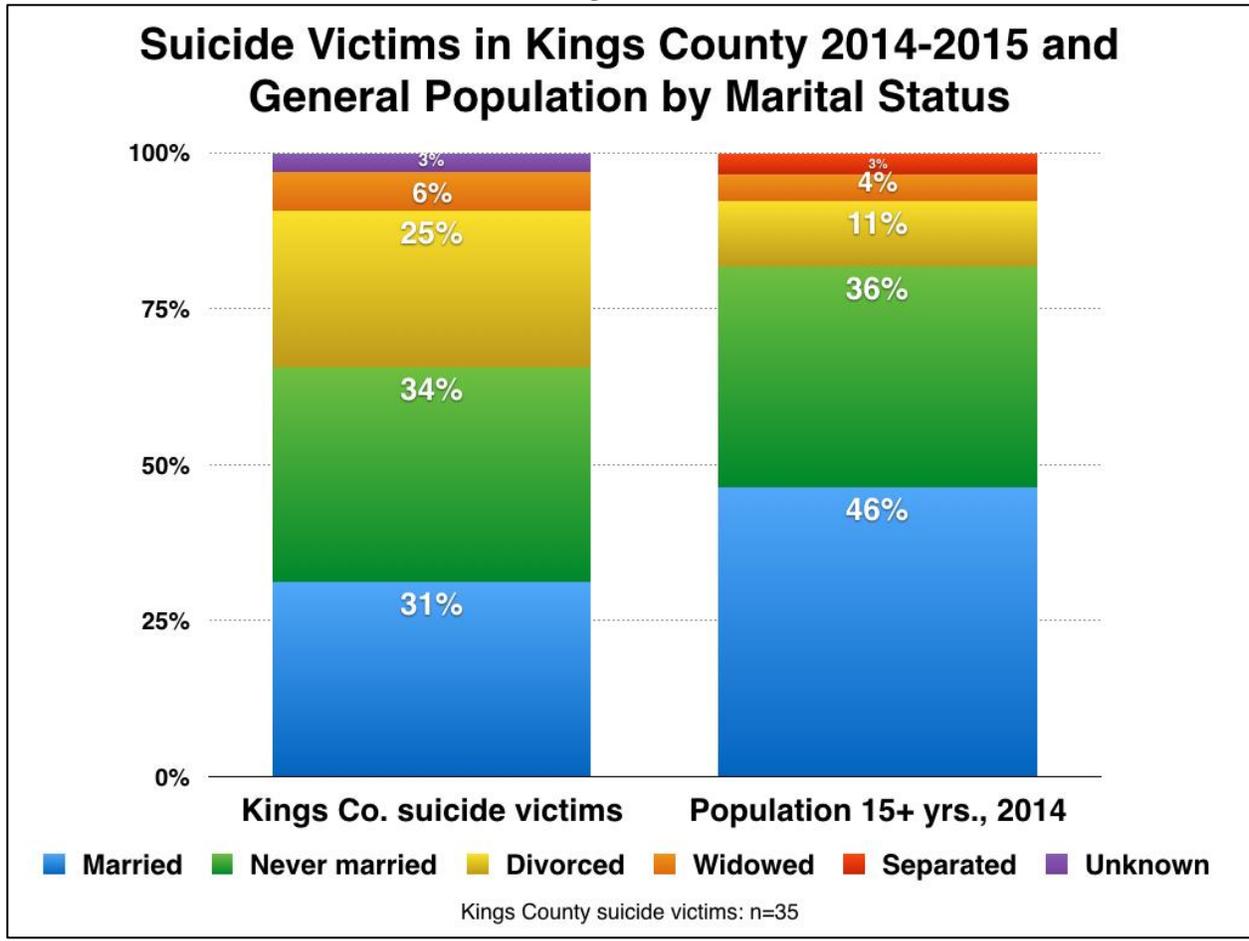


Figure 18 compares the suicide victims in Kings County with the general population of Kings County, by marital status. There are fewer married victims of suicide compared to the percentage of the population that married individuals comprise. While married people make up 46% of the population of Kings County, they comprise only 31% of the suicide victims. We posit that this is a reflection of the emotional and other support that marriage can offer.

