

Riverside County by the Numbers

Suicide within the Black/African American Community



Data Disclaimer

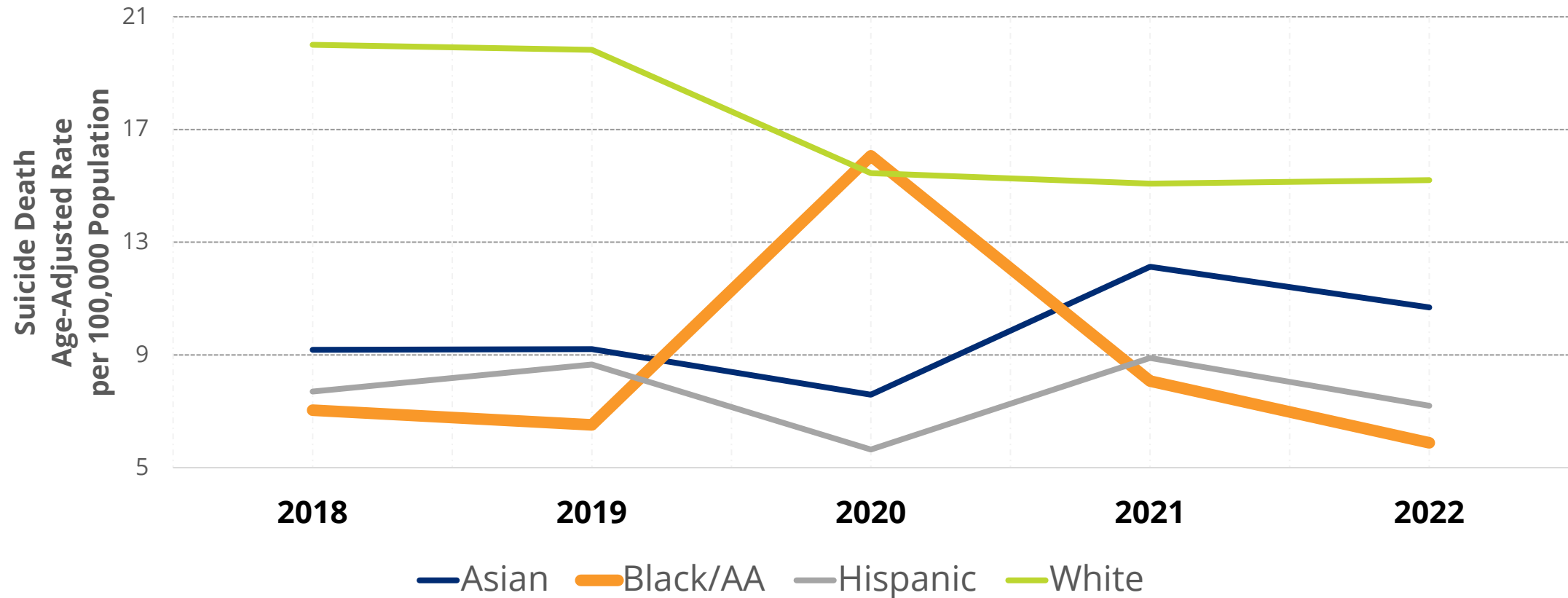
Suicide Death (Death Registry Data)

- Race and Hispanic origin data may be inconsistently reported ([CDC](#)).
- Age-adjusted Death rates may be unstable due to low counts.

Non-Fatal Self-Harm Injury (ESSENCE ED Data)

- 2023 data is provisional and subject to change.
- Emergency Department Visits (ED) data covers **94%** of Riverside County hospitals (16 out of 17).
- Age-Adjusted Rates may be unstable with low counts; interpret wide confidence intervals with caution.

