**Outline for Talk**

Background:

1. Asian Americans have traditionally shown low rates of suicide in the U.S. For example, the most recent statistics, 2014, show Asian Americans with a suicide rate of 5.9/100,000 as compared to the national suicide rate of 14.69/100,000 for Whites, men and women combined. In Illinois, the rates for 2014 are 4.7 for Asian/Pac Islanders and 11.94 for Whites.
2. The rates were similar in 2000, with Asian Americans showing a suicide rate of 5.5/100,000 nationally as compared to 11.33/100,000 for Whites. (Table)
3. While the "healthy immigrant" explanation might account for the low suicide rates among Asian Americans, some scholars have hypothesized that a probable explanation of low mortality is the mis-classification of race on death records for Asian Americans.
4. We tested this hypothesis by examining 5 years of mortality data in Illinois for the years 1999-2003.

Methodology:

1. We designed a computer algorithm that matched a published list of Asian American names drawn from the Social Security Administration files (Lauderdale, 2000) to the mortality data records for 1999, 2000, 2001, 2002 and 2003. The Lauderdale list consists of both Asian American names and the ethnicity. As part of the agreement with the Social Security Administration, Lauderdale excluded any names that had a frequency of less than 5. Thus, the list is very conservative. Our algorithm was based on the following assumptions:
   1. If the decedent is male or a single female and his/her name was on the Master list, then h/she was assumed to be Asian American and the ethnicity was equated to the one found on the Master list.
   2. If the decedent was female and married/divorced/or widowed AND the father's name was on the Master list, she was assumed to be Asian American and the ethnicity was equated to the one found on the Master list.
   3. If a person did not satisfy a or b, then being born in an Asian country assigned Asian American as the race, and the ethnicity to the birth country.
   4. If the person did not satisfy any of the above criteria, then s/he is assumed to be a non-Asian American and ethnicity is equated to unknown.

Using the above logic, if a record was coded as Asian by the state but the name wasn't on the Lauderdale list, the record was flagged; if a person with an Asian name wasn't categorized as Asian, that record was flagged; and if the Asian ethnicity didn't match the Lauderdale list, then that name was flagged. Or, if a person was born in an Asian country and not categorized as Asian by the state, then the record was flagged.

The computer algorithm generated a list of approximately 1100-1225 names for each of the years studied (see table). We subjected these lists to further cross-validation by each of the authors individually examining the name lists and short listing the names that were possible false positives. In order to build consensus we only included the names that met a set of stringent criteria, and was agreed upon by both authors. The names that were most problematic were Hispanic names that were classified as Filipino by the algorithm, and Caucasians who were listed as Asian because they were born in an Asian country, Asian kids adopted by Caucasians. Through this process, we whittled down the newly identified list to 152-178 names (see table).

Thus, the approach used was deliberately conservative and stringent. As it is, the Lauderdale list, culled from the records of the Social Security Administration, does not include any Asian names that had a frequency of less than 5. We further excluded any names that had any likelihood of being non-Asian (for example; Eastern European names such as Lau, Lao, Tong, that overlapped with Asian, but country of birth and parents first names that were Christian were omitted). Further, we also re-classified as White some Arab-Americans who were erroneously listed as Asian but were born in the Middle East (Jordan, Iraq, Palestine etc).

RESULTS: In order to account for small cell sizes we aggregated the data for 5 years and then averaged the suicide rates. We were also able to breakdown the crude rates by ethnic sub-group.

Show the results as following tables in individual slides:

1. Illinois Suicides by year + additional new cases found+ new rates+ Age adjusted rates.
2. Suicide by age-groups.
3. Suicide by gender
4. Suicide by ethnicity,
5. Percentage of suicides among Whites vs. Percentage of suicides among Asian Americans

Key Findings: Using very conservative methods we found:

1. 15 percent increase in the death rate due to the new cases identified, but there was a 30 percent increase in the death by suicides for Asian Americans.

2. Suicides accounted for 1 percent of all deaths for Whites, but they accounted for 1.7 percent of Asian deaths. With the new cases we found, the proportional mortality by suicide increased from 1.5 percent to 1.72 percent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Race | All cause mortality | Suicide mortality | Percentage deaths by suicide |
| 1999 | White | 90,186 | 886 | 0.98 |
|  | Asian/PI | 1119 | 14 | 1.25 |
| 2000 | White | 88,846 | 885 | 0.99 |
|  | Asian/PI | 1155 | 13 | 1.12 |
| 2001 | White | 87,249 | 996 | 1.14 |
|  | Asian/PI | 1264 | 28 | 2.21 |
| 2002 | White | 88,444 | 1025 | 1.16 |
|  | Asian/PI | 1316 | 26 | 1.97 |
| 2003 | White | 87,247 | 906 | 1.04 |
|  | Asian/PI | 1254 | 24 | 1.91 |
| Total | White | 441,972 | 4698 | 1.05 |
|  | Asian/PI | 6100 | 105 | 1.72 |

2. Most frequently, the Asian deaths were classified as White. In addition, we corrected the records classified as Other Asian, to the specific ethnicity. In a few instances the deceased was classified as Native American.

CONCLUSIONS: Small cell-sizes suggest that we draw conclusions with cautions. Nonetheless, we were able to confirm that:

1. Koreans appear to have the highest suicide rates among Asian American sub-groups. This finding validates other research that has found similar trends among Koreans. In the period we studied, the Japanese suicide rate was second to Koreans. Even though Asian Indians had many more suicides than among the other ethnic groups, the suicide rate for Asian Indians was significantly lower.

2. Our study speaks to the importance of correctly classifying the race and ethnicity of Asian Americans who die by suicide. As a low incidence event, racial misclassifications do not impact the overall White suicide rate, but have significant impact on the suicide rates of Asian Americans.

3. We used a published name-list to identify Asian names in death records, but that procedure by itself was inadequate for correctly disaggregating Asian American names. Our algorithm was superior to the name-list alone.

4. The strength of our study lies in the intensive cross-validation the two authors conducted to verify the names derived by the computer algorithm. Thus, lists that were 1100-1200 names long were reduced to 150-165 names. Even then we found 30 percent more cases of suicide among Asian Americans in Illinois. One could assume that this also is an under-count as we applied vigorous criteria in the final selection of rates and excluded names where there was any room for doubt.

5. If doing a name match on national data were feasible, the sample would be robust and more accurate results could be drawn about the suicide risk and outcomes for Asian Americans as a whole, and for specific ethnic groups among Asian Americans. This in-turn has important implications for addressing health disparities and the allocation of resources, education and training of healthcare providers and the development of suicide prevention programs for Asian Americans

6. We have not looked at accidents or deaths by unknown cause in this study. Per the evidence from the NVDRS, it is important to account for the fact that many accidents, deaths by overdose, etc. are not listed as suicide but could very well be. If we were to do that, our suicide rates and numbers would be considerable higher.