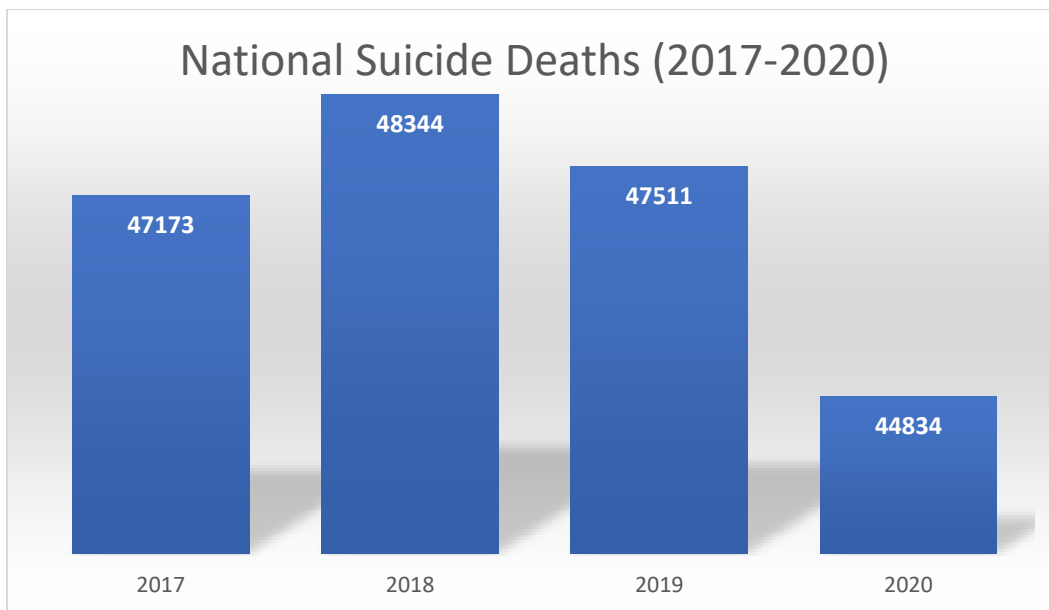




Franklin County Coroner's Office
Dr. Anahi Ortiz
2090 Frank Road
Columbus, Ohio 43223
Phone (614) 525-5290 Fax (614) 525-6002
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Franklin County Suicide Deaths 2020 Data Brief

COVID-19 has had a huge impact in mortality in the U.S. In 2020, COVID-19 became the third leading cause of death in the U.S. (Ahmad FB, 2021). Suicide, which was the 10th leading cause of death in 2019, was 11th in 2020. Nationally, the U.S. saw a 5.6% decrease in suicides from 2019 (Ahmad FB, 2021). From 2017 to 2020, the nation saw a 5% decrease, with 2018 reporting the highest number of suicide fatalities nationally (Ahmad FB, 2021).





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Dr. Anahi Ortiz

2090 Frank Road

Columbus, Ohio 43223

Phone (614) 525-5290 Fax (614) 525-6002

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Snapshot of Suicide Deaths in Franklin County 2020

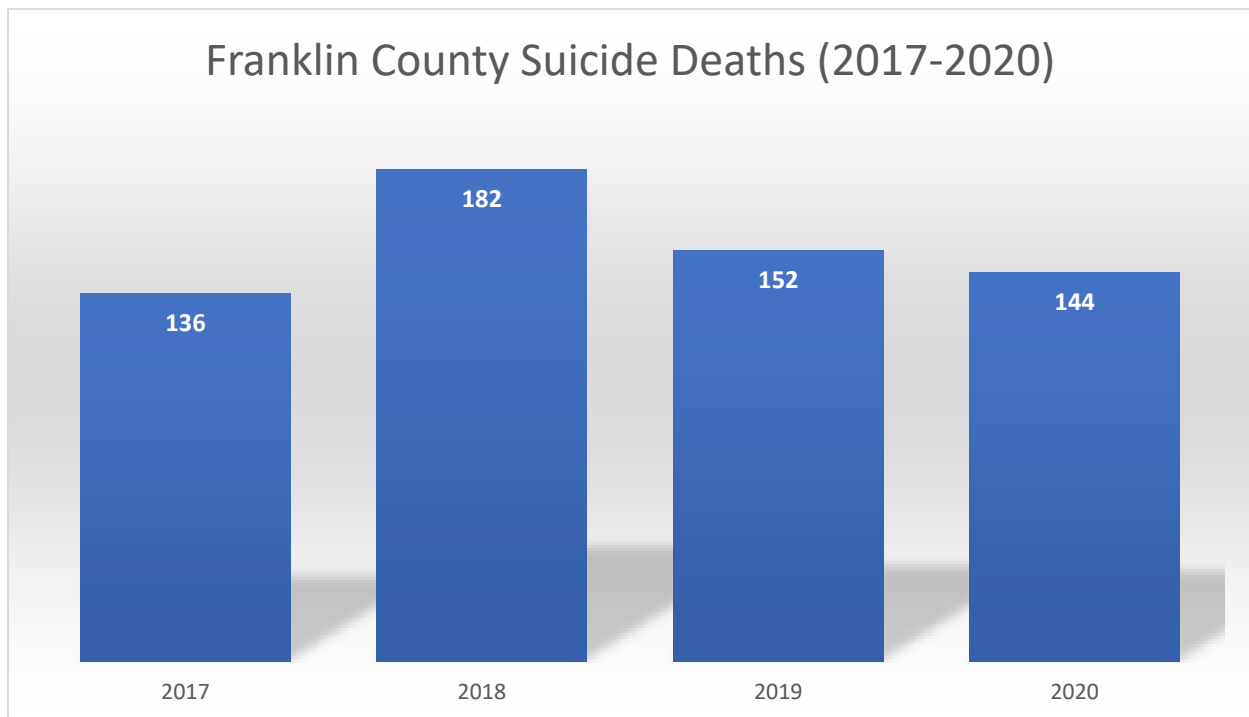
- Franklin County, Ohio saw a 5.26% decrease in suicides from 2019 to 2020, consistent with national figures.
- 78% of suicide deaths occurred in males, while 22% occurred in females.
- Those in the 20-24 year age group had the highest rate of dying in both males and females.
- Overall, the highest rate occurred in the 20-24 year age group with the 45-54 and 65+ age groups having the next highest rates. Looking at the percentage of total suicide deaths, the highest occurred in the 65+ age group.
- Caucasians have a higher rate of suicides overall; however, Caucasians have also seen a steady decline in rate of suicides since 2017, a 45% decrease.
- African Americans have seen a steady increase in rate of suicide since 2017, a 54% increase.
- 42% of females who died by suicide did so by hanging, and 58% of males died by firearms.
- 77% of suicide deaths occurred indoors while approximately 23% occurred outdoors. The decedent's residence was the most common location.
- The highest number of suicides in 2020 occurred in January, which is usually the lowest month for suicides in past years. The next highest month in 2020 occurred in March, the start of the pandemic in Ohio.



