ARIZONA DEPARTMENT
OF HEALTH SERVICES

SUICIDE AND SELF-INFLICTED INJURY IN ARIZONA, 2010-2020

~ Health and Wellness for all Arizonans ~

Douglas A. Ducey, Governor
State of Arizona

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Arizona Department of Health Services

ARIZONA DEPARTMENT OF HEALTH SERVICES

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Submitted to

The Honorable Douglas A. Ducey, Governor, State of Arizona
The Honorable Karen Fann, President, Arizona State Senate
The Honorable Russell Bowers, Speaker, Arizona House of Representatives
The Honorable Katie Hobbs, Secretary of State
Colonel Wanda Wright, Arizona Department of Veterans Services

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Data Sources

1. Arizona Department of Health Services. (2022, July 21). Population Denominators. 2020 Population Denominators. Retrieved December 15, 2022, from https://pub.azdhs.gov/health-stats/menu/info/pop/index.php?pg=2020
2. Arizona Hospital Discharge Data Set, Business Intelligence Office, Arizona Department of Health Services
3. Database Application for Vital Events (D.A.V.E.) System, Bureau of Vital Records, Arizona Department of Health Services
4. U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table S2101-Veteran Status
https://data.census.gov/table?q=S2101&g=0400000US04&tid=ACSST5Y2020.S2101
5. Garnett MF, Curtin SC, Stone DM. Suicide Mortality in the United States, 2000-2020. NCHS Data Brief. 2022 Mar;(433):1-8. PMID: 35312475. NCHS Data Brief, Number 433, Month 20## (cdc.gov)
6. Ehlman DC, Yard E, Stone DM, Jones CM, Mack KA. Changes in Suicide Rates — United States, 2019 and 2020. MMWR Morb Mortal Wkly Rep 2022;71:306–312. DOI: http://dx.doi.org/10.15585/mmwr.mm7108a5

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Executive Summary

Suicide

Suicide as Compared to Other Causes of Death

In 2020, suicide was the 10th leading cause of death in Arizona, with 1,359 certified deaths attributed to suicide among Arizona residents. The 2020 Arizona age-adjusted mortality rate for suicide (18.2 suicides per 100,000 population) was greater than the national rate (13.5 suicides per 100,000 population) of suicide that year. Nationally, suicide was the 12th leading cause of death in the United States according to the Centers for Disease Control and Prevention, with 45,979 deaths attributed to suicide in 2020.

Trends

In Arizona, as in the United States, suicide rates have been rising. From 2010 to 2020, the state's suicide mortality rate increased by 9.0 percent (from 16.7 suicides per 100,000 population to 18.2 suicides per 100,000 population) while the national age-adjusted suicide mortality rate increased by 11.6 percent (From 12.1 suicides per 100,000 population to 13.5 suicides per 100,000 population). It is worth noting that while suicide mortality rates have generally been rising in Arizona from 2010-2020, the years 2018-2020 have seen a decrease from 19.5 suicides per 100,000 population in 2018 to 18.9 suicides per 100,000 population in 2019, and currently 18.2 suicides per 100,000 population in 2020.

Years of Potential Life Lost

In 2020, suicide deaths in Arizona contributed to premature mortality with a total of 38,578 years of potential life lost (YPLL), as compared to unintentional injuries (139,572 YPLL), malignant neoplasms (82,821 YPLL), and diseases of the heart (68,330 YPLL).[1]

Sex

In 2020, based on age-adjusted mortality rate, suicide was the 10th leading cause of death among males (28.8 suicides per 100,000 population) and ranked 13th among females (8.0 suicides per 100,000 population) in Arizona.

Location

The majority of suicide fatalities occurred in the home.

Methods of Suicide

The most common methods of suicide in Arizona were firearm (60.9 percent), strangulation/hanging (22.1 percent), and poisoning by drugs (9.1 percent).

Age

Arizonans aged 10-14 years had the lowest suicide mortality rates (3.6 suicides per 100,000 population), while residents aged 85+ years experienced the highest rates of suicide death among all age groups (39.7 suicides per 100,000 population).

[1] Premature death, defined as death occurring before the age of 65, is measured in Years of Potential Life Lost (YPLL). The YPLL numbers presented here represent the total number of years of life lost by all the persons who suffered early deaths by a specific cause in the given year.

Race/Ethnicity
American Indian/Alaska Native (AI/AN) and White non-Hispanic adults have consistently experienced the highest suicide mortality rates compared to other racial/ethnic groups in Arizona. In 2020, American Indian/Alaska Native adults experienced the highest suicide rate (28.0 suicides per 100,000 population) among racial/ethnic groups, followed by White non-Hispanic adults (22.5 suicides per 100,000 population), while Asian/Pacific Islander adults recorded the lowest suicide rate (6.8 suicides per 100,000 population). Trends in suicide rates from 2010 to 2020 demonstrate the highest suicide mortality rates were among White non-Hispanic males in comparison to all other groups in each year during the time period, except in the year 2013 as well as the last 5 years of 2016 to 2020 where it was highest among people identifying as American Indian/Alaska Native.

Veterans
Between 2010 and 2020, 2,907 veterans died by suicide. In 2020, the suicide rate among veterans living in Arizona (56.2 suicides per 100,000 population) was 2.6 times higher than their non-veteran counterparts (21.2 suicides per 100,000 population). In 2020, crude mortality rates in Arizona (including both residents and non-residents who died by suicide in Arizona) are highest (52.5 suicides per 100,000 population) compared to those in the Arizona general population (19.8 suicides per 100,000 population) and those among Arizona non-veterans (17.4 suicides per 100,000 population). When examined by sex and veteran status, suicide mortality rates are higher in both veteran males and females (52.8 and 36.7 suicides per 100,000 population) compared to non-veteran males and females (17.3 and 10.3 suicides per 100,000 population), respectively. From 2010 to 2020, firearms were consistently the leading method of suicide mortality among veteran residents of Arizona. Non-opioid prescription drugs were the most commonly found substances in suicide cases among Arizona veterans where drug poisoning was the method used.

Self-Inflicted Injuries

Self-inflicted injuries result from an individual inflicting physical damage to their own body. These injuries may be a non-suicidal self-injury (NSSI) or an attempt to end one's life (a suicide attempt). NSSI is "deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned, [and] includes behaviors such as cutting, burning, biting and scratching skin."[2] NSSI is most often used as a coping mechanism to self-soothe or to handle emotional pain. While NSSI is a risk factor for suicide, it does not indicate suicidal thoughts, ideas, or behaviors.[3]

Emergency Room Visits and Hospitalizations
In 2020, there were 10,724 hospital discharges (3,837 hospitalizations and 6,887 emergency room visits) due to self-inflicted injuries. However, self-inflicted injuries recorded in hospital discharge data do not specify a non-suicidal self-injury versus a suicide attempt, and therefore emergency room visits and hospitalizations for self-inflicted injury should not be strictly interpreted as seeking care only following a suicide attempt.

Sex
Self-inflicted injury-related hospital discharges were higher among females (6,432) than males (4,288). Females experienced a rate of nearly 50 percent more self-inflicted injuries when compared to males.

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[2] Zetterqvist, M. (2015). The DSM-5 diagnosis of nonsuicidal self-injury disorder: A review of the empirical literature. Child and Adolescent Psychiatry and Mental Health, 9(1), 1-13.
[3] Whitlock, J., Minton, R., Babington, P., & Ernhout, C. (2015). The relationship between non-suicidal self-injury and suicide. The Information Brief Series, Cornell Research Program on Self-Injury and Recovery. Cornell University, Ithaca, NY.

Methods of Self-Injury
Poisoning by drugs was the main method of self-inflicted injury in 2020, accounting for 52.4 percent of all self-inflicted injury-related hospital discharges.

Race/Ethnicity
Among racial/ethnic groups, people identifying as American Indian/Alaska Native experienced the highest age-adjusted rates of hospital discharges due to self-inflicted injury (237.1 per 100,000 population).

Health Care Costs
Health care cost analysis of self-inflicted injury during the period of 2010-2020 shows the economic burden of these hospitalizations on the Arizona health care system. In 2020, self-inflicted injury-related hospital discharge costs were estimated at $263 million, an increase of almost two-fold from $142 million in 2010.

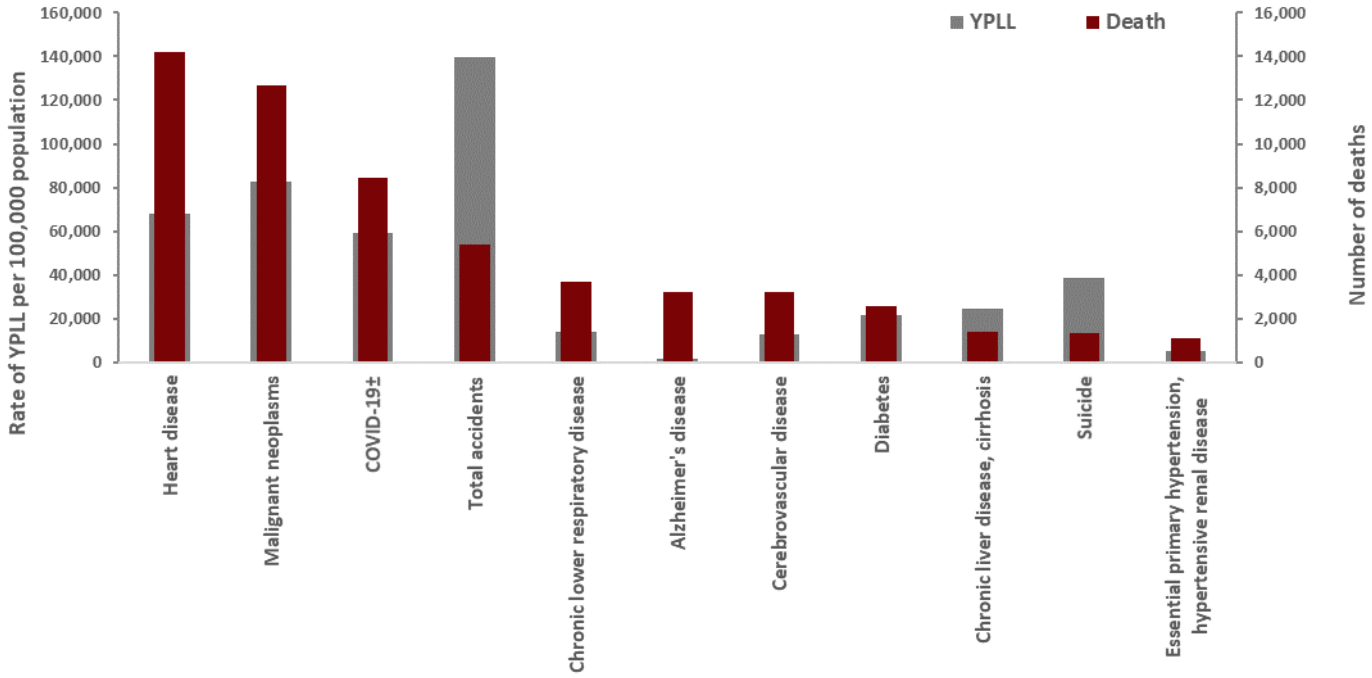
A. Analysis of Suicide Deaths in Arizona, 2010-2020

Suicide as Compared to Other Causes of Death

Ranking causes 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, estimates 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 the preventable death of younger persons.

In 2020, of the 75,700 deaths among Arizona residents, 1,359 deaths or 1.8 percent of all deaths were due to suicide. Suicide ranked 10th among the leading causes of death, but contributed substantially to premature mortality with a total YPLL of 38,578, behind total accidents (139,572 YPLL), malignant neoplasms (82,821 YPLL), heart disease (68,330 YPLL), and COVID-19 (59,446 YPLL).

Figure 1A: Top 10 leading causes of death and years of potential life lost (YPLL) before age 75 among Arizona residents, 2020



Notes: Leading causes of death ranking is based on the number of deaths;± The COVID-19 data collection began in mid-March 2020.

Suicide Mortality Rates

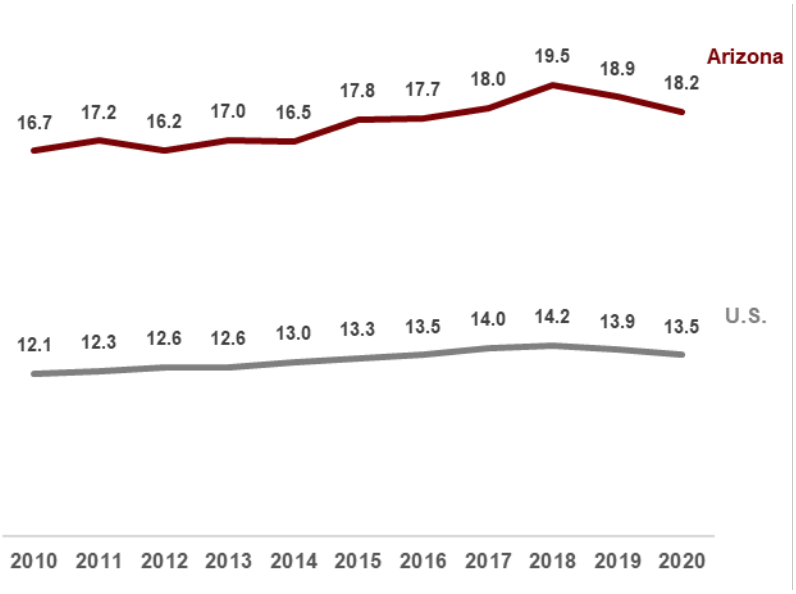
Suicide mortality has been on the rise both statewide and nationally. From 2010 to 2020, the overall U.S. rate increased 11.6 percent, while the Arizona rate increased 9.0 percent during the same period.

Arizona's suicide mortality rates have generally been higher than national rates. In 2020, the suicide rate among Arizona residents (18.2 suicides per 100,000 population) was 34.8 percent higher than the national rate (13.5 suicides per 100,000 population).

The last three years in Arizona have seen a decrease from a high of 19.5 suicides per 100,000

population in 2018 to 18.2 suicides per 100,000 population in 2020. Similarly, nationally there has been a decrease from a high of 14.2 suicides per 100,000 population in 2018 to 13.9 suicides per 100,000 population in 2019, and 13.5 suicides per 100,000 population in 2020. Detailed information on number of suicides and mortality rates during the period 2010-2020 is provided in Table 1 (Appendix).

