

Suicide and Self-Inflicted Injury

ARIZONA, 2006-2017

Arizona Department of Health Services
DECEMBER 28, 2018



ADHS

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Executive summary

Suicide

According to the Centers for Disease Control and Prevention, suicide was the 10th leading cause of death in the United States in 2016. Nationally, nearly 45,000 persons took their lives in 2016 (a national suicide rate of 13.4 per 100,000 persons in the US). In Arizona that same year, suicide was the 8th leading cause of death, with 1,256 certified deaths attributed to suicide among Arizona residents, and 1,325 total suicides, including residents and non-residents. The adjusted rate of suicide among Arizona residents in 2016 was 17.7 per 100,000 Arizona residents. The Arizona 2016 suicide rate was 32% above the national rate of suicide that year.

In Arizona, as in the US, adjusted suicide rates have been rising, from 15.4 to 18.0 between 2006 and 2017. In 2017, suicide remained the 8th leading cause of death, claiming the lives of 1,304 Arizona residents, and contributing substantially to premature mortality with a rate of 35205.5 years of potential life lost (YPLL) per 100,000 population, next to unintentional injuries (89,603), malignant neoplasms (82,697), and diseases of the heart (56,504).

In 2017, based on age-adjusted death rate, suicide was the 8th leading cause of death among males (28.1 per 100,000 residents) but ranked 11th among females (8.4 per 100,000 residents). Firearm, suffocation/ hanging and poisoning by drugs were the most common mechanisms of suicide in Arizona. In 2017, 60.3 percent of suicides were completed by use of firearms compared to 20.6 percent by means of strangulation and/or hanging. Arizonans aged 10-14 years had the lowest suicide mortality rates, while residents aged 45-54 years and those between the ages of 55-64 have experienced higher rates of suicide death among all age groups.

White non-Hispanics and American Indians, regardless of gender, have consistently experienced the highest age-adjusted suicide death rates compared to the other racial/ethnic groups in Arizona. In 2017, American Indians had the highest age-adjusted suicide rate (26.2 suicides per 100,000) among racial/ethnic groups, followed by White non-Hispanics (22.1/100,000), while Hispanics recorded the lowest age-adjusted suicide rate (8.5/100,000). Trends in suicide rates from 2006 to 2017 demonstrate excessive mortality among White males in comparison to all the other groups for most of the period under study.

Suicide mortality rates vary significantly across counties in Arizona. In 2017, La Paz (46.2/100,000), Navajo (43.9/100,000), Gila (37.6/100,000), and Apache (33.0/100,000) Counties recorded the highest suicide death rates in the state, while Santa Cruz residents experienced the lowest suicide rates in the state. Urban /rural differences are also apparent, as rural residents were three times more likely to die from suicide than residents in urban settings.

Among Arizona youths, residents aged 20-24 bear more of the burden of suicide mortality than those less than 20 years of age. In 2017, the relative risk of suicide was nearly 28 times greater for Arizonans aged 20-24 years compared to their counterparts aged 10-15 years.

Between 2006 and 2017, there were 3,084 certified veteran suicides. Since 2006, both the number of veteran suicides per year, and the rate of suicide per 100,000 Arizona veterans have increased. Veteran suicide rates in Arizona (including both residents and non-residents who committed suicide in Arizona) are elevated when compared with those in the Arizona general population, and with those among Arizona non-veterans. In 2017, the rate of suicide among Arizona veterans, when compared to the rate among Arizona non-veterans demonstrates a sustained pattern of elevated risk. In 2017, the rate of suicide among Arizona veterans was 19 percent higher than Arizona non-veterans.

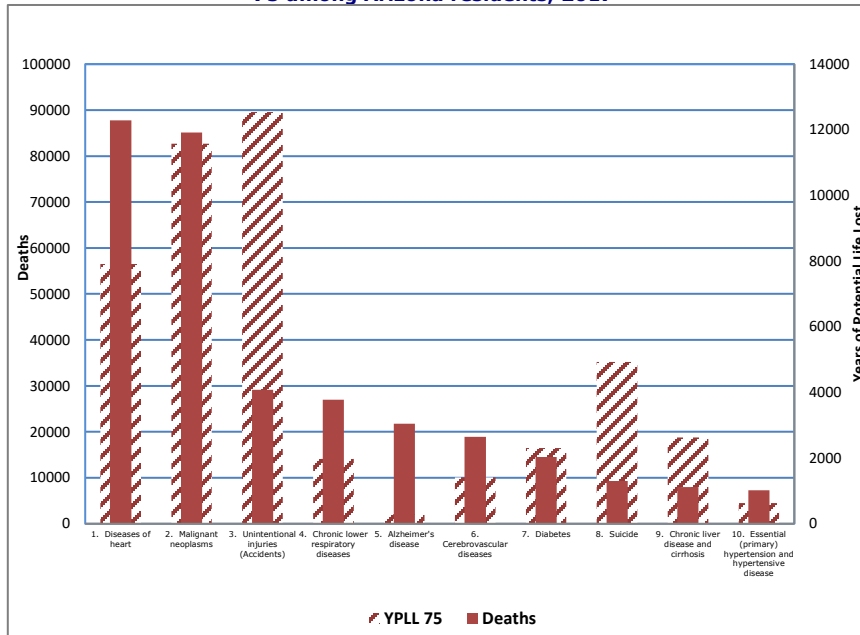
Self-Inflicted Injury

Self-inflicted injuries result from actions of individuals trying to deliberately harm themselves (i.e. behavior with no suicide intent) or kill themselves (i.e. suicide attempt). Trends of self-inflicted injury-related hospital discharges between 2008 and 2017 show a gradual decrease in hospitalization rates (28.8 percent) and E.R. visit rates (2.6 percent).

In 2017, there were 8,803 hospital discharges (2,560 hospitalizations and 6,243 emergency room visits) due to self-inflicted injuries. Self-inflicted injury-related hospital discharges were higher among females than males. For every self-inflicted injury among males, there were approximately two among females. Among racial/ethnic groups, White-non Hispanics experienced the highest rates of hospital discharges (165.6/100,000) due to self-inflicted injury. Poisoning by drugs was the main mechanism of self-inflicted injury in 2017, accounting for 70.2 percent of all self-inflicted injury-related hospital discharges. Health care cost analysis of self-inflicted injury during the period of 2008-2017 shows the magnitude of the economic burden of self-inflicted injury-related hospital discharges on the Arizona health care system. In 2017, self-inflicted injury-related hospital discharge costs were estimated at \$193 million, a two-fold increase from 2008.

A. SUICIDE: AN OVERVIEW

Figure 1A
Top 10 leading causes of death and years of potential life lost (YPLL) before age 75 among Arizona residents, 2017

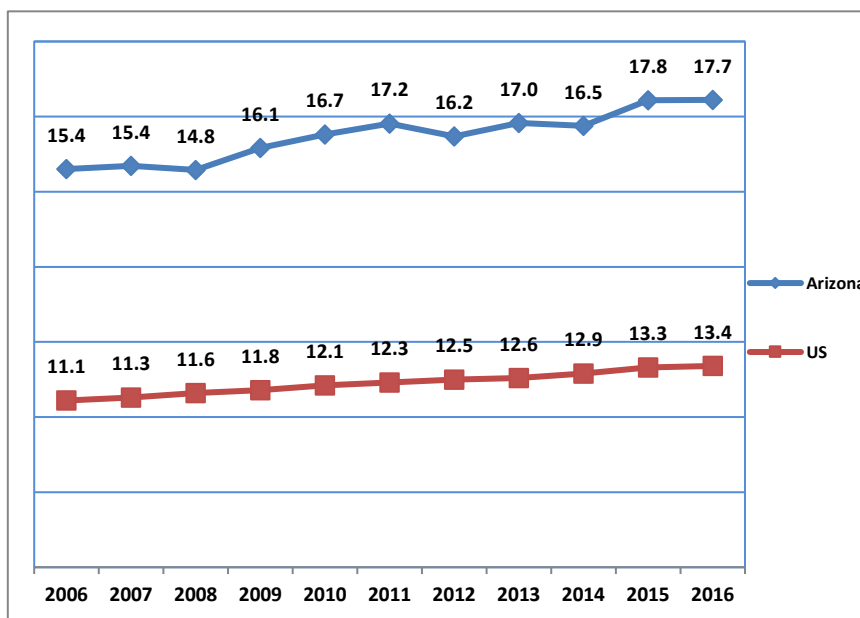


Note: Leading cause of deaths ranking is based on the number of deaths.

