

SUICIDES IN SUMMIT COUNTY, 2025



POPULATION HEALTH VITAL STATISTICS DATA BRIEF, AUGUST 2025



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Suicide-related ER visits

From January 2023 through June 2025, there have been just over 8,600 Summit County residents who visited an ER for a suicide-related reason; about 9 people per day on average. Those 8,600 people made a total of about 12,000 visits to one or more emergency rooms; about 1.4 visits per person visiting an ER.

As Figure 1 shows, the average number of visitors has been steady for the past two-and-a-half years.

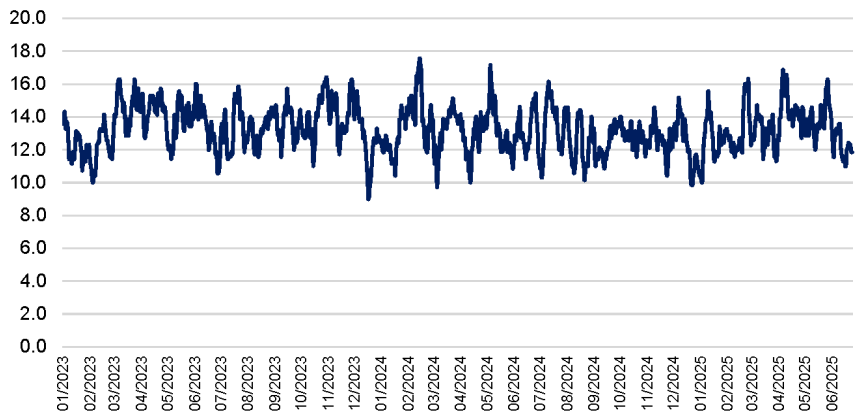


Figure 1: 7-Day Moving Average of Visits to the ER for Any Suicide-Related Reason, Summit Co. 2023-25 Y.T.D. **Source:** EpiCenter

Demographics of ER visitors for suicide:

- **Age:** The average age of a Summit County resident visiting an ER for a suicide-related reason was just over 36.
- **Sex:** Suicide-related visitors are about evenly split between males and females (51% and 49%, respectively).
- **Race:** Whites make up about two-thirds of suicide-related visitors (63%), followed by Blacks at 21%; 12% did not have an identified race.
- **Zip Code:** The highest rate of suicide-related patients visiting an ER per 1,000 was in 44307 (16.7 per 1,000), followed by 14.5 in 44311 and 13.2 in 44306.
- **Time of day:** Patients visiting an ER for a suicide-related visit begin to rise steadily beginning at 6:00am and peak at about 4:00 pm. About two-thirds of all visitors arrive at an ER between 12:00 pm and 8:00 pm.

Hour of the day	Percentage
00	5.2%
01	4.1%
02	3.3%
03	3.1%
04	2.4%
05	1.8%
06	1.6%
07	2.0%
08	3.3%
09	4.1%
10	5.9%
11	6.5%
12	7.7%
13	7.4%
14	7.9%
15	7.8%
16	8.0%
17	7.7%
18	7.6%
19	7.5%
20	7.8%
21	7.3%
22	6.7%
23	6.2%

Figure 2: Time of day distribution for suicide-related ER visitors.

Age-adjusted suicide fatality rates in Summit County

The age-adjusted suicide rate in Summit County was just above the national average, 13.1 per 100,000 in 2023 (the last year that comparable data was available). Suicide rates rose steadily to a peak of 19.4 per 100,000 by 2015, and have been higher than the national average every year since 2013. Suicide rates also rose for the nation as a whole, peaking at 14.8 per 100,000 in 2018.

