



Suicide Prevention
Centers for Disease Control and Prevention (CDC)
National Center for Injury Prevention and Control
FY 2026 Labor HHS Appropriations Bill

	FY 2024	FY 2025	FY 2026 President's Request	FY 2026 TFAH
Suicide Prevention	\$30,000,000	N/A	N/A	\$68,000,000

Background: Suicide is a worsening public health crisis. According to data from the Centers for Disease Control and Prevention (CDC), suicide in the United States reached a record high level of more than 49,000 deaths in 2022—after slight declines in 2019 and 2020.¹ Provisional CDC data projects similar rates for 2023. Suicide is the second leading cause of death among Americans between the ages of 10-14 and 25-34, and suicide rates increased by 36 percent between 2000 and 2021.² CDC has also reported that suicide rates among rural populations were consistently higher than suicide rates among populations in urban areas during this period.³

The complex nature of suicide requires a comprehensive approach to prevention that focuses on disproportionately affected populations, uses data to understand risk factors associated with suicide in these groups, and applies the best available evidence to decrease risk and increase protective factors. CDC's work helps implement and evaluate a range of effective strategies for preventing suicide, from improving access and delivery of suicide care to promoting connectedness. This type of prevention approach involving public health departments and partners can leverage their focus on shared risk and protective factors and community services.

¹ Garnett MF, Curtin SC. Suicide mortality in the United States, 2002–2022. NCHS Data Brief, no 509. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc/160504>

² Facts About Suicide. In *Centers for Disease Control and Prevention, Violence Prevention*, updated October 24, 2022. <https://www.cdc.gov/suicide/facts/index.html> (accessed January 30, 2024); Underlying Cause of Death Data. In *Centers for Disease Control and Prevention, CDC WONDER Online Database, Multiple Cause of Death Files, 1999-2020*, updated 2021. <http://wonder.cdc.gov/ucd-icd10.html> (accessed January 30, 2024).

³ Suicide in Rural America. In *Centers for Disease Control and Prevention, Rural Health*, updated November 17, 2022. https://www.cdc.gov/rural-health/php/public-health-strategy/suicide-in-rural-america-prevention-strategies.html?CDC_AAref_Val=https://www.cdc.gov/ruralhealth/Suicide.html (accessed February 28, 2025).

CDC Supports Communities By



Funding the Comprehensive Suicide Prevention Program

to reduce suicide by 10% among disproportionately affected populations by 2025



Using near real-time data to track and monitor suicide trends

that inform public health suicide prevention efforts



Funding tribes to increase their capacity

to tailor, implement, and evaluate programs to prevent suicide among American Indian and Alaska Native people



Sharing the best available evidence for suicide prevention in CDC's Suicide Prevention Resource for Action



Working with CDC Foundation to build the capacity of veteran-serving organizations

to evaluate their upstream suicide prevention activities



Developing and sharing community resources

to prevent suicide during public health emergencies

Source: CDC, Preventing Suicide: CDC's Injury Center Uses Data and Research to Save Lives⁴

Impact: The CDC's National Center for Injury Prevention and Control (Injury Center) is a leader in suicide prevention efforts. The Injury Center uses research and partnerships to identify and implement effective suicide prevention initiatives in communities across the United States. Through the Injury Center, CDC suicide prevention programs fund states, communities, and Tribes to implement suicide prevention plans. The Comprehensive Suicide Prevention program currently funds 24 programs across the country to implement and evaluate a comprehensive public health approach to suicide prevention, with attention to populations with the highest rates of suicide. Other programs provide support to organizations preventing suicide among veterans and Tribal populations specifically. The programs consist of multisector partnerships, identifying populations of focus and risk and protective factors, rigorous evaluation efforts, and filling gaps through complementary strategies and effective communications.

A key outcome of the Comprehensive Suicide Prevention program is a 10 percent reduction in suicide and suicide attempts among populations that are disproportionately affected by suicide, including veterans and rural communities. In Florida, the Department of Health addresses suicide among youth and military personnel, and in Tennessee, the Department of Health utilizes the Zero Suicide model to provide safer suicide care in health care settings. Data from these specific populations reveal that Comprehensive Suicide Prevention program sites generally performed better than national averages at preventing suicide. For example, from 2019-2022 rural populations experienced a 7.3 percent increase in suicide rates while program sites reported a 3.8 percent increase in rural populations. And among youth, the suicide rate decreased 2 percent while program sites working with youth reported a 3 percent decrease.

⁴ *Preventing Suicide: CDC's Injury Center Uses Data and Research to Save Lives*. Atlanta: CDC Comprehensive Suicide Prevention Program, April 2023. <https://stacks.cdc.gov/view/cdc/157900> (accessed February 28, 2025).

Continued funding for CDC's innovative work would:

- **Establish a national suicide prevention program.** CDC could build on the 24 programs that are currently funded and expand its prevention efforts to additional states and Tribal communities, through a new cooperative agreement with additional appropriations.
- **Increase data collection to inform prevention.** Twenty current recipients also use CDC funding to support data collection of nonfatal suicide related outcomes through emergency department syndromic surveillance. These data can identify upticks and spikes in nonfatal suicide-related outcomes (e.g., suicide attempts and self-harm) in near-real time to inform local responses. Data may be stratified by sex, age group, and U.S. region to identify trends in these behaviors, and these results can provide a foundation for research into the impact of public health policies and socioeconomic, geographic, and other risk factors. Additional investments will enable CDC efforts on an expanded basis to integrate real-time data collection on non-fatal suicide related outcomes and self-harm behavior into the Comprehensive Suicide Prevention program.
- **Expand research to fill gaps.** Given recent trends, there is a great need to expand our understanding of how certain factors increase the risk of suicide or protect against suicidal behaviors in different populations. Furthering CDC's research in these areas, with a focus on populations experiencing disproportionate impact, will enable more effective targeted interventions.

Recommendation: TFAH urges the Committee to provide \$68 million in FY 2026 to broaden the suicide prevention program and reverse suicide rates from peak historical levels, address the crisis of suicidal thoughts and behaviors among youth, and reduce recent increases in suicide risk. This funding would help CDC meet these challenges by expanding the innovative prevention activities led by the Injury Center to recipients in additional states and Tribal communities. Additional activities would advance suicide prevention by improving understanding of risk and protective factors, identifying populations at higher risk of suicide, and developing and implementing innovative strategies.