

2000-2005 Winnebago County Suicide Summary



Violence Prevention Collaborative Winnebago County Board of Health

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Abstract

Currently, little information is available on intentional self-harm (suicide) in Winnebago County. The goal of this report is to describe trends in suicides in Winnebago County, with particular focus on method of injury and youth status. Illinois Department of Health mortality records from 2000-2005 for Winnebago County were analyzed where primary cause of death was coded as intentional self-harm. From 2000-2005, there were 161 suicides of Winnebago County residents that occurred in Winnebago County, 3 of these were youths (<20 years old) and 158 were adults (≥20 years old). During the same time period, the suicide rate for Winnebago County was 9.4 per 100,000 population, which is less than the United States suicide rate (10.8), but greater than the Illinois suicide rate (8.5) for 2000-2005. From 2000 to 2005, the rate peaked in 2001 and again in 2005. Most suicides occurred in males (74.5% of all suicides), Whites (94.4%) and non-Hispanics (96.9%). The most common method of suicide was by non-handgun firearms (42.2% of suicides), followed by hanging, strangulation and suffocation (32.3%). Although this report does not give the entire picture of violence in Winnebago County, this report is a good foundation to further understand intentional self-harm locally.

Introduction

Intentional self-harm (suicide) as health outcomes are of great concern to Winnebago County communities and families, as well as mental, physical and public health institutions. Currently, little information is available on intentional self-harm in Winnebago County. To gain a better understanding of intentional self-harm, particularly in by method of injury and in the youth population, the Winnebago County Board of Health, The Winnebago County Health Department (WCHD) and the Violence Prevention Collaborative developed this report with the goal of summarizing suicide trends from 2000-2005 in Winnebago County.

Method

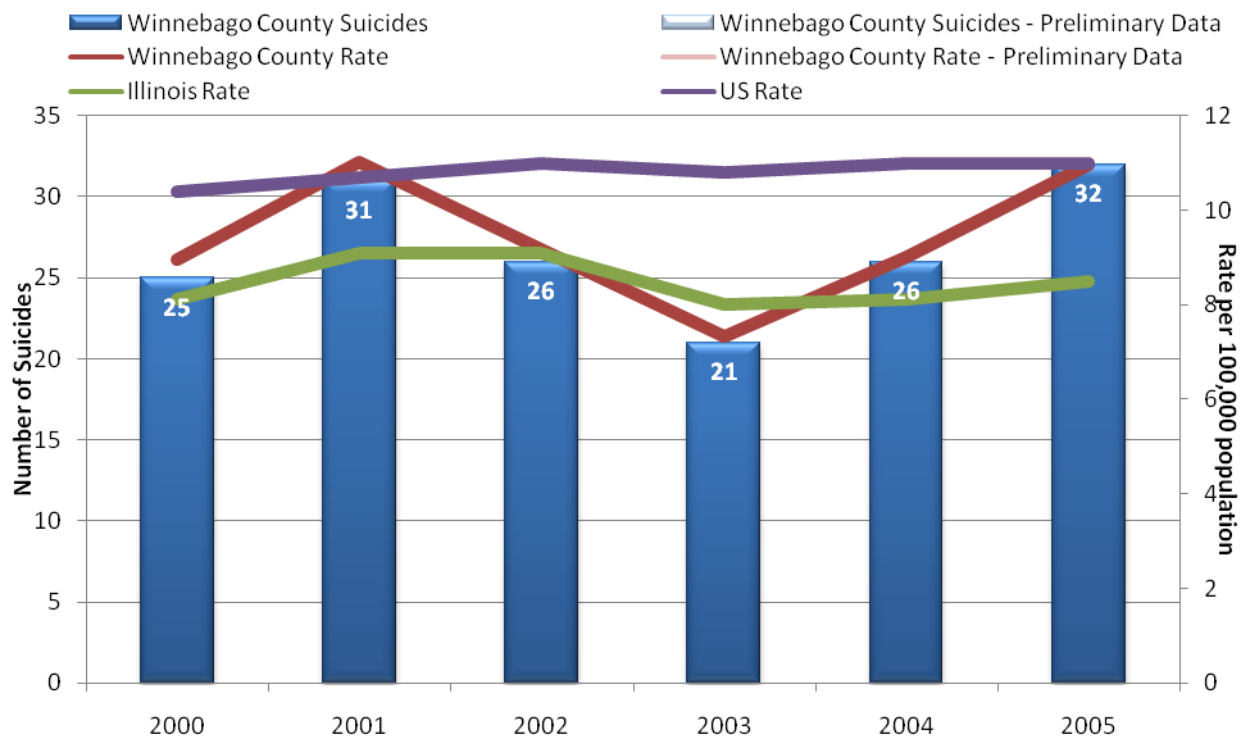
Suicide data was gathered through Illinois Department of Public Health mortality records for Winnebago County from 2000-2005. Preliminary data was collected using internal WCHD mortality records for 2006-2007. Inclusion criteria for deaths required that the death must (1) be a Winnebago County resident, (2) have occurred in Winnebago County, and (3) the primary cause of death was coded using ICD-10 codes as X60-X84 or manner of death was suicide. Primary Cause of death for preliminary data was coded using ICD-9 codes of E950-E959. Categorization for method of homicide by ICD-10 code was done as follows: poisoning (X60-69), hanging, strangulation and suffocation (X70), drowning and submersion (X71), handgun (X72), other firearm (X73-74), sharp object (X78), and other/unspecified (all other records where suicide was recorded as manner of death). The second criteria was included to limit the focus of the report to