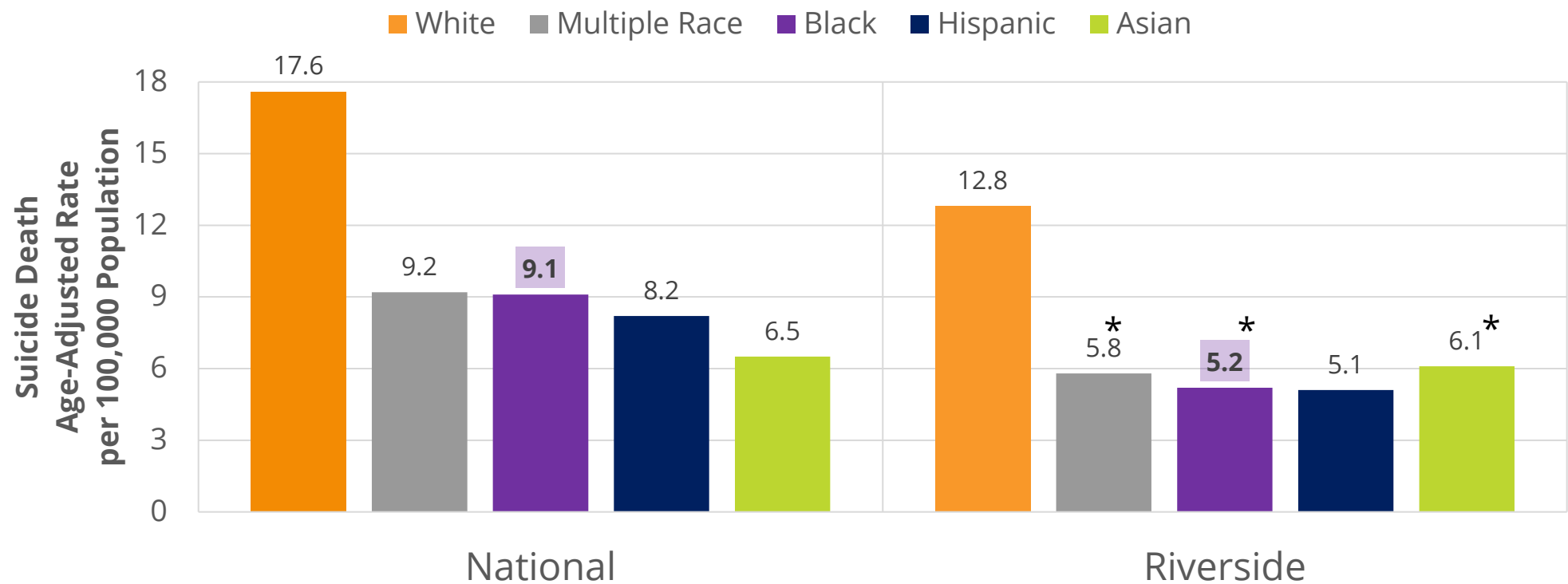
Trends in Suicide Death Rates by Race/Ethnicity (2018–2022)



Black/African-American suicide death rates in 2020 were **three** times higher than in 2019, before returning to pre-pandemic levels in 2022.

Source: Suicide Death data from the California Dept. of Public Health Center for Health Statistics and Informatics: California Integrated Vital Records System (Cal-IVRS) as of March 2025, RUHS – Public Health

Shifting Trends in Suicide Rates: Riverside & National Comparison (2023)



