



ARIZONA DEPARTMENT OF HEALTH SERVICES

PREVENTION SERVICES

Suicide and Self-Inflicted Related Injuries, Among Arizona Residents, 2016

Suicide was the second leading cause of injury related deaths among Arizonans. Suicide by Firearm was the leading cause of death among all ages

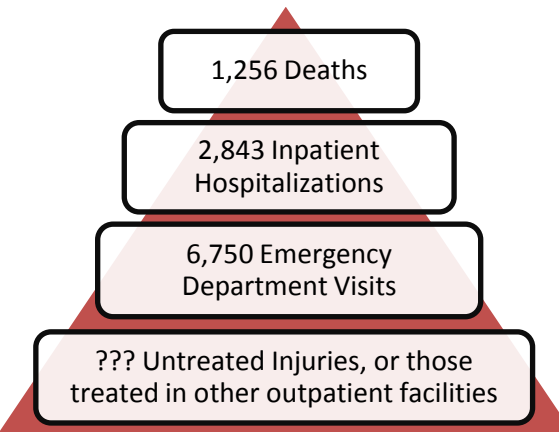
- In 2016, in Arizona, the Age-Adjusted Suicide Mortality Rate was **17.7** deaths per 100,000 Residents

-For every Suicide death in Arizona in 2016 there were:

-**2** self-inflicted injury-related Hospitalizations (IP),

-**5** self-inflicted injury-related Emergency Department Visits (ED Visit)

-Resulting in over **\$193.6 Million** in Total injury charges

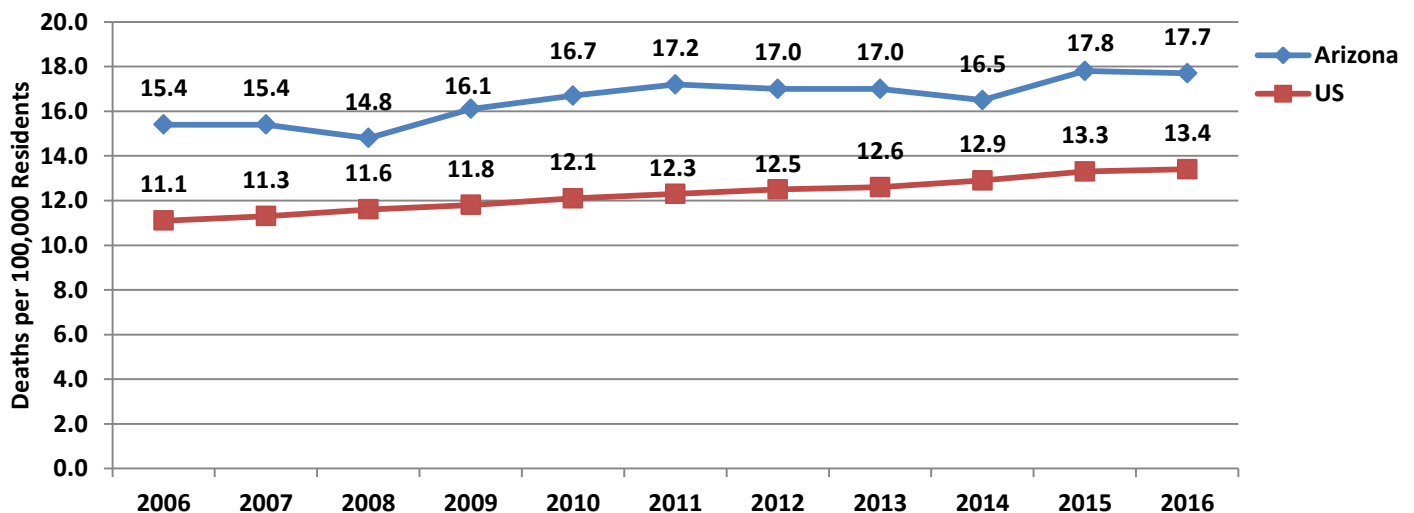


- **60%** of suicides were out by firearms
- Males risk of suicide was **3X** higher than females
- In addition to firearms being used as method to commit suicides, **86%** of injury-related IP and **64%** of injury-related ED visits were due to **intentional poisoning**
- The average cost for self-inflicted injury related IP was **\$49,051**, with average length of stay of **4** days

STOP SUICIDE

Arizona had higher suicide mortality rates compared to the United States

Age-Adjusted Suicide Mortality Rates per 100,000 Residents,
Arizona Compared to United States, 2006-2016