Figure 2A: Age-adjusted suicide mortality rates[a], Arizona versus United States, 2010-2020



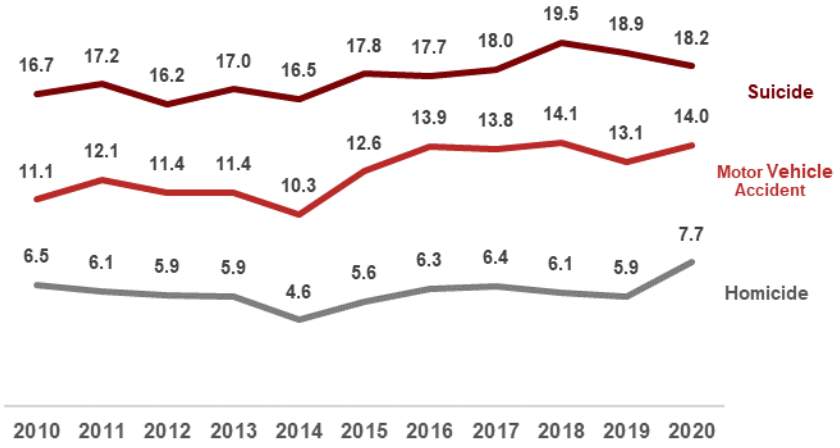
Note: [a] Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

In 2020, more Arizonans died of suicide (n=1,359) than motor vehicle crashes (n=1,035) and homicides (n=526), making suicide the leading cause of violent death in Arizona for that year.

Largely due to declines in motor vehicle traffic mortality rates, the suicide rate surpassed and has remained higher than the rate of motor vehicle traffic deaths.

In 2020, 18.2 per 100,000 Arizonans died of suicide, compared to 14.0 per 100,000 population who died in a motor vehicle accident, and 7.7 per 100,000 population who died from homicide.

Figure 3A: Age-adjusted mortality rates[a] for suicide, motor vehicle accident, and homicide: Arizona, 2010-2020



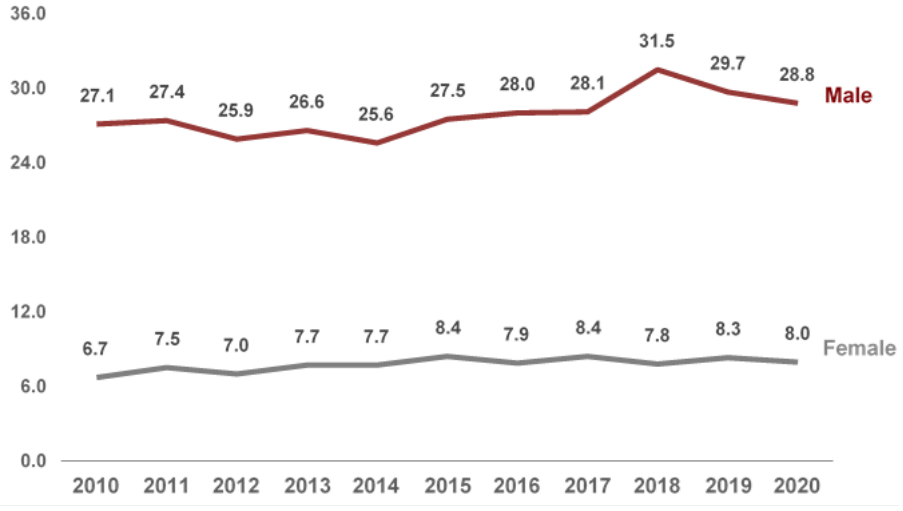
Note: [a] Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Suicide Deaths by Sex

Historically, suicide mortality in Arizona has been consistently higher among males than females. The general trend shows a higher male suicide mortality rate compared to female suicide mortality rate. From 2010 to 2020, on average, for each female suicide, there were nearly 4 male suicides.

In 2020, there were more suicides among males (1,066) than females (293), making suicide the 10th leading cause of death among males and the 13th leading cause among females. During the same year, the male suicide mortality rate (28.8 suicides per 100,000 population) was 3.6 times higher than the female rate (8.0 suicides per 100,000 population). Detailed information on suicide deaths by sex is provided in Table 2 (Appendix).

Figure 4A: Age-adjusted mortality rates[a] for suicide by sex and year: Arizona, 2010-2020



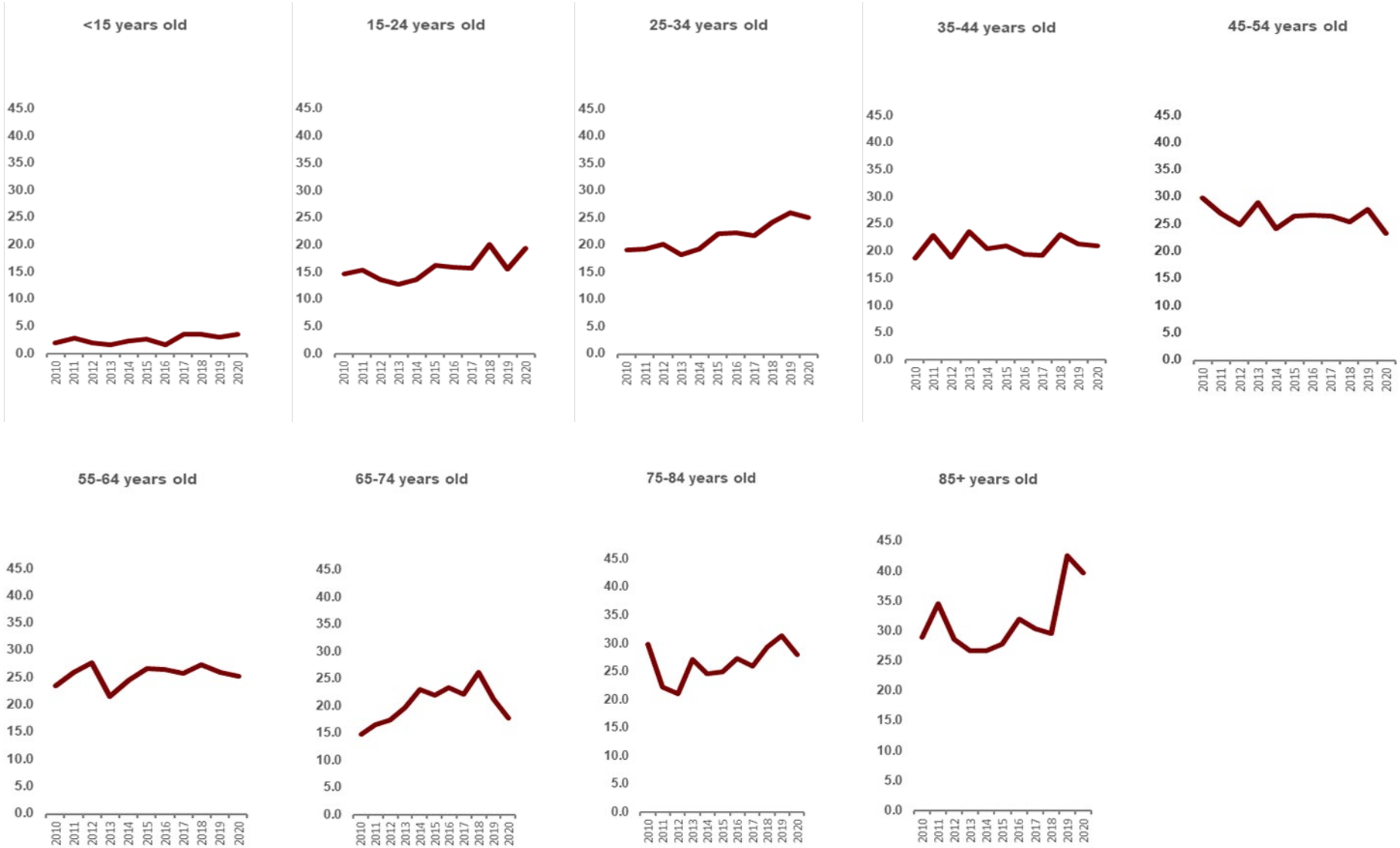
Note: [a] Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Suicide Deaths by Age

From 2010 to 2020, suicide mortality rates rose for most age groups, with two exceptions. Suicides among residents aged 45-54 and 75-84 years old decreased. Children under age 15 have seen a 1.8-fold increase in suicide rate, followed closely by older adults aged 85 and older (1.4 fold) and then adults aged 15-24 and 25-34 (1.3 fold). All the remaining groups experienced an increase of 1.2-fold or less.

In 2020, Arizona residents aged 10-14 (<15) years had the lowest suicide mortality rate (3.6 suicides per 100,000 population), while residents aged 85 years and older had the highest suicide mortality rate (39.7 suicides per 100,000 population). Detailed information on suicide deaths by age group is provided in Table 1 (Appendix).

Figure 5A: Age-specific suicide mortality rates[a] by age group: Arizona, 2010-2020



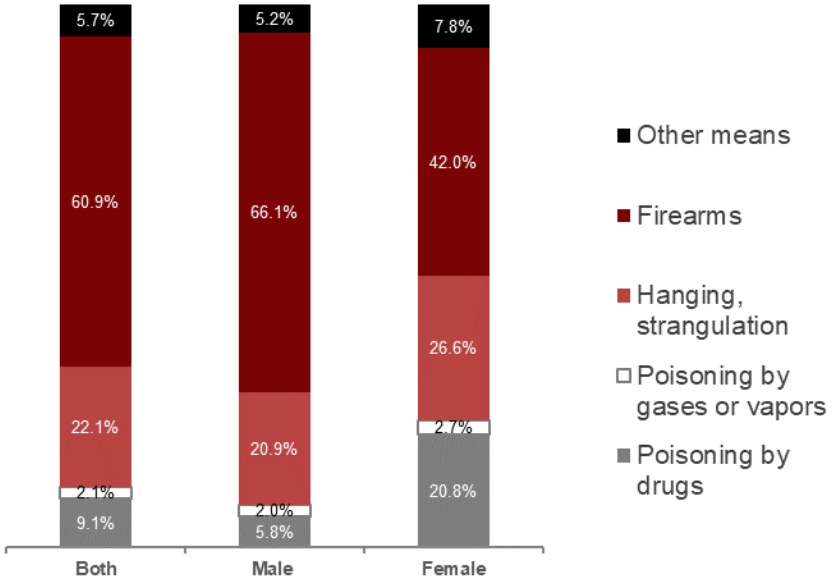
Note: a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard;
*<15 constitutes 10-14 years.

Suicide Deaths by Method

In 2020, firearms, hanging/strangulation, and poisoning by drugs were the most common methods of suicide in Arizona. Of the 1,359 suicide deaths reported among Arizona residents, 60.9 percent involved the use of a firearm (n=828) compared to 22.1 percent by means of strangulation and/or hanging (n=301), and 9.1 percent by means of poisoning by drugs (n=123).

In 2020, firearms were the leading method of suicide among both males and females in Arizona. However, the use of firearms was greater among males (66.1 percent) than females (42.0 percent). There are significant differences in the other common methods of suicide. Females tend to more frequently use methods such as poisoning by drugs (20.8 percent) and hanging and/or strangulation (26.6 percent) than males.

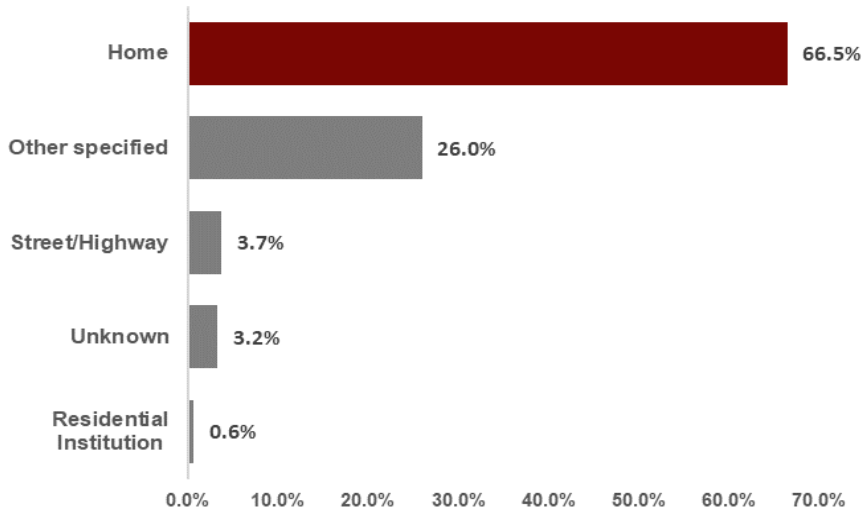
Figure 6A: Methods of suicide mortality by sex: Arizona, 2020



Suicide Deaths by Place of Occurrence

In 2020, of the 1,359 suicide deaths recorded among Arizona residents, 66.5 percent occurred in a home. Approximately 1 out of 4 suicide fatalities were classified under the category "Other specified," which includes areas such as farms, fields, sports and athletics spaces, and schools.

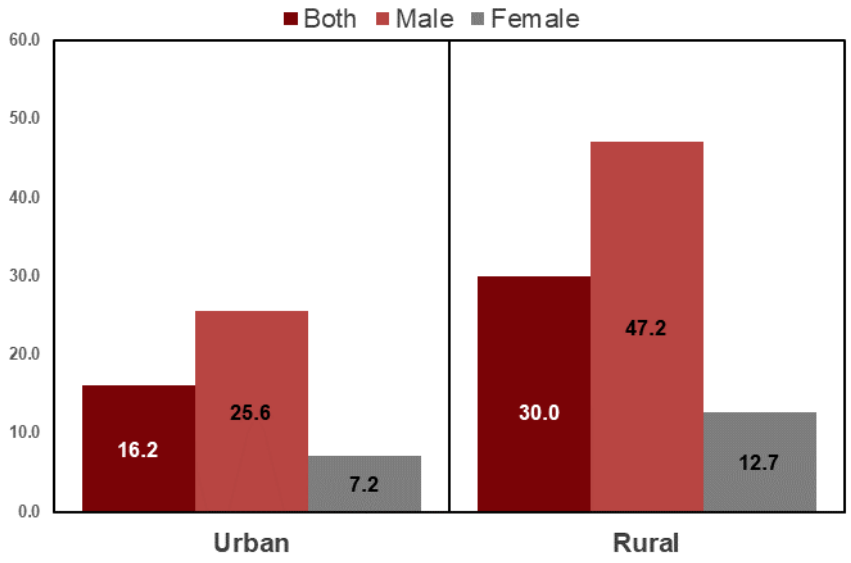
Figure 7A: Suicide deaths by place of occurrence: Arizona, 2020



Suicide Deaths by Urban/Rural Location

In Arizona, suicide mortality rates are generally higher in rural settings than in urban areas. In 2020, residents in rural areas died of suicide at higher rates (30.0 suicides per 100,000 population), nearly two times greater than residents in urban areas (16.2 suicides per 100,000 population). Across the board, males in rural areas experienced the highest rate of suicide mortality (47.2 suicides per 100,000 population), while females from urban areas had the lowest suicide mortality rates (7.2 suicides per 100,000 population).