Franklin County Coroner's Office
Dr. Anahi Ortiz
2090 Frank Road
Columbus, Ohio 43223
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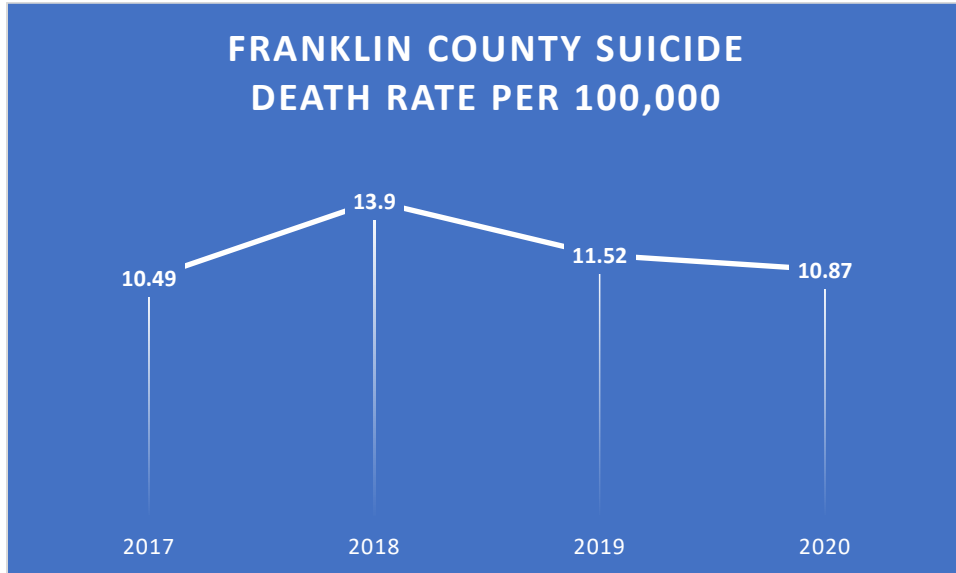
Yearly Totals

In 2020, Franklin County experienced a 5.26% decrease in suicide fatalities as compared with 2019. This finding is a continuation of decreasing suicide fatalities reported between the years of 2018 and 2019, with a 16.48% decrease noted between the two (2) years. Of note, 2018 had the highest reported suicide fatalities on record for the county. These trends are very similar to national trends presented above.





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2090 Frank Road
Columbus, Ohio 43223
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National crude suicide death rates (Bank, 2021):

- U.S. suicide rate for 2019 was **16.10**, a **2.55% increase** from 2018.
- U.S. suicide rate for 2018 was **15.70**, a **1.26% decline** from 2017.
- U.S. suicide rate for 2017 was **15.90**, a **5.3% increase** from 2016.
- U.S. suicide rate for 2016 was **15.10**, a **4.86% increase** from 2015.

As you can see from the graph above, Franklin County has had lower than national suicide death rates, at least from 2017 to 2019.

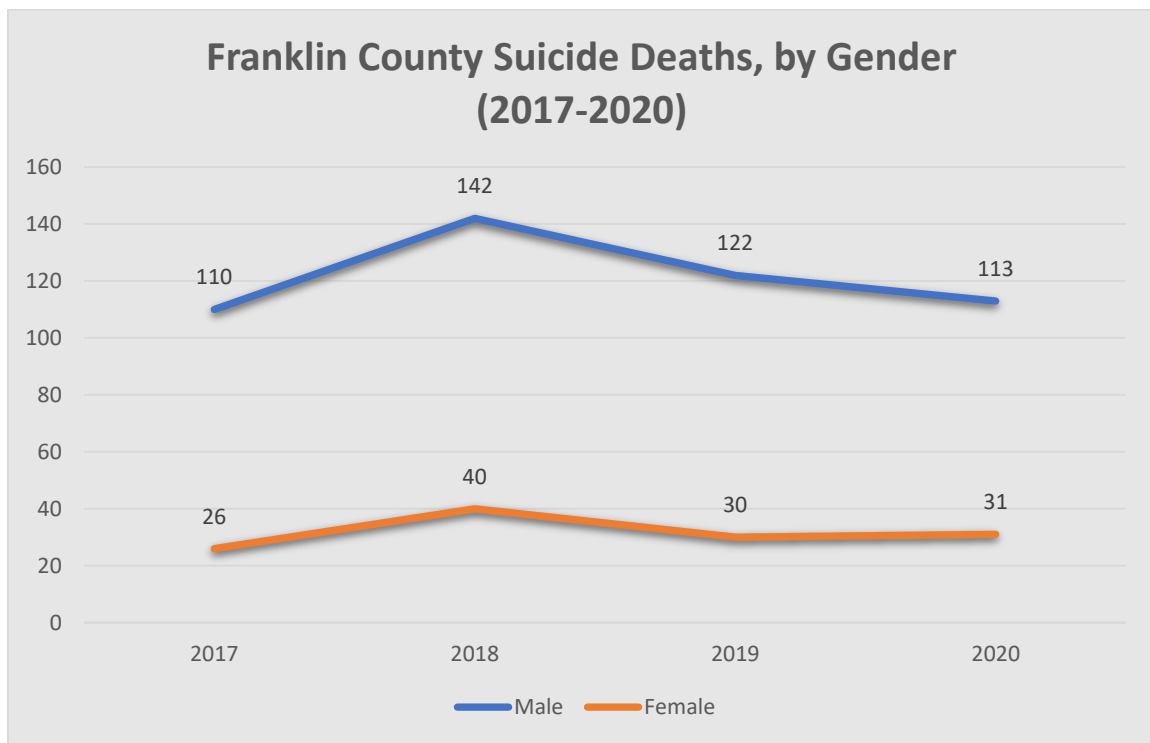
While the trend toward decreasing suicide fatalities is an encouraging one, the county-specific factors accounting for the decline in reported suicides, particularly during the COVID-19 pandemic, is not immediately clear.



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Dr. Anahi Ortiz
2090 Frank Road
Columbus, Ohio 43223
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Gender

Historically, the number of males dying by suicide has always been larger than that of females. Franklin County reflects that trend. In 2020 78% of suicide deaths occurred in males and 22% in females.





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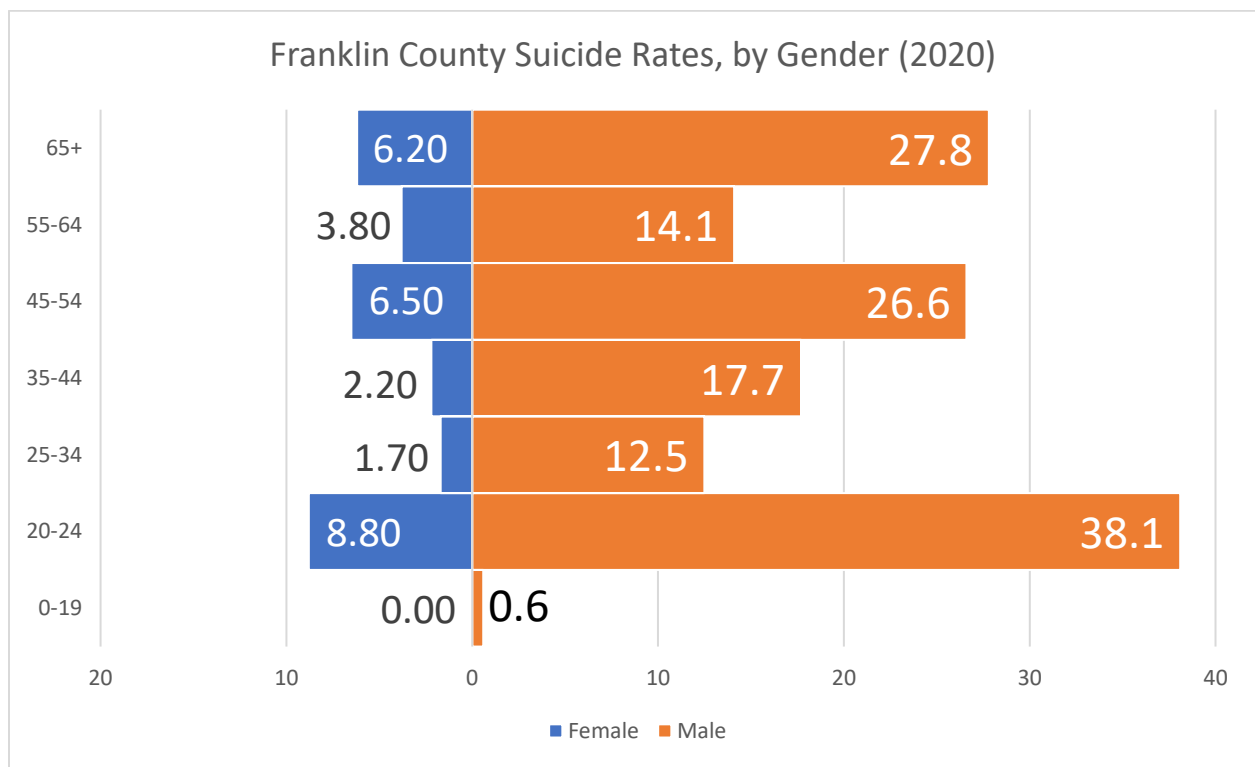
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Delving further, when looking at rates per 100,000 for gender by age groups, a trend can be seen. Both females and males in 2020 had higher rates of suicides in the 20 to 24 age group within their specific population. In the next section, a different picture emerges when looking at overall numbers within age groups.