**Riverside County Suicide Age-adjusted Death rates are unstable due to low numbers for Asian, Multiple race, and Black*

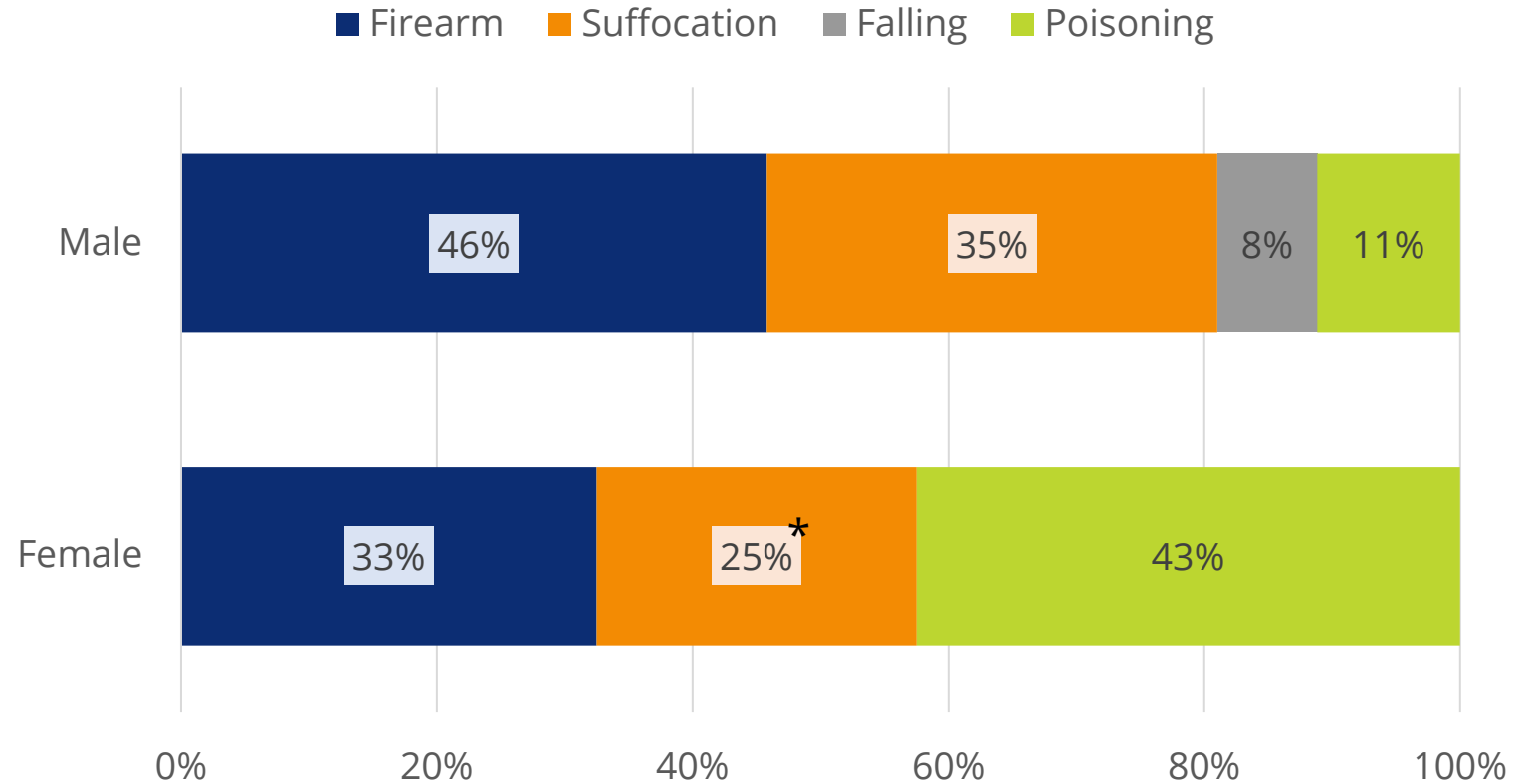
In 2023, Black/African American suicide death rates in Riverside County remained lower than the national average (5.2 vs. 9.1 rate per 100,000 population). More recently, rates now exceed those of Hispanic and Asian populations locally, marking a shift from historical trends.

Source: Suicide Death data from the California Dept. of Public Health Center for Health Statistics and Informatics: California Integrated Vital Records System (Cal-IVRS) as of March 2025, RUHS – Public Health



Exploring Gender and Method Disparities in Suicide Deaths (2023)