Figure 8A: Age-adjusted mortality rates[a] of suicide by urban/rural areas[b]: Arizona, 2020

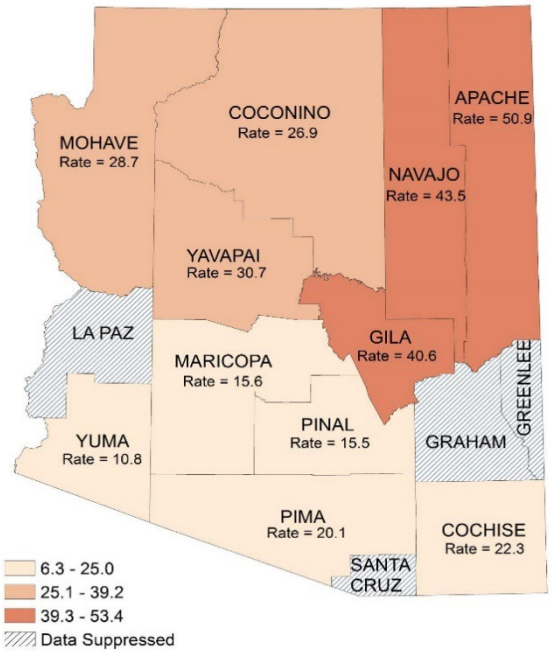


Note: [a]Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.
[b]Urban = Maricopa, Pima, Pinal, and Yuma counties; the remaining counties comprise Arizona's rural areas

Suicide Deaths by County of Residence and Sex

Suicide mortality rates vary significantly between counties in Arizona. In 2020, 6 out of 15 counties recorded age-adjusted suicide mortality rates lower than the state rate of 18.2 suicides per 100,000 population. Apache County recorded the highest suicide mortality rate (50.9 suicides per 100,000 population) compared to the rest of the state. Residents living in Graham, Greenlee, La Paz, and Santa Cruz counties had too few counts (<6) to create a reliable rate for this stratification, and therefore were excluded and suppressed to protect individuals' privacy.

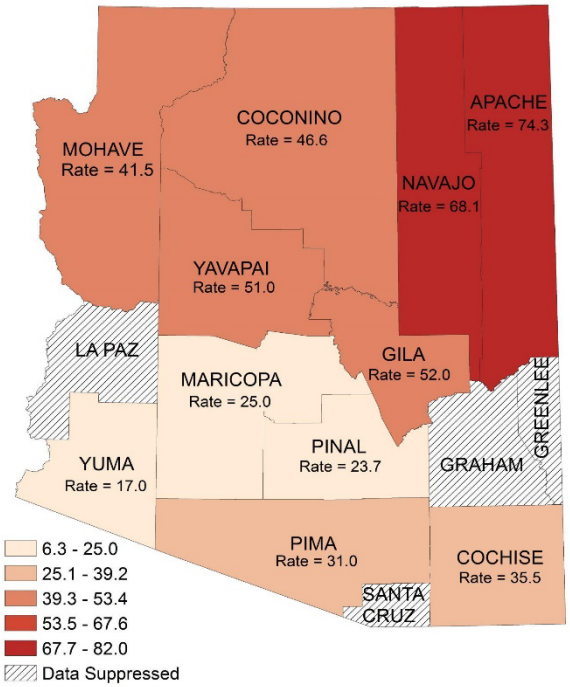
Figure 9A: Age-adjusted mortality rates[a] of suicide by county of residence: Arizona, 2020



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

In 2020, the suicide mortality rates among males were highest in Apache County (74.3 suicides per 100,000 population), Navajo County (68.1 suicides per 100,000 population), Gila County (52.0 suicides per 100,000 population), Yavapai County (51.0 suicides per 100,000 population), Coconino County (46.6 suicides per 100,000 population), and Mohave County (41.5 suicides per 100,000 population). Male residents of Graham, Greenlee, La Paz, and Santa Cruz counties had too few counts (<6) to create a reliable rate for this stratification, and therefore were excluded and suppressed to protect individuals' privacy.

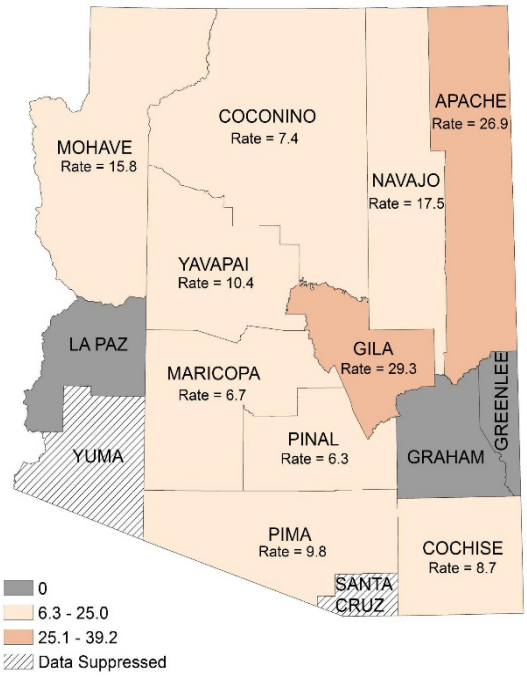
Figure 10A: Age-adjusted mortality rates[a] of Male suicide by county of residence: Arizona, 2020



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

In 2020, the suicide mortality rates among females were the highest in Gila County (29.3 suicides per 100,000 population) and Apache County (26.9 suicides per 100,000 population). Residents living in Santa Cruz and Yuma counties had too few counts (<6) to create a reliable rate for this stratification, and therefore were excluded and suppressed to protect individuals' privacy.

Figure 11A: Age-adjusted mortality rates[a] of Female suicide by county of residence: Arizona, 2020



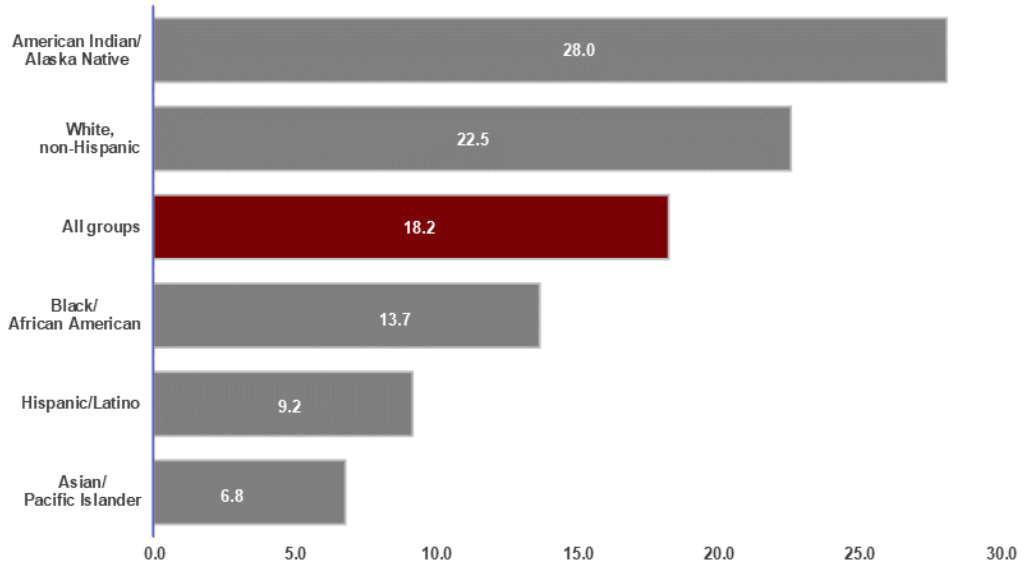
Note: [a]Number of deaths per 100,000 population age-adjusted to the 2000 U.S.

B. Suicide Deaths by Race/Ethnicity

This section reports on suicide deaths by racial/ethnic groups in Arizona and also, in an effort to better understand the disparities described, examines specific variables across groups. As in mortality from many causes, disparities between racial/ethnic categories are apparent in suicide mortality.

In 2020, the suicide mortality rate for American Indian/Alaska Native individuals (28.0 suicides per 100,000 population) was the highest of any racial and ethnic group in Arizona. A similarly high rate is observed among White non-Hispanic adults with a suicide mortality rate of 22.5 suicides per 100,000 population. In contrast, Asians/Pacific Islander adults recorded the lowest age-adjusted suicide mortality rate (6.8 suicides per 100,000 population).

Figure 1B: Age-adjusted mortality rates[a] of suicide by race/ethnicity: Arizona, 2020



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

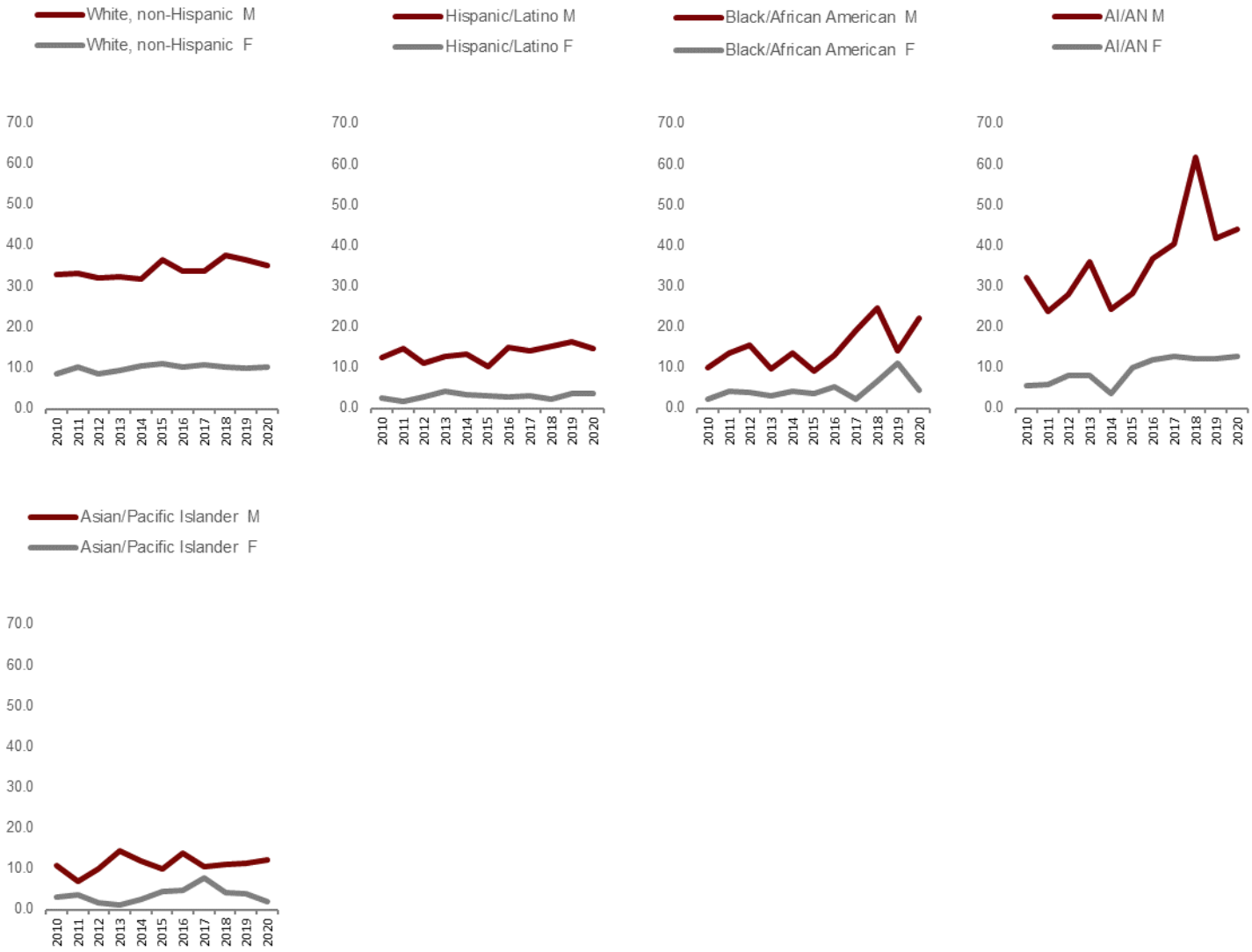
White non-Hispanic and American Indian/Alaska Native adults, regardless of sex, have consistently experienced the highest suicide mortality rates compared to other racial/ethnic groups in Arizona. From 2010-2015, the highest suicide mortality rates were recorded among White non-Hispanic males (except in 2013). From 2016-2020, the highest rates were observed among American Indian/Alaska Native males.

Over the entire decade (2010-2020), suicide mortality rates for American Indian/Alaska Native adults increased by approximately 36 percent among males, and 126 percent among females.

In general, between 2010-2020, suicide mortality rates have been rising among most racial/ethnic groups and increases were observed for both males and females, with the exception of Asian females.

Further details on the historical suicide counts and mortality rates by race/ethnicity and sex are provided in Table 2 and Table 3, respectively (Appendix).