Ranking of cause of death is essential in understanding the magnitude of disease/injury in a population. Years of potential life lost (YPLL) - a measure of premature mortality- estimate the average years a person would have lived if they had not died prematurely. Reducing YPLL is an important public health goal since it emphasizes preventable death of younger persons.

In 2017, of the 57,261 deaths among Arizona residents, 1,304 deaths or 2.3 percent of all deaths were due to suicide. Suicide ranked 8th among the leading causes of death, but contributed substantially to premature mortality with a rate of 35,206 YPLL per 100,000 population, behind unintentional injuries (89,603), malignant neoplasms (82,697), and diseases of the heart (56,505).

Figure 2A
Age-adjusted suicide mortality rates^a Arizona versus United States, 2006-2016*



Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.
 * 2017 National data not currently available

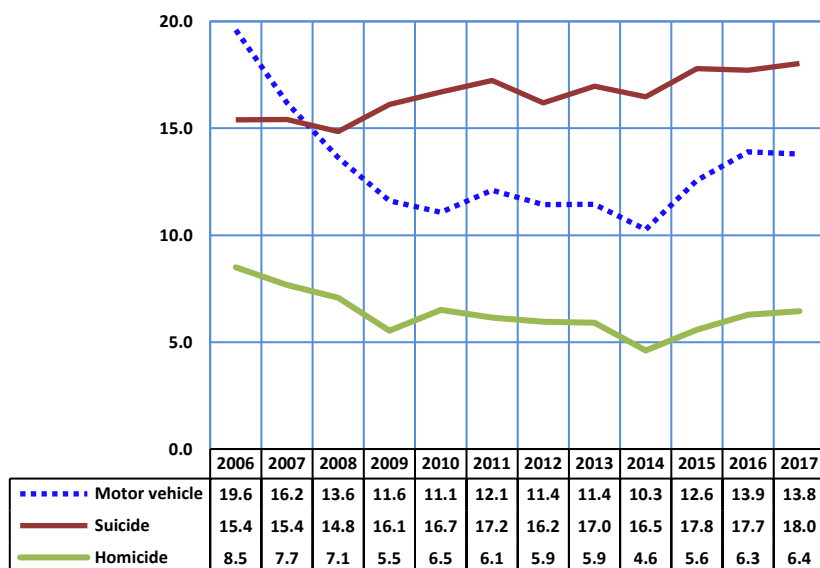
Suicide mortality has been on the rise both statewide and nationally. From 2006 to 2016, the overall US rate increased 20.7 percent, while the Arizona rate increased 15.0 percent during the same period.

Although the rate of increase from 2006-2016 is actually smaller in Arizona than the nation as whole, Arizona suicide mortality rates have been generally higher than the national rates.

In 2016, the suicide rate among Arizona residents (17.7/100,000) was 32.2 percent higher than the national rate (13.4/100,000).

A. SUICIDE: AN OVERVIEW

Figure 3A
Age-adjusted mortality rates^a for suicide, motor vehicle accident and homicide:
Arizona, 2006-2017



Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

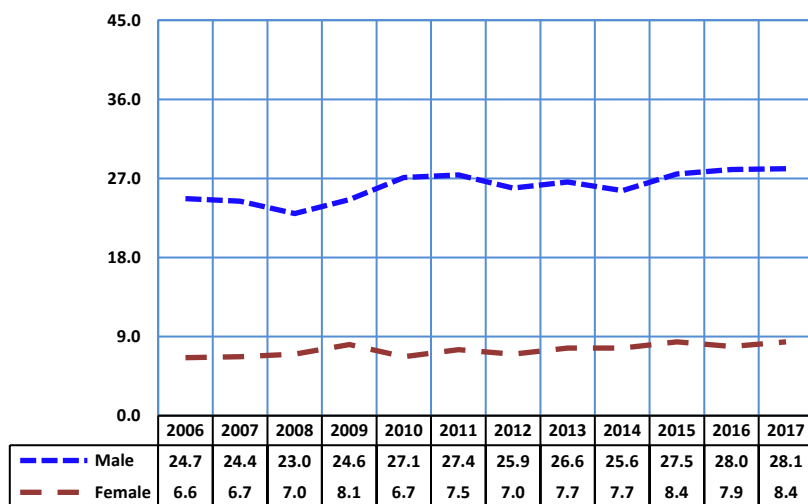
In 2017, more Arizonans died of suicide (n=1,304) than motor vehicle crashes (n=979) and homicides (n=430), making suicide the leading cause of violent death in Arizona for that year.

From 2006 to 2007, suicide rates were consistently higher than homicide rates, but interestingly were lower than motor vehicle traffic deaths prior to 2008.

Largely due to declines in motor vehicle traffic death rates between 2006 and 2010, the suicide rate surpassed, and has remained higher than the rate of motor vehicle traffic death.

In 2017, 18.0 out of 100,000 Arizonans died of suicide, compared to 13.8 per 100,000 who died in a motor vehicle accident, and 6.4 per 100,000 who died from homicide.

Figure 4A
Age-adjusted mortality rates^a for suicide by gender and year: Arizona,
2006-2017



Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

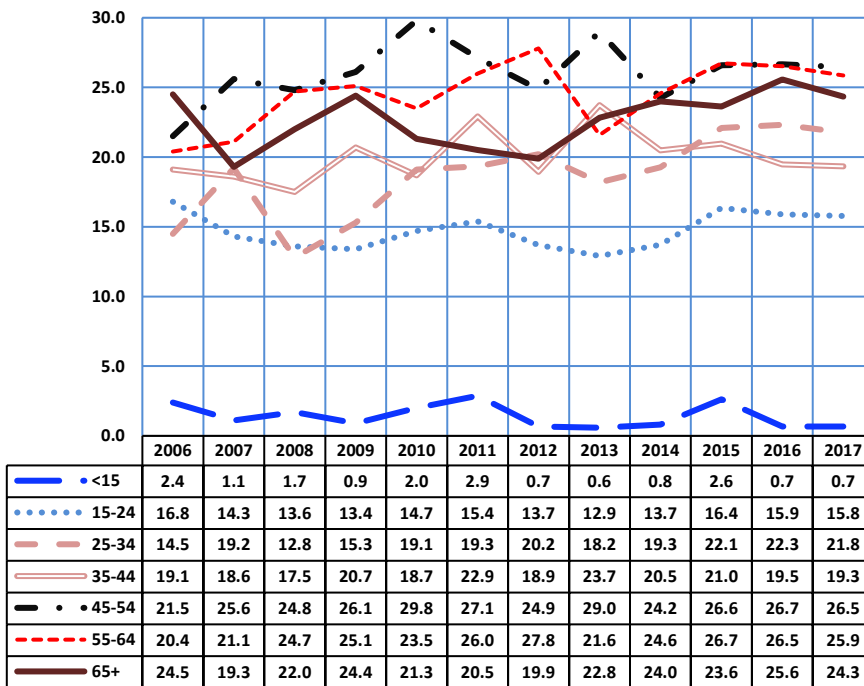
Historically, suicide mortality in Arizona has been consistently higher among males than females. The general trend during the period under study shows an excess of male suicide mortality compared to female suicide death. From 2006 to 2017, on average, for each female suicide, there were nearly 4 male suicides.

The relative risk of suicide (i.e. male to female ratio) has decreased from 3.7 in 2006 to 3.3 in 2017. This demonstrates that suicide rates have increased for both genders from 2006 to 2017, but more so for females (27.3 percent increase) than males (13.8 percent).

In 2017, more males (1,000) than females (304) lost their lives to suicide, making suicide the 8th leading cause of death among males and the 11th leading cause among females. During the same year, the male suicide death rate (28.1/100,000) was 3 times higher than the female rate (8.4/100,000).

A. SUICIDE: AN OVERVIEW

Figure 5A
Age-specific suicide mortality rates^a by age group: Arizona, 2006-2017



Note: ^a Number of deaths per 100,000 population in a specified age group.