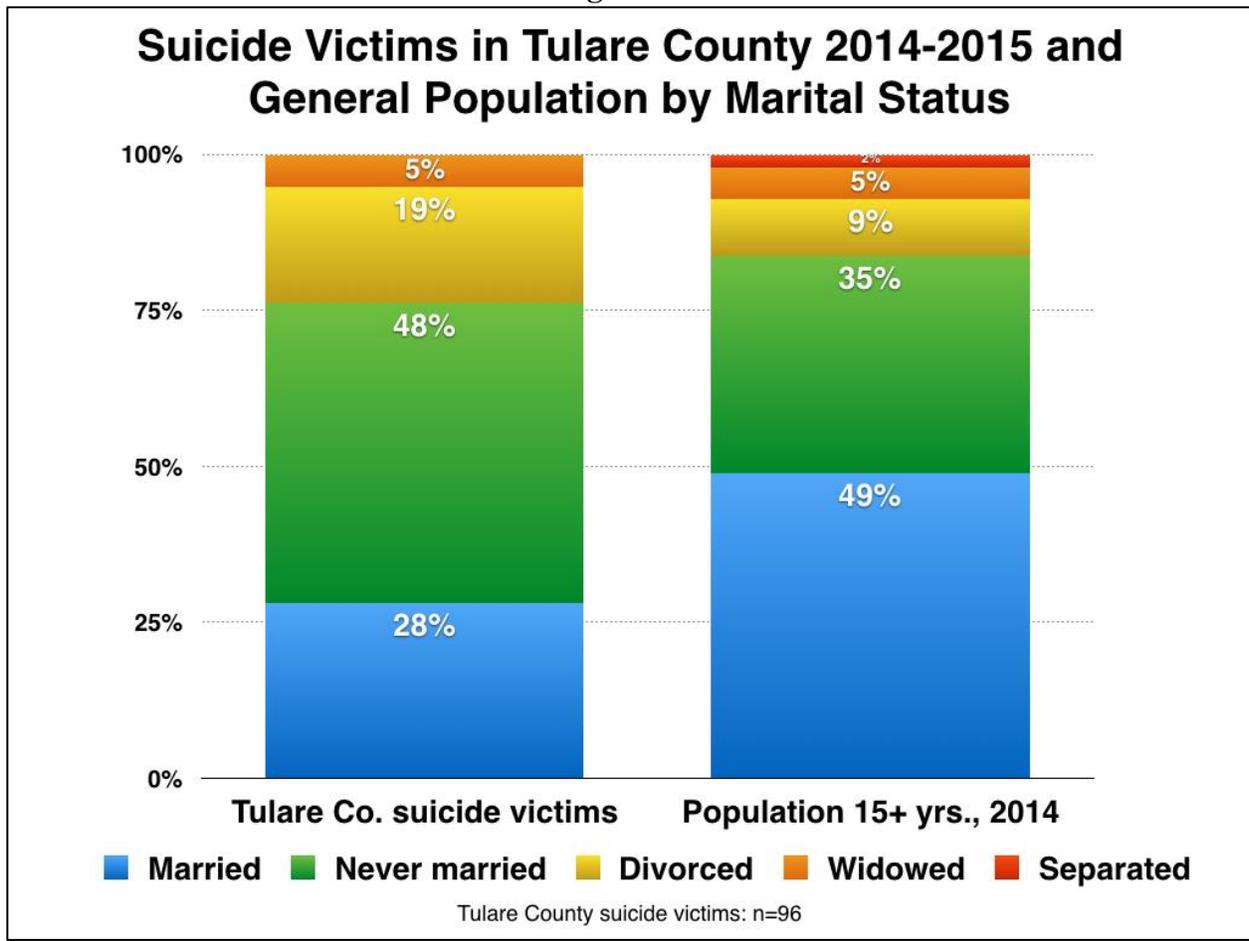
Conversely, there is a higher percentage of divorced suicide victims (25%) than the percentage of divorced individuals in the county (11%). There is a similar, though less pronounced, pattern for widows and widowers.

Figure 18



In Tulare County, too, we find a similar pattern to that in Kings County. There is a lower percentage of suicide victims who are married (28%) compared to the percentage of married people in Kings County (49%). On the other hand, the percentage of divorced people in the county (9%) is less than half of the percentage of suicide victims who were divorced (19%) in Kings County. (However, in Kings County the percentage of widowed individuals is exactly the same as the percentage of suicide victims in 2014-2015: 5%.) These results imply that marriage has been a protective factor against suicide.

Figure 19



Suicides by Veteran Status

The graph below shows that 11% of the suicide victims in Kings County were veterans, while 17% of Tulare County suicide victims were veterans.