Figure 2B: Age-adjusted mortality rates[a] of suicide by race/ethnicity and sex: Arizona, 2010-2020

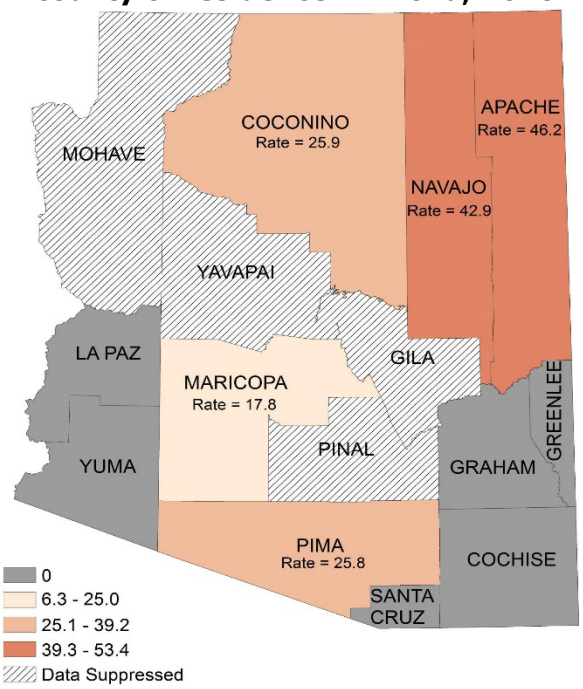


Suicide Deaths Among American Indian/Alaska Native Adults by County of Residence

Geographic distribution is a particularly important factor to analyze among people who identify as American Indian/Alaska Native to understand the magnitude and variations of the issue among this racial/ethnic group.

In 2020, people who identify as American Indian/Alaska Native and live in Apache County had the highest mortality rate of suicide, at 46.2 suicides per 100,000 population, followed by those residing in Navajo County (42.9 suicides per 100,000 population) (Figure 3B).

Figure 3B: Age-adjusted mortality rates[a] of suicide among American Indians/Alaska Natives by county of residence: Arizona, 2020



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

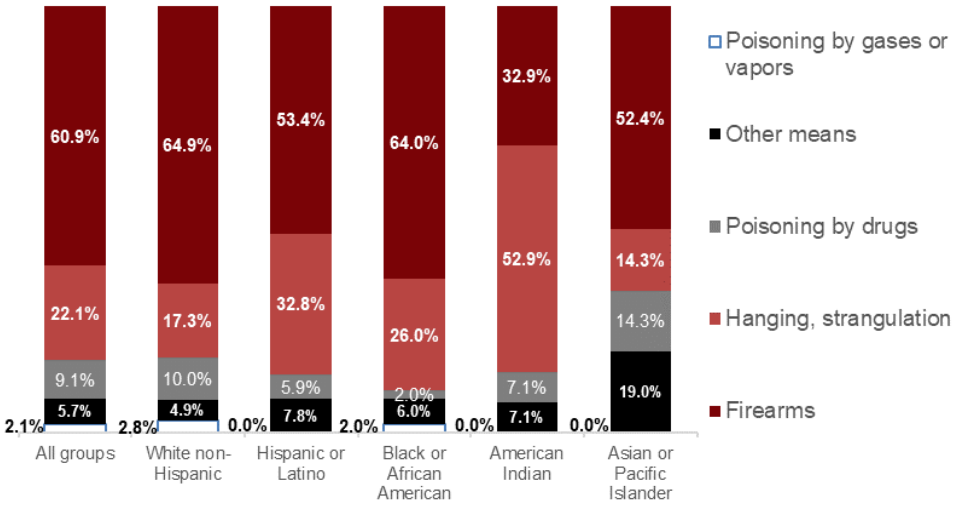
Suicide Deaths by Method and Race/Ethnicity

In 2020, of all the suicides recorded, most involved the use of firearms (60.9 percent) or suffocation (hanging or strangulation) (22.1 percent).

Firearms were the most common method of suicide among all racial/ethnic groups except American Indian/Alaska Native adults, where strangulation was the leading method of suicide.

Asians/Pacific Islander adults account for the greater proportion of suicide deaths where poisoning by drugs was involved.

Figure 4B: Method of suicide mortality by race/ethnicity: Arizona, 2020



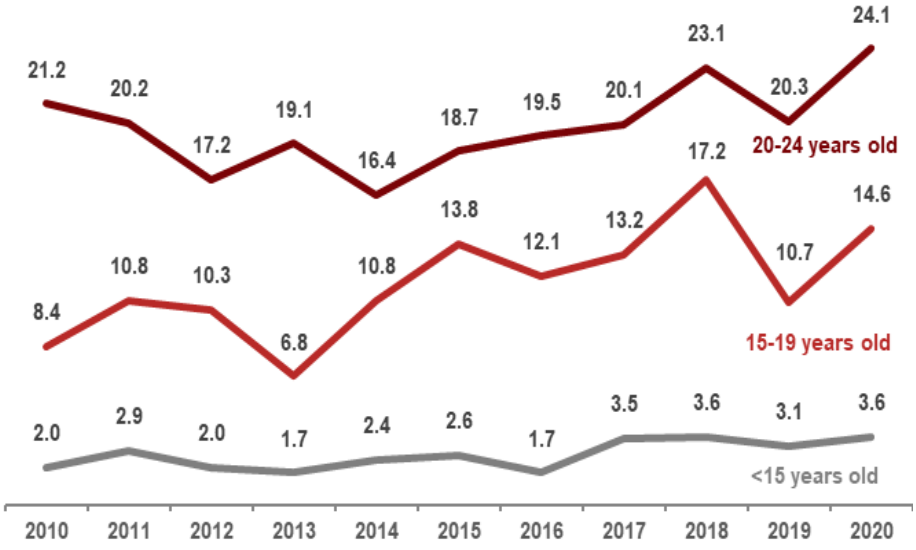
C. Suicide Deaths Among Youth

From 2010-2020, residents aged 20-24 years had higher rates of suicide than their younger counterparts.

In 2020, the relative risk of suicide among Arizonans aged 20-24 years was 6.7 times greater than the suicide mortality rate of those aged <15 years, but 1.7 times higher than Arizonans aged 15-19 years.

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

Figure 1C: Age-specific suicide mortality rates[a] among youth aged 10-24 years: Arizona, 2010-2020



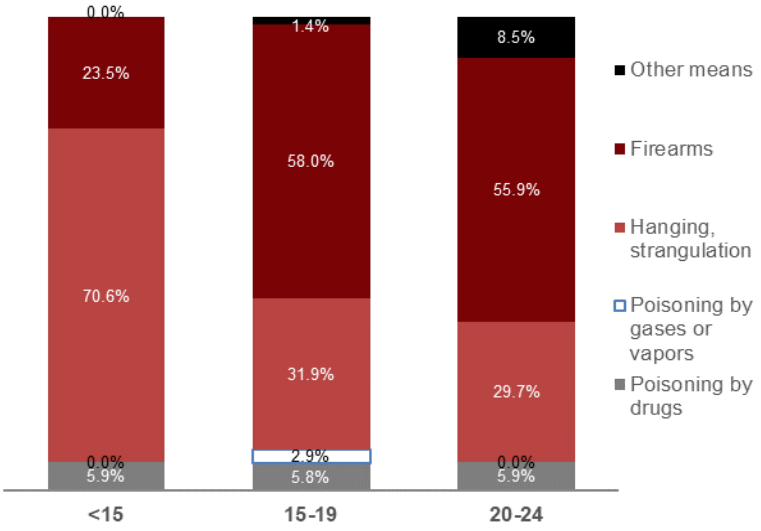
Note: [a]Number of deaths per 100,000 population in specified age group; <15 years old constitutes 10-14 years.

Methods of suicide among youth in Arizona differ by age group.

In 2020, most suicides (70.6 percent) among Arizona children under age 15 occurred by means of hanging and/or strangulation, while 23.5 percent occurred by means of firearms.

Among youth aged 15-19 years (58.0 percent) and 20-24 years (55.9 percent), firearms were the leading method of suicide.

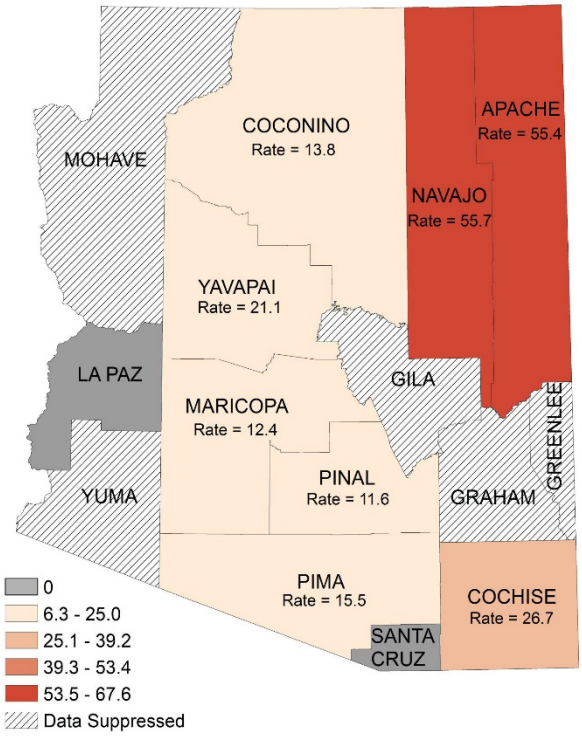
Figure 2C: Suicide mortality among youth aged 10-24 years, by age group and method: Arizona, 2020



Detailed analysis of youth suicide in 2020 demonstrates large differences of suicide mortality risk by county of residence.

In 2020, the risk of suicide mortality among Arizona youth was disproportionately higher in Navajo County than in any other county in the state. The rate of suicide deaths among young Arizonans 10-24 years of age was highest in Navajo County (55.7 suicides per 100,000 population) followed by Apache County (55.4 suicides per 100,000 population).

Figure 3C: Age-specific suicide mortality rates[a] among youth aged 10-24 years by county of residence: Arizona, 2020



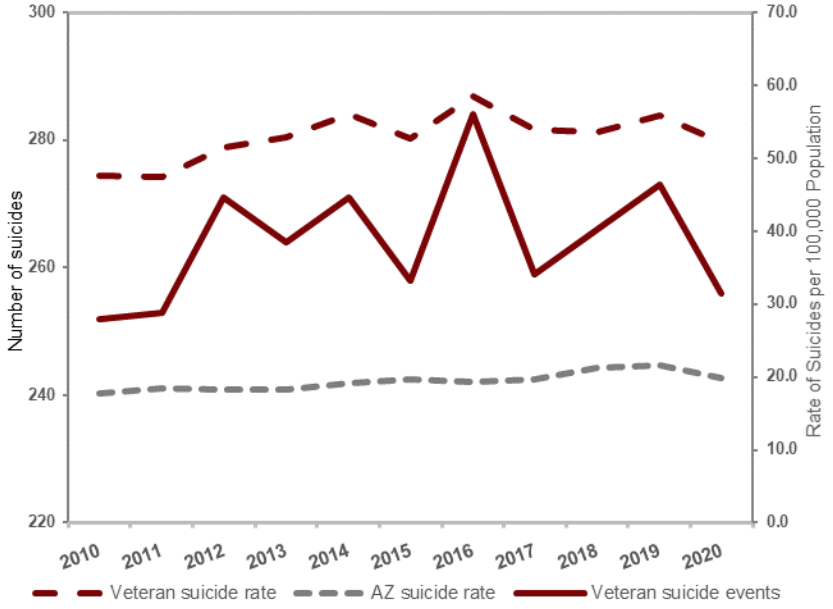
Note: [a]Number of deaths per 100,000 population

D. Suicide Among Veterans

Veteran suicide rates in Arizona (including both residents and non-residents who died by suicide in Arizona) are higher when compared with those in the Arizona general population. Detailed information on suicide counts and rates during the period 2010-2020 is provided in Table 4 (Appendix).

In 2020, 256 veterans (includes residents and non-residents) died by suicide in Arizona. Of the 256 veterans that were residents and non-residents, 243 were residents of Arizona. Between 2010 and 2020 there were 2,907 veteran (includes residents and non-residents) suicides recorded in Arizona. During the same period, the number of veteran suicides has increased by 1.6 percent, while the suicide mortality rate among this group has witnessed a 9.5 percent increase.

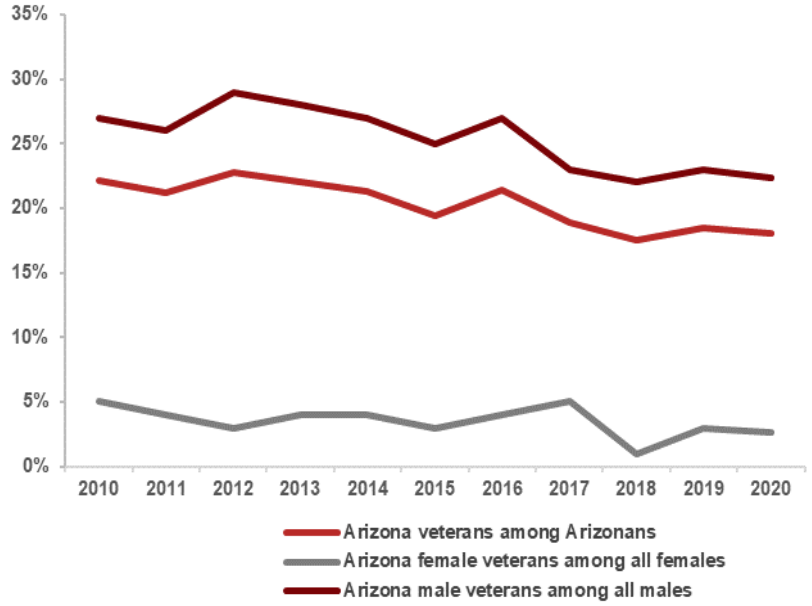
Figure 1D: Number and rates of veteran[a] suicides: Arizona: 2010-2020



Note: [a]Counts include both residents and non-residents.

While estimates of the Arizona veteran population differ, the proportion of veteran suicides among all Arizona suicides has declined from 22 percent in 2010 to 18 percent in 2020. According to the American Community Survey (U.S. Census Bureau), the population of Arizona veterans has declined from 529,692 (8.3 percent of Arizona population) in 2010 to 491,239 (6.8 percent of Arizona population) in 2020.