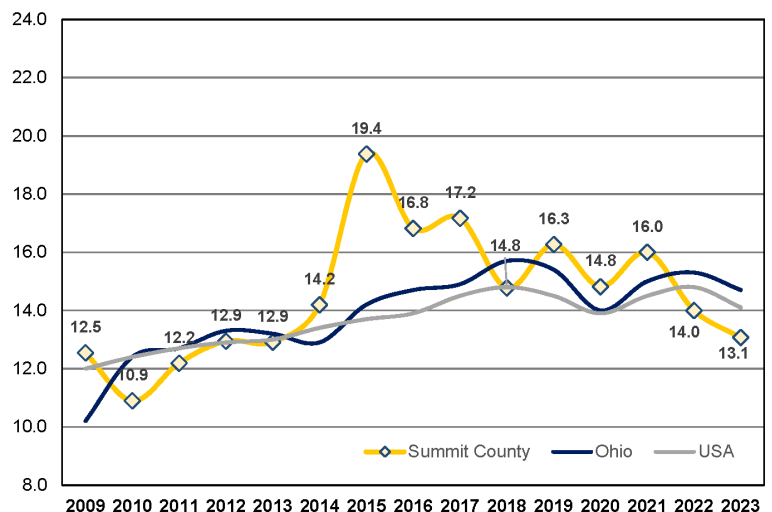


Figure 2: Age-Adjusted Suicide Rates, Summit County, Ohio, U.S. **Source:** CDC Underlying Cause of Death Statistics; accessed from <https://wonder.cdc.gov/> **Source:** EpiCenter

Suicide fatality rates by means of suicide

- Age-adjusted suicide rates rose by about a third between the 2009-13 and 2014-18 periods, then remained steady through the 2019-23 period.

Suicide rates by firearm grew as well, rising by about 39% between the 2009-13 and 2014-18 periods. Between then and the 2019-23 period, the rate of firearm-related suicides slowed down, but still grew by 7%.

Suicide rates by other means grew by 26% between the 2009-13 and 2014-18 periods, then declined by 9% afterward.

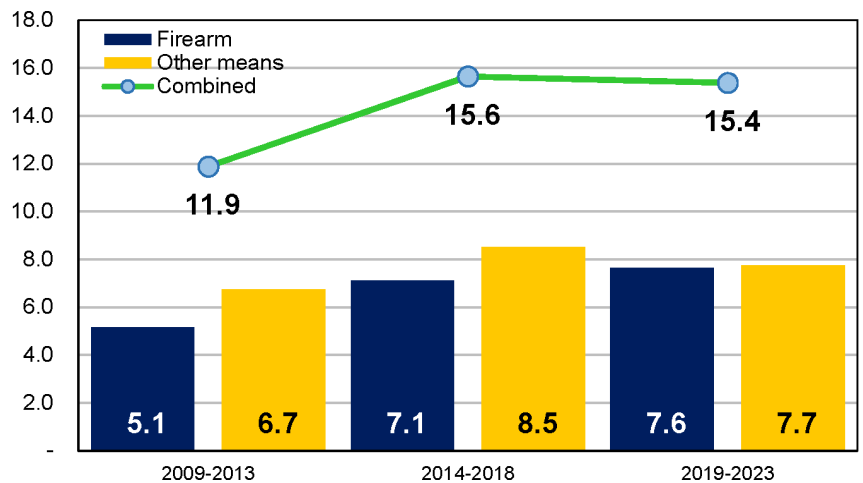


Figure 4: Age-Adjusted Suicide Rates per 100,000 Population, by Means Used, Summit Co. 2009-2023 Source: Ohio Department of Health (ODH) Death Certificate Data, American Community Survey

Demographic differences in suicide fatality rates

Age - Suicide is rare among children under the age of 15. Across the 15 and older age groups, suicide rates range from 7 to 14 per 100,000 people.

However, these rates vary depending on the method used. When firearms are involved, suicide rates generally increase with age, starting with those age 55-64 and peaking at 14.3 per 100,000 among adults aged 85 and older (Figure 5a).

In contrast, for suicides involving other methods (not involving firearms), the rates increase with age starting at ages 15-24 and peaking among people aged 45-54, at 13.6 per 100,000. Rates begin to gradually decline with age until rising again at ages 85+ (Figure 5b).