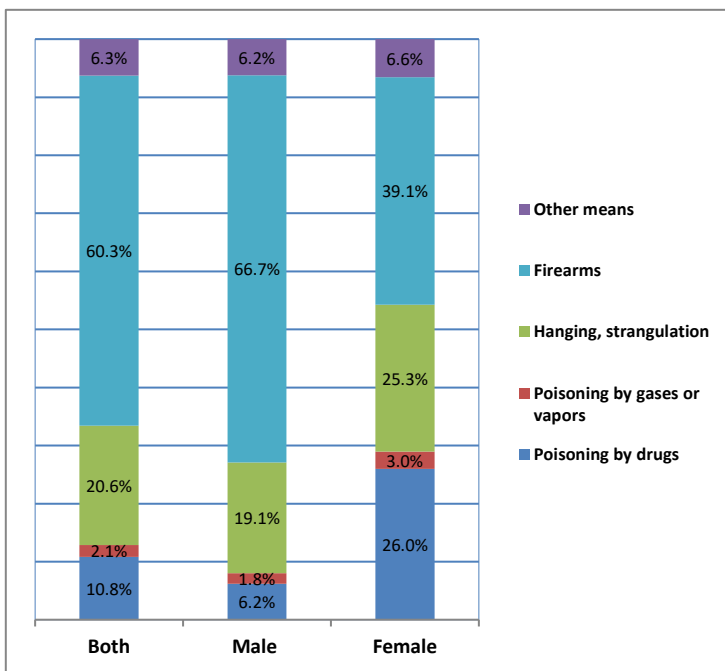
In Arizona, residents aged 10-14 years had the lowest suicide mortality rates while residents aged 45-54 years and those between the ages of 55-64 had higher rates of suicide death among all age groups.

From 2006 to 2017, children aged less than 15 years have seen a drastic decrease of 72.2 percent in suicide mortality rates. Residents aged 15-24 (6.0 percent) and those aged 65 years or older (0.6 percent) have also seen a decrease in suicide mortality rates, however in modest proportion.

In contrast, suicide death rates have been rising for all the remaining age groups between 2006 and 2017. Arizonans aged 25-34 have experienced an increase in suicide rate of 50.1 percent, followed by residents aged 55-64 years and those between the ages of 45-54 years.

Detailed information on counts and suicide rates during the period 2006-2017 is provided on Table 1 (Appendix)

Figure 6A
Mechanisms of suicide mortality by gender: Arizona, 2017

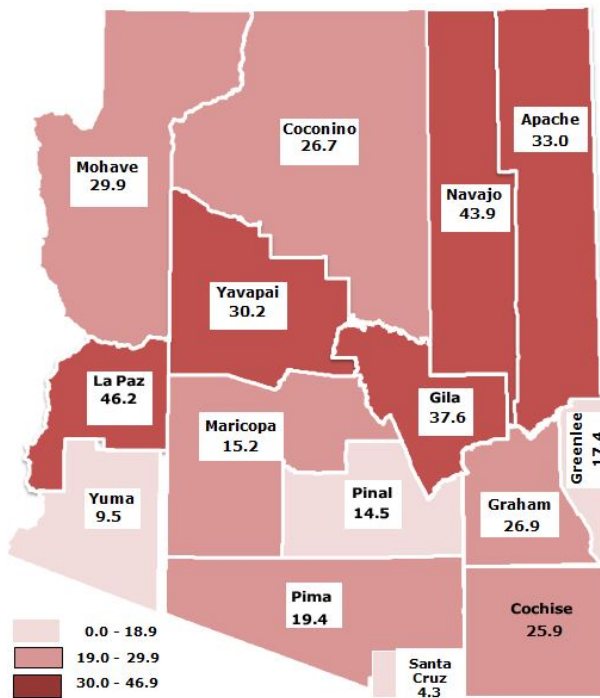


In 2017, firearm, suffocation/ hanging and poisoning by drugs were the most common mechanisms of suicide in Arizona. Of the 1,304 suicide deaths reported among Arizona residents, over 60 percent of suicides were completed by use of firearm (n=786) compared to 20.6 percent by means of strangulation and/or hanging (n=268), and 10.8 percent by means of drugs (n=141).

In 2017, firearm was the leading mechanism of suicide among both Arizona males and females. However, the use of firearms was greater among male suicides (66.7 percent) than female suicides (39.1 percent). There are significant gender differences in method of suicide. Females tend to more frequently use methods such as poisoning by drugs (26.0 percent) and hanging or strangulation (25.3 percent) than males.

A. SUICIDE: AN OVERVIEW

Figure 7A
Age-adjusted mortality rates^a of suicide by county of residence: Arizona, 2017

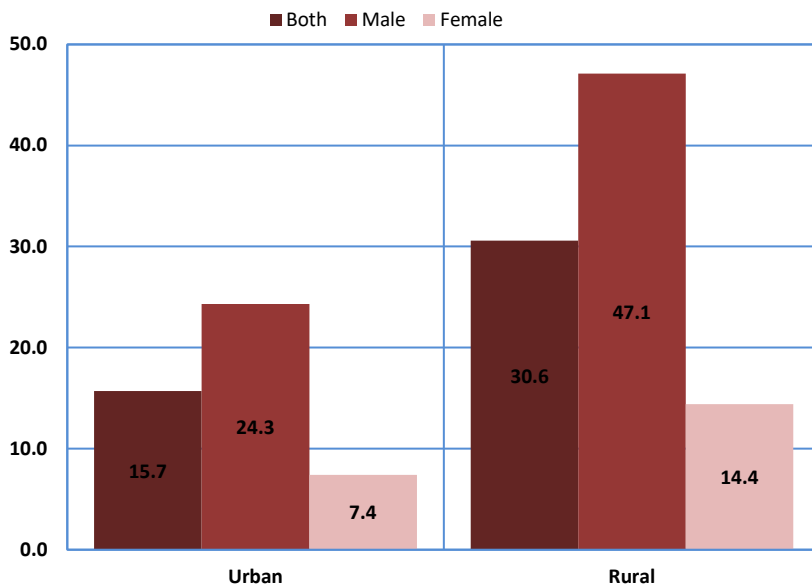


Suicide mortality rates vary significantly between counties in Arizona.

In 2017, only 5 out of 15 counties recorded age-adjusted suicide death rates lower than the state rate of 18.0 per 100,000 population. La Paz (46.2/100,000), Navajo (43.9/100,000), Gila (37.6/100,000), and Apache (33.0/100,000) Counties recorded the highest suicide death rates compared to the rest of the state. Santa Cruz residents experienced the lowest suicide rates in the state.

Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Figure 8A
Age-adjusted mortality rates^a of suicide by urban/rural areas: Arizona, 2017

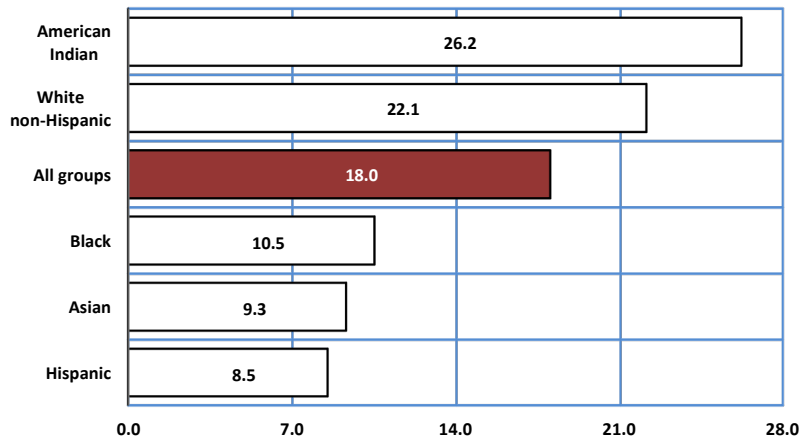


Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

In Arizona, suicide mortality rates are generally higher in rural settings than urban areas. In 2017, rural residents died of suicide at increasingly higher rates (30.6/100,000 population), two-fold greater than their urban counterparts (15.7/100,000 population). Across the board, rural males witnessed the highest rate of suicide death (47.1/100,000 population), while urban females had the lowest suicide mortality rates (7.4/100,000).