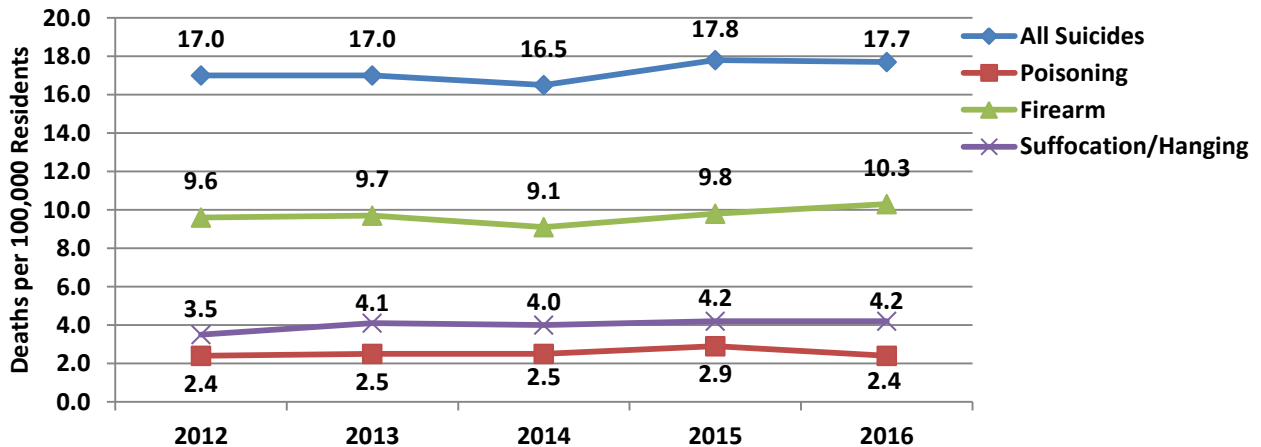


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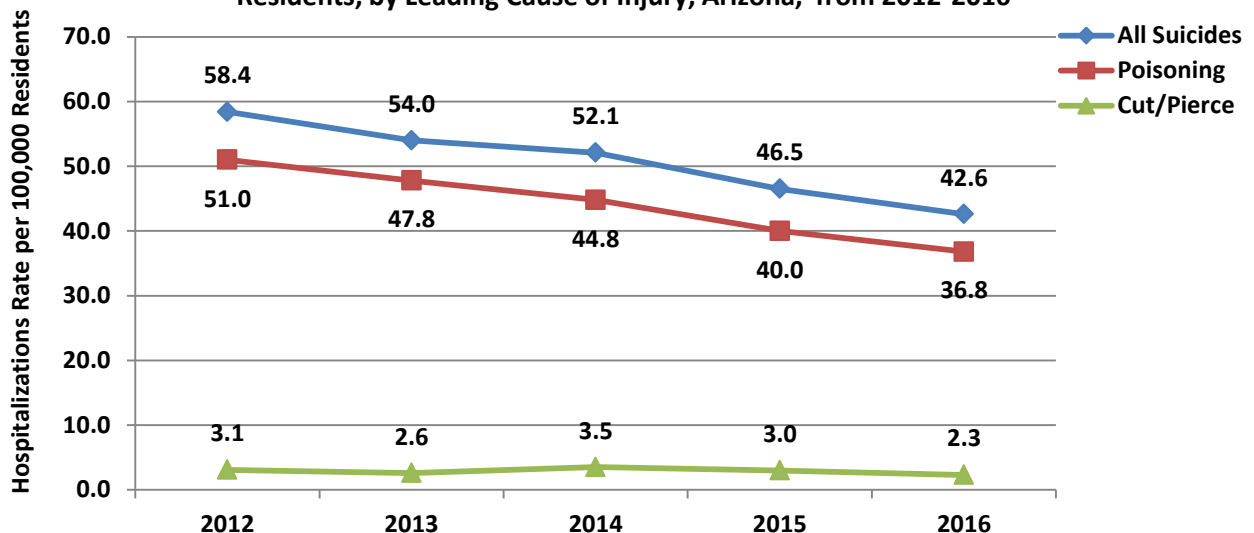
Five Year Trend for Suicide and Self-Inflicted Related Injuries in AZ, by Cause, from 2012-2016

Age-Adjusted Suicide Mortality Rates per 100,000 Residents, by Leading Cause of Death, Arizona, from 2012-2016



* From 2012-2016, firearms, suffocation/hangings, and poisonings remain the leading cause of suicides. The age-adjusted suicide mortality rate increased by 7.3% for firearms and 20% for suffocation/hangings deaths during this time period.