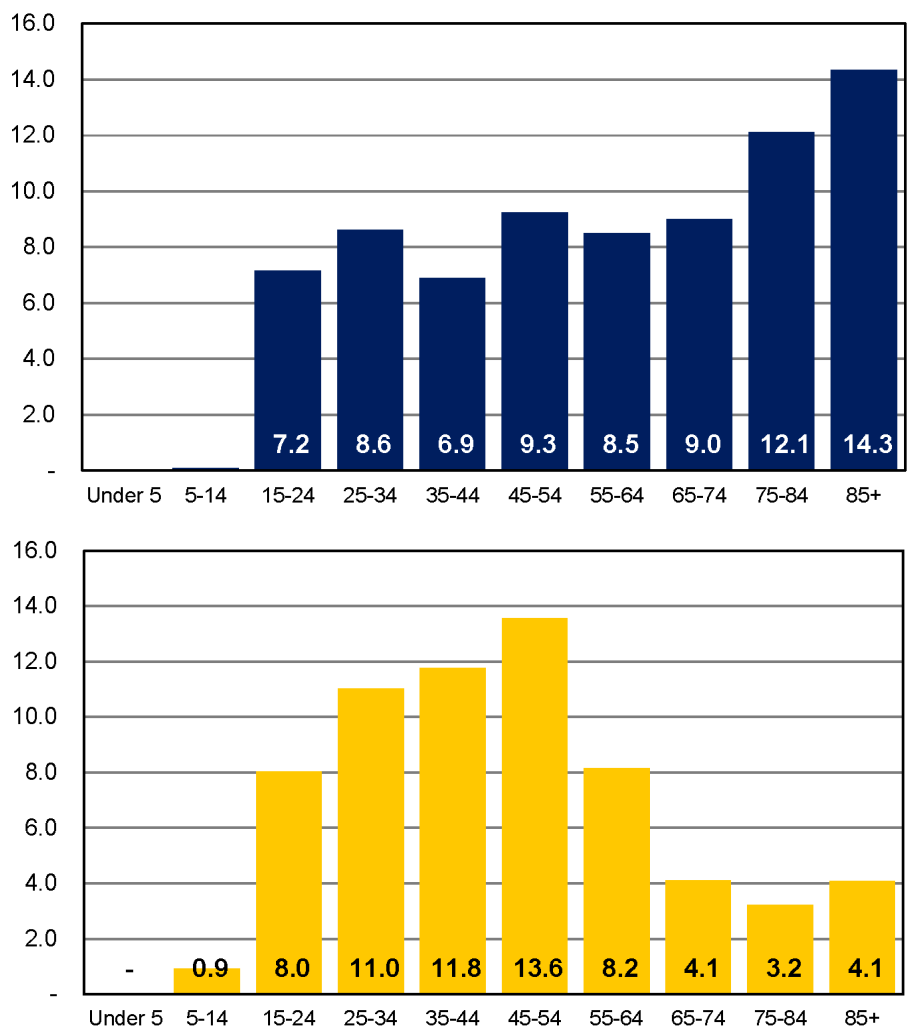


Figure 5a-b: Age-Specific Suicide Rates per 100,000 Population, by Means Used, Summit Co. 2009-2023 (top - firearm / bottom - non-firearm) Source: Ohio Department of Health (ODH) Death Certificate Data, American Community Survey

Sex - Males make up a large majority of suicide fatalities, 79% vs. 21% for females. This is also true nationally, and has been consistent since at least 2007 in Summit County.

Sex and Means - According to the CDC, females are more likely than males to have suicidal thoughts and to attempt suicide. However, males are four times more likely to successfully take their own lives than females.⁴ One reason is the preferred means of suicide for each sex. Males are more likely to use a firearm than females, while females are more likely to intentionally overdose on drugs than males. The fact that firearms are both far more lethal and kill more quickly than drug overdoses is a major contributing factor to the higher death rate among males.⁵ Males are twice as likely as females to use a firearm in their suicide attempt, while females were 6 times more likely to resort to intentional poisoning (most often drug poisoning) than males. Males and females were about equally likely to use a means other than firearms or drug overdoses (see Figure 8).

Race / Ethnicity - The vast majority of people who committed suicide between 2009 and 2023 were white (87%), while 9% of suicides were African-American and 3% were Asian. The remaining one percent were members of another race or ethnicity, predominantly Hispanic or Latino. Comparisons to the nation as a whole show that Summit County is more or less in line with national trends.