Figure 2D: Proportion of Arizona veteran suicides among all suicides occurring in Arizona, 2010-2020

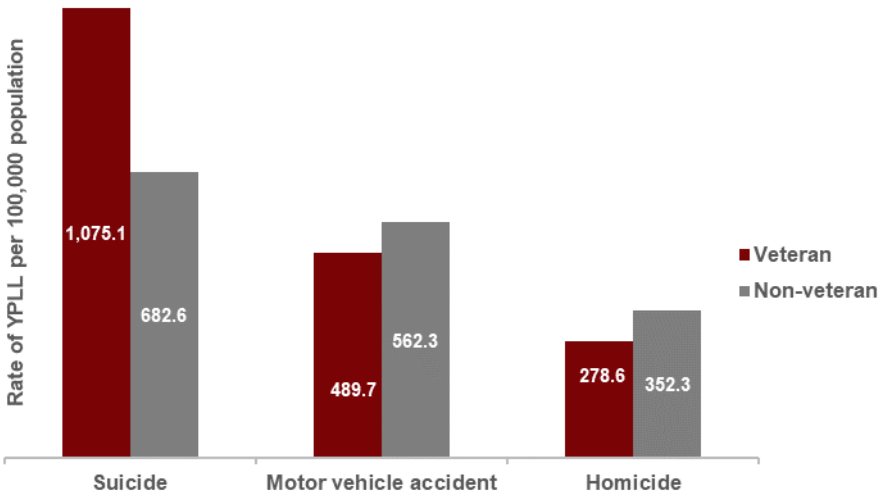


Years of potential life lost (YPLL) measures the importance of premature mortality. Figure 3D shows the extent of premature death due to suicide by veteran status, in comparison to other violent deaths. In 2020, suicides accounted for more premature deaths than motor vehicle accidents and homicides in both veteran and non-veterans.

The rates of YPLL due to suicide were the highest of all violent deaths, regardless of veteran status.

The 2020 premature mortality rate due to suicide (1,075.1 YPLL per 100,000 population for veterans 18 years or older) was 57.5 percent higher than that of non-veterans (682.6 YPLL per 100,000 population for non-veterans 18 years or older).

Figure 3D: Years of potential life lost due to suicide by veteran status: Arizona, 2020

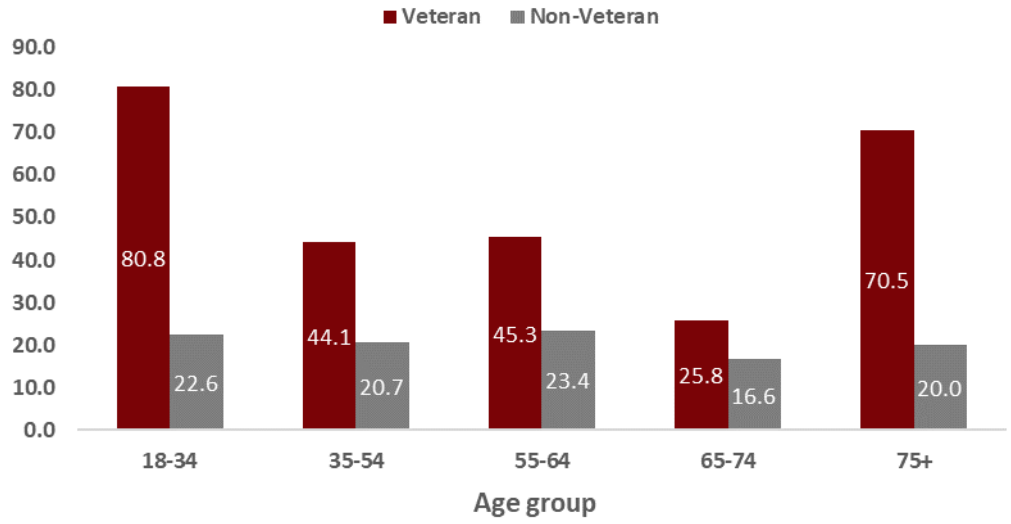


Across the life span, the risk of mortality due to suicide is generally higher among veterans than non-veterans.

In 2020, the relative risk of suicide was 3.6 times higher among Arizona resident veterans aged 18-34 years compared with the same age group among non-veterans. The relative risk of suicide was 2.1 for those aged 35-54 years, 1.9 among those aged 55-64 years, then decreased to 1.6 among those aged 65-74 years and 3.5 among those aged 75 years or older.

In 2020, veterans 75 years or older had the highest risk of suicide (70.5 suicides per 100,000 population), whereas the highest risk of suicide mortality among non-veterans was seen in those aged 55-64 years (23.4 suicides per 100,000 population).

Figure 4D: Age-specific mortality rates[a] due to suicide by veteran status: Arizona, 2020

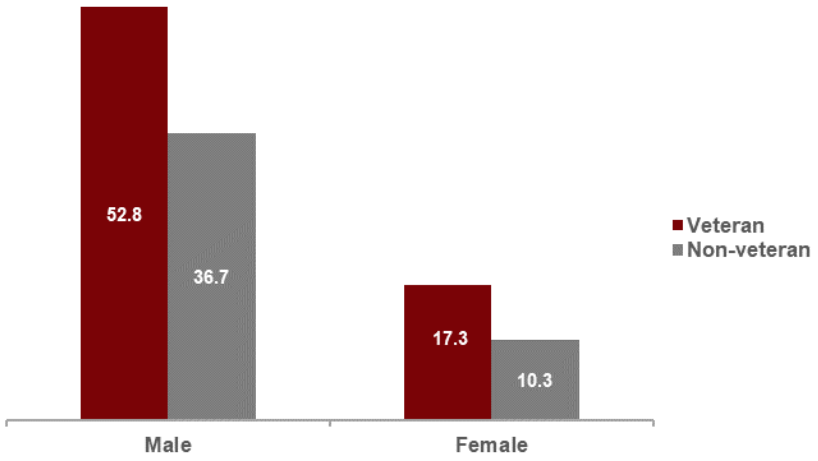


Note: [a]Number of deaths per 100,000 population in a specified age group

Various analyses on sex disparities in suicide mortality show a higher mortality rate among males than females. Regardless of veteran status, both the veteran and non-veteran categories show a higher suicide rate among males in Arizona.

In 2020, males recorded the highest percentage of all suicide fatalities, approximately 96.7 percent among veterans and 74.5 percent among non-veterans. Male veterans experienced markedly higher mortality than male non-veterans. Suicide mortality rate for male veterans (52.8 suicides per 100,000 population) was 43.9 percent higher than that of their non-veteran counterparts (36.7 suicides per 100,000 population).

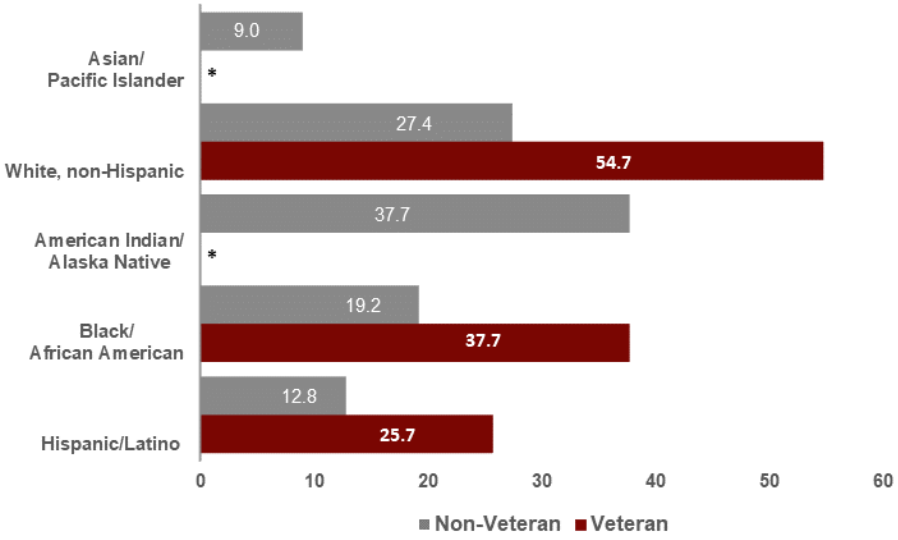
Figure 5D: Mortality rates[a] due to suicide by sex and veteran status: Arizona, 2020



Note: [a]Number of deaths per 100,000 population aged 18 years or older.

Race/ethnicity analysis among Arizona resident veterans show consistent disparities in mortality rates. In 2020, across all the racial/ethnic groups, veterans had higher suicide mortality rates than non-veterans. Mortality rates for adults identifying as Asian/Pacific Islander and American Indian/Alaska Native were <6 people, and therefore suppressed for privacy protections.

Figure 6D: Mortality rates[a] due to suicide by race/ethnicity and veteran status: Arizona, 2020

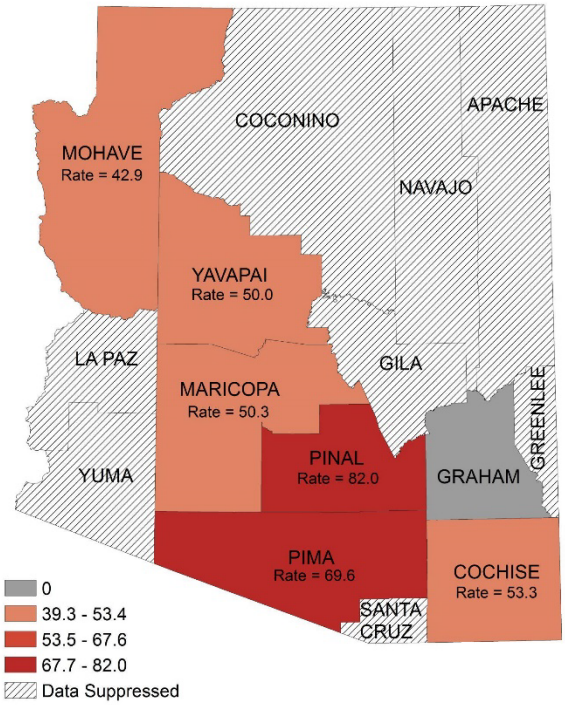


Note: [a]Number of deaths per 100,000 population aged 18 years or older.
*Number <6, therefore data suppressed for privacy protections

Geographic distribution of suicide death among veterans revealed counties with the greatest social and economic costs associated with suicide mortality among veterans. Arizona veterans residing in Pinal County had the highest rate of mortality due to suicide (82.0 suicides per 100,000 population) followed by those living in Pima County (69.6 suicides per 100,000 population), Cochise County (53.3 suicides per 100,000 population), and Maricopa County (50.3 suicides per 100,000 population).

Residents living in Apache, Coconino, Gila, Greenlee, La Paz, Navajo, Santa Cruz, and Yuma counties had too few counts (<6) to create a reliable rate for this stratification, and therefore were excluded and suppressed for privacy safeguards.

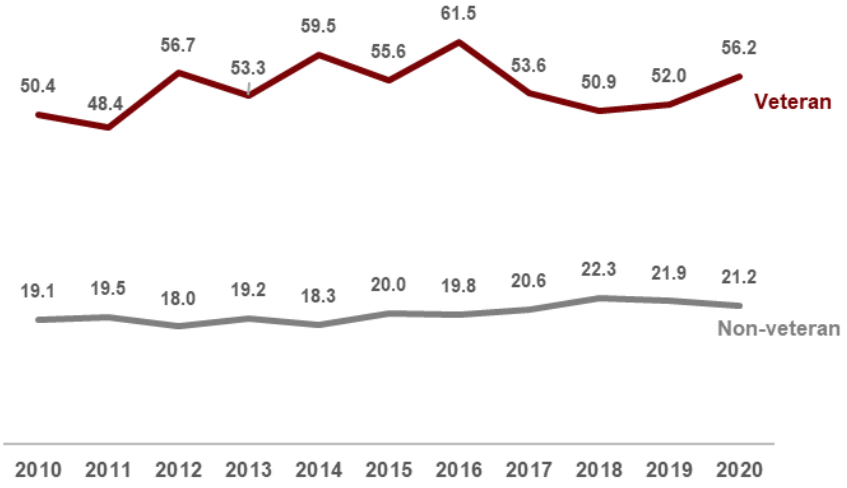
Figure 7D: Age-adjusted mortality rates[a] of suicide among Arizona resident veterans by county of residence: 2020



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

Suicide mortality by veteran status among Arizona residents was examined to assess the extent of differences in suicide risk among veterans and non-veterans during the 11-year period from 2010-2020. In each year since 2010, the age-adjusted veteran suicide mortality rate was consistently two to three times higher than that of their non-veteran counterparts.

Figure 8D: Age-adjusted mortality rates[a] of suicide by veteran status: Arizona, 2010-2020

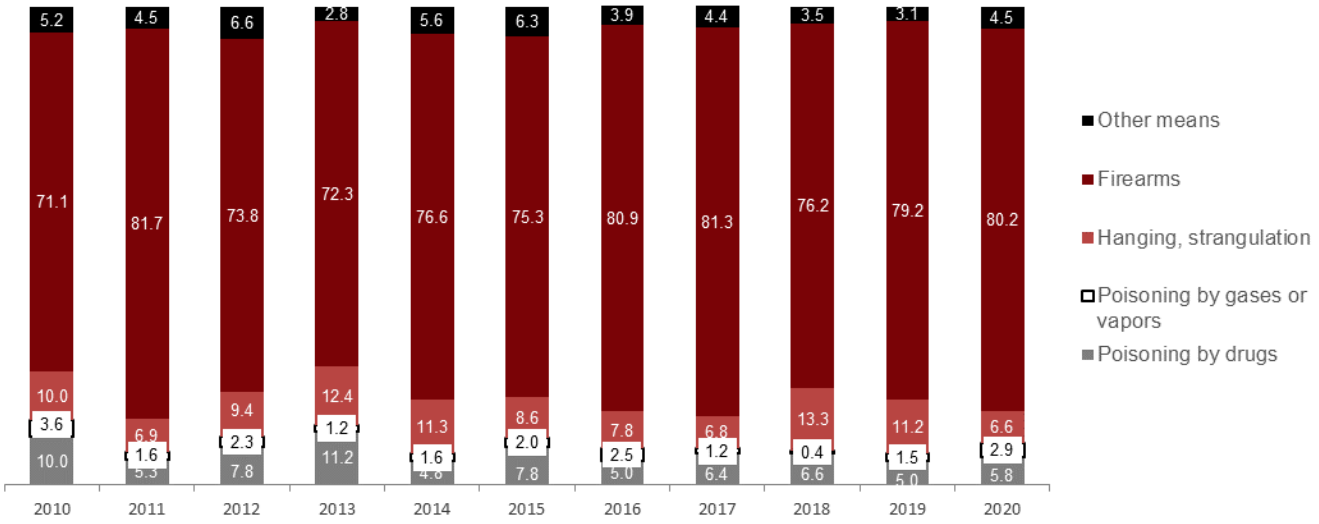


Note: [a]Number of deaths among persons aged 18 years or older per 100,000 population age-adjusted to the 2000 U.S. standard.