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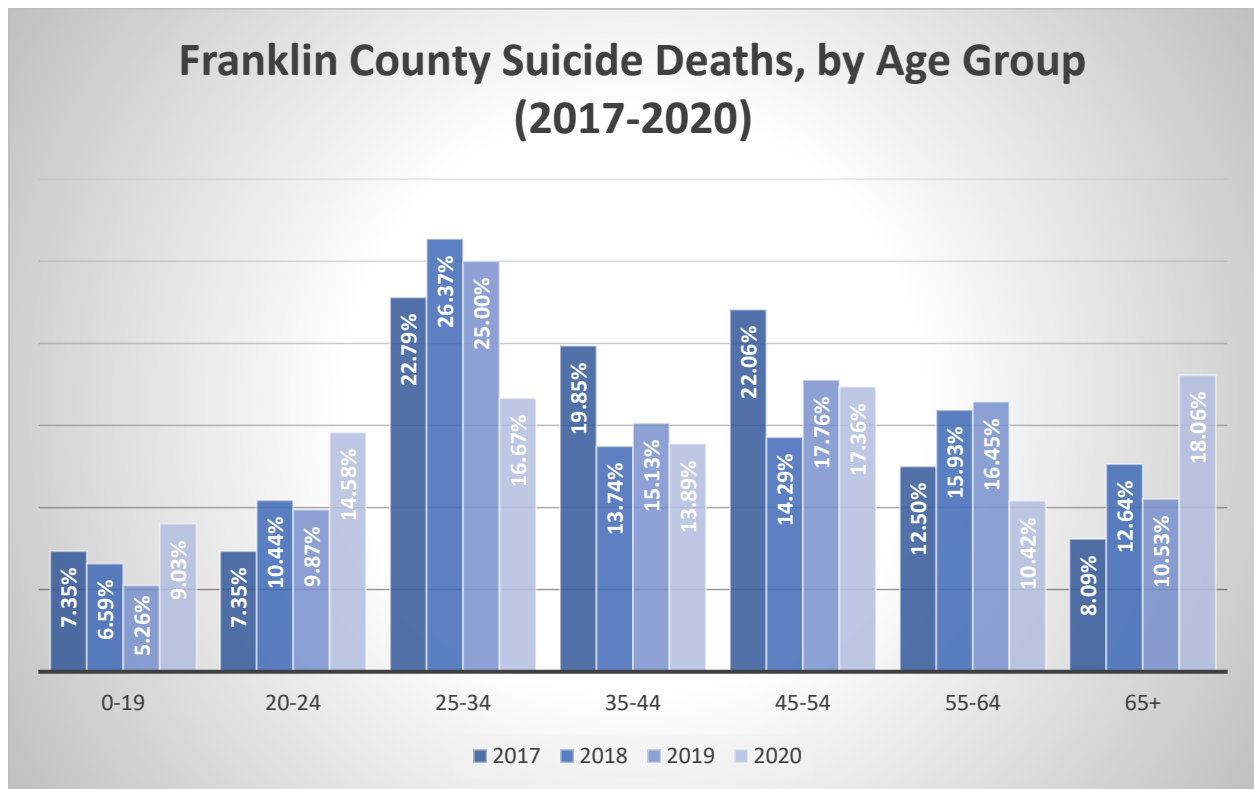
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Age Range

Suicide fatalities in Franklin County Ohio occur across all ages. In 2020, the highest proportion of reported suicide fatalities fell into the 65+ age category, which accounted for approximately 18% of all suicide deaths, where injury occurred within the county. This proportion was followed closely by the 45-54 age category, which presented a little over 17% of the reported county suicides, then the 25-34 and 20-24 age groups, which each represented approximately 15% of the totals for the year (16.67% and 14.58%, respectively). Smaller proportions of suicide fatalities were reported within the 35-44 age range and the 55-64 age range (13.89% and 10.42%, respectively), with the lowest reported proportion for the year occurring within the 0-19 age category at 9.03%.





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2090 Frank Road

Columbus, Ohio 43223

Phone (614) 525-5290 Fax (614) 525-6002

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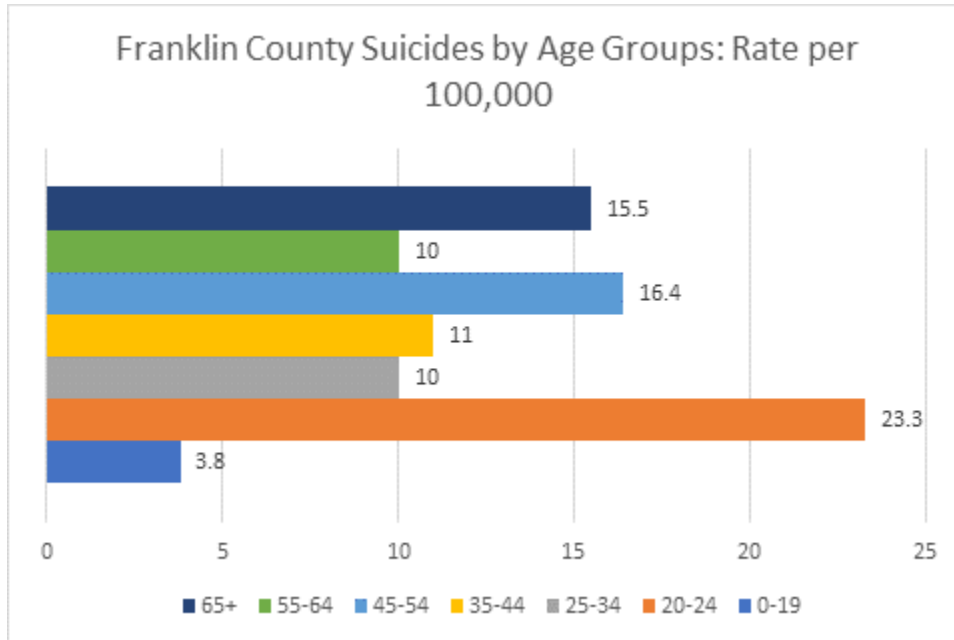
Examining the patterns reported in specific age categories across the years of the review period, we see that the highest reported fatality proportions have historically occurred within the 25-34 age range, representing approximately 25% of the proportion of suicide fatalities injured within the county (22.79%, 26.37%, and 25.00% in 2017, 2018, and 2019, respectively). In 2020, however, the 65+ age group had the highest percentage of suicide deaths. Two (2) other age groups saw significant increases in percentage of overall suicide deaths: 0-19 and 20-24. Both saw increases of at least 4% from 2019.