only local data aimed at gaining a better understanding of what was happening in Winnebago County. Rates were calculated per 100,000 sex-, race-, ethnicity-, and age group-specific populations. Population denominators for rate calculations were based on official bridged-race vintage census counts for 2000 and postcensus estimates for 2001-2005. Data was analyzed using SPSS, MS Excel and MS Access.

Results

During 2000-2005, there were 176 suicides of Winnebago County Residents, 15 (8.5%)

Figure 1. 2000-2007 Annual Suicides in Winnebago County and Suicide Rates



Rates based on 2000-2005 bridged-race census counts (2000) and postcensal estimates (20001-2005).
 Source (Illinois and US only): Centers for Disease Control and Prevention, National Center for Health Statistics.

Table 1. 2000-2005 Six-Year Suicide Victim Demographics in Winnebago County by Percent and Crude Mortality Rate

	Percent (n=161)	Rate ⁺
Sex		
Female	25.5	4.7
Male	74.5	14.3
Race		
White	94.4	10.3
Black	4.3	*3.4
Other	1.2	*4.8
Ethnicity		
Hispanic	3.1	*3.5
Non-Hispanic	96.9	9.9
Age		
0-9	0.0	*0.0
10-14	0.6	*0.8
15-19	2.5	*3.4
20-24	5.6	8.3
25-34	16.1	11.1
35-44	25.5	15.7
45-54	23.6	15.7
55-64	8.7	*8.6
65+	17.4	12.9
Cause of Death by Method		
Handgun	2.5	*0.2
Non-handgun Firearm	42.2	4.0
Poisoning	18.0	1.7
Hanging, Strangulation and Suffocation	32.3	3.0
Drowning and Submersion	0.6	*0.1
Sharp Object	2.5	*0.2
Other or Unspecified	1.9	*0.2

*Rate is per 100,000 sex-, race-, ethnicity- and age group-specific population according to corresponding factor

*Estimate is considered unreliable due to small number (<20) events.

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of which occurred outside of Winnebago County and thus were excluded from analysis.