Figure 20

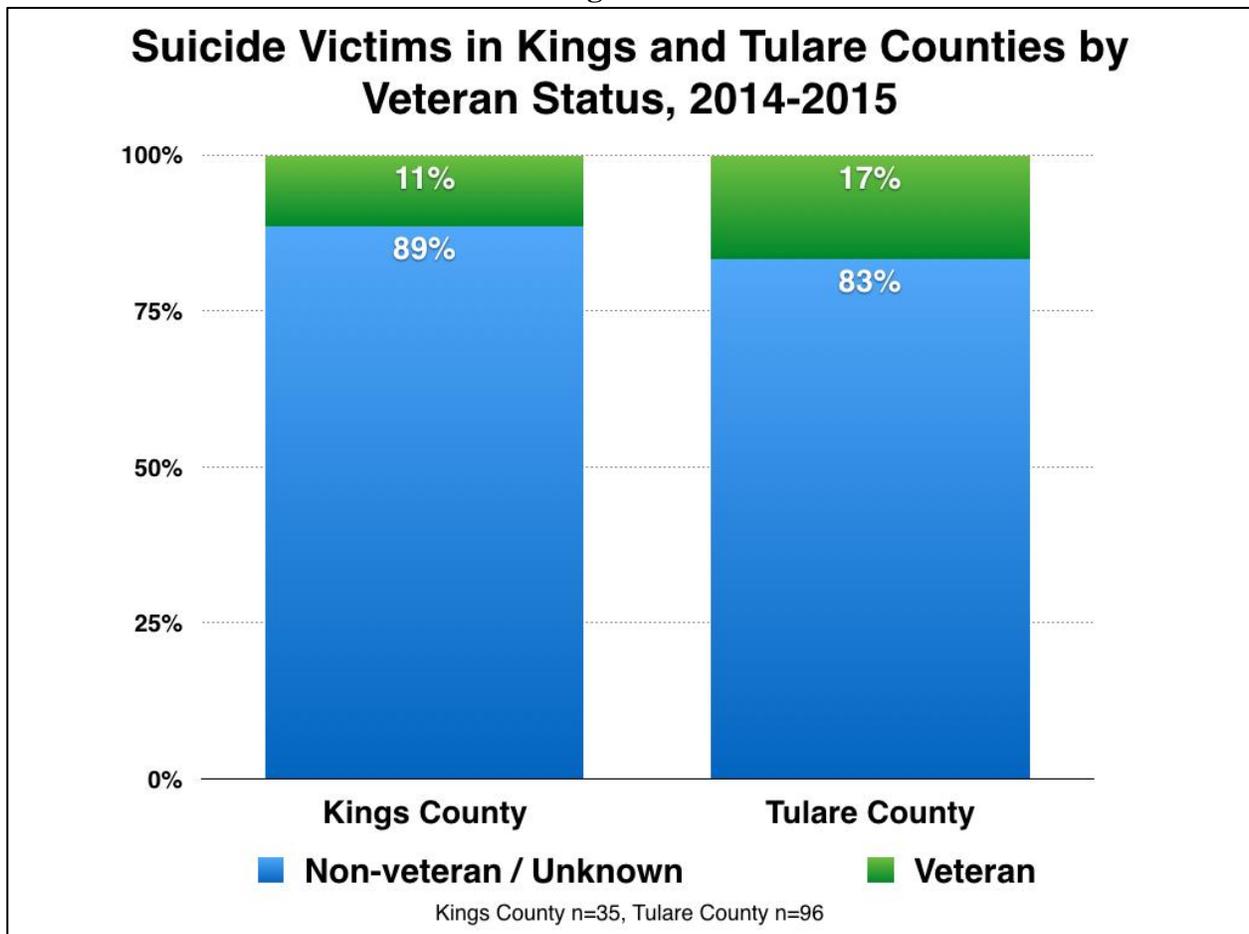
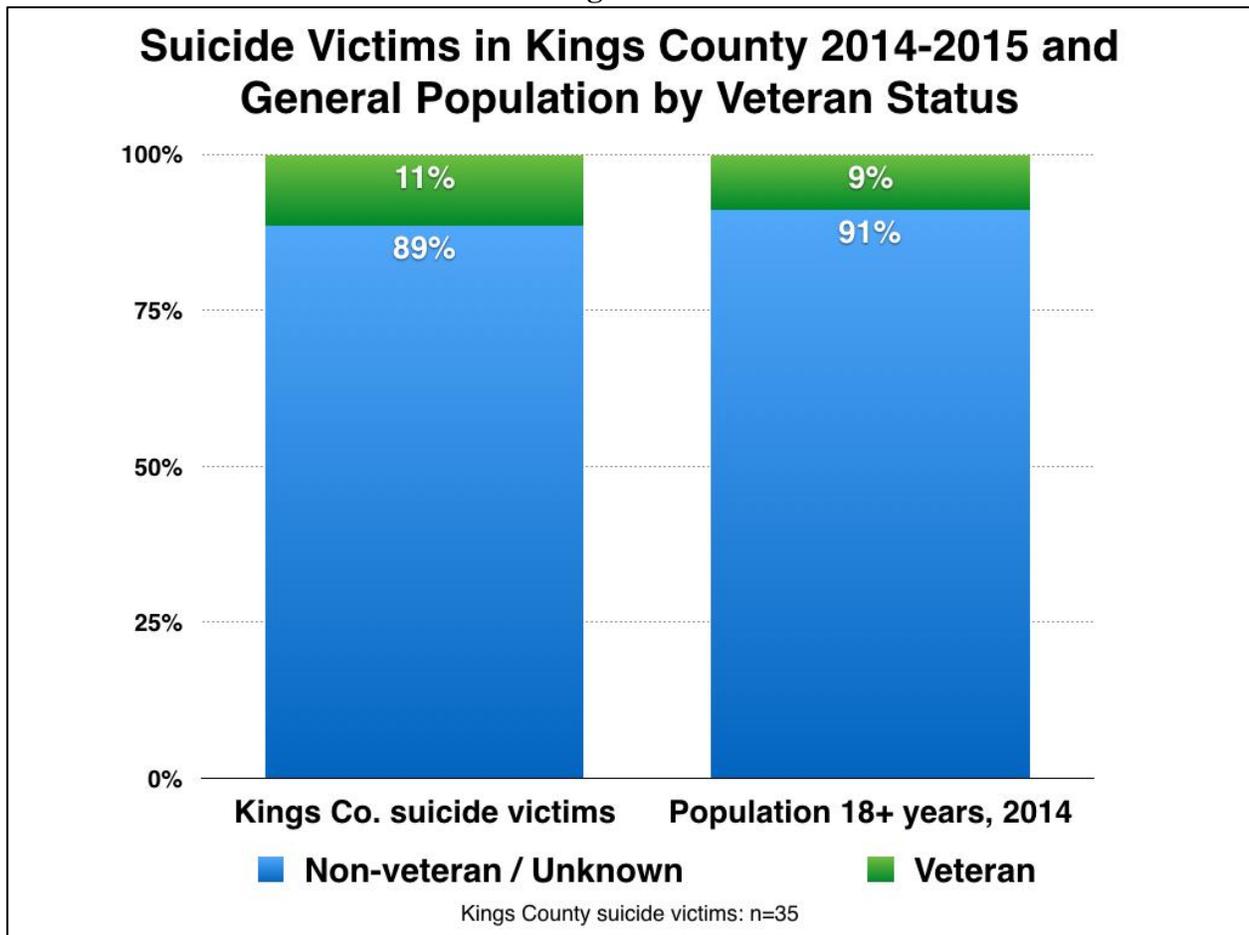