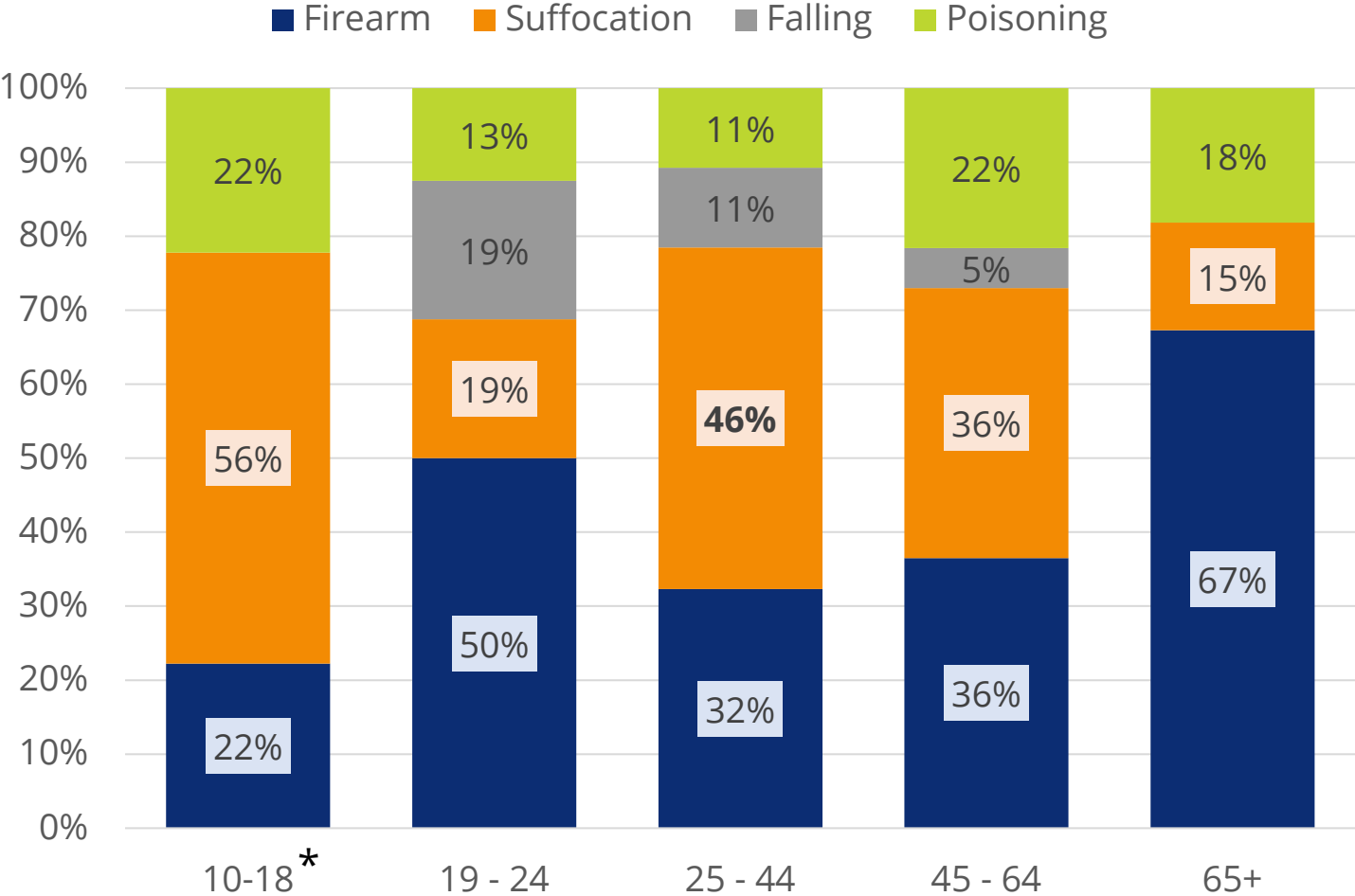
- In **2023**, suicide deaths were low in number.
- The chart displays only the **top four methods** due to limited data.
- Suicide death by firearm was the most common means for **males**.



*Percentage of Suicide death by Method and Gender are unstable due to low numbers (<11).

** "Falling" is used here as a respectful alternative for method terminology.

Age and Method Patterns in Suicide Deaths (2023)