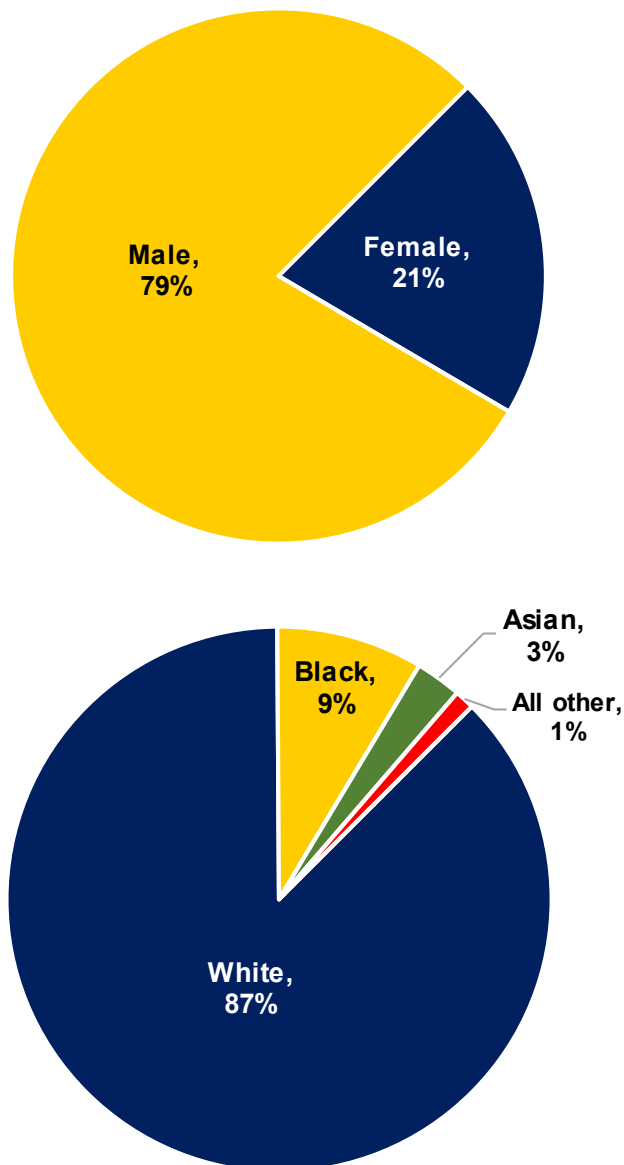


Figure 6-7: Suicide by Sex (6) and Race (7), Summit Co. 2009-2023 Source: Ohio Department of Health (ODH) Death Certificate Data, American Community Survey

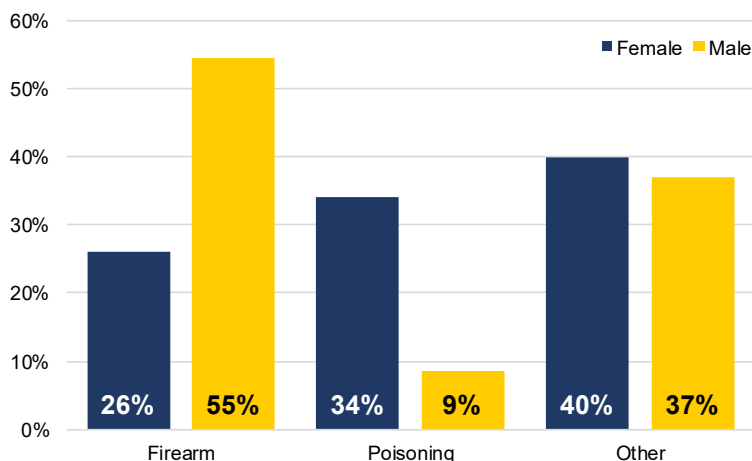


Figure 8: Suicide by Sex and Means of Suicide in Summit County, 2009-2023 Source: ODH death records and SCPH calculations

⁴ Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2013, 2011) National Center for Injury Prevention and Control, CDC (producer). Available from <http://www.cdc.gov/injury/wisqars/index.html>.

⁵ Spicer, R.S. and Miller, T.R. Suicide acts in 8 states: incidence and case fatality rates by demographics and method. American Journal of Public Health. 2000;90(12):1885. Available from: <https://ajph.aphapublications.org/doi/10.2105/AJPH.90.12.1885>

Educational Attainment - Nearly two-thirds of all suicide fatalities are among people with less than a 4-year degree. The remaining suicide deaths were about evenly split between those with some college and / or a 2-year degree and those with a 4-year degree or more.