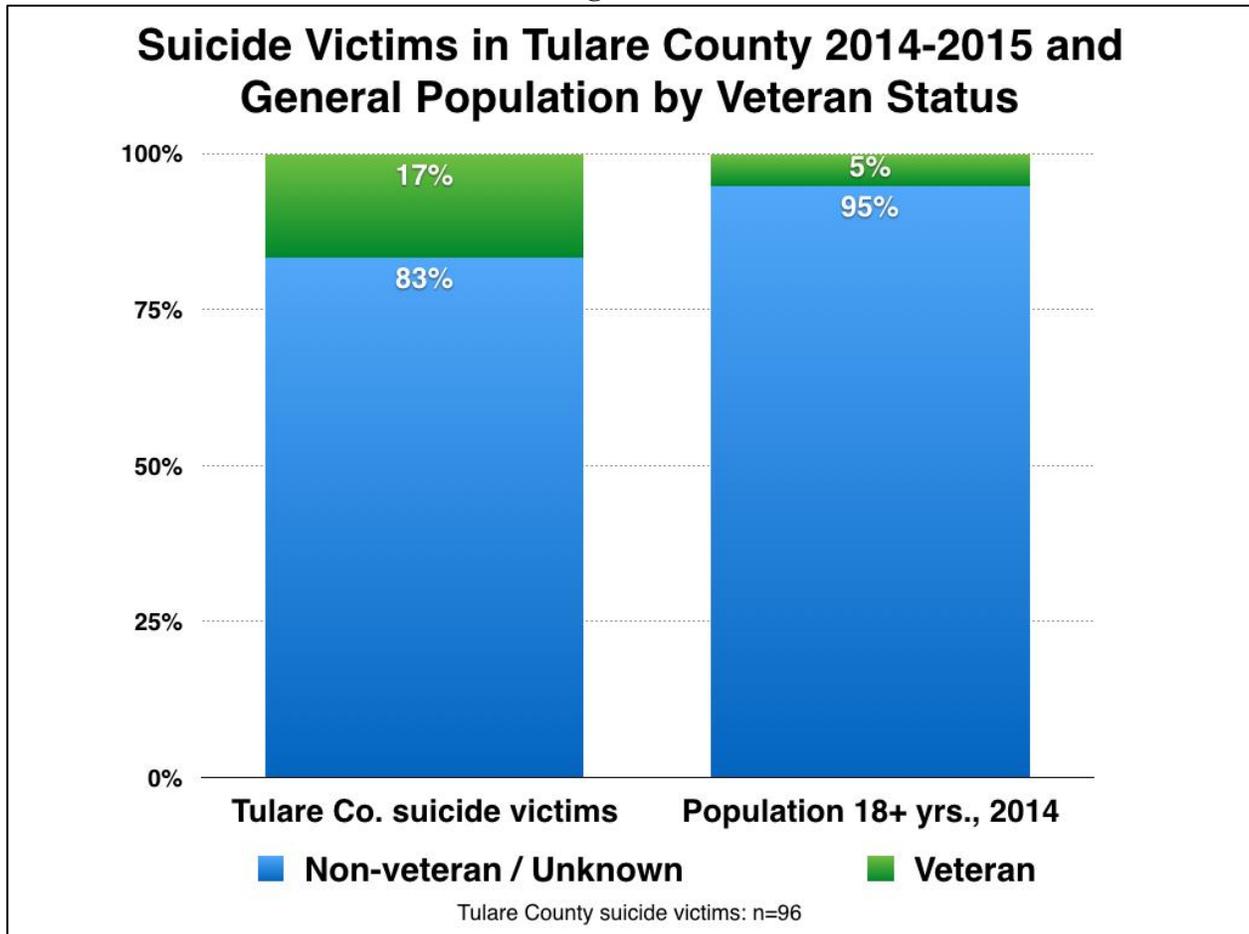
Figure 21 shows that 11% of the suicide victims in Kings County were veterans, while 9% of the population of Kings County residents aged 18 and older were veterans.

Figure 21



The figure below shows that 17% of the suicide victims in Tulare County were veterans, while just 5% of the population of Tulare County residents aged 18 and older were veterans.