B. SUICIDE: RACE/ETHNICITY DISPARITIES

Figure 1B
Age-adjusted mortality rates^a of suicide by race/ethnicity: Arizona, 2017



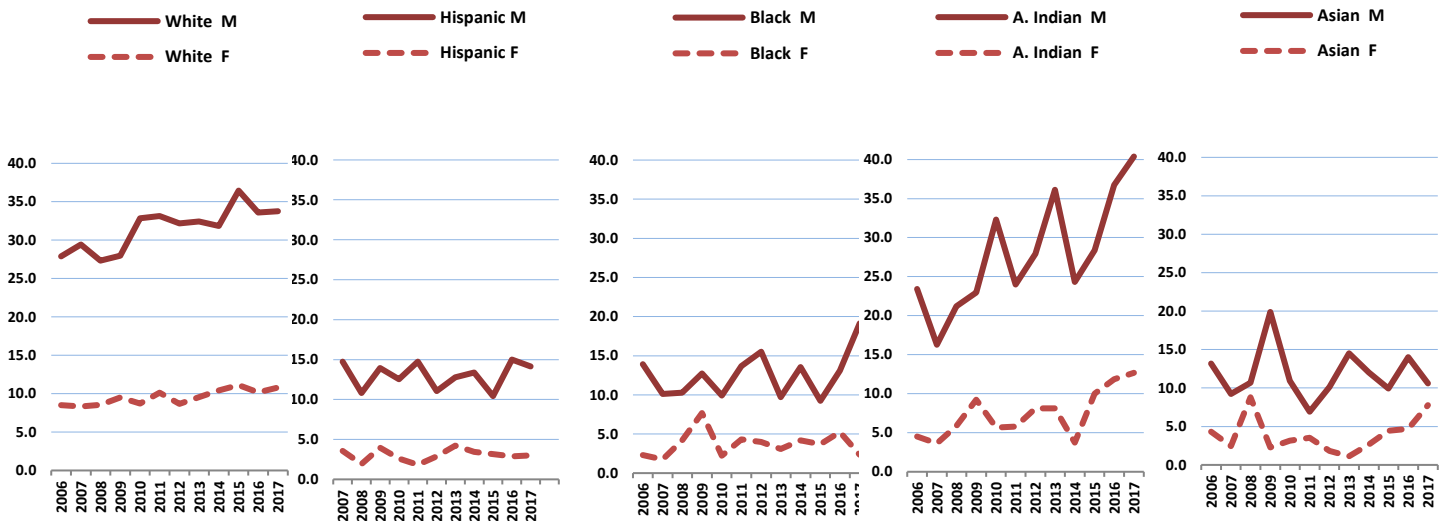
As in mortality from any cause, race/ethnicity disparities are apparent in suicide mortality.

In 2017, suicide death rates for American Indians (26.2 suicides per 100,000 population) were the highest of any racial and ethnic groups in Arizona. A similarly high rate is observed among White non-Hispanics with a suicide mortality rate of 22.1 deaths per 100,000 population.

In contrast, Hispanics recorded the lowest age-adjusted suicide rate (8.5/100,000).

Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Figure 2B
Age-adjusted mortality rates^a of suicide by race/ethnicity and gender: Arizona, 2006-2017



Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

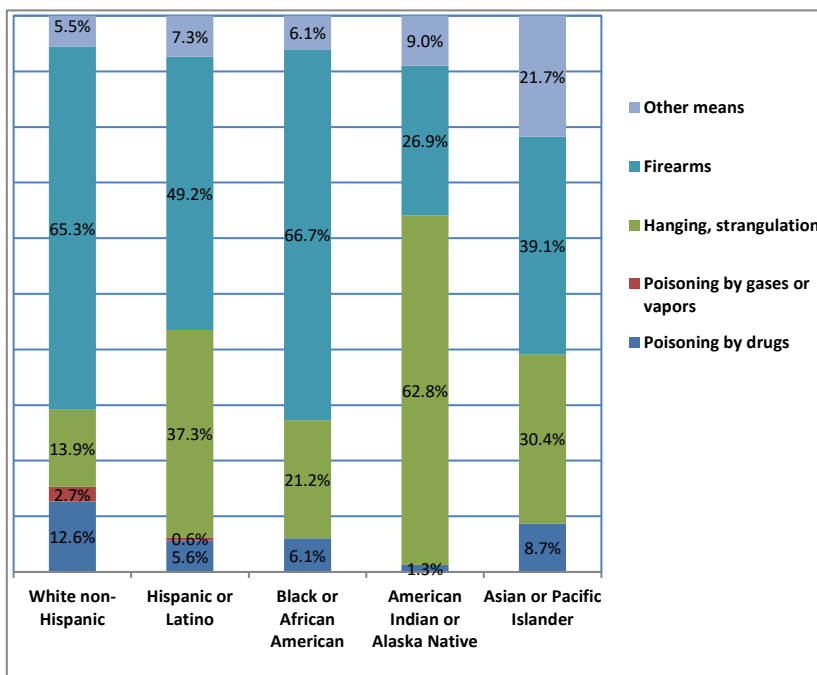
B. SUICIDE: RACE/ETHNICITY DISPARITIES

White non-Hispanics and Native Americans, regardless of gender have consistently experienced the highest age-adjusted suicide death rates compared to the other racial/ethnic groups in Arizona. During 2006-2017, the highest suicide death rates were recorded among White males, except in 2013, 2016 and 2017 when the highest rates were observed among Native American males (**Figure 2B**).

Between 2006 and 2017, American Indians have recorded the greatest increase in suicide mortality rates among all the groups. Percent changes in suicide mortality rates among this group from 2006 to 2017 revealed a three-fold increase among females, and a two-fold increase among males.

From 2006-2017, suicide mortality rates have been rising among most of the race/ethnic groups and increases were observed for both males and females. Further details on the historical suicide counts and age-adjusted mortality rates by race/ethnicity and gender are provided on Table 2 and Table 3, respectively (Appendix).

Figure 3B
Mechanisms of suicide mortality by race/ethnicity: Arizona, 2017



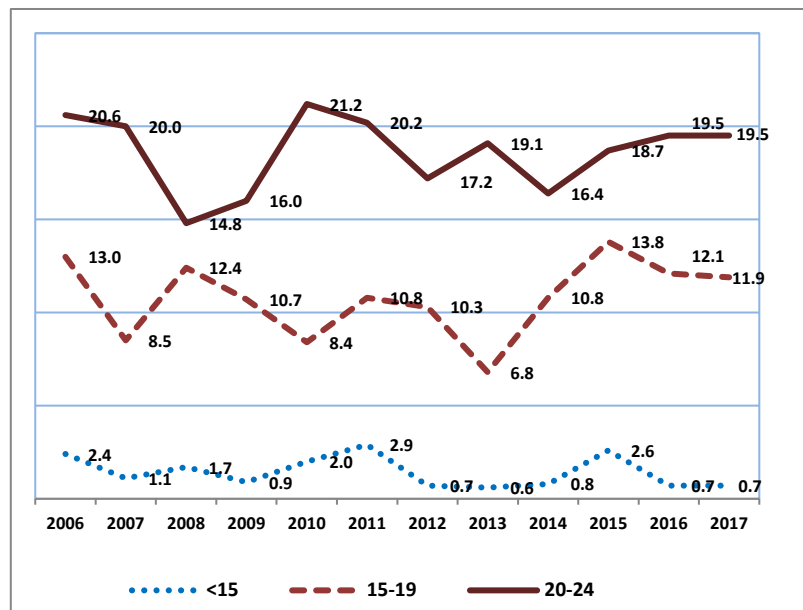
In 2017, of all the suicides recorded, most involved the use of firearms (60.3 percent) and suffocation (hanging or strangulation) methods (20.6 percent).

Firearms were the most common method of suicide among Black or African Americans, White non-Hispanics, Hispanic or Latinos and Asians, while, strikingly, strangulation was the leading mechanism of suicide among American Indians.

White non-Hispanics account for the greater proportion of suicide deaths where poisoning by drugs was involved.

C. YOUTH SUICIDE

Figure 1C
Age-specific suicide mortality rates^a among youth aged 10-24 years: Arizona, 2006-2017

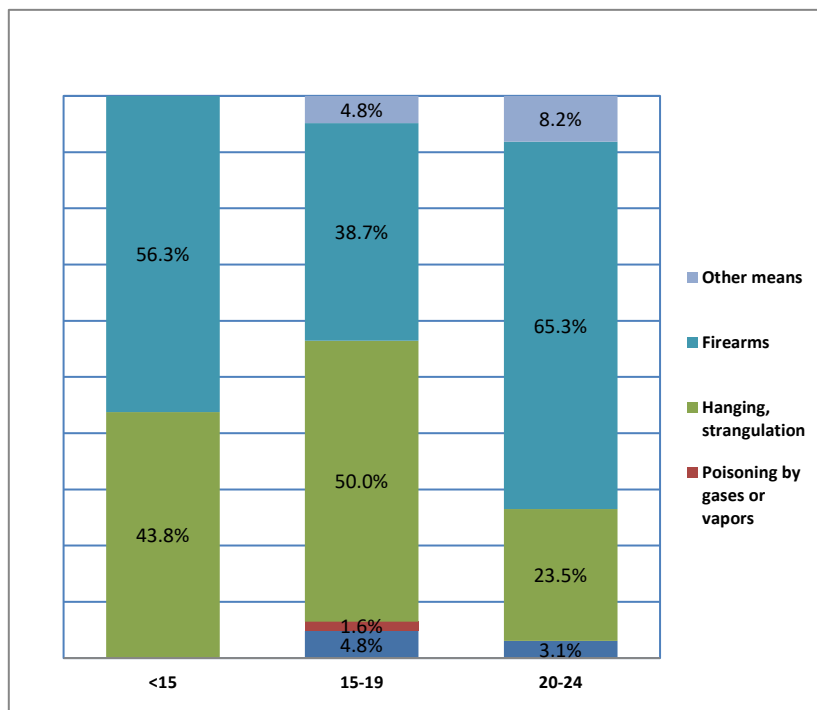


From 2006-2017, residents aged 20-24 years had consistently higher rates of suicides than their younger counterparts.