Age-Adjusted Self-Inflicted Injury-Related Hospitalizations Rates per 100,000 Residents, by Leading Cause of Injury, Arizona, from 2012-2016



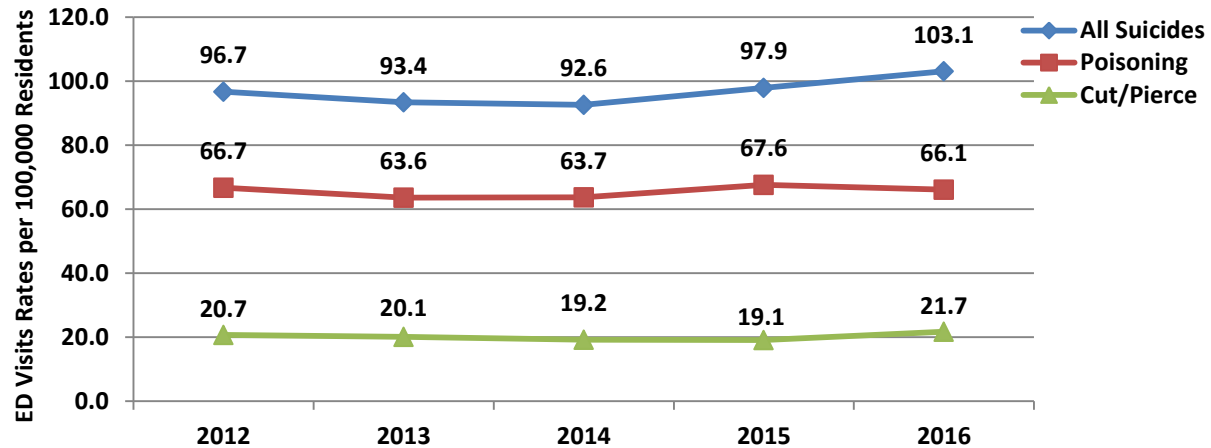
* From 2012-2016, poisoning and cut/pierce remain the leading cause of self-inflicted injuries resulting in hospitalization. The age-adjusted self-inflicted injury-related hospitalization rate decreased by 27.8% for poisoning and 25.8% for cut/pierce injuries during this time period.



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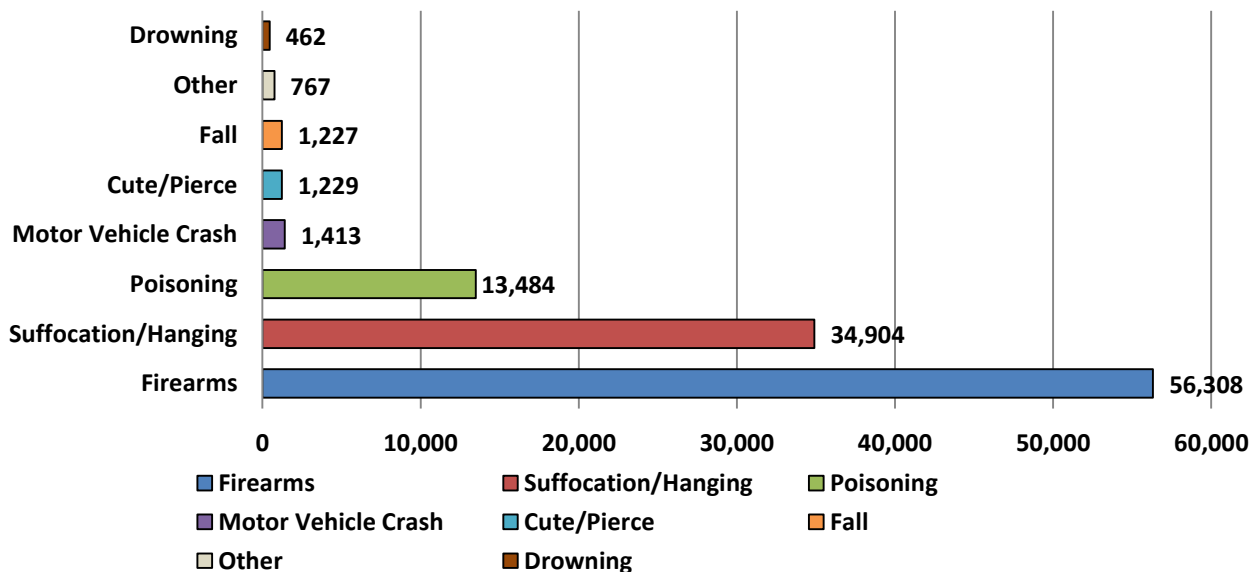
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Age-Adjusted Self-Inflicted Injury-Related ED Visit Rates per 100,000 Residents, by Leading Cause of Death, Arizona, from 2012-2016



* From 2012-2016, poisoning and cut/pierce remain the leading cause of self-inflicted injuries resulting in emergency department visit. The age-adjusted self-inflicted injury-related ED Visit rate decreased by 1% for poisoning and increased 4.3% for cut/pierce injuries during this time period.