Figure 22



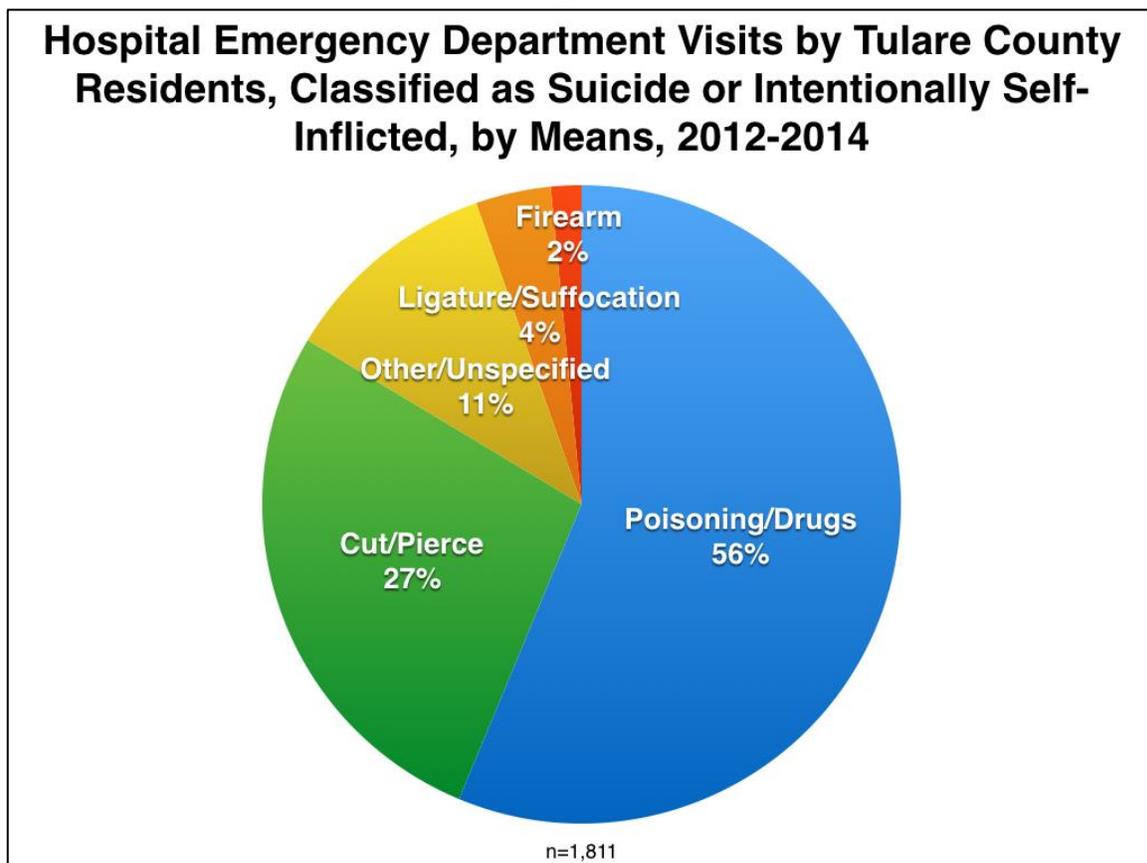
Hospital Emergency Department Visits Classified as Suicide or Intentionally Self-Inflicted

This section includes information on suicide attempts and intentionally self-inflicted injuries in Tulare County. The data, from 2012 through 2014, include hospital emergency department visits in Tulare County that were classified (coded for billing purposes) as suicide or intentionally self-inflicted. It is probable that the actual numbers of intentionally self-inflicted injuries are higher – that some injuries coded as non-intentional were, in fact, intentional.

There were 1,811 visits classified as suicide or intentionally self-inflicted in 2012-2014.⁷ Data from 2015 are not yet available. We opted to include data for three years to increase the level of stability in the data. (We do not currently have data from Kings County.)

Figure 23 shows that the most prevalent means of Emergency Department visits that were classified as suicide or intentionally self-inflicted were poisoning or drugs (56%) and cutting or piercing (27%). These contrast with the most prevalent means of death for suicide victims in Tulare County in 2014-2015: firearm (45%) and ligature (39%).