In 2017, the relative risk of suicide among Arizonans aged 20-24 years was 27.8 times greater than the suicide death rate of those aged 10-15 years, but 1.6 times higher than Arizonans aged 15-19 years.

Compared to older Arizonans (aged 20 years or older), suicide death rates of those under 20 years of age, remained the lowest.

Figure 2C
Mechanisms of suicide mortality among residents youth aged 10-24: Arizona, 2017



Methods of suicide in Arizona differ by age groups among youth. In 2017, most suicide deaths of Arizona children < 15 years involved firearms, while 43.8 percent occurred by suffocation (hanging or strangulation).

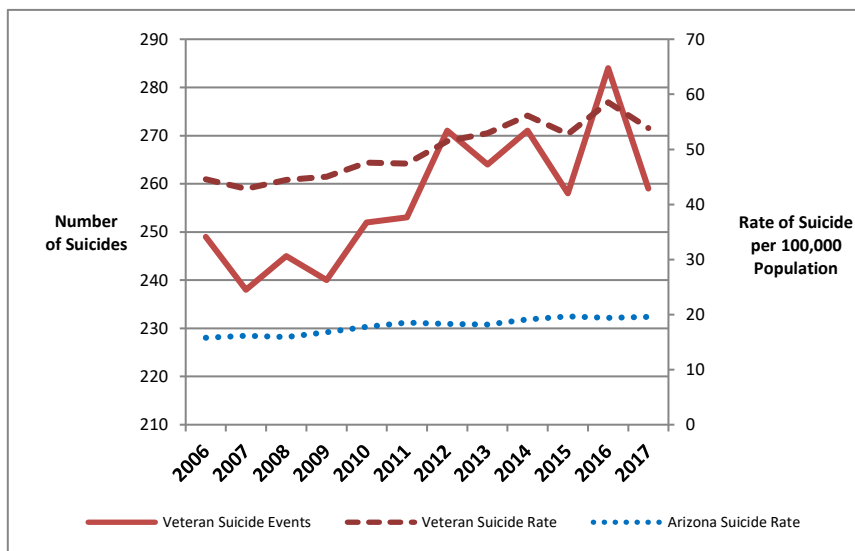
Among youth aged 15-19 years, hanging or strangulation was the leading mechanism of suicide, while among those aged 20-24 years, firearms were used more frequently in suicide death.

D. VETERAN SUICIDE

Nationally, Veteran suicide rates in 2016 were 30.1 per 100,000¹ with 6,079 veteran suicide deaths nationally. In 2016, there were 284 suicides among veterans in Arizona, with an unadjusted veteran suicide rate at 58.5 per 100,000.² According to Veteran Administration published estimates, the rate of veteran suicide in Arizona was 44.1 per 100,000, above Western regional estimated veteran suicide rates (35.0 per 100,000).³ Nationally, the rate of veteran suicide dropped from 2015 to 2016. But the rate of suicide among veterans in general has risen over the last decade both nationally, and statewide. In Arizona, the rate of veteran suicide dropped in 2017 to 53.9 per 100,000 from the year before.

There are significant differences in rates of veteran suicide between states, and between regions of the country. Among the 50 states, the 10 states with the highest veteran suicide rates in 2016 were Vermont (56.8), Wyoming (48.9), Nevada (48.2), Idaho (47.2), Montana (45.7), Arizona and New Mexico (44.1), Utah (43.4), Colorado (42.9) and Oregon (39.4). According to Veteran's Administration reports, the veteran suicide rates in 2016 in the Western United States were highest among all regions of the country (35.0).

Figure 1D
Number of suicides and rates of suicide among Arizona Veterans: 2006-2017



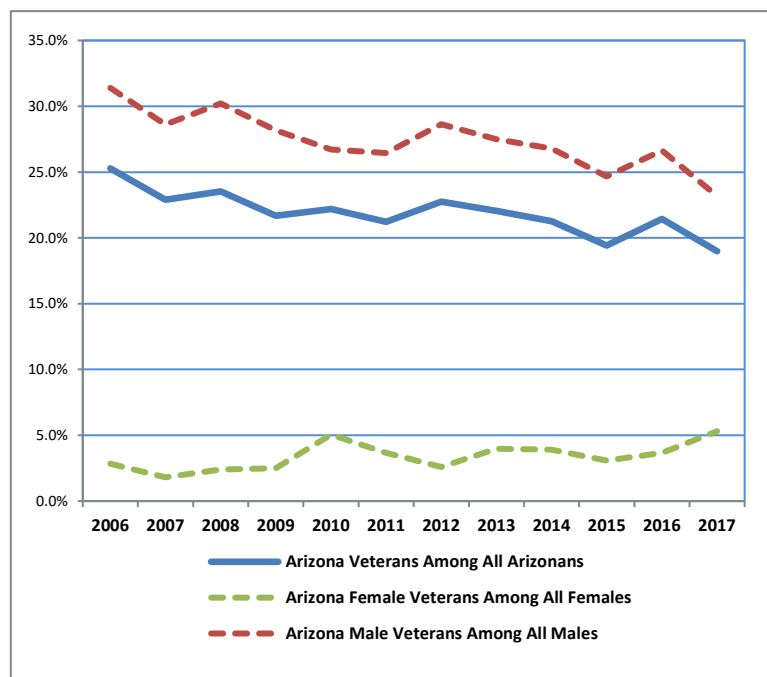
Veteran suicide rates in Arizona (including both residents and non-residents who committed suicide in Arizona) are elevated when compared with those in the Arizona general population. Detailed information on suicide counts and rates during the period 2006-2017 is provided on Table 4 (Appendix)

Between 2006 and 2017 there were 3,084 certified veteran suicides. Since 2006, both the number of veteran suicides per year, and the rate of suicide per 100,000 Arizona veterans have increased, although there was a drop in veteran suicides from 2016 to 2017 in Arizona.

1. VA National Suicide Data Report 2005-2016, September, 2018 (https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf).
2. Based upon certified suicide deaths, using the US Census American Community Survey estimate of veteran population in Arizona.
3. Arizona Veteran Suicide Data Sheet, 2016 (https://www.mentalhealth.va.gov/docs/2016/Arizona_2016.pdf)

D. VETERAN SUICIDE

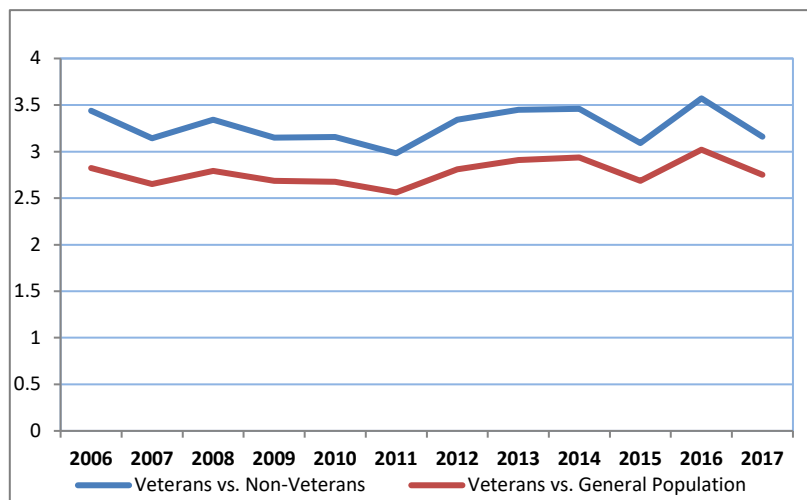
Figure 2D
Proportion of Arizona veterans suicides among all suicides occurring in Arizona, 2006-2017



While estimates of the Arizona veteran population differ, the proportion of veteran suicides among all Arizona suicides has declined. According to the American Community Survey (U.S. Census Bureau), the population of Arizona veterans has declined from 558,906 (9.0% of Arizona population) in 2006 to 480,778 (6.9% of Arizona population) in 2017.