A different picture emerges when we look at death rate per 100,000 of population. Death rates are used to “normalize” data in order to compare different groups. In the chart below we are using rate to compare suicide deaths in different age groups. It becomes a more even comparison when you adjust for the population of each age group. For example, the population of those aged 0-19 years in Franklin County, Ohio is estimated to be 343,000, with 13 having died of suicide in 2020. The population of those 45-54 years of age is only 152,000 with 25 having died of suicide in 2020. Using rates, we can “normalize” the population of both to 100,000 and see how many have died proportionately.

As you can see below although percentage-wise the highest number was in the 65+ group, when looking at rate, the 20-24 year population saw the highest rate of residents dying by suicide.



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2090 Frank Road
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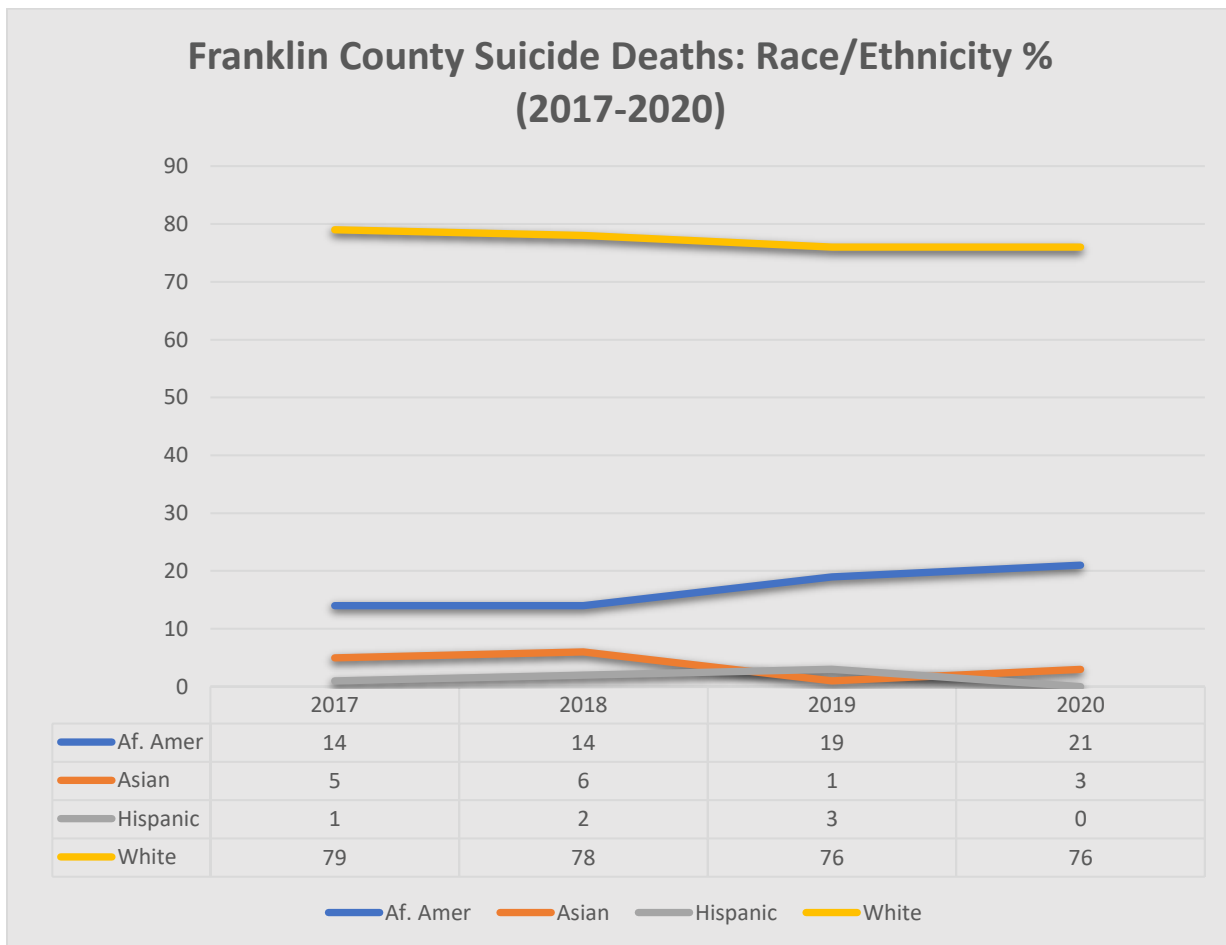
Both the Kaiser Family Foundation and CDC have looked at the increase in poor mental health seen in young adults. “Throughout the pandemic, anxiety, depression, sleep disruptions, and thoughts of suicide have increased for many young adults. They have also experienced a number of pandemic-related consequences – such as closures of universities, transitioning to remote work, and loss of income or employment – that may contribute to poor mental health” (Nirmita Panchal, 2021). Similarly, in a report released August of 2020, the CDC noted that the young adult group was seeing a higher than average number of mental health related ER visits (Czeisler MÉ, 2020).



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Dr. Anahi Ortiz
 2090 Frank Road
 Columbus, Ohio 43223
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Race/Ethnicity

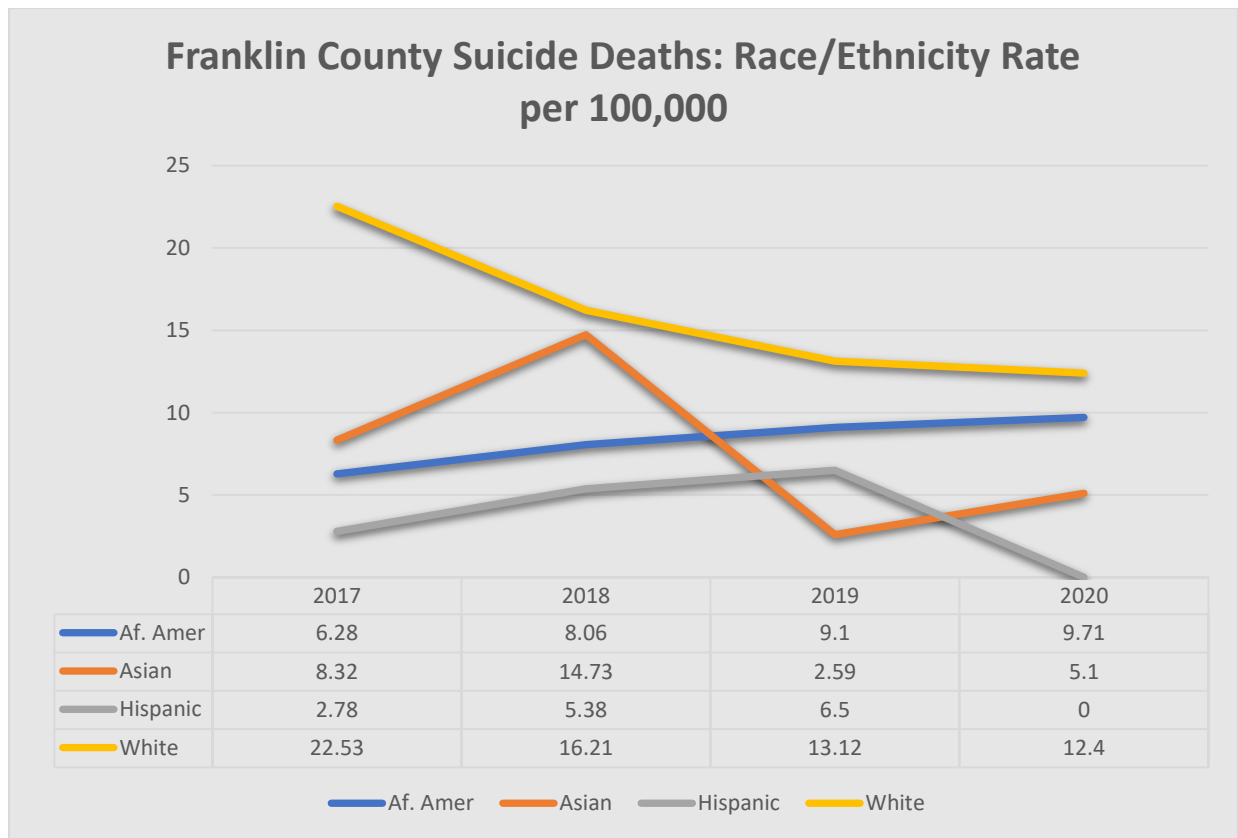
Looking at the percentages of the race/ethnicities reported in Franklin County suicides, the percentages appear static between the years. There appears to be little change from one year to the next.