Figure 23



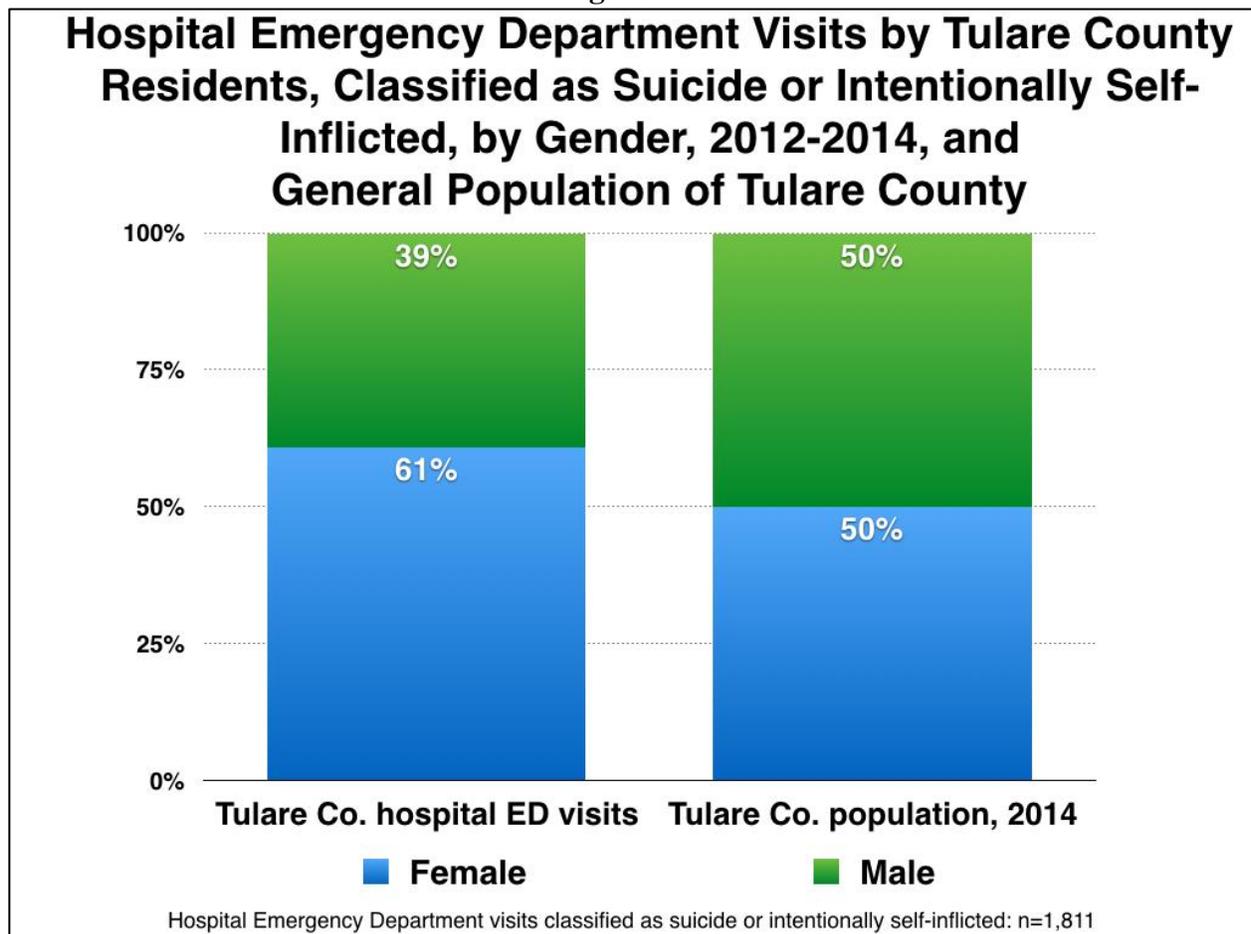
⁷ Patient Discharge Data and Emergency Department Data, California Office of Statewide Health Planning & Development.

By Sex

The following graph shows that over six in ten (61%) Emergency Department visits that were classified as suicide or intentionally self-inflicted were by females, while the population of Tulare County in 2014 was 50% female.

Females are more highly represented among visitors to the Emergency Department for intentionally self-inflicted wounds or suicide (61%), while males are more highly represented among those who died by suicide in 2014-2015 (75%).