Among the remaining 161 suicides, the annual average during this time frame was 27

suicides per year, ranging from 21 suicides in 2003 to 32 in 2005 (Figure 1). The average annual rate for Winnebago County was 9.4 (range: 7.3-11.0) suicides per 100,000 population, which was higher than the Illinois suicide rate at 8.5 (range: 8.0-9.1), but lower than the national rate at 10.8 (range: 10.4-11.0). Of the 161 suicides, only 3 occurred in youths (ages 0-19 years), while the remaining 158 suicides occurred in adults (ages 20+ years) (Table 1). The rate of suicide was much greater among men at 14.3 per 100,000 population than women at 4.7. Most suicides occurred in Whites (94.4%) with greater rate per 100,000 population at 10.3 than either Blacks or other races. This is in contrast to 4.3% of suicides occurring in Blacks, and 1.2% of suicides occurring in people of other races. When stratified by race and sex, 71.4% of all suicides occurred in White male, followed by 23.0% in White female and Black males (3.1%). Non-Hispanics accounted for 96.9% of all suicides at a rate of 9.9 per 100,000 population compared to a rate of 3.5 among Hispanics (Table 1). Ninety-one percent of all suicides occurred in those 25 years old and older, with an average age of 47

Table 2 .2000-2005 Six-Year Suicide Rates by Firearm Use

	Winnebago County	Illinois	US
All Suicides	9.4	10.8	8.5
Firearm only	4.2	5.8	3.5
Non-Firearm	5.2	5	5

Rates based on 2000-2005 bridged-race census counts (2000) and postcensal estimates (2001-2005).

Source (Illinois and US only): Centers for Disease Control and Prevention, National Center for Health Statistics.

**Table 3. 2000-2005 Winnebago County
Suicide Victims by Subdivision**

	Percent (n=161)
Victim Place of Residence	
Cherry Valley	1.9
Cherry Valley TWP	0.6
Harlem TWP	0.6
Laona TWP	0.6
Loves Park	6.8
Machesney Park	11.2
Owen TWP	1.9
Pecatonica	1.9
Pecatonica TWP	0.6
Rockford	56.5
Rockford TWP	6.2
Rockton	2.5
Roscoe	3.1
Roscoe TWP	1.2
Shirland TWP	0.0
South Beloit	0.6
Winnebago	1.2
Winnebago TWP	1.9
Location of Suicide	
Cherry Valley	1.2
Cherry Valley TWP	1.9
Durand	0.6
Harlem TWP	1.2
Laona TWP	0.6
Loves Park	6.2
Machesney Park	8.7
Owen TWP	1.9
Pecatonica TWP	0.6
Rockford	62.7
Rockford TWP	3.7
Rockton	1.9
Roscoe	3.7
Roscoe TWP	1.9
Shirland TWP	0.0
South Beloit	0.6
Winnebago TWP	1.9

(median: 44; range: 14-90 years old). The rate was greatest among those 35-44 and 45-54 years old both with a rate of 15.7 per 100,000 population. The only method of

suicide among youth was hanging, strangulation and suffocation, while the most common method for adults was use of a non-handgun firearm (43%) followed by hanging, strangulation and suffocation (31%). The rate of suicide was 9.4 per 100,000 population, which was less than the rate of suicides in Illinois at 10.8, but greater than the national rate at 8.5 (Table 2). Firearm-related suicide in Winnebago County was 4.2 per 100,000 population, compared to 5.2 non-firearm-related suicides. Over half (56.5%) of all suicides were residents of the City of Rockford and 62.7% of all suicides occurred in residents of the City of Rockford.

Conclusions

Overall, this data shows that the suicide rate in Winnebago County was greater than the suicides rate of Illinois, but less than the rate of the entire US. This trend holds true for firearm-related homicides, as well. Almost all suicides occurred in adults (98%), men (74.5%) and Whites (74.4%). Suicide data in general is limited by small numbers and cannot be reliably analyzed by year stratifying by any demographic variable. It is also limited in that it does not give the entire picture of intentional self-harm within Winnebago County, since it does not capture non-lethal self-harm. This would be better addressed through analysis of emergency department visits, hospitalization records, mental health institution visits and records, as well as by police records. Nevertheless, this report provides an introduction to intentional-self harm in Winnebago County and will be periodically updated.

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