Years of Potential Life Lost (YPLL), Before Age 65 among residents, by Leading Cause of Death for Suicides, Arizona, from 2012-2016



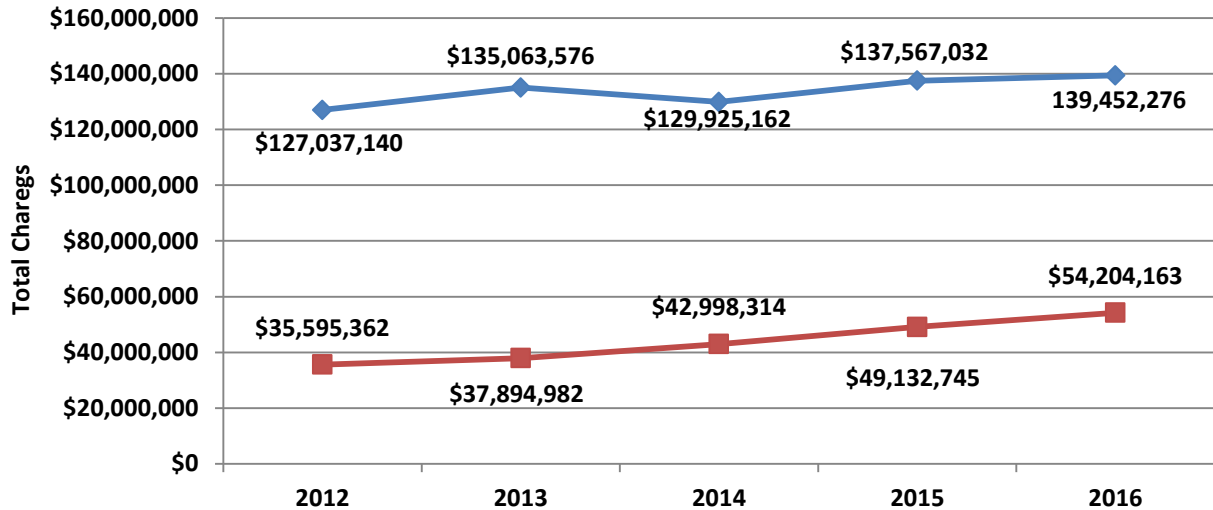
* YPLL due to suicide is tragic in Arizona. YPLL is an estimate of the average years a person would have lived if they had not died prematurely. From 2012-2016, a total of 110,199 years of potential life were lost due to suicides. Firearms (51%) and suffocation/hangings (32%), and poisoning (24%) were the three leading causes of suicide deaths with the highest YPLL before the age of 65.



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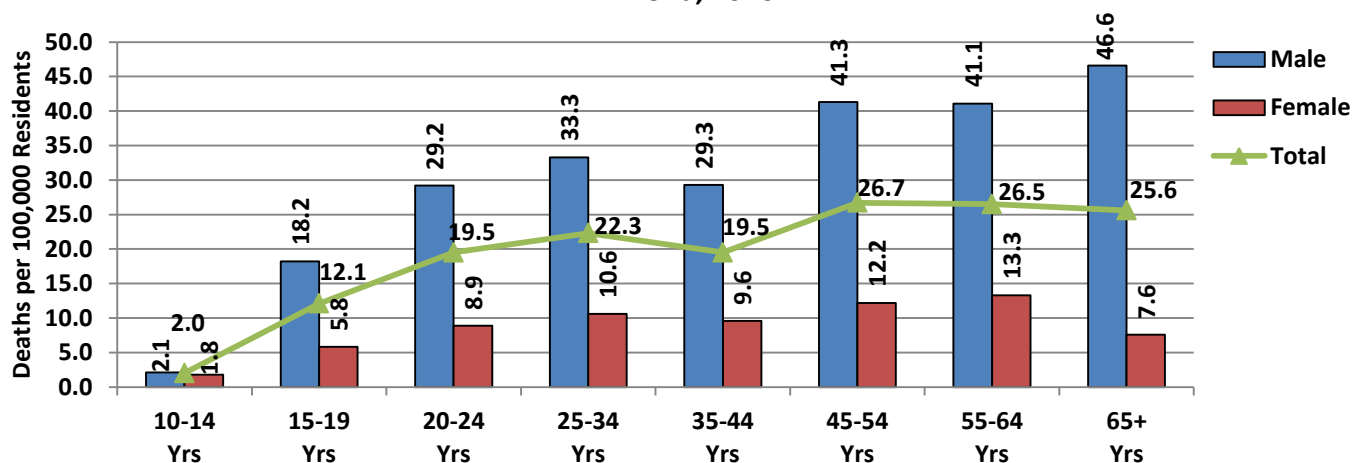
Total Charges due to Self-Inflicted Related Injuries resulting in IP or ED Visits, by Year, Arizona, from 2012-2016