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Dr. Anahi Ortiz
 2090 Frank Road
 Columbus, Ohio 43223
 Phone (614) 525-5290 Fax (614) 525-6002
coroner.franklincountyohio.gov

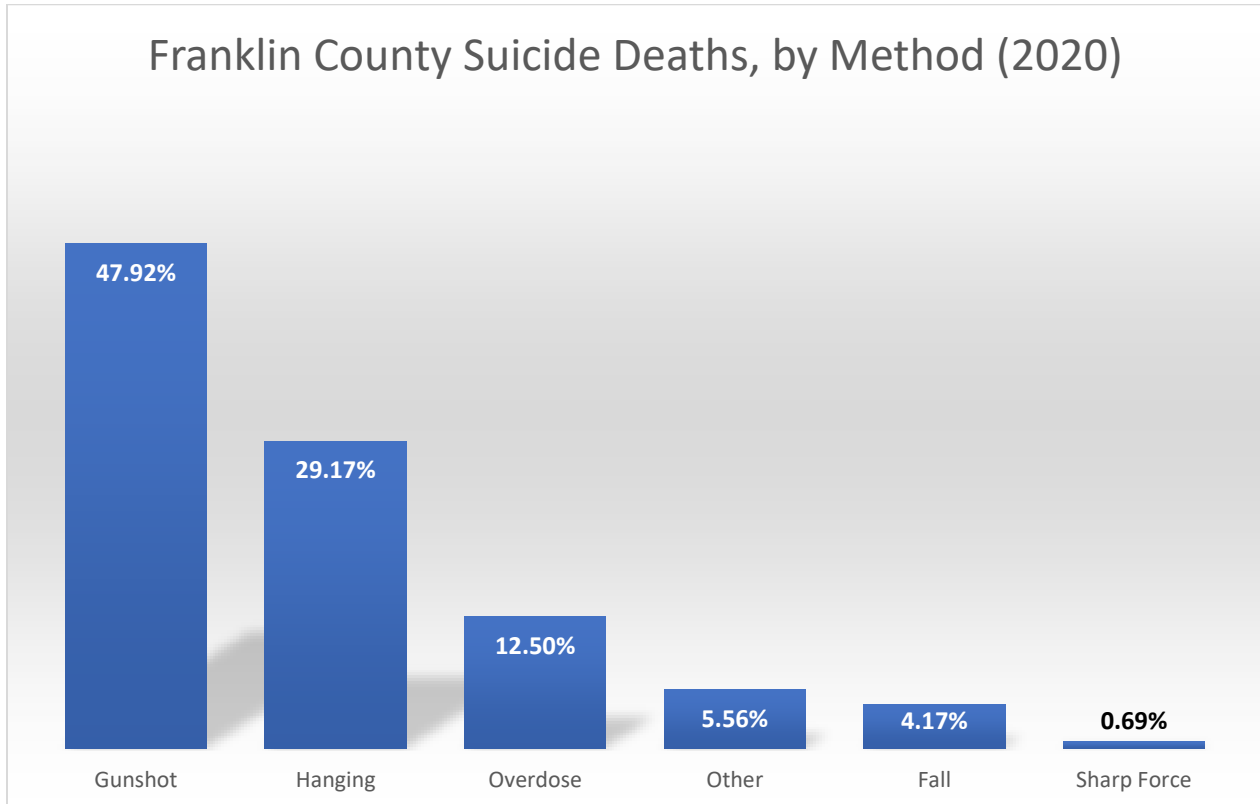
However, when looking at rate per 100,000 of each race/ethnicity, a significant trend appears. There is a steady decline in the rate of Caucasians dying by suicide and a steady increase in the rate of African Americans dying by suicide.





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Dr. Anahi Ortiz
2090 Frank Road
Columbus, Ohio 43223
Phone (614) 525-5290 Fax (614) 525-6002
coroner.franklincountyohio.gov