Marital Status - Most suicide fatalities are among those who were single and never married (40%). Another quarter (23%) were either divorced or separated. Only one-third of suicide fatalities were married.

Marital Status vs. Population - The marital status of suicide victims is very different from the population as a whole. Those who commit suicide are significantly more likely to be divorced, more likely to be single (never married), and significantly less likely to be married, than Summit County residents age 15 and over.

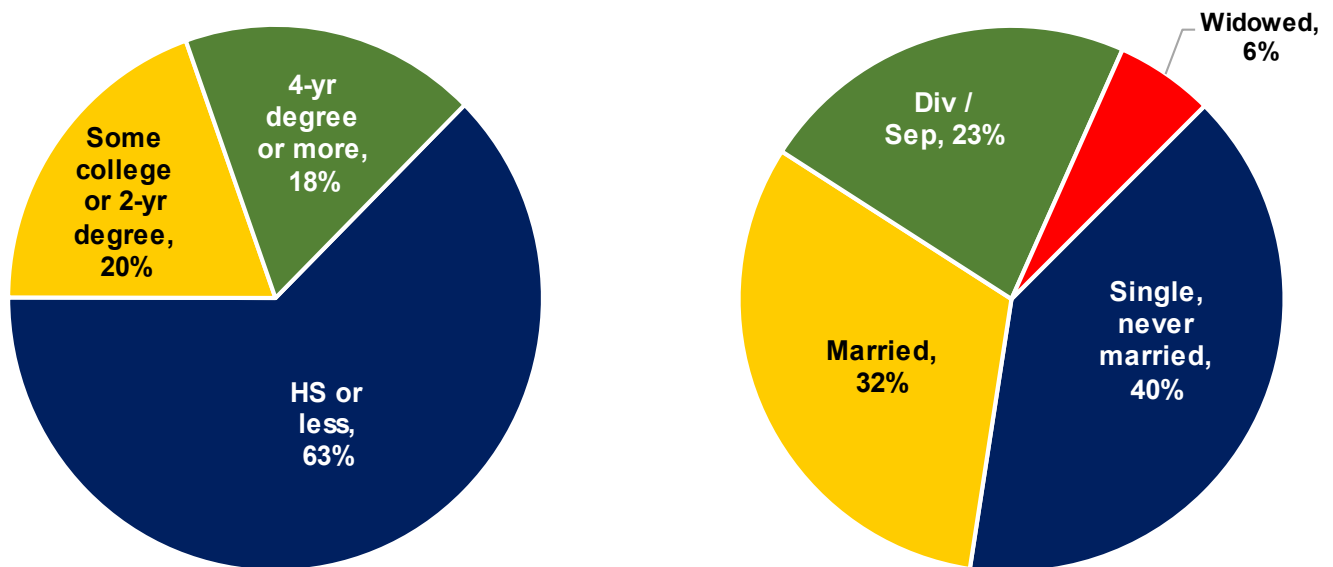


Figure 9-10: Suicide by Marital Status (9, left) and Educational Attainment (10, right), Summit Co. 2009-2023
Source: Ohio Department of Health (ODH) Death Certificate Data, American Community Survey