The rising rate of Arizona veteran suicides is accelerated by both an increase in the number of Arizona veteran suicides, and a declining overall population of Arizona resident veterans. The increasing number of Arizona veteran suicides is reflective of similar, larger increases in the total number of Arizona suicides, explaining the slowly declining proportion of Veteran suicides among all Arizona suicides.

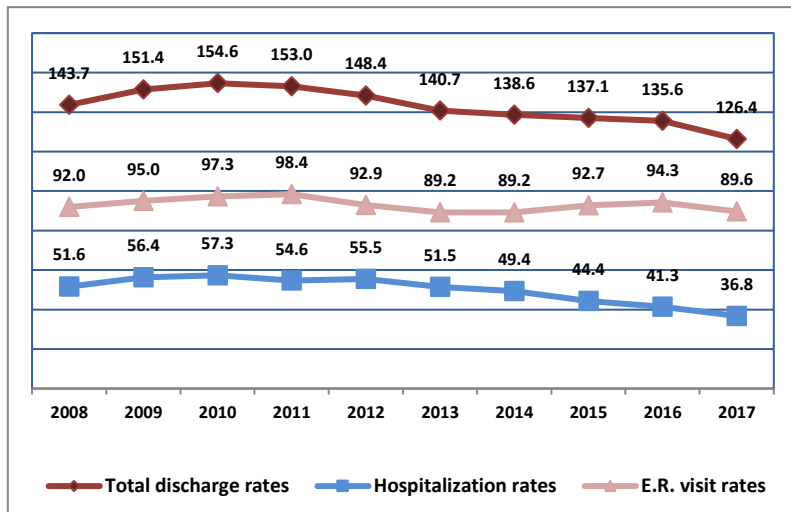
Figure 3D
Risk of suicide among Arizona veterans compared to other Arizonans, 2017



There is a persistent greater risk of suicide death among veterans compared to non-veterans and the general population in Arizona. The rate of suicide deaths among Arizona veterans, when compared to the rate among Arizona non-veterans demonstrates a sustained pattern of elevated risk (between 2.5 and 3.5 times greater) of suicide among Arizona veterans.

E. SELF-INFLICTED INJURIES

Figure 1E
Hospital discharge rates^a due self-inflicted injury by type of encounter: Arizona, 2008-2017^b



Note: ^a Rate per 100,000 population

^b On October 1, 2015, a new revision of the International Classification of Diseases, Tenth Revision, Clinical Modification/Procedure Coding Systems (ICD-10-CM/PCS) was implemented in replacement of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) for reporting medical diagnoses in healthcare settings. The transition to ICD-CM has some impact on comparability of hospital discharges data and continuity of statistical trends. Any comparison of hospital discharge events between 2015 and previous years should take into account the differences between the classification systems.

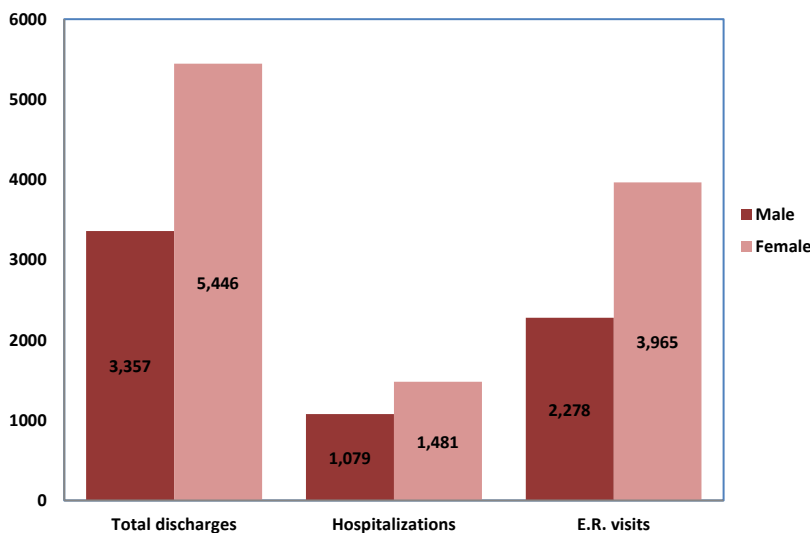
Self-inflicted injuries result from actions of individuals trying to deliberately harm themselves (i.e. behavior with no suicide intent) or kill themselves (i.e. suicide attempt).

In 2017, there were 8,803 hospital discharges (2,560 inpatient stays and 6,243 emergency room visits) due to self-inflicted injuries. Compared to the number of Arizonans who died from suicide (n=1,304) in 2017, this translates to 1 suicide for every 7 self-inflicted injuries.

Trends in annual rates of hospital discharges due to self-inflicted injury have been decreasing. Between 2008 and 2017, there was a decrease of 12 percent in total self-inflicted injury-related hospital discharge rates, with a 28.8 percent decrease in hospitalization rates and 2.6 percent decrease in E.R. visit rates due to self-inflicted injury.

Rates of self-inflicted injury-related hospital discharges throughout 2008-2017, do not mirror rates of suicide mortality during the same period.

Figure 2E
Hospital discharges due to self-inflicted injury by gender: Arizona, 2017



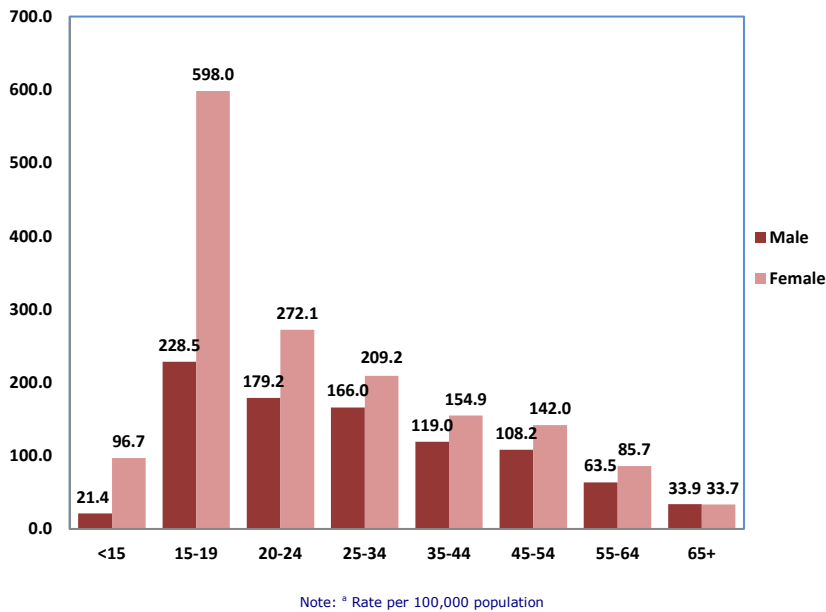
Gender-specific analysis of self-inflicted injury revealed differences in the frequency of hospital encounters. In 2017, self-inflicted injury resulting in hospital stays or E.R. visits were remarkably higher among Arizona females than their male counterparts. Out of 8,803 total hospital discharges, 61.9 percent were recorded among female residents.

Arizona females comprised 58 percent of hospitalizations due to self-inflicted injuries, a proportion that is 1.4 times higher than that of Arizonan males.

Similarly, the frequency of E.R. visits was almost twice as great for female residents (63.5 percent) than male residents (36.5 percent).

E. SELF-INFLICTED INJURIES

Figure 3E
Hospital discharge rates^a due to self-inflicted injury by age and gender:
Arizona, 2017

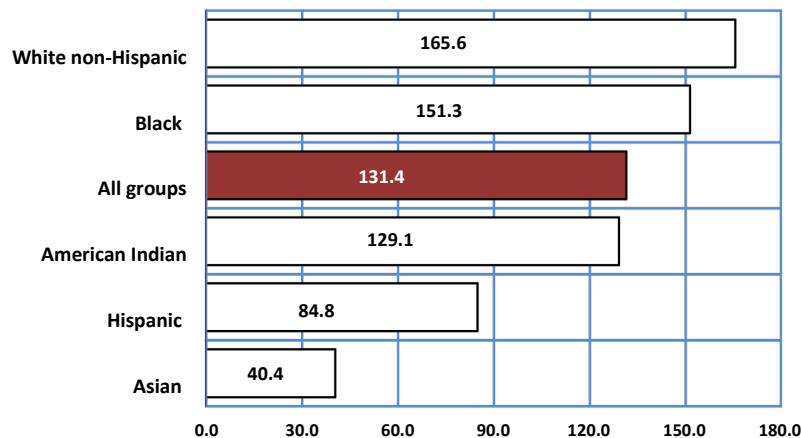


In 2017, the rates of hospital discharges due to self-inflicted injuries were consistently greater in Arizona females than their male counterparts throughout the life span, except for residents aged 65 years or older.