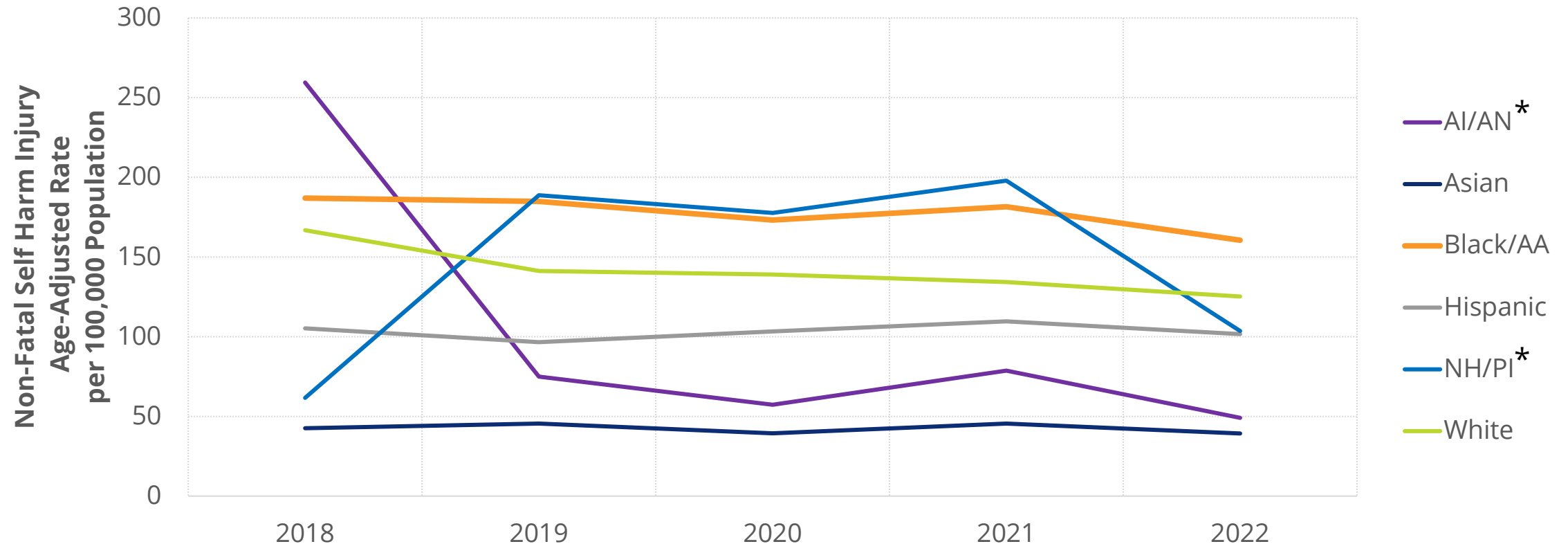


- Data reflects a small number of cases; only the top four methods are shown.
- Among **youth** (ages 10–18), suffocation was the leading method.
- Among **adults** (ages 45-64 and 65+), firearms were the primary means used.

*Percentage of Suicide death by Method and Age Group are unstable due to low numbers (<11)