* Self-Inflicted related-injuries have become an economic burden in Arizona. The total charges due to self-inflicted related-injuries resulting in hospitalizations or emergency department visits has gradually increased from 2012-2016. During this period, total charges increased by 9.8% for IP and 52.3% for ED Visits.

Suicide and Self-Inflicted Related-Injuries in Arizona, by Age Group, Gender, and Race/Ethnicity, 2016

Suicide Mortality Rates per 100,000 Residents, by Age Group and Gender, Arizona, 2016



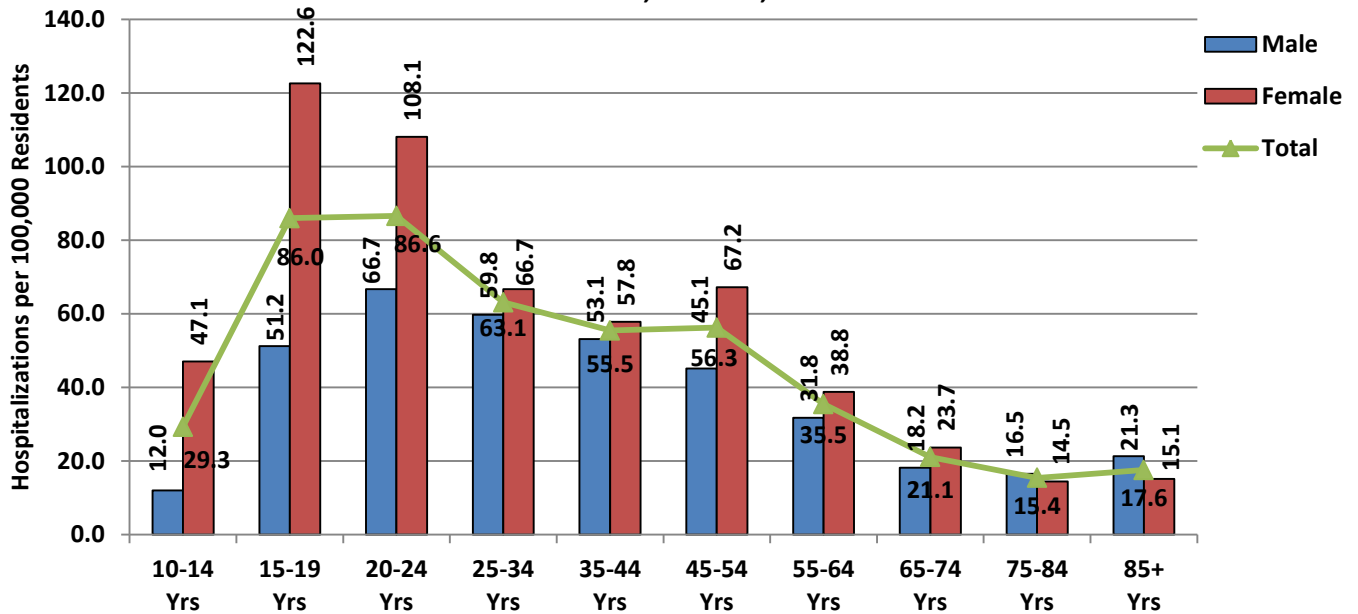
* In 2016, males were at least 3 times more likely die from suicides than females for all age groups. Suicide mortality rates increased directionally with age. Residents 65 years and older had the highest suicide mortality rates for males, while residents 55 to 64 years of age had the highest suicide mortality rates among females.



