



**Suicide Prevention
Centers for Disease Control and Prevention (CDC)
National Center for Injury Prevention and Control
FY 2027 Labor HHS Appropriations Bill**

	FY 2025	FY 2026	FY 2027 President's Request	FY 2027 TFAH
Suicide Prevention	\$30,000,000	\$30,000,000	N/A	\$68,000,000

Recommendation: Trust for America’s Health (TFAH) recommends the Committee provide \$68 million in FY 2027 to create a national suicide prevention program to 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 the Centers for Disease Control and Prevention (CDC) meet these challenges by expanding the innovative prevention activities led by the National Center for Injury Prevention and Control (Injury Center) to recipients in all 50 states, including 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.

Background: Suicide is a public health crisis in the United States. According to CDC data, more than 49,000 people died by suicide in 2023—with one death occurring every 11 minutes.¹ In 2024, suicide replaced COVID-19 as the tenth leading cause of death.² Notably, 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 2021.³ CDC has also reported that suicide rates among rural populations were consistently higher than suicide rates among populations in urban areas during this period.⁴

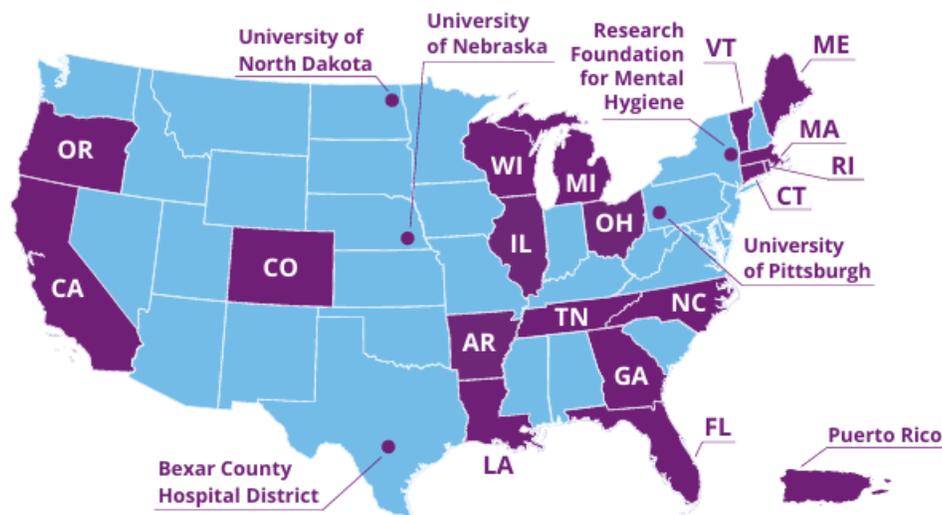
¹ Suicide Data and Statistics. In Centers for Disease Control and Prevention, *Suicide Prevention*, updated March 26, 2025. <https://www.cdc.gov/suicide/facts/data.html>. (accessed February 23, 2024).

² Jiaquan Xu, M.D., Sherry L. Murphy, B.S., Kenneth D. Kochanek, M.A., and Elizabeth Arias, Ph.D. Mortality in the United States, 2024. NCHS Data Brief no. 5428, 2026. DOI: <https://www.cdc.gov/nchs/products/databriefs/db548.htm>

³ 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).

⁴ 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).

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.



Comprehensive Suicide Prevention Program grantees. Source: CDC, *Preventing Suicide: CDC's Injury Center Uses Data and Research to Save Lives*⁵

Impact: The Injury Center, a national leader in suicide prevention efforts, supports 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 23 programs across the country (see map above) to implement and evaluate a comprehensive public health approach to suicide prevention, with attention to populations with the highest rates of suicide. Other Injury Center programs provide support to organizations preventing suicide among veterans and Tribal populations. The programs consist of multisector partnerships that work to identify risk and protective factors and populations of focus, as well as fill gaps through complementary strategies, effective communications, and rigorous evaluation efforts.

A key goal 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. Data from these specific populations reveal that Comprehensive Suicide Prevention program sites generally performed better than national averages at preventing suicide. Preliminary Injury Center data show a 1.45% *decrease* in suicide rates among Comprehensive Suicide Prevention program states from 2019-2023, compared to a 1.73% *increase* nationally. Specific state examples include the Florida Department of Health

⁵ *Preventing Suicide: CDC's Injury Center Uses Data and Research to Save Lives*. Atlanta: CDC Comprehensive Suicide Prevention Program, February 2025. <https://stacks.cdc.gov/view/cdc/157900> (accessed February 23, 2026).

which addresses suicide among youth and military personnel, and the Tennessee Department of Health which utilizes the Zero Suicide model⁶ to provide suicide care in health care settings.

Increased funding for CDC's innovative work would:

- **Establish a national suicide prevention program.** CDC could build on the 23 programs that are currently funded and expand its prevention efforts to all 50 states, including 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 demographics and geography including, 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 a nationwide basis to integrate real-time data collection on nonfatal 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.

⁶ *Framework.* Zero Suicide. <https://zerosuicide.edc.org/about/framework> (accessed February 25, 2026).