For both genders, the rate of hospital discharges due to self-inflicted injury noticeably peaked at ages 15-19 years and 20-24 years.

However, gender disparity in hospital utilization resulting from self-inflicted injury was most striking among Arizonans aged less than 15 years. The gender gap for that age group can be translated to a ratio of 5 female self-inflicted injury hospital discharges for every male self-inflicted injury hospital discharge.

Figure 4E
Age-adjusted hospital discharge rates^a due to self-inflicted injury by
race/ethnicity: Arizona, 2017



Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

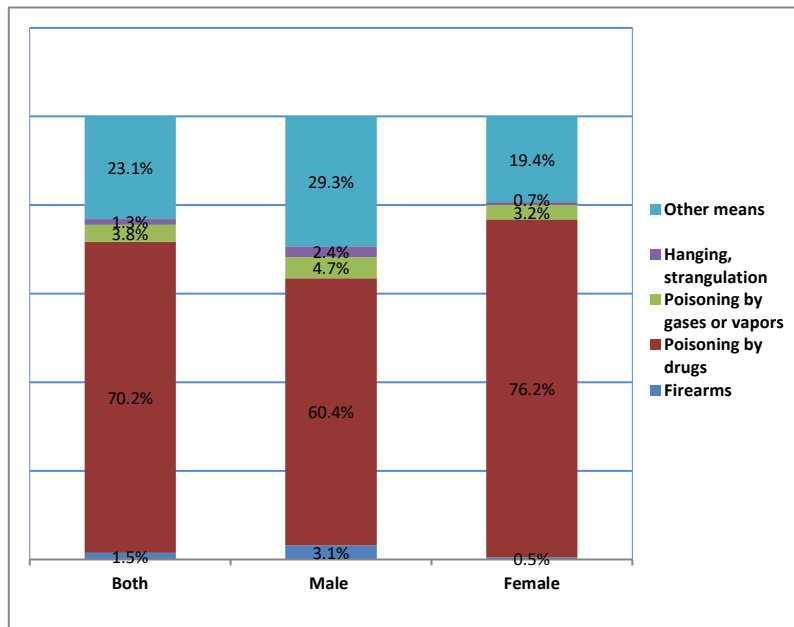
In 2017, self-inflicted injury hospital discharge was highest among White non-Hispanics (165.6 discharges per 100,000 population) than any racial/ethnic groups in Arizona.

Similarly, Blacks exhibited an higher rates of self-inflicted injury-related hospital discharge, compared to other racial/ethnic groups(151.3/100,000)

In contrast, Asians recorded the lowest self-inflicted injury-related hospital discharge rate (40.4/100,000).

E. SELF-INFLICTED INJURIES

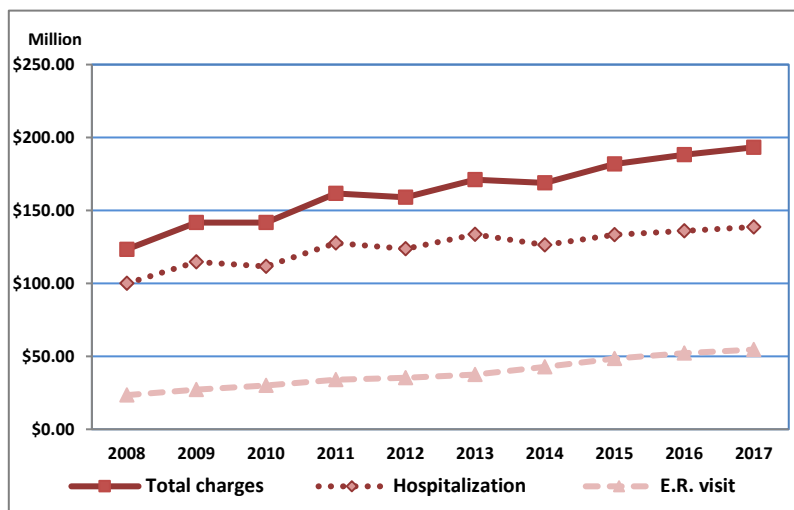
Figure 5E
Percentage of hospital discharges due to self-inflicted injury by mechanism:
Arizona, 2017



In 2017, poisoning by drugs was the leading mechanism of self-inflicted injury, accounting for 70.2 percent of all self-inflicted injury-related hospital discharges in Arizona. For both genders, poisoning by drugs was involved in most self-inflicted injury-related hospital discharges.

Expectedly, firearms and hanging – the the most lethal methods of suicide – were the least likely to be involved in the total number of hospital discharges resulting in self-inflicted injuries. Distinctively, males recorded the highest proportion of self-inflicted injury-related hospital discharges involving firearms (3.1 percent) and strangulation (2.4 percent).

Figure 6E
Total charges^a for hospital discharges due to self-inflicted injury by type of encounter:
Arizona, 2006-2017



In 2017, the annual reported charges of self-inflicted injury-related hospital discharges were estimated to be \$193 million, with 71.7 percent of these costs attributable to hospitalizations. Trend analysis shows an increase in the total estimated health care costs of self-inflicted injury. From 2008 to 2017, the burden of health care costs has increased by approximately two-fold. E.R. visit charges due to self-inflicted injury have increased the most during 2008-2017 (2.3-fold increase) compared to the hospitalization charges resulting from self-inflicted injury (1.4-fold increase).

Note: ^a This includes suicide attempt and self-inflicted injury without intent to die.

APPENDIX

**TABLE 1
NUMBER OF SUICIDES AND SUICIDE MORTALITY RATES BY YEAR, ARIZONA RESIDENTS, 2006-2017**

	2006		2007		2008		2009		2010		2011		2012		2013		2014		2015		2016		2017	
	Count	Rate ^a	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
<15 ^a	11	2.4	5	1.1	8	1.7	4	0.9	9	2.0	13	2.9	9	0.7	8	0.6	11	0.8	12	2.6	9	0.7	16	0.7
15-24	149	16.8	127	14.3	123	13.6	122	13.4	133	14.7	140	15.4	126	13.7	121	12.9	129	13.7	155	16.4	151	15.9	160	15.8
15-19	57	13.0	38	8.5	56	12.4	49	10.7	39	8.4	50	10.8	48	10.3	32	6.8	49	10.8	63	13.8	56	12.1	62	11.9
20-24	92	20.6	89	20.0	67	14.8	73	16.0	94	21.2	90	20.2	78	17.2	89	19.1	80	16.4	92	18.7	95	19.5	98	19.5
25-34	131	14.5	179	19.2	122	12.8	147	15.3	164	19.1	167	19.3	175	20.2	158	18.2	171	19.3	199	22.1	204	22.3	236	21.8
35-44	165	19.1	164	18.6	157	17.5	188	20.7	154	18.7	190	22.9	157	18.9	198	23.7	171	20.5	176	21.0	164	19.5	180	19.3
45-54	170	21.5	213	25.6	209	24.8	222	26.1	251	29.8	230	27.1	208	24.9	242	29.0	204	24.2	224	26.6	225	26.7	189	26.5
55-64	125	20.4	137	21.1	162	24.7	167	25.1	171	23.5	190	26.0	208	27.8	164	21.6	192	24.6	213	26.7	216	26.5	224	25.9
65+	196	24.5	161	19.3	187	22.0	209	24.4	188	21.3	182	20.5	187	19.9	224	22.8	246	24.0	254	23.6	287	25.6	299	24.3
65-74	88	20.3	81	19.1	85	19.7	89	20.4	74	14.9	83	16.6	94	17.4	112	19.8	137	23.1	138	22.1	153	23.4	150	22.3
75-84	71	26.3	59	19.5	72	23.5	88	28.4	84	29.9	63	22.3	62	21.1	82	27.2	77	24.7	81	25.0	92	27.3	99	26.0
85+	37	38.6	21	19.4	30	27.2	32	28.8	30	29.0	36	34.6	31	28.6	30	26.7	32	26.7	35	27.9	42	32.1	50	30.5
	Count	Age-adjusted Rate ^b	Count	Age-adjusted Rate	Count	Age-adjusted Rate	Count	Age-adjusted Rate	Count	Age-adjusted Rate	Count	Age-adjusted Rate	Count	Age-adjusted Rate	Count	Age-adjusted Rate	Count	Age-adjusted Rate	Count	Age-adjusted Rate	Count	Age-adjusted Rate	Count	Age-adjusted Rate
TOTAL	948	15.4	986	15.4	968	14.8	1,060	16.1	1,070	16.7	1,113	17.2	1,070	16.2	1,116	17.0	1,124	16.5	1,233	17.8	1,256	17.7	1,304	18.0