Figure 24

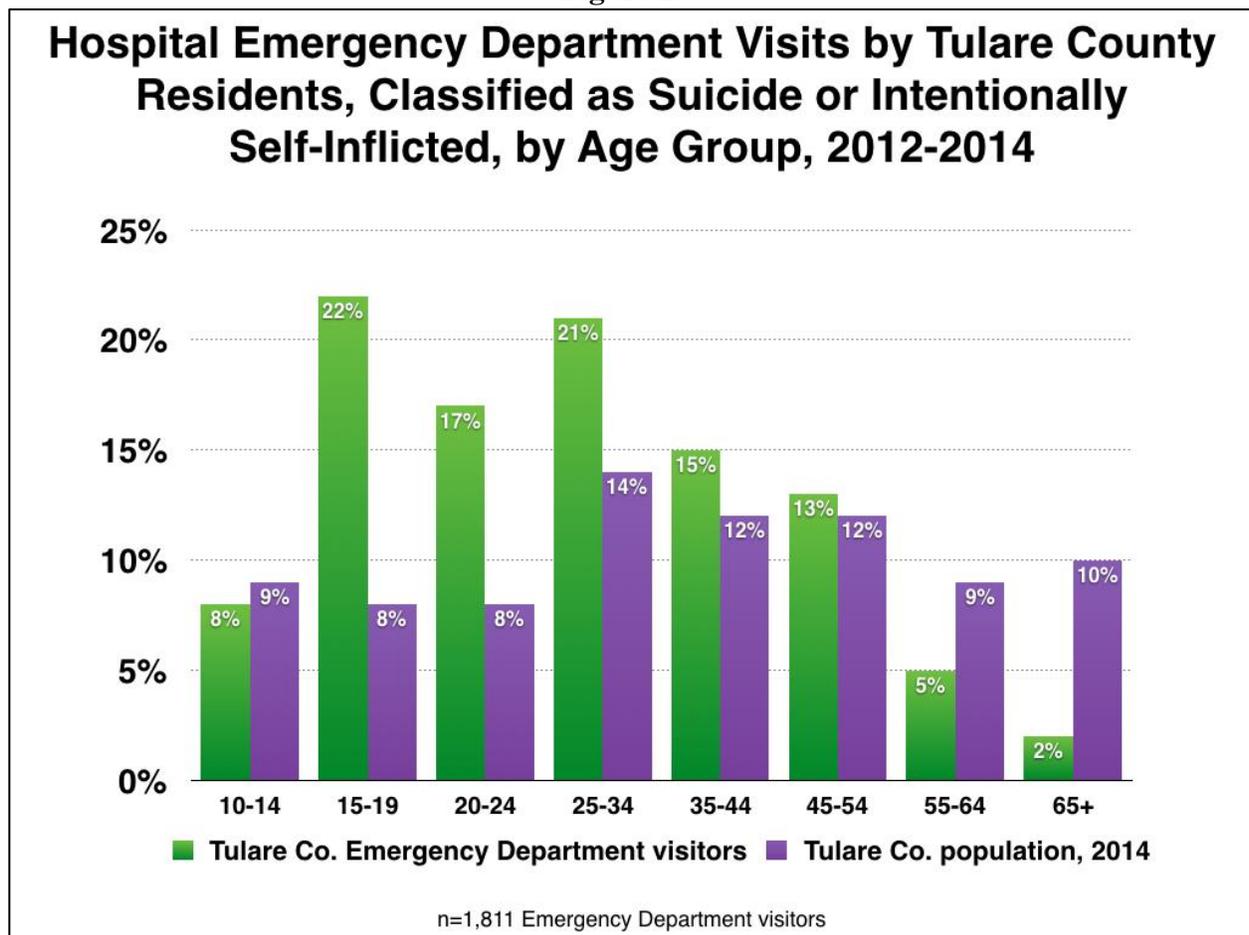


By Age Group

Figure 25 shows the percentage of Tulare County residents who visited the hospital Emergency Departments, by age range, in which the visits were classified as suicide or self-inflicted (green bars). The purple bars show the distribution of people in the general population of Tulare County, by age range.

The age ranges with the highest percentages visiting Emergency Departments for suicide or self-inflicted wounds are 15-19, 25-34, and 20-24. The percentage of visits by these age groups was far higher than the percentage of the population that these age groups comprise.

