Rhode Island Veteran Suicide Data Sheet, 2021

The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2021 state data sheets present the latest findings from VA’s ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States. This data sheet includes information about Rhode Island Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

After accounting for age differences, the Veteran suicide rate in Rhode Island:
- Was not significantly different from the national Veteran suicide rate
- Was not significantly different from the national general population suicide rate

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rhode Island Veteran Suicides</th>
<th>Northeastern Region Veteran Suicides</th>
<th>National Veteran Suicides</th>
<th>Rhode Island Veteran Suicide Rate per 100,000</th>
<th>Northeastern Region Veteran Suicide Rate per 100,000</th>
<th>National Veteran Suicide Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–34</td>
<td>&lt;10</td>
<td>71</td>
<td>894</td>
<td>--</td>
<td>35.5</td>
<td>49.6</td>
</tr>
<tr>
<td>35–54</td>
<td>&lt;10</td>
<td>168</td>
<td>1,704</td>
<td>--</td>
<td>30.2</td>
<td>35.5</td>
</tr>
<tr>
<td>55–74</td>
<td>&lt;10</td>
<td>227</td>
<td>2,286</td>
<td>--</td>
<td>21.5</td>
<td>29.9</td>
</tr>
<tr>
<td>75+</td>
<td>&lt;10</td>
<td>155</td>
<td>1,467</td>
<td>--</td>
<td>20.6</td>
<td>32.1</td>
</tr>
<tr>
<td>All</td>
<td>11</td>
<td>625</td>
<td>6,392</td>
<td>19.0*</td>
<td>24.4</td>
<td>33.9</td>
</tr>
</tbody>
</table>

* Rates calculated from suicide counts lower than 20 are considered unreliable.

To protect confidentiality, suicide death counts are presented in ranges when the number of deaths in any one category was lower than 10.
Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 projected U.S. population as the standard. Linearly interpolated estimates of the Veteran Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2021 divided by the estimated population and multiplied by 100,000.

Population Projection Model 2020 (VetPop2020) were used in calculating rates to estimate the Veteran population for each state and age group. These estimates were calculated to reflect the Veteran population estimate as of July 1st. Based on guidance from the VA Office of Enterprise Integration, the interpolated July 1st Veteran population estimates were generated by calculating the population difference between current and prior year estimates on September 30th provided in VetPop and multiplying by an adjustment factor for the time difference between July 1st and September 30th. NCHS single-count population estimates were used to estimate the general U.S. population.

Veteran age-specific counts may not sum to the total counts because there are a small number of deaths for which age information is unavailable. These deaths are included in overall counts and rates but are not distributed among age groups; therefore, they 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 statistically 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 be interpreted with caution.

To protect privacy and to prevent revealing information that may identify specific decedents, counts and rates are suppressed when based on 0–9 individuals. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (*).

Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2021 divided by the estimated population and multiplied by 100,000. Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 projected U.S. population as the standard. Linearly interpolated estimates of the Veteran Population Projection Model 2020 (VetPop2020) were used in calculating rates to estimate the Veteran population for each state and age group. These estimates were calculated to reflect the Veteran population estimate as of July 1st. Based on guidance from the VA Office of Enterprise Integration, the interpolated July 1st Veteran population estimates were generated by calculating the population difference between current and prior year estimates on September 30th provided in VetPop and multiplying by an adjustment factor for the time difference between July 1st and September 30th. NCHS single-count population estimates were used to estimate the general U.S. population.

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Suicide deaths are identified based on the underlying cause of death indicated on the state death certificate. For Veteran decedents, this information comes from the NCHS National Death Index (NDI) and was obtained from the joint VA/DoD Mortality Data Repository (MDR). Suicide death counts for the general U.S. population were obtained from CDC WONDER (Wide-ranging Online Data for Epidemiologic Research). Underlying cause of death 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. The ICD-10 (International Classification of Diseases, 10th revision) codes used to define suicide deaths are X60–X84, U03, and Y87.0.

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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 cutting/piercing, drowning, falling, fire/flame, other land transport, being struck by/against, and other specified or unspecified injury.

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* Other Suicide refers to all methods of suicide death apart from firearms, suffocation, and poisoning. “Low-Count Methods” refers to methods involved in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm 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.

National, regional, and state general population 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.


Veteran Population Projection Model 2020 (VetPop2020), Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.


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