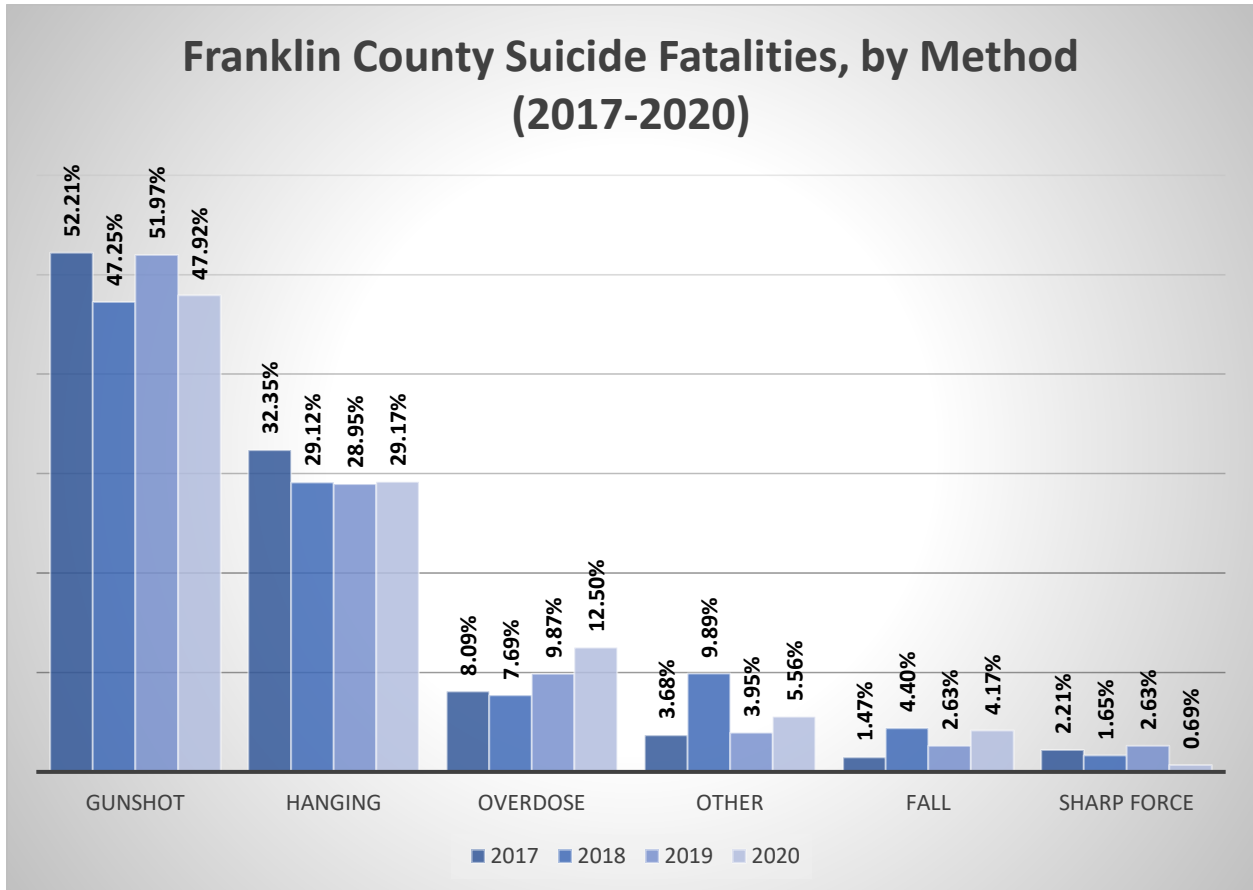
Method



In 2020, suicide fatality by means of a firearm was the largest proportion of injury mechanisms employed by Franklin County injury decedents. This method represented nearly 50% of the total suicide injury population for the county at 47.92%. Following injury via firearm, hanging was the next highest proportion of injury mechanisms at 29.17%. This was followed by death via overdose, which represented 12.50% of the suicidal fatalities for the county in 2020. Three (3) final categories represented the remaining approximate 10% of cases. These categories included fall (4.7%) and sharp force trauma (0.69%). “Other” was also noted in the final three methods, representing approximately 5% of the suicide cases for the year. Mechanisms which fall into the “Other” category traditionally include drownings, motor vehicle collisions, thermal injuries, and other asphyxiants (e.g., helium, nitrogen, etc.).



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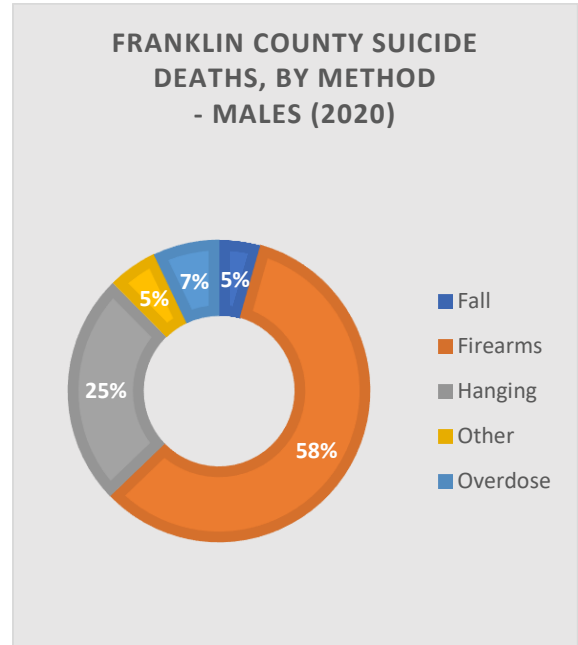
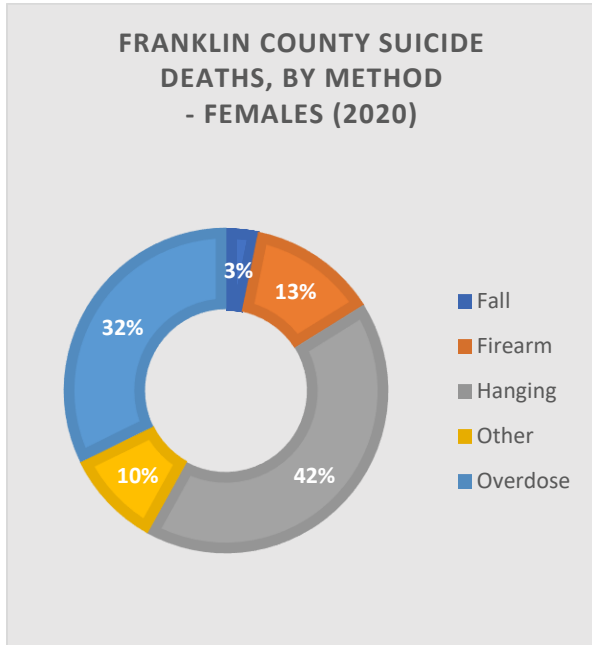


The distribution presented in the 2020 Franklin County injury suicides is remarkably consistent with previous years in the data series. Between 2017-2020, the primary mechanism of injury for Franklin County suicide fatalities was use of a firearm, designated here as “gunshot” wound. Each year, firearm suicides represented approximately 50% of the suicide decedents fatally injured within the county. Similarly, suicide via hanging represented approximately 30% of the sample in each of the years reviewed (28.95 - 32.23%, depending on the year), while apparent suicide via overdose represented around 10% of the suicidal methods each year (7.69% - 12.50%).



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Here we look at method by gender:



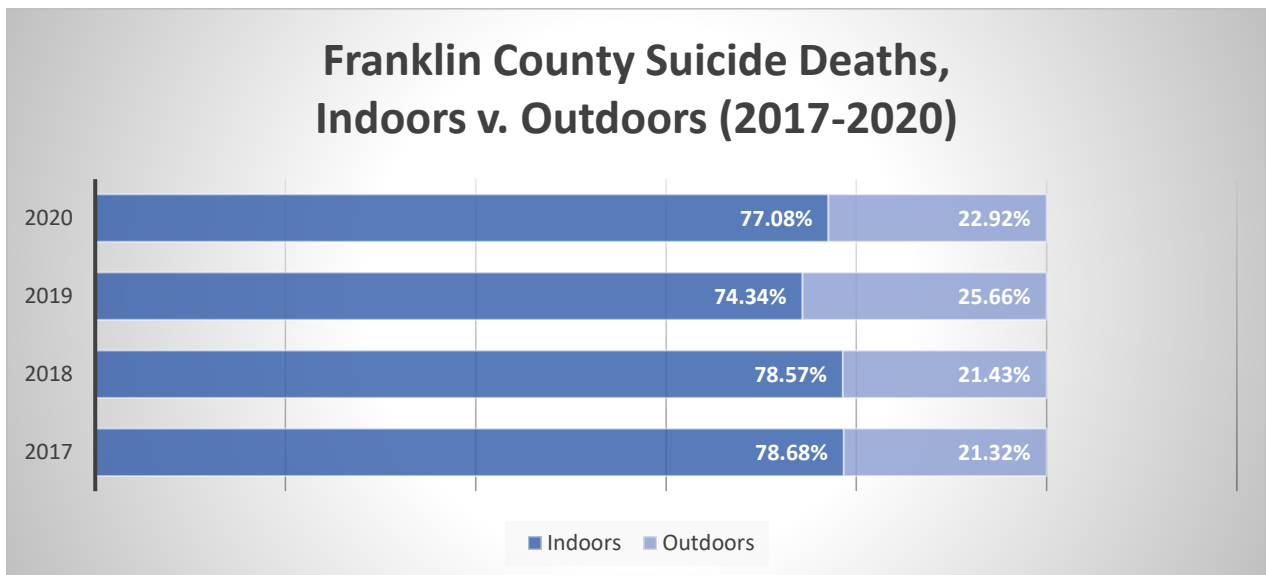
As you can see from the graphs above, there are marked differences in method by gender. In 2020, 42% of females died by hanging, while 58% of males died by firearms. The second highest percentage of method in females is overdose at 32%, while hanging occurred in 25% of males.