Source: Suicide Death data from the California Dept. of Public Health Center for Health Statistics and Informatics: California Integrated Vital Records System (Cal-IVRS) as of March 2025, RUHS – Public Health

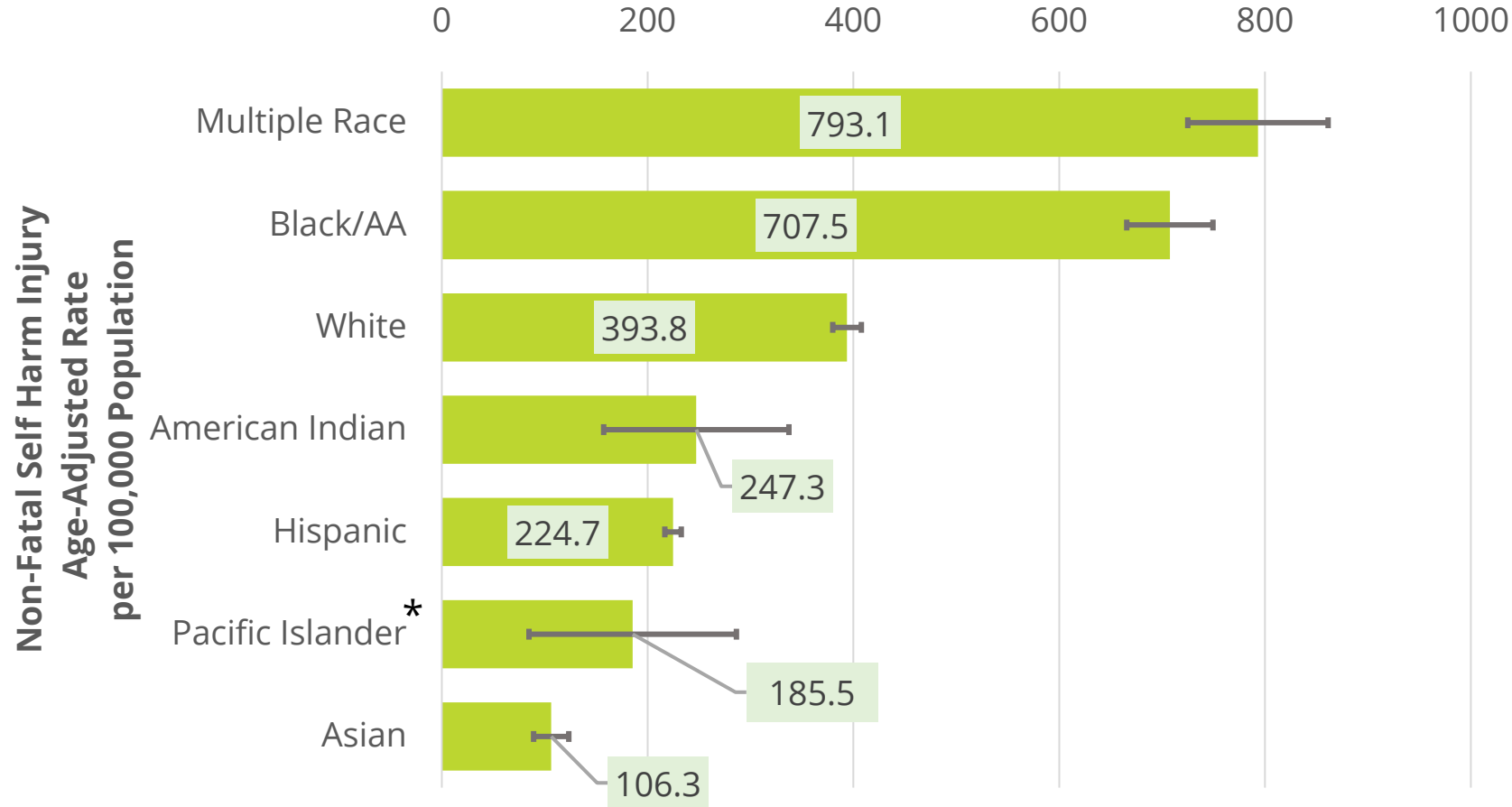
Trends in Non-Fatal Self-Harm Injury Emergency Department (ED) Visit Rates by Race/Ethnicity (2018–2022)