From 2010 to 2020, firearms were consistently the leading method of suicide mortality among veteran residents of Arizona.

During the 11-year period, the proportion of suicide deaths by means of hanging and/or strangulation (13.3 percent) rose in 2018, while the share of suicide deaths involving drug poisoning was at its largest in 2013 (11.2 percent).

Figure 9D: Method of suicide mortality among veterans: Arizona, 2010-2020



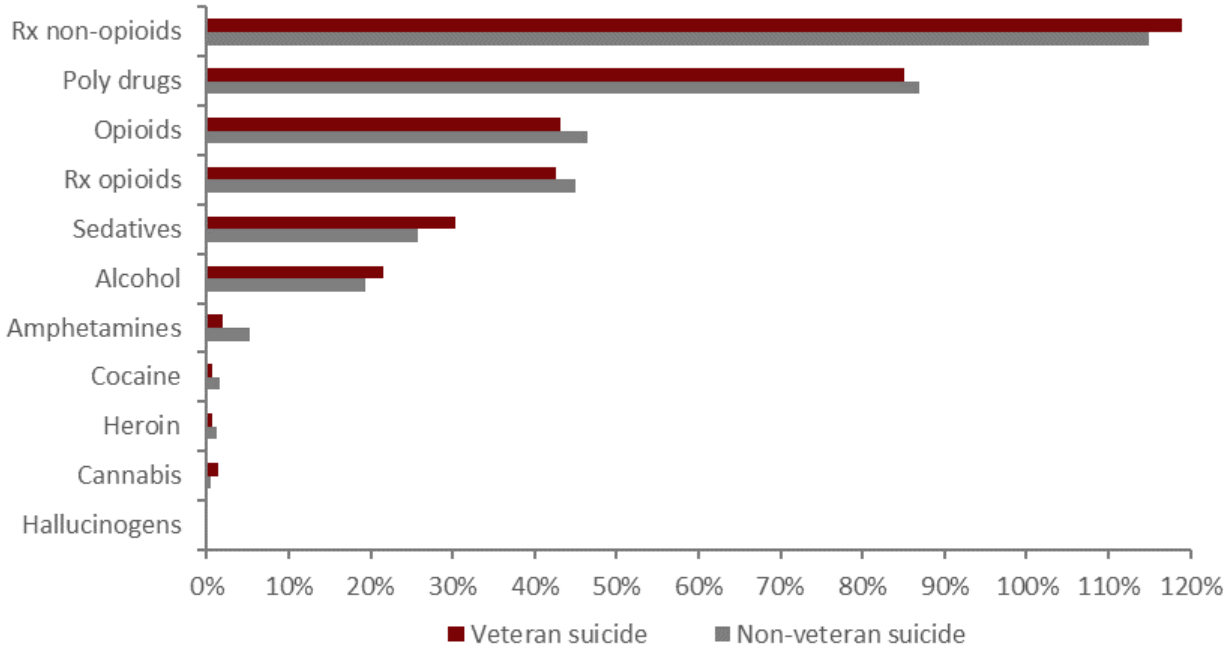
A closer look at substance use and suicide among Arizona resident veterans from 2010 to 2020, revealed the common types of substances involved in suicide cases where drug poisoning was the method used. These include alcohol, amphetamines, cannabis, cocaine, hallucinogens, heroin, opioids, prescription opioids, prescription medications, and sedatives.

From 2010 to 2020, the analysis shows that non-opioid prescription drugs and poly-drug (two or more drugs) were on average the largest categories observed in suicide by poisoning among Arizona veterans and non-veterans alike.

Opioids and prescription opioids were present in 43.2 and 42.6 percent of veteran suicide deaths, respectively.

Among all substance categories defined in Figure 10D, there was not much of a difference (less than 5 percent) between veteran and non-veteran categories.

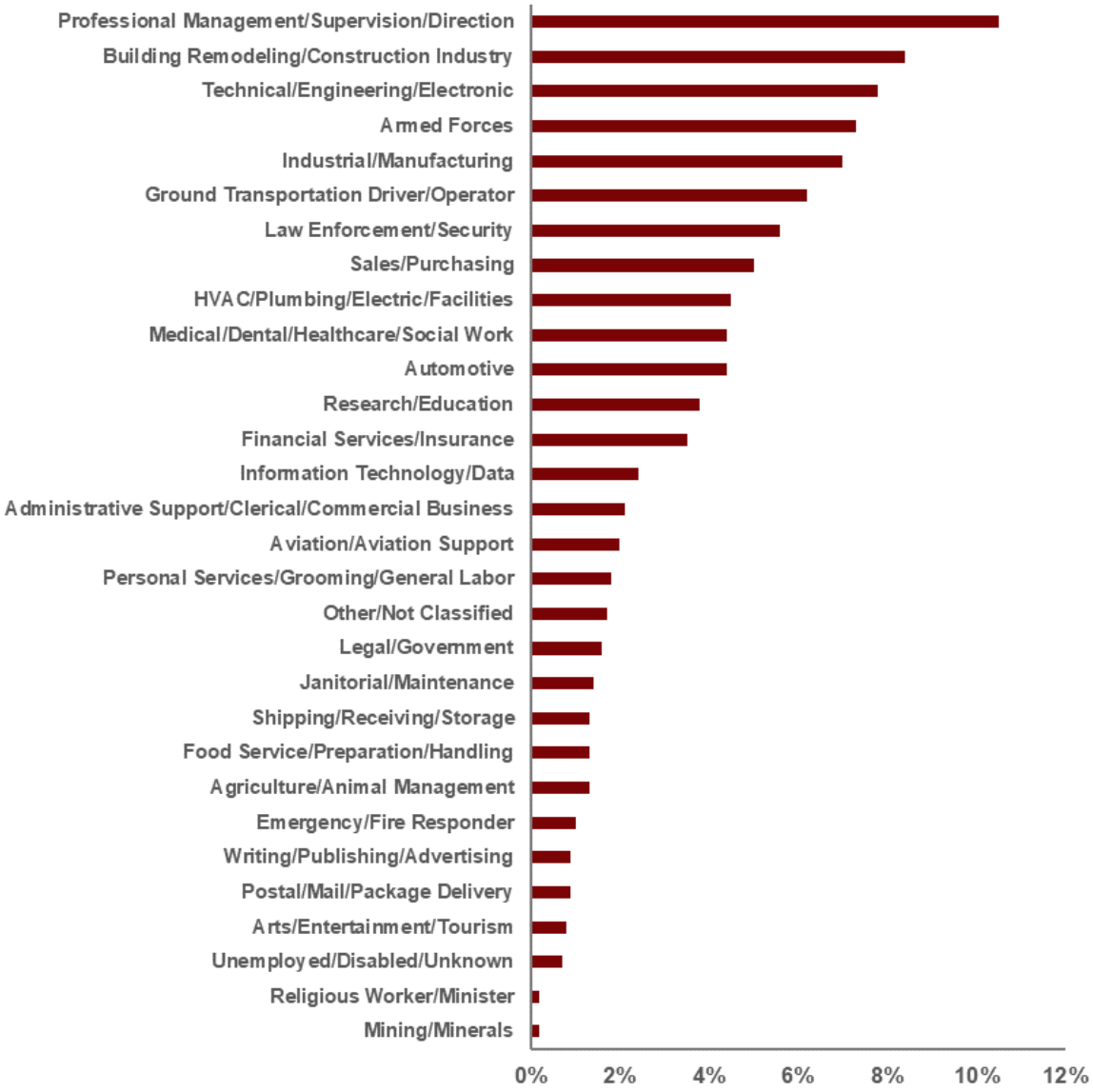
Figure 10D: Substance use in suicide mortality by veteran status: Arizona, 2010-2020



Veteran suicide mortality was analyzed by occupation to provide insight into its social and economic costs in the workplace. A combined 2010-2020 veteran suicide deaths were used to examine the distribution of veteran suicides by broad occupation categories.

Of all veteran suicides recorded during the 11-year period, the highest percentage of veterans who died by suicide were in Professional Management/Supervision/Direction (10.5 percent), Building Remodeling/Construction Industry (8.4 percent), Technical/Engineering/Electronic (7.8 percent), and Armed Forces (7.3 percent). During the same period, the lowest percentages of suicides among veterans were in Mining/Minerals group (0.2 percent), Religious Worker/Minister group (0.2 percent), and those who were Unemployed/ Disabled /Unknown (0.7 percent).

Figure 11D: Distribution of veteran suicide deaths by occupation: Arizona, 2010-2020



E. Self-Inflicted Injuries

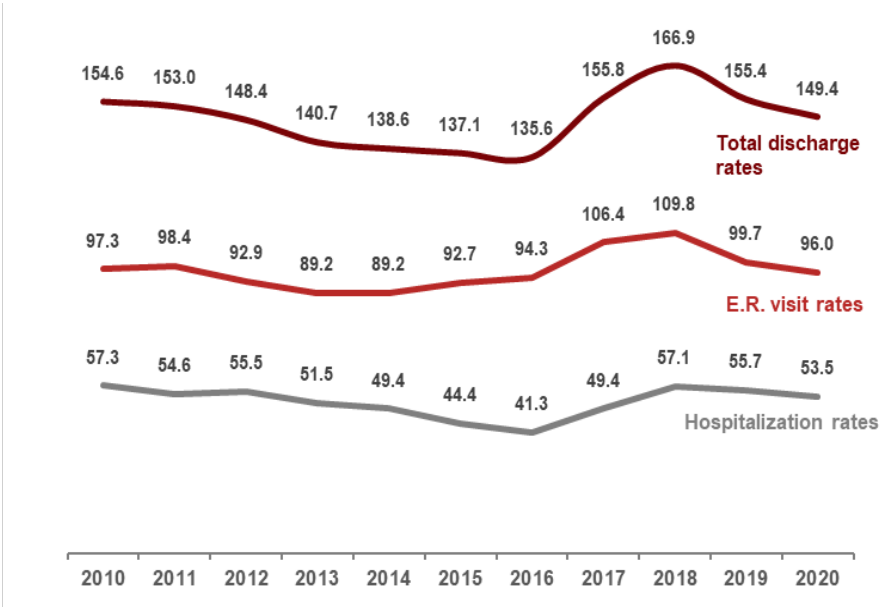
Self-inflicted injuries result from actions of an individual inflicting physical damage to their own body. These injuries may be identified as a non-suicidal self-injury (NSSI), such as cutting, burning, biting, and scratching the skin[4], or as an attempt to end one's life (a suicide attempt). While NSSI is a risk factor for suicide, it does not indicate suicidal thoughts, ideas, or behaviors.[5] The self-inflicted injuries reflected in the hospital discharge data do not specify a non-suicidal self-injury versus a suicide attempt. Therefore, emergency room (E.R.) visits and hospitalizations for self-inflicted injury should not be strictly interpreted as seeking care only following a suicide attempt.

In 2020, there were 10,724 hospital discharges (3,837 inpatient stays and 6,887 emergency room visits) due to self-inflicted injuries. Compared to the number of Arizonans who died from suicide (n=1,359) in 2020, this translates to 1 suicide for every 8 self-inflicted injuries that were associated with a hospital discharge.

Between 2010 and 2020, there was a decrease of 3.5 percent in total self-inflicted injury-related hospital discharge rates, with a 7.1 percent decrease in hospitalization rates and a 1.4 percent decrease in E.R. visit rates due to self-inflicted injury.

Recently, there was a year over year decline in total discharge rates, emergency room visit rates, and hospitalization rates from 2018-2020.

Figure 1E: Hospital discharge rates[a] due to self-inflicted injury by type of encounter[b]: Arizona, 2010-2020



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 discharge 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.

[4] Zetterqvist, M. (2015). The DSM-5 diagnosis of nonsuicidal self-injury disorder: A review of the empirical literature. Child and Adolescent Psychiatry and Mental Health, 9(1), 1-13.
[5] Whitlock, J., Minton, R., Babington, P., & Ernhout, C. (2015). The relationship between non-suicidal self-injury and suicide. The Information Brief Series, Cornell Research Program on Self-Injury and Recovery. Cornell University, Ithaca, NY.

Rates of self-inflicted injury-related hospital discharges throughout 2010-2020 do not mirror rates of suicide mortality during the same period.

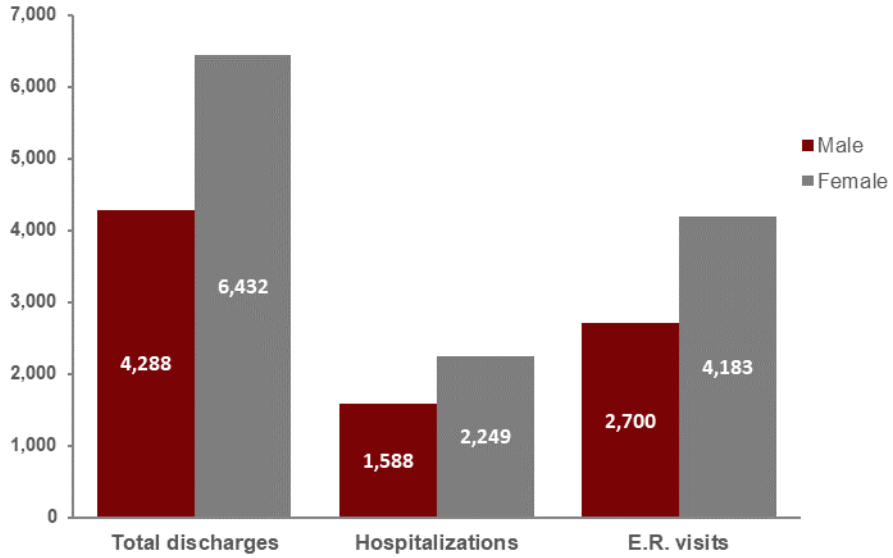
Sex-specific analysis of self-inflicted injury revealed differences in the frequency of hospital encounters.

In 2020, self-inflicted injury resulting in hospital stays or E.R. visits were remarkably higher among Arizona females than their male counterparts. Out of 10,720 total hospital discharges, 60.0 percent were recorded among female residents.

