

SUICIDE MORTALITY FOR MALES IN CONSTRUCTION AND EXTRACTION OCCUPATIONS

Rhode Island Data Brief

Background Between 2017-2021, suicide mortality data reveal males, age 25-64, are the age group that is most impacted by suicide. This trend continues in the construction and extraction occupation group.

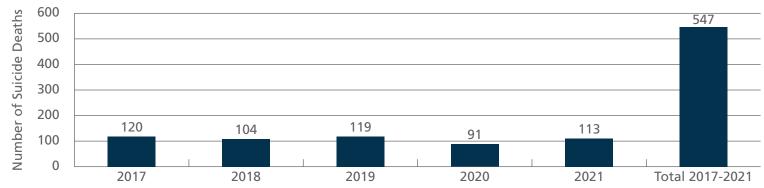
Data Source The Rhode Island Violent Death Reporting System (RIVDRS) is part of the National Violent Death Reporting System (NVDRS). RIVDRS collects comprehensive information on all violent deaths that occur in Rhode Island including suicides, homicides, and undetermined deaths. Information from death certificates, medical examiner reports, law enforcement reports, and toxicology reports is collected in a single database to provide a more complete picture of these deaths and help those working to prevent injuries and violence in the community.

Data reflect suicide deaths that occurred in Rhode Island among Rhode Islanders between 2017-2021. Data are presented by sex, race/ethnicity, occupation, and method for males, age 16 or older and age 25-64.

Considerations: Small numbers: Counts of less than five have been suppressed per <u>Rhode Island Department of Health's</u> (<u>RIDOH</u>) <u>Small Numbers Policy</u> (<u>http://health.ri.gov/publications/policies/SmallNumbersReporting.pdf</u>) due to privacy and reliability concerns. Any future use of counts to construct proportions, rates, and other statistics is subject to reliability and privacy verifications.



Figure 1. Number of Suicide Deaths by Incident Year in Rhode Island, 2017-2021



Between 2017-2021, there were 547 deaths by suicide in Rhode Island.

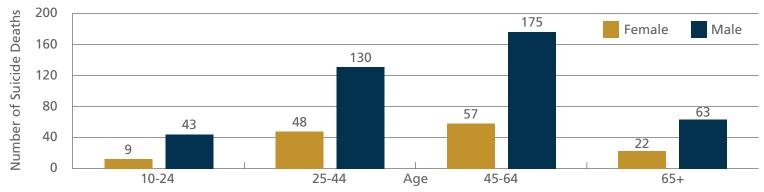
Data Source: Rhode Island Violent Death Reporting System (RIVDRS). Deaths among Rhode Island residents, 2017-2021.

Figure 2. Number of Suicide Deaths by Sex and Age Category in Rhode Island, 2017-2021

Between 2017-2021, males had a higher number of suicide deaths than females.

Males, age 25-64, were the age group that had 55.7% of total deaths by suicide in Rhode Island.

Males, age 45-64, followed by males, age 25-44, were the age groups that had the highest number of deaths by suicide in Rhode Island overall.



Data Source: Rhode Island Violent Death Reporting System (RIVDRS). Deaths among Rhode Island residents, 2017-2021.

Table 1. Top Five Occupations Among Males, Age 25-64 Who Died by Suicide in Rhode Island, 2017-2021

14.1% of males, age 25-64, who died by suicide worked in a construction and extraction occupation.

From 2017-2021, males, age 25-64, comprised 79.6% of suicide deaths among construction and extraction workers in Rhode Island.

Construction and extraction occupations include: first line supervisors, carpenters, construction laborers, electricians, painters and paperhangers, pipelayers, plumbers, pipefitters, and steamfitters, other construction trade workers and helpers, and extraction workers.

| Top Five Occupations | e Occupations Males, age 25-64 (| |
|--------------------------------------|----------------------------------|---------|
| | Number | Percent |
| Construction and Extraction | 43 | 14.1% |
| Production | 34 | 11.1% |
| Management | 25 | 8.2% |
| Transportation and Material Moving | 22 | 7.2% |
| Food Preparation and Serving Related | 20 | 6.6% |

Data Source: Rhode Island Violent Death Reporting System (RIVDRS). Deaths among Rhode Island residents, 2017-2021.

Data Notes: Other occupations are not reported due to RIDOH's small number reporting policy.

Unknown occupations are excluded from the table above due to being unknown.

Rhode Island Construction and Extraction Worker Demographic Summary

In 2017-2021, all deaths by suicide among construction and extraction workers were male.

85.2% of construction and extraction workers who died by suicide identified as White Non-Hispanic.

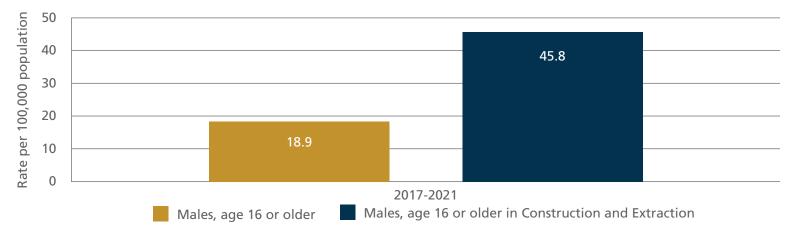
53.7% of construction and extraction workers who died by suicide resided in Providence County, followed by 18.5% in Kent County.