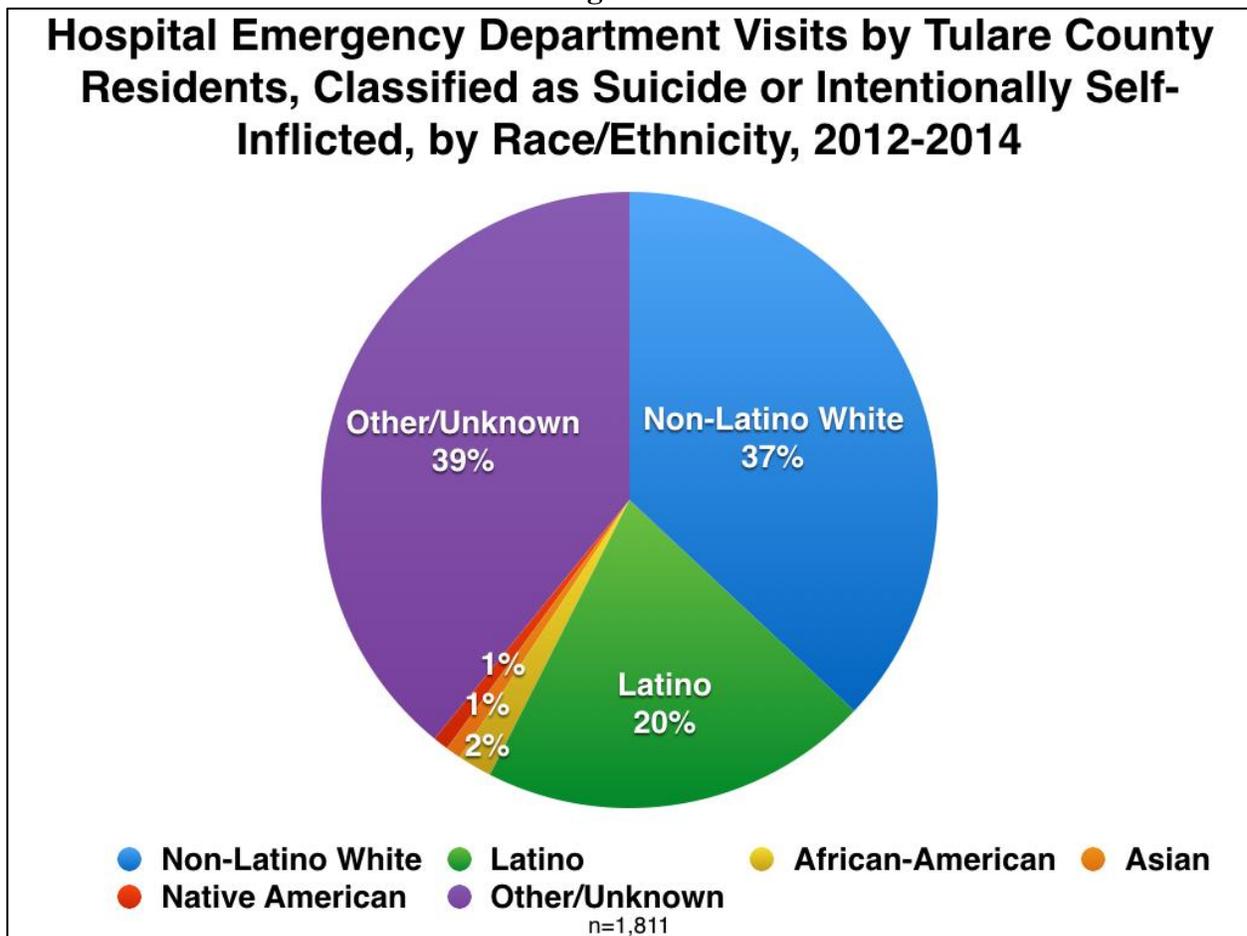
Figure 25



By Race/Ethnicity

Figure 26 shows that the most prevalent races/ethnicities of Emergency Department visits that were classified as suicide or intentionally self-inflicted were by non-Latino whites (37%) and Latinos (20%), although a high percentage were of an unknown or “other” race/ethnicity. Most of these were not coded as any race/ethnicity at the time of the visit.

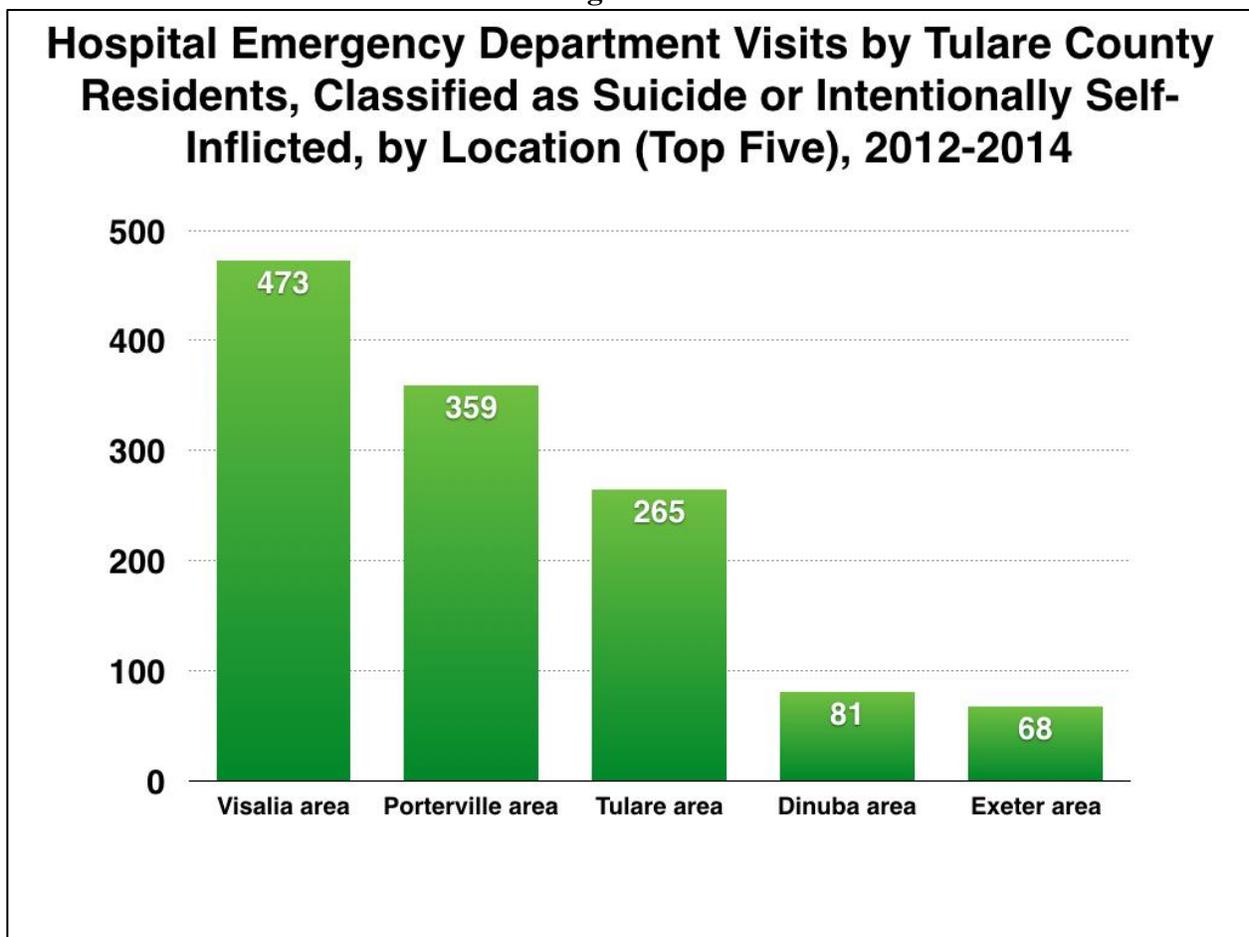
Figure 26



By Location

The graph below shows that the top areas of residence, by ZIP code, of individuals who visited the Emergency Department on visits that were classified as suicide or intentionally self-inflicted were in the Visalia, Porterville, or Tulare areas, followed distantly by the Dinuba and Exeter areas.

Figure 27



By Facility

Finally, Figure 28 shows that the medical facilities most visited by individuals whose conditions were categorized as suicidal or self-inflicted were Kaweah Delta Medical Center (58%) and Sierra View District Hospital (22%).

Figure 28