Note: ^a Number of deaths per 100,000 population in a specified age group.
^b Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

**TABLE 2
SUICIDE COUNTS BY RACE/ETHNICITY AND GENDER, ARIZONA, 1997-2017**

	All groups			White non-Hispanic			Hispanic or Latino			Black or African American			American Indian or Alaska Native			Asian or Pacific Islander		
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
1997	732	592	139	587	466	121	81	76	5	17	13	4	36	29	7	11	8	3
1998	802	635	167	644	495	149	99	93	6	10	7	3	40	33	7	9	7	2
1999	760	595	165	594	459	135	101	82	19	18	18		41	32	9	6	4	2
2000	756	608	148	604	471	133	94	84	10	10	10	0	41	36	5	7	7	0
2001	600	485	115	462	367	95	73	64	9	15	13	2	43	36	7	6	5	1
2002	855	692	163	684	542	142	103	89	14	12	12	0	50	43	7	5	5	0
2003	807	647	160	624	499	125	105	84	21	23	19	4	47	41	6	6	2	4
2004	854	674	180	662	511	151	120	105	15	20	17	3	47	37	10	4	3	1
2005	915	723	192	694	542	152	147	126	21	7	5	2	56	45	11	11	5	6
2006	948	743	205	735	562	173	128	113	15	21	18	3	49	40	9	13	9	4
2007	986	773	213	774	599	175	150	123	27	15	13	2	35	28	7	11	9	2
2008	968	737	231	772	580	192	105	90	15	20	15	5	53	41	12	16	9	7
2009	1,060	792	268	811	602	209	144	114	30	27	18	9	56	38	18	15	13	2
2010	1,070	846	224	832	651	181	125	103	22	18	15	3	57	48	9	14	10	4
2011	1,113	866	247	873	666	207	135	117	18	24	18	6	56	45	11	10	7	3
2012	1,070+	837	230+	849	665	184	122	94	28	30+	22	*	60	46	14	10+	10	*
2013	1,120+	860	260+	863	667	196	151	110	41	20+	15	*	69	55	14	10+	13	*
2014	1,120+	857	270+	883	663	220	138	110	28	31	24	7	53	45	8	20+	15	*
2015	1,233	941	292	1,002	770	232	133	101	32	22	16	6	58	42	16	18	12	6
2016	1,256	976	280	955	739	216	173	143	30	28	20	8	75	56	19	25	18	7
2017	1,300+	1,000	300+	973	738	235	177	144	33	30+	30	*	78	58	20	23	13	10

Notes: * Cell suppressed due to non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6.

**TABLE 3
AGE-ADJUSTED^a MORTALITY RATES OF SUICIDE BY RACE/ETHNICITY AND GENDER, ARIZONA, 1997-2017**

	All groups			White non-Hispanic			Hispanic or Latino			Black or African American			American Indian or Alaska Native			Asian or Pacific Islander		
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
1997	17.2	28.7	6.3	19.4	31.8	7.7	8.8	16.3	1.3	12.3	21.5	3.5	18.7	30.5	7.4	11.0	18.2	5.7
1998	17.5	28.7	7.1	20.1	32.2	8.9	9.5	18.4	0.8	6.5	8.7	3.9	16.1	28.1	5.0	6.8	9.1	3.9
1999	15.7	25.5	6.5	16.7	27.1	7.0	10.5	17.8	3.7	12.8	26.1	0.0	16.6	27.6	6.4	6.4	10.3	3.4
2000	14.6	24.7	5.2	16.7	27.6	6.8	7.2	12.7	1.4	6.5	12.2	0.0	16.2	29.7	3.7	5.7	12.3	0.0
2001	14.9	24.6	5.6	12.8	21.0	5.1	5.9	9.9	1.6	9.2	15.2	2.4	15.4	26.4	5.2	9.4	15.4	4.7
2002	15.9	26.4	6.0	18.3	30.0	7.4	8.3	14.2	2.5	6.2	11.4	0.0	17.9	31.7	4.9	4.1	9.1	0.0
2003	14.6	24.0	5.8	16.4	27.1	6.4	8.2	11.8	4.2	11.3	16.6	4.8	15.2	27.4	3.6	6.0	7.0	5.9
2004	14.9	24.1	6.3	16.6	26.4	7.5	9.8	17.5	2.2	12.1	17.3	5.1	17.0	28.5	6.5	4.0	7.0	2.7
2005	15.4	24.9	6.5	16.6	26.7	7.3	10.5	17.8	3.0	3.3	4.7	1.8	17.5	28.7	6.8	11.7	8.9	14.1
2006	15.4	24.7	6.6	17.8	27.9	8.5	8.2	14.2	2.0	8.3	13.9	2.3	13.7	23.4	4.5	8.4	13.2	4.3
2007	15.4	24.4	6.7	18.7	29.4	8.3	9.2	14.7	3.6	6.2	10.1	1.7	9.8	16.3	3.6	6.1	49.2	2.4
2008	14.8	23.0	7.0	17.6	27.3	8.5	6.5	10.8	1.9	7.5	10.3	4.2	13.5	21.2	5.9	9.9	10.7	8.8
2009	16.1	24.6	8.1	18.4	28.0	9.5	9.0	14.0	3.9	10.5	12.7	7.7	15.9	22.9	9.3	9.9	19.9	2.3
2010	16.7	27.1	6.7	20.6	32.8	8.7	7.4	12.5	2.6	6.4	9.9	2.2	18.7	32.3	5.7	6.8	11.0	3.2
2011	17.2	27.4	7.5	22.0	33.1	10.1	8.1	14.8	1.8	9.1	13.7	4.3	14.9	24.0	5.8	5.3	6.9	3.5
2012	16.2	25.9	7.0	20.2	32.2	8.7	6.8	11.1	2.9	10.0	15.5	4.0	17.9	27.9	8.1	5.7	10.2	1.8
2013	17.0	26.6	7.7	20.8	32.4	9.6	8.4	12.8	4.2	6.7	9.7	3.1	21.9	36.1	8.1	7.0	14.5	1.1
2014	16.5	25.6	7.7	21.0	31.9	10.4	8.3	13.4	3.4	9.0	13.6	4.2	13.9	24.3	3.7	7.0	12.0	2.7
2015	17.8	27.5	8.4	23.6	36.4	11.1	6.7	10.4	3.2	6.6	9.2	3.7	19.0	28.4	10.0	7.0	9.9	4.5
2016	17.7	28.0	7.9	21.7	33.6	10.2	8.8	15.0	2.9	9.0	13.1	5.2	24.2	36.7	11.9	9.3	14.0	4.7
2017	18.0	28.1	8.4	22.1	33.8	10.8	8.5	14.1	3.0	10.5	19.1	2.3	26.2	40.4	12.7	9.3	10.6	7.8

Notes: ^aRates adjusted to the 2000 standard U.S. population.

TABLE 4
RATES AND COUNTS^a OF SUICIDES RECORDED IN ARIZONA BY VETERAN STATUS, 2006-2017

Year	Overall State Suicide Rate	Overall State Suicide Count	Veteran Suicide Rate	Veteran Suicide Count	Non-Veteran Suicide Rate	Non-Veteran Suicide Count
2006	15.8	985	44.6	249	13	736
2007	16.2	1039	42.8	238	13.6	801
2008	15.9	1041	44.5	245	13.3	796
2009	16.8	1107	45.1	240	14.3	867
2010	17.8	1136	47.6	252	15.1	884
2011	18.5	1192	47.4	253	15.9	939
2012	18.3	1191	51.5	271	15.4	920
2013	18.2	1197	52.9	264	15.3	933
2014	19.1	1274	56.1	271	16.2	1003
2015	19.7	1329	52.8	258	17.1	1071
2016	19.4	1325	58.5	284	16.4	1041
2017	19.6	1364	53.9	259	17	1105

Notes: ^aStatistics compiled on the basis of where the deaths actually occurred.