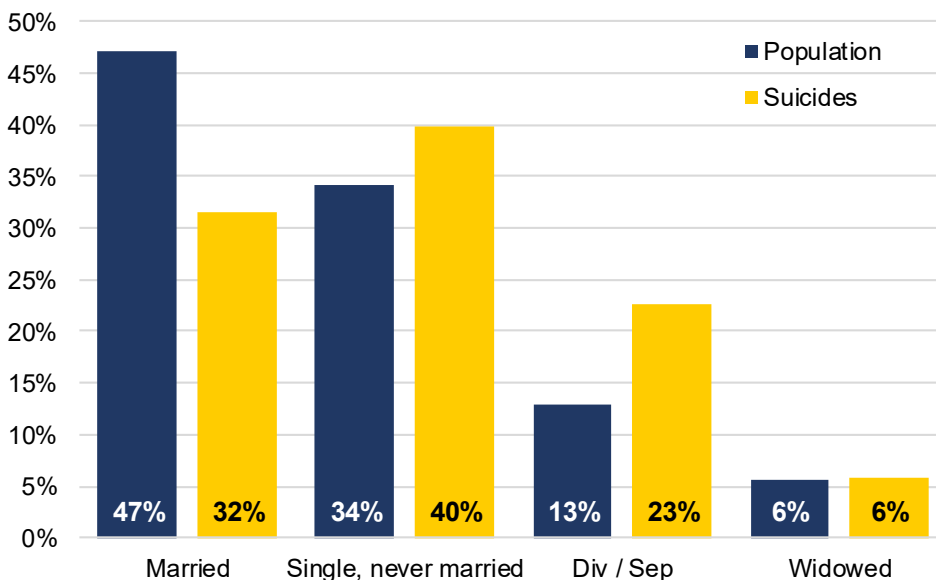
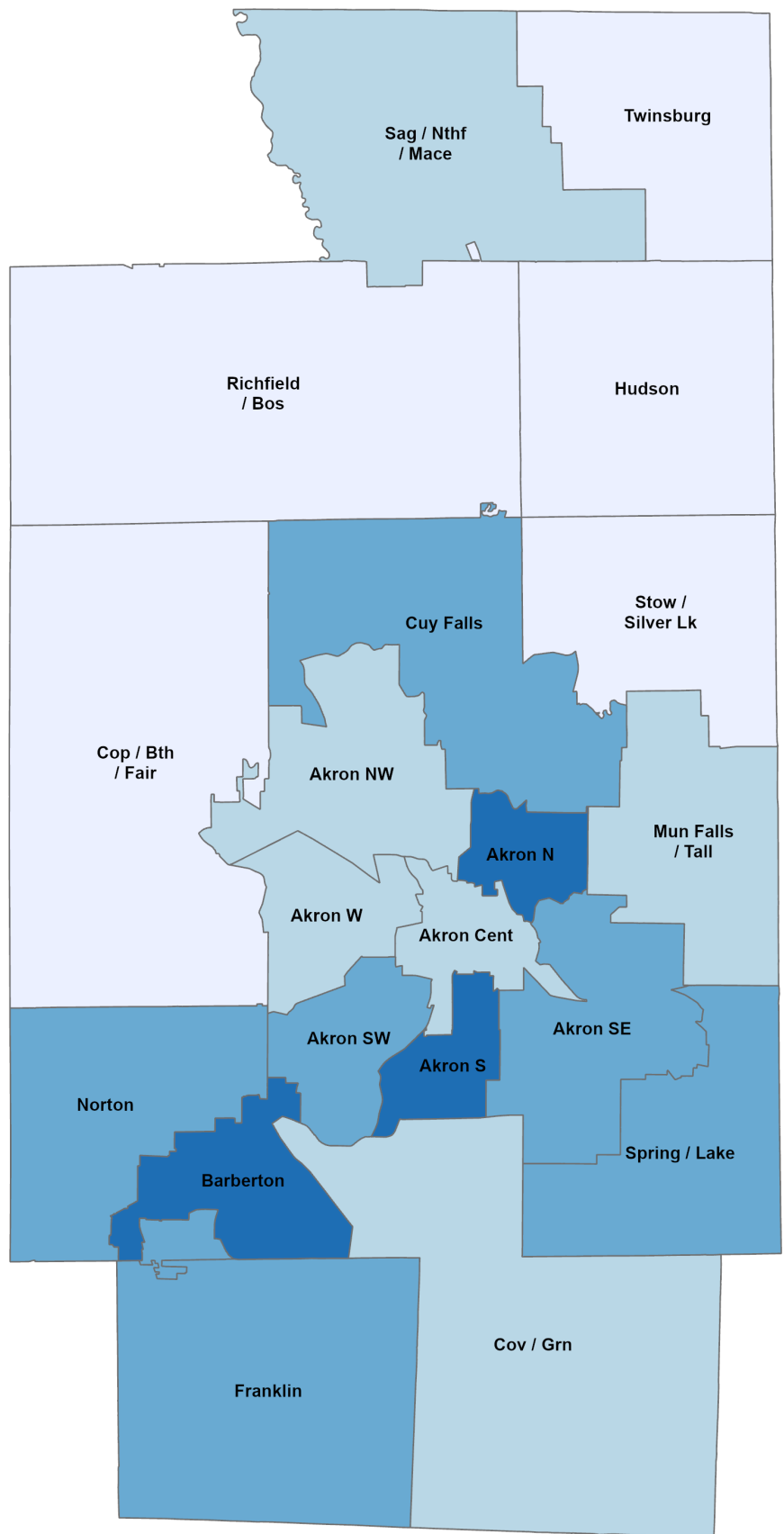