Figure 3. Rate of Suicide Deaths for Males, Age 16 or Older, in Construction and Extraction Occupations in Rhode Island,

2017-2021

The rate of suicide deaths among males, age 16 or older, in construction and extraction occupations from 2017-2021 is <u>2.4 times</u> higher than the rate of suicide deaths among all males age 16 or older regardless of occupation from 2017-2021.

Notably, the highest number of suicide deaths in the construction and extraction occupations occurred in 2020 followed by 2021.



Data Source: Rhode Island Violent Death Reporting System (RIVDRS). Deaths among Rhode Island residents, 2017-2021.

Census Estimates for Occupation of Civilian Employed Population, 16 or older, in Rhode Island, 2017-2021.

Census Estimates for Male Population, 16 or older, in Rhode Island, 2017-2021.

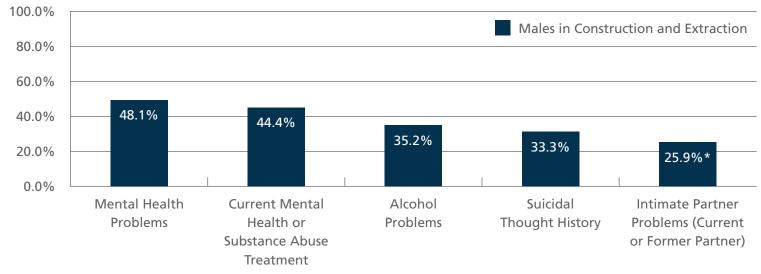
Data Notes: The census population of males, age 16 or older, used to calculate the rate is different than the population of males, age 16 or older, in construction and extraction.

2020 census estimates were unavailable for occupation and total males 16 or older. 2020 rate was calculated using 2021 Census estimates for occupation and total males, age 16 or older.

Figure 4: Top Five Known Circumstances at the Time of Death for Males in Construction and Extraction Occupations in Rhode Island, 2017-2021

The top five known circumstances for male construction and extraction workers who died by suicide were mental health problems, currently receiving mental health or substance abuse treatment, alcohol problems, suicidal thought history, and intimate partner problems (current or former partner) at the time of death.

Circumstances known at the time of death could assist in a better understanding of contributing risk factors that led to death by suicide.



Data Source: Rhode Island Violent Death Reporting System (RIVDRS). Deaths among Rhode Island residents, 2017-2021.

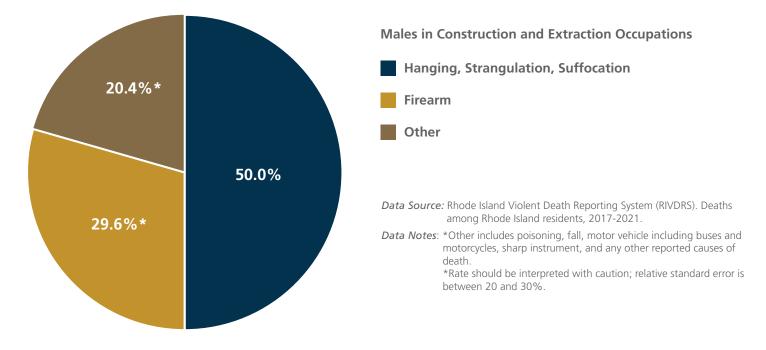
Data Notes: Percent calculations among those with known circumstances reported in RIVDRS. Circumstances are not mutually exclusive.

*Rate should be interpreted with caution; relative standard error is between 20 and 30%.

The following graph shares sensitive information about the primary methods of suicide. If you or someone you know are having thoughts of suicide; experiencing a mental health or substance use crisis; or are in emotional distress, you can call or text 988 or chat with 988 at 988lifeline.org. Trained crisis counselors are available 24/7 to listen, support, and help.



Figure 5: Method of Suicide Deaths for Males in Construction and Extraction Occupations in Rhode Island, 2017-2021



Policy Recommendations:

RIDOH Recommends the following:

- Strengthen Economic Supports
 - o Expand the efforts of prevailing wages and the *Davis-Bacon Act* to ensure fair hourly compensation for those working in the construction industry.
- o In collaboration with <u>Rhode Island Department of Education (RIDE) and their financial literacy partners</u>, encourage promotion of financial literacy programs to construction and extraction occupations to enhance financial management during gaps in seasonal work.
- Identify and Support People at Risk:
 - o Require <u>QPR gatekeeper training</u> alongside <u>OSHA 10 workplace safety training</u> for both general contractors and employees.
 - o Collaborate with Local 271 to increase access to MAP (Member Assistance Program) clinicians prior to the employee completing 800 hours of work.
- Teach Coping and Problem-Solving Skills
 - o Share and promote resources like the Toolbox Talks on <u>Opioid Deaths in Construction</u> and <u>Suicide Prevention</u> at job sites for both general contractor and worker viewing.



For additional information about RIDOH's Comprehensive Suicide Prevention Program data presented in this issue brief, please contact Erica Romero at <u>Erica.Romero@health.ri.gov</u>.

For additional information about RIDOH's Comprehensive Suicide Prevention Program, please contact Kelsea Tucker at <u>Kelsea.Tucker@health.ri.gov</u>.

For additional information about RIVDRS data, please contact Jonathan Barkley at Jonathan.Barkley@health.ri.gov.

www.health.ri.gov

This data brief is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.