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Dr. Anahi Ortiz
2090 Frank Road
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coroner.franklincountyohio.gov

Location

Reviewing the Franklin County intentional self-harm fatality cases, it appears the vast majority of these cases report the apparent injury occurred indoors. In 2020 for example, 77.08% of cases had an apparent indoor injury, while only 22.92% had an apparent outdoor injury. This is remarkably consistent with previous data years, which support a similar distribution of cases across the indoor-outdoor designation. 2017 and 2018, for example, presented with a little over 78% of their cases indoors for the respective years, while the remaining approximately 22% occurred outdoors. The only variation from this distribution appeared to be 2019, where only 74.34% of cases were estimated to have been injured indoors, and 25.66% outdoors.



It should be noted that injury location was estimated by the found/discovery location of the decedent. It is possible that decedents may have been injured at a separate location (either indoors or outdoors) and moved into their found location after injury. However, without witness to many of the self-harm injury cases, the use of found location was considered an appropriate correlate.



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Dr. Anahi Ortiz

2090 Frank Road

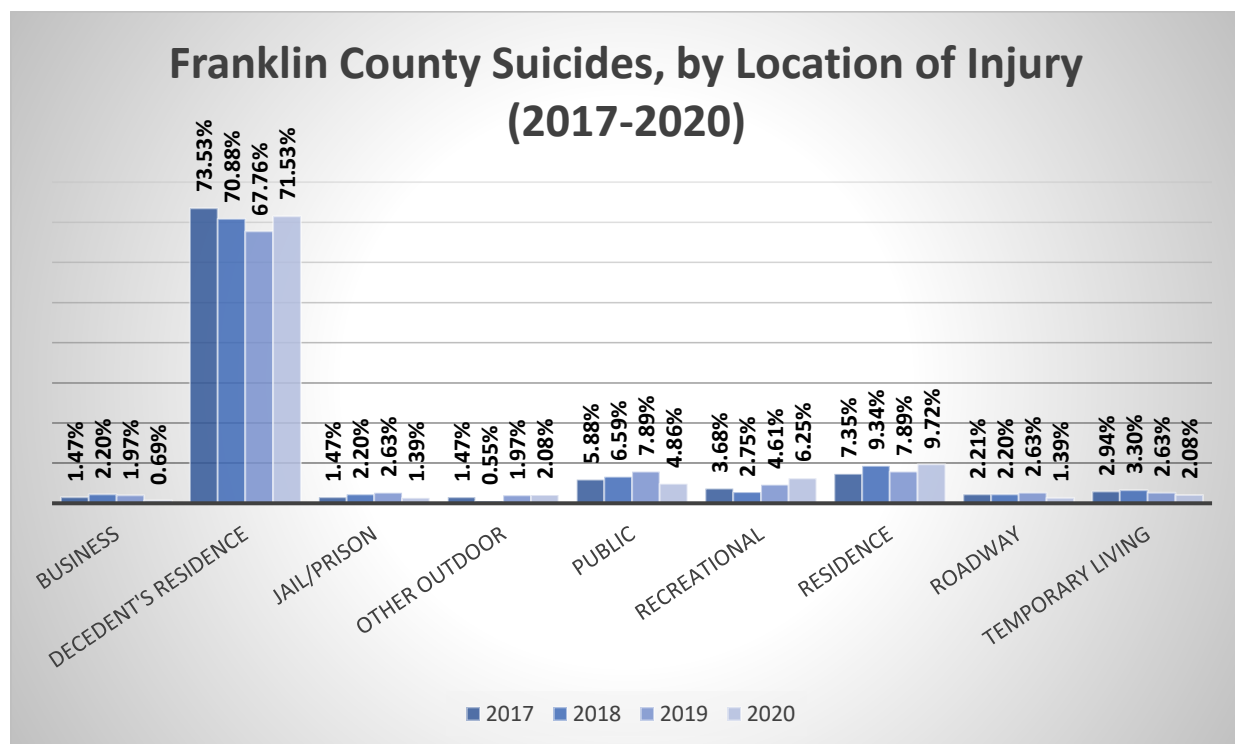
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Location of Injury - Specifics

Reviewing specific location of injury for Franklin County intentional self-harm fatality incidents, the vast majority of cases appear to have an injury location designation of "Decedent's Residence." In 2020, 71.53% of Franklin County suicide fatalities were injured within or around their own residence. The next highest location of injury was a residence other than the decedent's residence (9.77%). This includes residences of friends or families.



After residences, the most frequently reported location of injury was recreational areas (6.25%), which includes parks, waterways, wooded areas and golf courses. Following recreational areas, public areas presented with approximately 4.86% of the injury locations for the year. Public areas included parking lots/garages, neighborhoods, and locations where the public would have general access, but that were not met by another



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2090 Frank Road

Columbus, Ohio 43223

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category. The next highest location of injury for 2020 was a tie between other outdoor areas (2.08%) and temporary living facilities (2.08%). Other outdoor areas include industrial centers, construction zones, and railway tracks/facilities, while temporary living facilities include hotels, motels, extended stay facilities, and sober or drug rehabilitation housing options. The lowest prevalence for injury location in 2020 was roadways (1.39%), incarceration (1.39%), and businesses (0.69%).

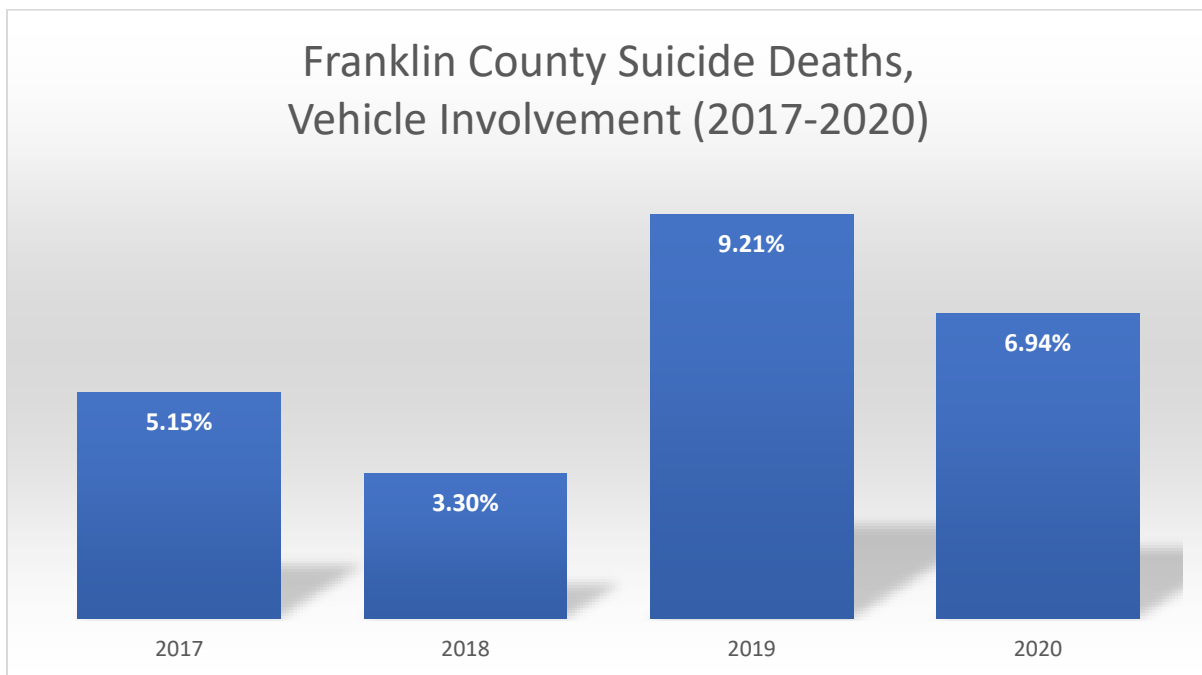
Consistent with the distinction of indoor v. outdoor locations of injury, the distribution of specific injury locations was also consistent across the four (4) years of the data review period. The vast majority of cases (between 68-73%) reported the decedent's residence was the apparent location of injury. The next highest location of injury was a residence other than the decedent's residence (around 7-9%). Prior to 2020, public areas had a larger representation in injury location (around 6-7%) as compared with recreational locations (around 2-4%). Roadway and temporary living locations presented a consistent reporting location of around 2% each year. Finally, businesses, incarceration facilities, and other outdoor locations, though present each year, represented only a small proportion of cases, largely under 2% for each data year.