*Age-adjusted rates are unstable due to low numbers for Alaskan Indian/American Native (AI/AN) and Native Hawaiian Pacific Islander (NH/PI)

Highest rates of self-harm injury related ED visits were observed among the Black/African-American (Black/AA) population.

Non-Fatal Self-Harm Injury Emergency Department (ED) Visit Rates by Race/Ethnicity (2023)



- In 2023, our Black/AA population is the **second most impacted group** by non-fatal self-harm injuries—consistent with national trends.

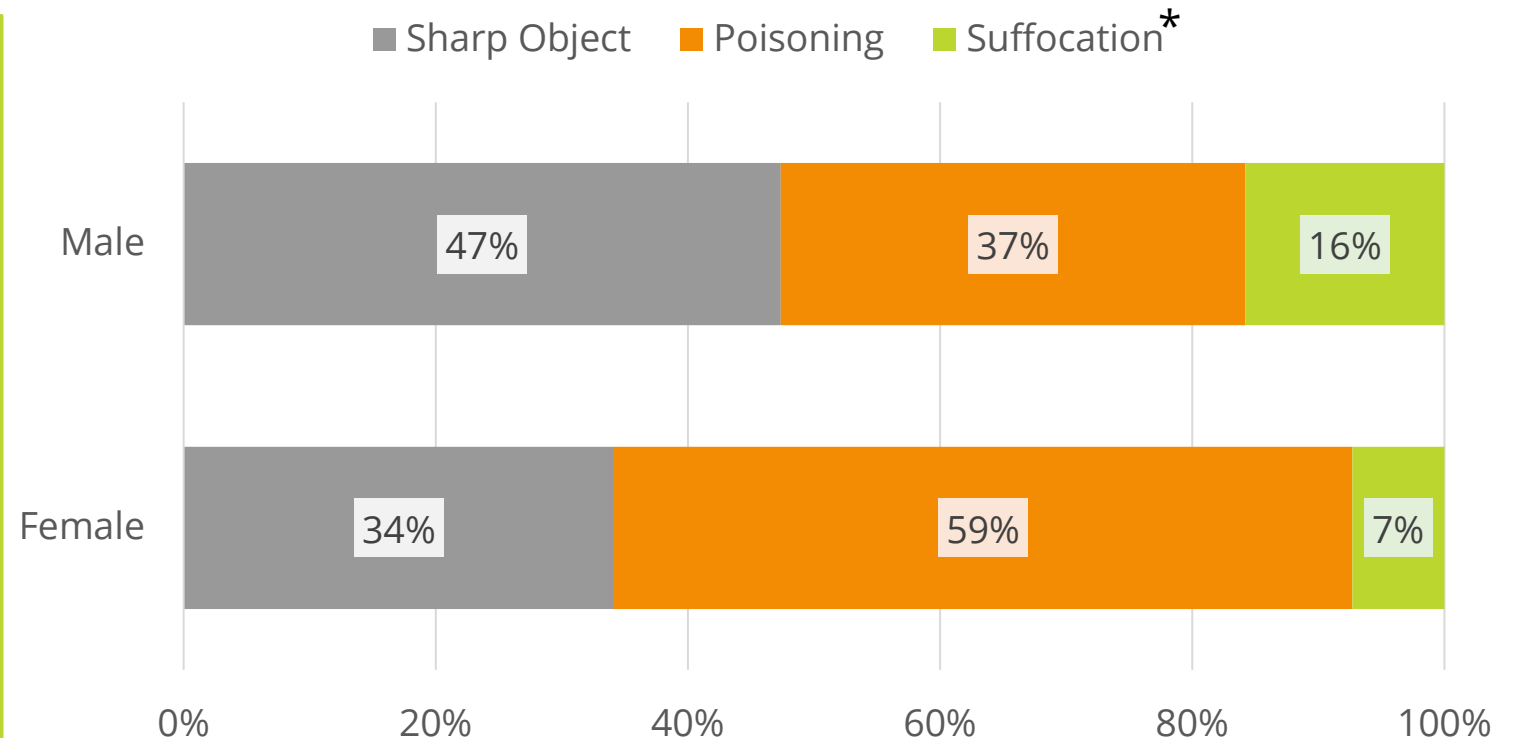
*Age-adjusted rates are unstable due to low numbers for Pacific Islander; Wider confidence intervals (brackets) indicate less stable rates.

Note: 2023 ESSENCE data is provisional and subject to change.

Source: Non-fatal self-harm injuries data from Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), Emergency Department Visit Data (ED) as of April 2025, RUHS – Public Health

Exploring Gender and Method Disparities in Non-Fatal Self-Harm Injury Emergency Department (ED) Visit Among Black/African-American Individuals (2023)

- The chart displays the **top three methods** of self-harm by gender among Black/AA individuals.
- Among Black/AA individuals, **males** most commonly engage in self-harm using sharp objects**, while **females** are more frequently admitted to the ED for self-harm by poisoning.