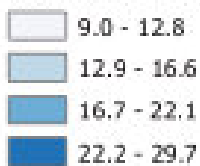
Figure 11: Suicide by Marital Status vs. Population, Summit Co. 2009-2023 Source: Ohio Department of Health (ODH) Death Certificate Data, American Community Survey

MAP 1: SUICIDE FATALITY RATE PER 100,000, 2019-2023

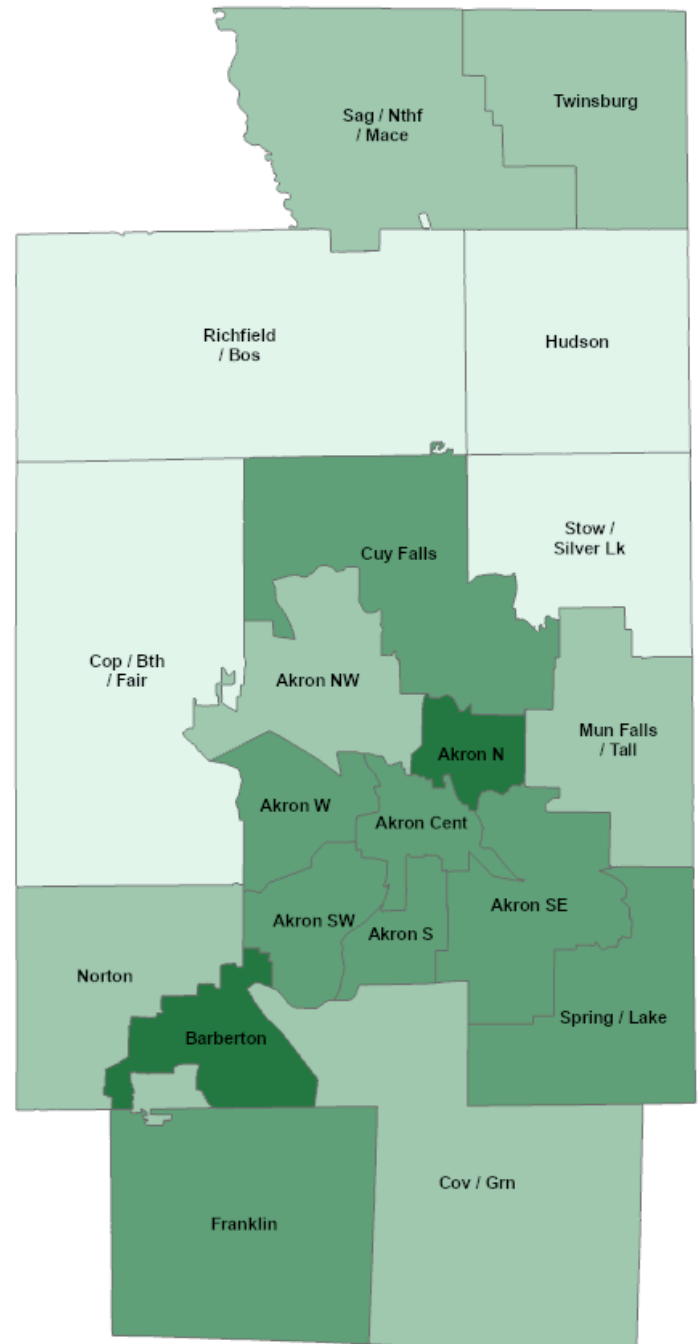
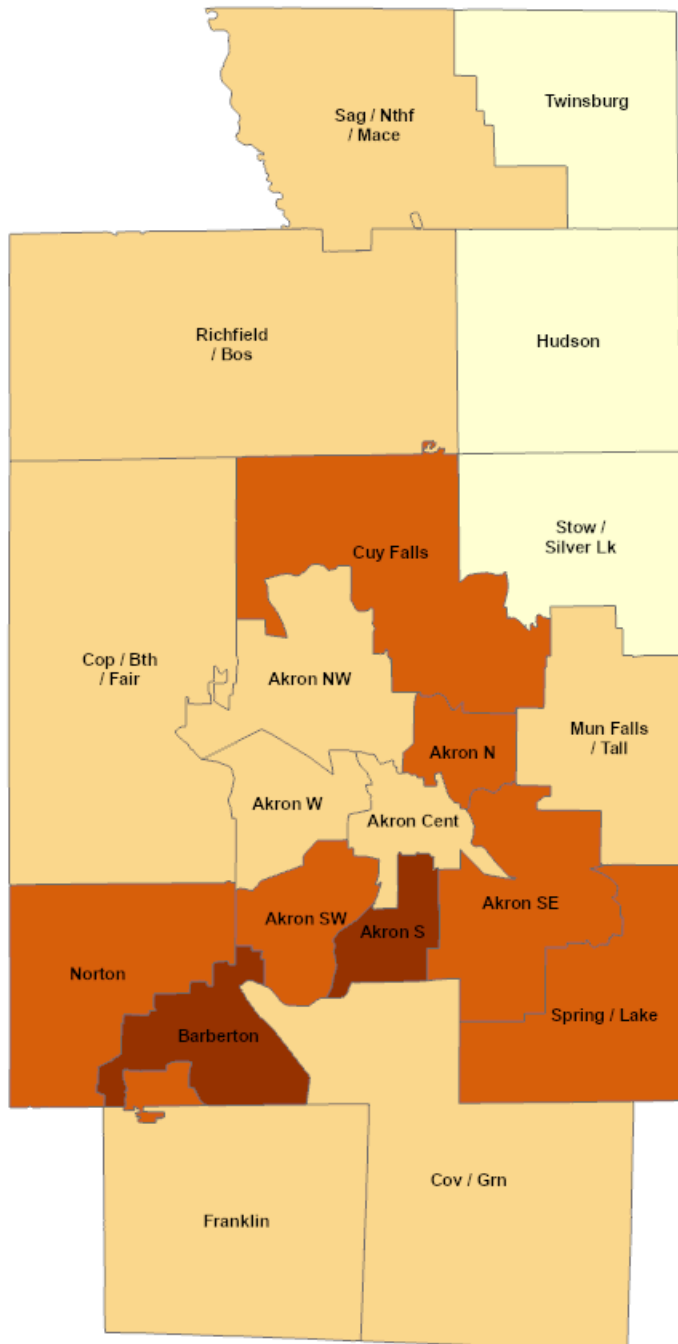