Franklin County Coroner's Office
Dr. Anahi Ortiz
2090 Frank Road
Columbus, Ohio 43223
Phone (614) 525-5290 Fax (614) 525-6002
coroner.franklincountyohio.gov

Use of a Vehicle in the Injury Incident

Regardless of method of injury, the use of a vehicle as a found/injury location is present in a small but noticeable percentage of cases each year. In 2020, 6.94% of Franklin County intentional self-harm fatality cases reported the use of a motor vehicle as an injury location. This was the second highest use of a motor vehicle for that apparent purpose, the highest use being recorded the year prior in 2019, with 9.21% of suicide fatality cases documenting vehicle use.





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Dr. Anahi Ortiz

2090 Frank Road

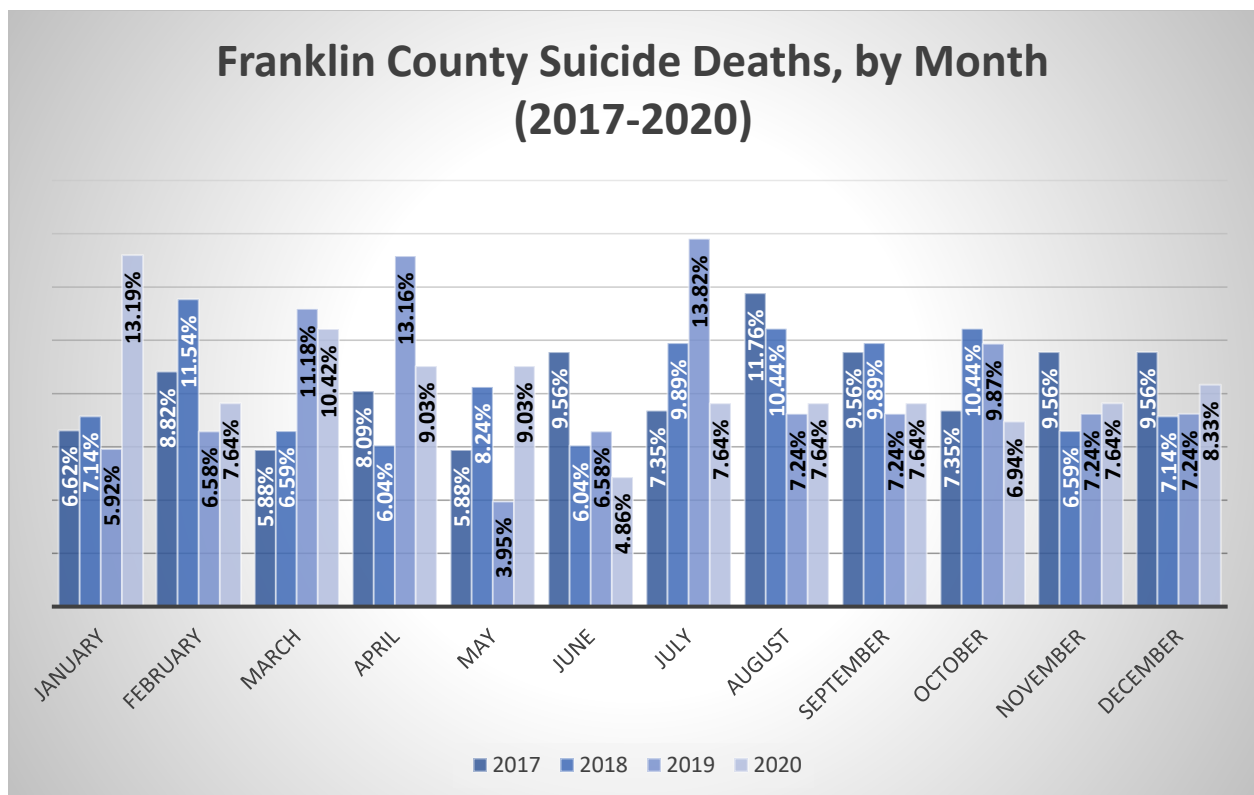
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Temporal Data - Month

Reviewing the Franklin County intentional self-harm fatality incidents from a temporal perspective, we see a somewhat different distribution of fatal injury incidents by month than what was observed in years prior. Historically, the lowest prevalence of fatal suicide cases for the county occur in the month of January, which presents between 6-7% of the cases for the year, slightly lower than expected by chance (8%). In 2020, however, 13% of cases occurred in this month, the highest for any month in 2020. March, April, and May of 2020 saw the next highest prevalence of suicide cases for 2020, which corresponded to the start of the COVID 19 pandemic in Ohio.





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Dr. Anahi Ortiz
2090 Frank Road
Columbus, Ohio 43223
Phone (614) 525-5290 Fax (614) 525-6002
coroner.franklincountyohio.gov

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Suicide Prevention Resources

A guide to responsible reporting on suicide:

<https://ethics.journalism.wisc.edu/2018/10/04/a-guide-to-responsible-reporting-on-suicide/>

24/7 Crisis Hotline: National Suicide Prevention Lifeline Network

- www.suicidepreventionlifeline.org
- 1-800-273-TALK (8255) (Veterans, press 1)

24/7 Crisis Text Line



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2090 Frank Road
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- Text TALK to 741-741 to speak with a trained crisis counselor

24/7 Veterans Crisis Line

- Call 1-800-273-8255
- Send a text to 838255

24/7 Vets4Warriors

- Call 1-855-838-8255
- Vets4Warriors is not a crisis support hotline. They help address challenges before they escalate into a crisis. If you are in immediate danger of harming yourself or someone else, please contact the Veterans Crisis Line above.

24/7 SAMHSA Treatment Referral Hotline (Substance Abuse)

- 1-800-662-HELP (4357)

24/7 RAINN National Sexual Assault Hotline

- 1-800-656-HOPE (4673)

24/7 National Teen Dating Abuse Helpline

- 1-866-331-9474

24/7 The Trevor Project (LGBTQ+)

- 1-866-488-7386

Ohio Suicide Prevention Foundation

<https://www.ohiospf.org/>

(614) 429-1528

Franklin County Suicide Prevention Coalition

<https://franklincountyspc.org/>



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Columbus, Ohio 43223

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