Arizona females comprised 58.6 percent of hospitalizations (n=2249) due to self-inflicted injuries, a proportion that is 1.4 times higher than that of Arizona males.

Similarly, the frequency of E.R. visits was almost twice as great for female residents (n=4183; 60.8 percent) than male residents (n=2700; 39.2 percent).

Figure 2E: Hospital discharge counts due to self-inflicted injury by sex: Arizona, 2020

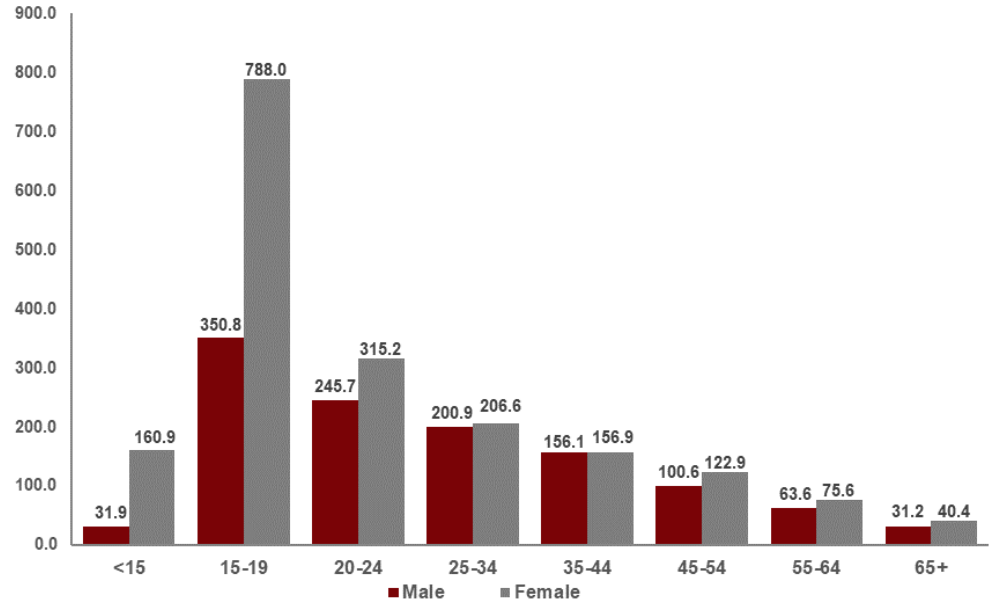


In 2020, the rates of hospital discharge due to self-inflicted injuries were consistently greater in Arizona females than their male counterparts throughout the life span.

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

However, disparity between sexes in hospital utilization resulting from self-inflicted injury was most striking among Arizonans aged less than 15 years. The 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 3E: Hospital discharge rates[a] due to self-inflicted injury by age and sex: Arizona, 2020



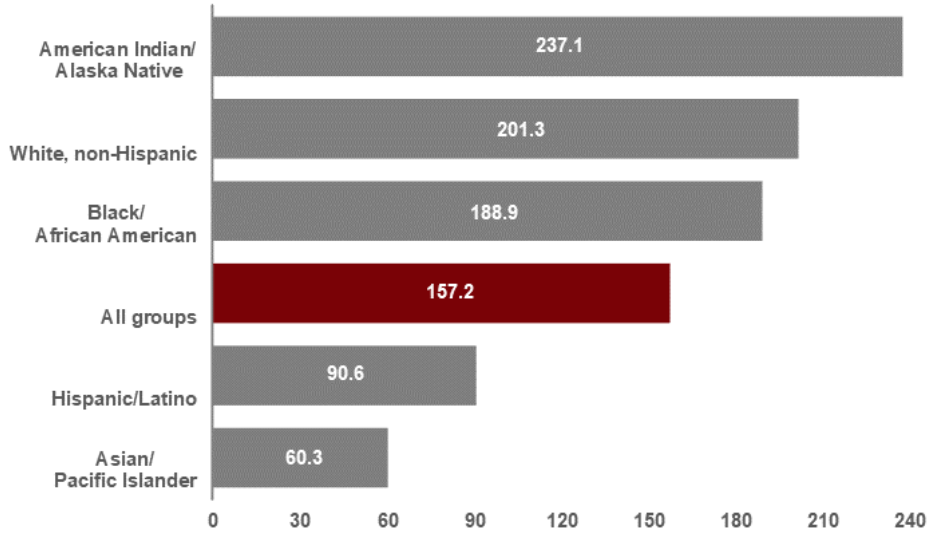
Notes: [a]Rate per 100,000 population; <15 years old constitutes 10-14 years.

In 2020, self-inflicted injury hospital discharge was highest among American Indian/Alaska Native adults (237.1 per 100,000 population) than any racial/ethnic group in Arizona.

Similarly, White non-Hispanics and Black/African American adults exhibited higher rates of self-inflicted injury-related hospital discharge, compared to the Arizona "All Groups" rate.

In contrast, the Asian/Pacific Islander population group recorded the lowest self-inflicted injury-related hospital discharge rate (60.3 per 100,000 population).

Figure 4E: Age-adjusted hospital discharge rates[a] due to self-inflicted injury by race/ethnicity: Arizona, 2020

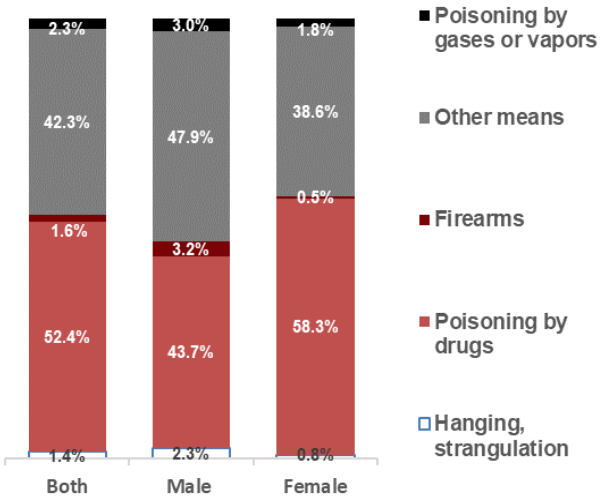


Note: [a]Number of deaths per 100,000 population age-adjusted to the

In 2020, poisoning by drugs was the leading method of self-inflicted injury, accounting for 52.4 percent of all self-inflicted injury-related hospital discharges in Arizona. For both sexes, poisoning by drugs was involved in most self-inflicted injury-related hospital discharges. Collectively, the proportions of hospital discharge due to self-inflicted injuries involving other means (Male= 47.9 percent; Female= 38.6 percent), including but not limited to drowning, jumping from a high place, crashing of a motor vehicle, and stabbing were also noticeably high.

Expectedly, firearms and hanging, 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 (3.2 percent) and strangulation (2.3 percent).

Figure 5E: Percentage of hospital discharges due to self-inflicted injury by method: Arizona, 2020

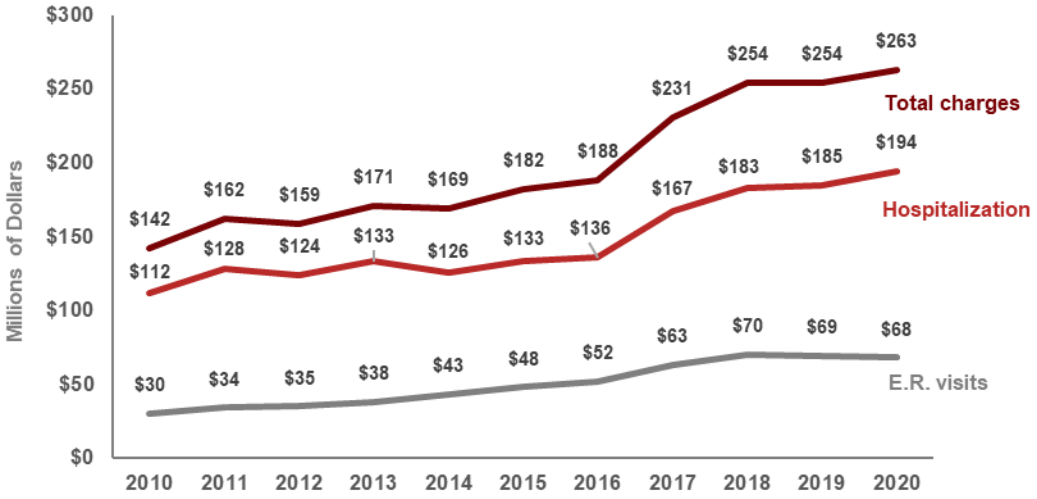


Note: Results in figure 5E include both inpatient discharges and emergency room visits.

In 2020, the annual reported charges of self-inflicted injury-related hospital discharges were estimated to be $263 million, with 73.9 percent of these costs attributable to hospitalizations. Trend analysis shows an increase in the total estimated health care costs of self-inflicted injury.

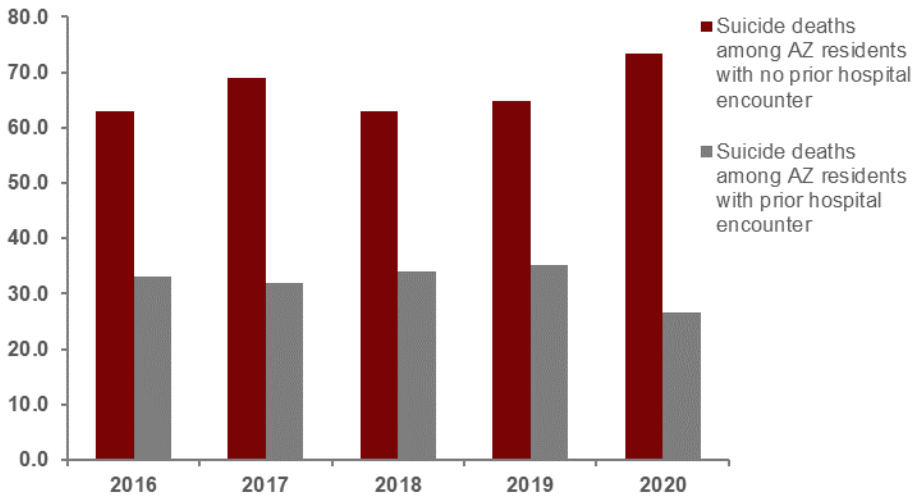
From 2010 to 2020, the burden of health care costs increased by approximately two-fold. E.R. visit charges due to self-inflicted injury have increased the most during 2010-2020 (2.3-fold increase) compared to the hospitalization charges resulting from self-inflicted injury (1.7-fold increase).

Figure 6E: Total charges for hospital discharges due to self-inflicted injury by type of encounter: Arizona, 2010-2020



An analysis of the medical history of Arizona residents who died by suicide was conducted from 2016 to 2020. In each year during the period, the highest proportion of residents who died by suicide was observed among those with no prior hospital encounter in the past 6 months preceding death. These results may be linked to the limitations of the hospital discharge data (HDD). The HDD lacks information on patient's encounters to non-hospital providers such as physicians and ambulatory surgery. Because of this, morbidity burden may be underestimated. Further, only hospitals that operate under a license issued by the Arizona Department of Health Services are required to participate in the discharge reporting system. Thus, the HDD may be incomplete due to non-inclusion in the data collection of Veterans Affairs hospitals, Department of Defense healthcare services, and tribal medical facilities (e.g. Indian Health Services). Noticeably, these non-reporting facilities are dedicated for use by the very groups with the highest suicide rates. The lack of discharge data from these medical facilities limits the significance of the current analysis.

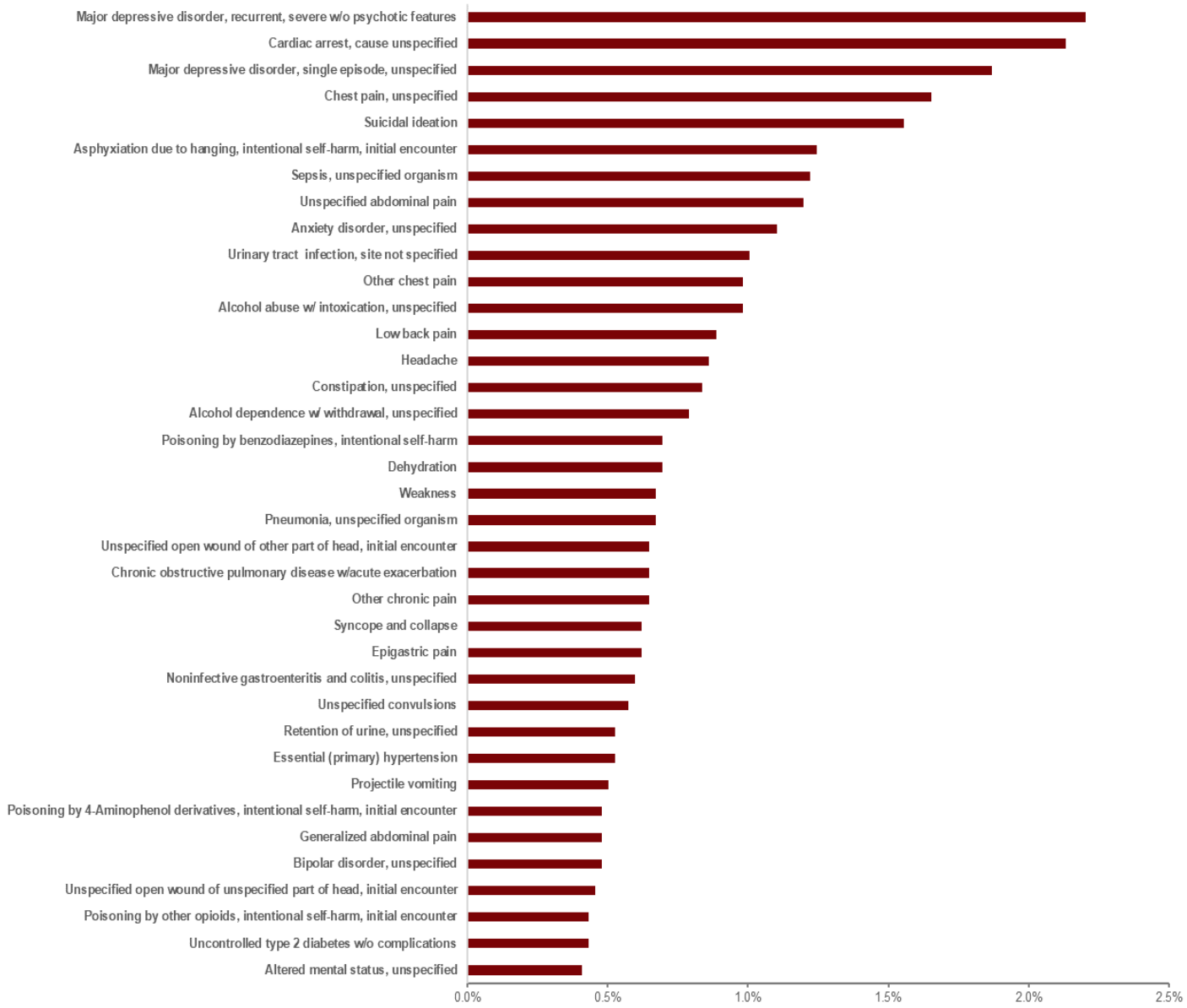
Figure 7E: Suicide mortality by recent medical history: Arizona, 2016-2020



A pooled analysis of data from 2016 to 2020 examining medical history 6 months prior to death, shows that among Arizona residents, major depressive disorder, recurrent (2.2 percent) is the most common reason for hospitalization and/or E.R. visits before their suicide.