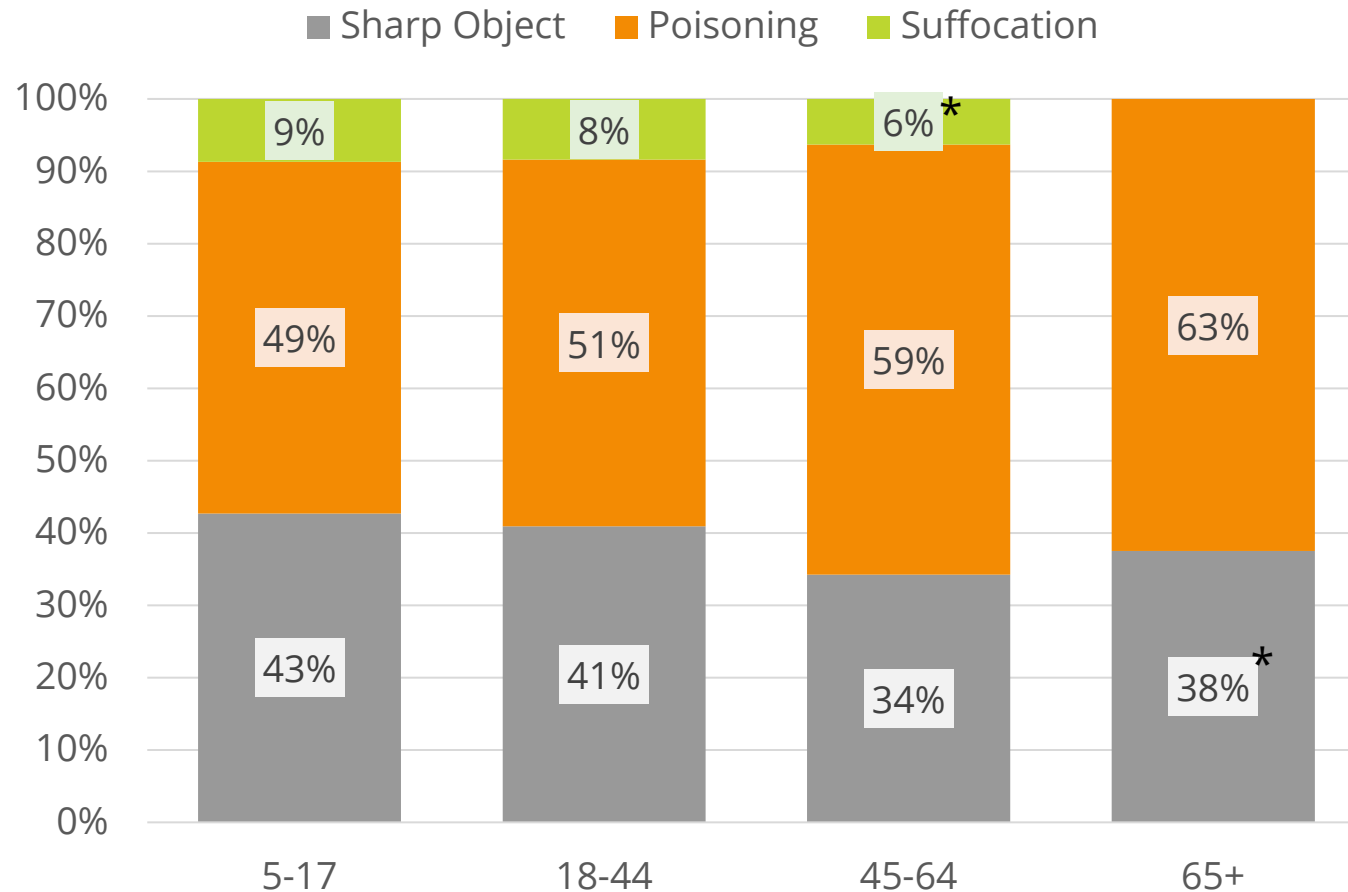
*Percentage of Suicide death by Method and Gender are unstable due to low numbers (<11).

** Sharp Object” is used here as a respectful alternative for method terminology.

Note: 2023 ESSENCE data is provisional and subject to change.

Source: Non-fatal self-harm injuries data from Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), Emergency Department Visit Data (ED) as of April 2025, RUHS – Public Health

Age and Method Patterns in Non-Fatal Self-Harm Injury Emergency Department (ED) Visit (2023)



- The top three methods of non-fatal self-harm were sharp object use, poisoning, and suffocation.
- Poisoning accounted for a high proportion of self-harm injuries across **all age groups**.

**Percentage of Non-Fatal Self Harm Injury by Method and Age Group are unstable due to low numbers (<11)*

Note: 2023 ESSENCE data is provisional and subject to change.

Source: Non-fatal self-harm injuries data from Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), Emergency Department Visit Data (ED) as of April 2025, RUHS – Public Health

Data Request Form



EPE Data Request Form

Before placing your request, please check our Data & Reports section for the specific data you are looking for.

Additional health and demographic data is available at SHAPE Riverside County.

If you need a birth or death certificate, please visit the Riverside County Vital Records Office.

Data Request Notes:

- We do not release individual-level data and some data may be masked to protect the privacy of individual county residents.
- **Normal turnaround time for completing data requests is 7-10 business days.**
- Data will be sent via email unless otherwise indicated by requestor.

7. What type of data do you need? *

Please select at most 5 options.

- ☐ Births
- ☐ Deaths
- ☐ Hospitalizations / ED Visits
- ☒ Suicides
- ☐ Overdoses
- ☐ Injuries (Drownings, Falls, etc.)
- ☐ Chronic Diseases (Diabetes, Asthma, etc.)
- ☐ Infectious Diseases (Tuberculosis, STDs, etc.)
- ☐ COVID-19 (Vaccinations, Cases, etc.)
- ☐ Other (Please describe in Q11 below)

[EPE Data Request Form](#)