Summit 2030 cluster

Rate per 100,000



MAP 2-3: SUICIDE FATALITY RATE PER 100,000 (FIREARM - LEFT AND NON-FIREARM - RIGHT, 2019-2023)



Risk and Protective Factors for Suicide - The CDC have identified several risk and protective factors that help identify situations in people's lives that make suicide more likely (risk factors) or less likely (protective factors). These factors, taken from the CDC's Violence Prevention website (<https://www.cdc.gov/violence-prevention/index.html>), are listed below:

Risk Factors - Suicide is rarely caused by a single circumstance or event. Instead, a range of factors—at the individual, relationship, community, and societal levels—can increase risk. These risk factors are situations or problems that can increase the possibility that a person will attempt suicide.

Individual Risk Factors:

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration

Relationship Risk Factors

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

Community Risk Factors

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination

Societal Risk Factors

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide unsafe media portrayals of suicide

Protective Factors - Many factors at the individual, relationship, community, and societal levels can also protect people from suicide. We can take action as a society to help protect people from suicidal thoughts and behavior.

Individual Protective Factors:

- Effective coping and problem-solving skills
- Reasons for living (family, friends, pets, etc.)
- Strong sense of cultural identity

Relationship Protective Factors

- Support from partners, friends, and family
- Feeling connected to others

Community Protective Factors

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

Societal Protective Factors

- Reduced access to lethal means of suicide
- Cultural, religious, or moral objections to suicide