Cardiac arrest (2.1 percent) was the second most common diagnosis among Arizona residents who died by suicide. Major depressive disorder, single episode (1.9 percent), chest pain (1.7 percent), suicidal ideation (1.6 percent) followed by asphyxiation due to hanging (1.2 percent), sepsis (1.2 percent), unspecified abdominal pain (1.2 percent), anxiety disorder (1.1 percent), and urinary tract infection (site not specified) (1.0 percent) were among the ten most common diagnoses among Arizonans who died by suicide.

Figure 8E: Most frequent diagnoses among Arizona residents who died by suicide: Arizona, 2016-2020



Appendix

TABLE 1
NUMBER OF SUICIDES AND SUICIDE MORTALITY RATES BY AGE GROUP AND YEAR, ARIZONA RESIDENTS, 2010-2020

	2010		2011		2012		2013		2014		2015		2016		2017		2018		2019		2020	
	Count	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
<15[a]	9	**2.0**	13	**2.9**	9	**2.0**	8	**1.7**	11	**2.4**	12	**2.6**	9	**1.7**	16	**3.5**	17	**3.6**	15	**3.1**	17	3.6
15-19	39	**8.4**	50	**10.8**	48	**10.3**	32	**6.8**	49	**10.8**	63	**13.8**	56	**12.1**	62	**11.9**	81	**17.2**	51	**10.7**	69	14.6
20-24	94	**21.2**	90	**20.2**	78	**17.2**	89	**19.1**	80	**16.4**	92	**18.7**	95	**19.5**	98	**19.5**	113	**23.1**	100	**20.3**	118	24.1
25-34	164	**19.1**	167	**19.3**	175	**20.2**	158	**18.2**	171	**19.3**	199	**22.1**	204	**22.3**	236	**21.8**	233	**24.2**	257	**26.0**	248	25.0
35-44	154	**18.7**	190	**22.9**	157	**18.9**	198	**23.7**	171	**20.5**	176	**21.0**	164	**19.5**	180	**19.3**	201	**23.2**	188	**21.3**	186	21.1
45-54	251	**29.8**	230	**27.1**	208	**24.9**	242	**29.0**	204	**24.2**	224	**26.6**	225	**26.7**	189	**26.5**	218	**25.5**	236	**27.7**	197	23.4
55-64	171	**23.5**	190	**26.0**	208	**27.8**	164	**21.6**	192	**24.6**	213	**26.7**	216	**26.5**	224	**25.9**	234	**27.4**	225	**25.9**	220	25.3
65+	188	**21.3**	182	**20.5**	187	**19.9**	224	**22.8**	246	**24.0**	254	**23.6**	287	**25.6**	299	**24.3**	335	**27.6**	339	**26.8**	304	23.6
65-74	74	**14.9**	83	**16.6**	94	**17.4**	112	**19.8**	137	**23.1**	138	**22.1**	153	**23.4**	150	**22.3**	186	**26.3**	155	**21.3**	133	17.9
75-84	84	**29.9**	63	**22.3**	62	**21.1**	82	**27.2**	77	**24.7**	81	**25.0**	92	**27.3**	99	**26.0**	108	**29.4**	123	**31.4**	114	28.1
85+	30	**29.0**	36	**34.6**	31	**28.6**	30	**26.7**	32	**26.7**	35	**27.9**	42	**32.1**	50	**30.5**	41	**29.7**	61	**42.7**	57	39.7
	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[b]	1,070	**16.7**	1,113	**17.3**	1,070	**16.5**	1,116	**17.0**	1,124	**16.9**	1,233	**18.2**	1,256	**18.4**	1,304	**18.0**	1,432	**19.5**	1,411	**18.9**	1,359	**18.2**

Notes: [a] Number of deaths per 100,000 population in a specified age group; <15 constitutes 10-14 years.
[b] Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

TABLE 2
SUICIDE COUNTS BY RACE/ETHNICITY AND SEX, ARIZONA, 2001-2020

	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
2001	600	485	115	462	367	95	73	64	9	15	13	*	43	36	7	6	*	*
2002	855	692	163	684	542	142	103	89	14	12	12	*	50	43	7	*	*	*
2003	807	647	160	624	499	125	105	84	21	23	19	*	47	41	6	6	*	*
2004	854	674	180	662	511	151	120	105	15	20	17	*	47	37	10	*	*	*
2005	915	723	192	694	542	152	147	126	21	7	5	*	56	45	11	11	*	6
2006	948	743	205	735	562	173	128	113	15	21	18	*	49	40	9	13	9	*
2007	986	773	213	774	599	175	150	123	27	15	13	*	35	28	7	11	9	*
2008	968	737	231	772	580	192	105	90	15	20	15	*	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	*
2010	1,070	846	224	832	651	181	125	103	22	18	15	*	57	48	9	14	10	*
2011	1,113	866	247	873	666	207	135	117	18	24	18	6	56	45	11	10	7	*
2012	1,070†	837	233	849	665	184	122	94	28	30†	22	*	60	46	14	10†	10	*
2013	1,120†	860	256	863	667	196	151	110	41	20†	15	*	69	55	14	10†	13	*
2014	1,120†	857	267	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	304	973	738	235	177	144	33	30†	30	*	78	58	20	23	13	10
2018	1,432	1,146	286	1,049	825	224	185	159	26	55	44	11	113	94	19	19	13	6
2019	1,411	1,098	313	1,031	803	228	214	173	41	46	27	19	84	65	19	21	15	6
2020	1,360†	1,066	293	992	772	220	204	163	41	50	43	7	85	65	20	20†	18	*

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.
T = Total, M = Male, F = Female.

TABLE 3
AGE-ADJUSTED[a] MORTALITY RATES OF SUICIDE BY RACE/ETHNICITY AND SEX, ARIZONA, 2001-2020

	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
2001	14.9	24.6	5.6	12.8	21.0	5.1	5.9	9.9	1.6	9.2	15.2	**	15.4	26.4	5.2	9.4	**	**
2002	15.9	26.4	6.0	18.3	30.0	7.4	8.3	14.2	2.5	6.2	11.4	**	17.9	31.7	4.9	**	**	**
2003	14.6	24.0	5.8	16.4	27.1	6.4	8.2	11.8	4.2	11.3	16.6	**	15.2	27.4	3.6	6.0	**	**
2004	14.9	24.1	6.3	16.6	26.4	7.5	9.8	17.5	2.2	12.1	17.3	**	17.0	28.5	6.5	**	**	**
2005	15.4	24.9	6.5	16.6	26.7	7.3	10.5	17.8	3.0	3.3	4.7	**	17.5	28.7	6.8	11.7	**	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	**	13.7	23.4	4.5	8.4	13.2	**
2007	15.4	24.4	6.7	18.7	29.4	8.3	9.2	14.7	3.6	6.2	10.1	**	9.8	16.3	3.6	6.1	9.2	**
2008	14.8	23.0	7.0	17.6	27.3	8.5	6.5	10.8	1.9	7.5	10.3	**	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	**
2010	16.7	27.1	6.7	20.6	32.8	8.7	7.4	12.5	2.6	6.4	9.9	**	18.7	32.3	5.7	6.8	11.0	**
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	**
2012	16.2	25.9	7.0	20.2	32.2	8.7	6.8	11.1	2.9	10.0	15.5	**	17.9	27.9	8.1	5.7	10.2	**
2013	17.0	26.6	7.7	20.8	32.4	9.6	8.4	12.8	4.2	6.7	9.7	**	21.9	36.1	8.1	7.0	14.5	**
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	**
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	**
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	**	26.2	40.4	12.7	9.3	10.6	7.8
2018	19.5	31.5	7.8	23.7	37.5	10.2	8.7	15.2	2.4	16.0	24.6	6.6	36.5	61.8	12.3	7.3	11.0	4.1
2019	18.9	29.7	8.3	23.1	36.4	10.1	9.9	16.4	3.7	12.5	14.1	11.1	26.8	41.8	12.4	7.3	11.5	3.9
2020	18.2	28.8	8.0	22.5	35.0	10.3	9.2	14.9	3.6	13.7	22.1	4.5	28.0	43.9	12.9	6.8	12.4	**

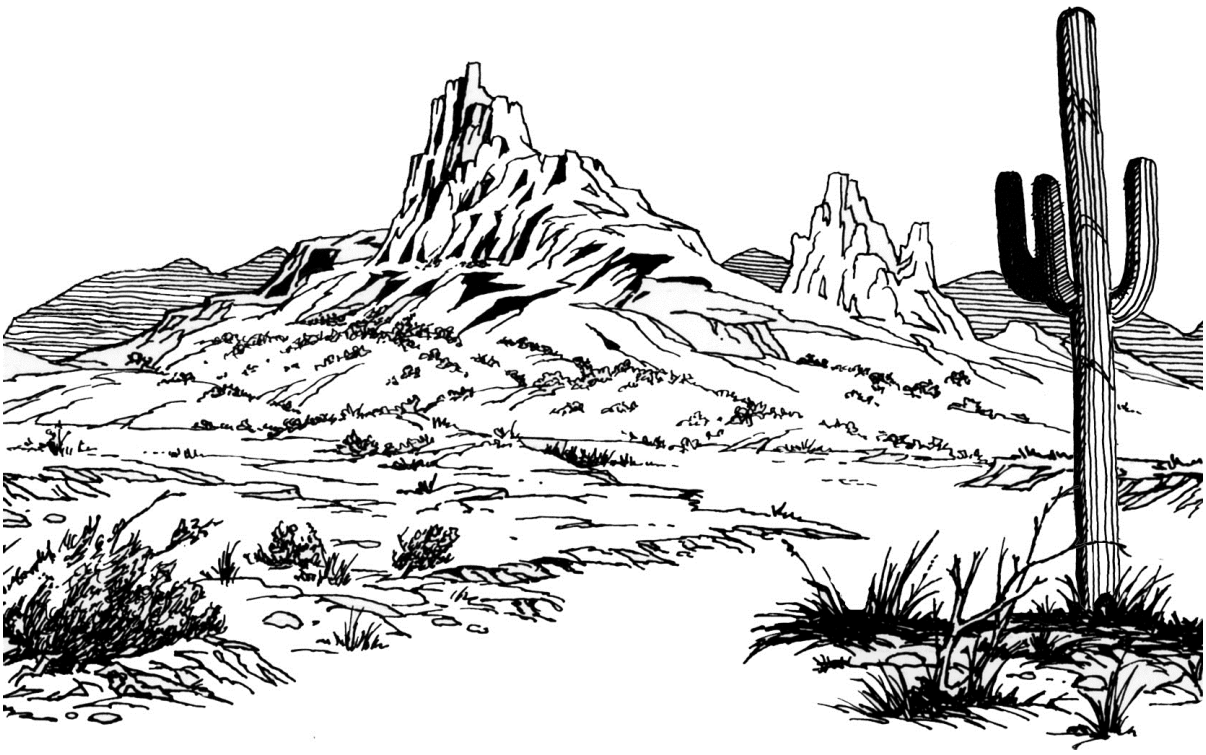
Note: [a] Adjusted to the 2000 standard U.S. population. ** Cell suppressed due to non-zero count less than 6
T = Total, M = Male, F = Female.

TABLE 4
RATES AND COUNTS[a] OF SUICIDES RECORDED IN ARIZONA BY VETERAN STATUS, 2010-2020

Year	Overall State Suicide Rate	Overall State Suicide Count	Veteran Suicide Rate	Veteran Suicide Count	Non-Veteran Suicide Rate	Non-Veteran Suicide Count
2010	17.8	1,136	47.6	252	15.1	884
2011	18.5	1,192	47.4	253	15.9	939
2012	18.3	1,191	51.5	271	15.4	920
2013	18.2	1,197	52.9	264	15.3	933
2014	19.1	1,274	56.1	271	16.2	1,003
2015	19.7	1,329	52.8	258	17.1	1,071
2016	19.4	1,325	58.5	284	16.4	1,041
2017	19.6	1,364	53.9	259	17.0	1,105
2018	21.3	1,510	53.6	266	18.9	1,244
2019	20.3	1,462	56.7	271	17.7	1,191
2020	19.8	1,419	52.5	256	17.4	1,163

Notes: [a] Statistics compiled on the basis of where the deaths actually occurred; Counts include residents and non-residents.

Our Web site at http://pub.azdhs.gov/health-stats provides access to a wide range of statistical information about the health status of Arizonans. The Arizona Health Status and Vital Statistics annual report examines trends in natality, mortality, and morbidity towards established health objectives. Additional reports and studies include Advance Vital Statistics by County of Residence, Injury Mortality among Arizona Residents (accidents, suicides, homicides, legal intervention, firearm-related fatalities, drug-related deaths, drowning deaths, falls among Arizonans 65 years or older), Hospital Inpatient and Emergency Room Statistics (first-listed diagnosis, procedures, mental disorders, asthma, diabetes, influenza and pneumonia, and substance abuse), Community Vital Statistics, Teenage Pregnancy, Differences in Health Status Among Racial/Ethnic Groups, and Health Status Profile of American Indians in Arizona.



ARIZONA DEPARTMENT OF HEALTH SERVICES