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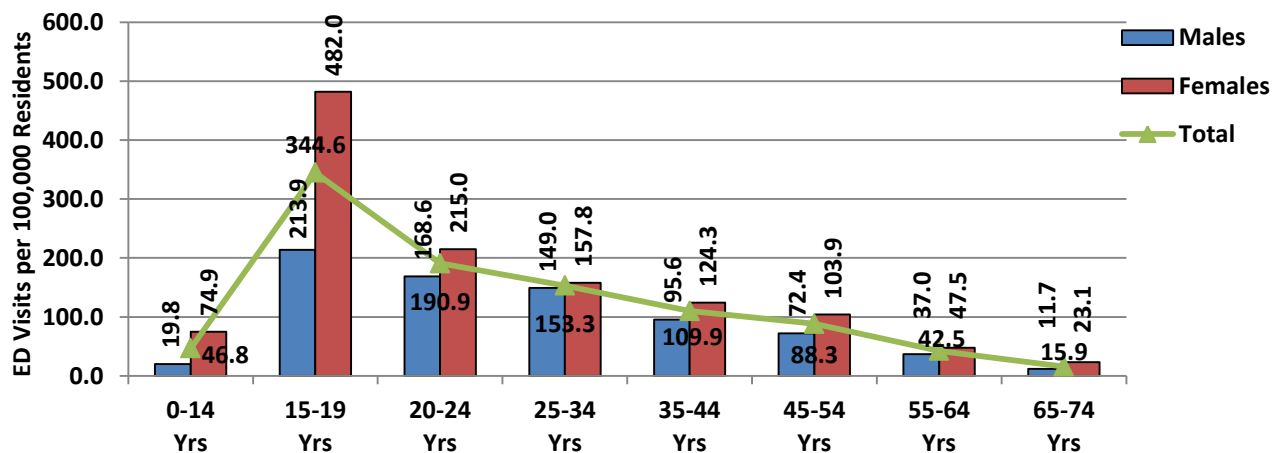
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Self-Inflicted Injury-Related Hospitalizations per 100,000 Residents, by Age Group and Gender, Arizona, 2016



* In 2016, females were more likely to be hospitalized for self-inflicted related-injuries than males. For females the highest self-inflicted injury-related hospitalizations rates were among residents 15 to 24 years of age, while for males, residents 20 to 34 years of age had the highest rates.

Self-Inflicted Injury-Related ED Visit Rates, by Age Group and Gender, Arizona, 2016



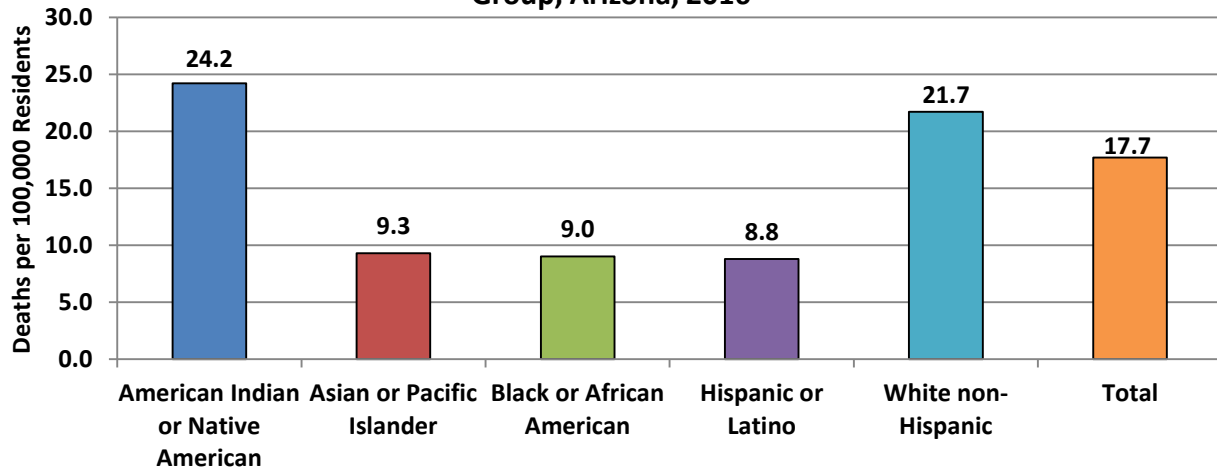
* In 2016, females were more likely to be seen in the emergency department for self-inflicted related-injuries than males. The highest self-inflicted injury-related emergency department visit rates were among residents 15 to 29 years of age.



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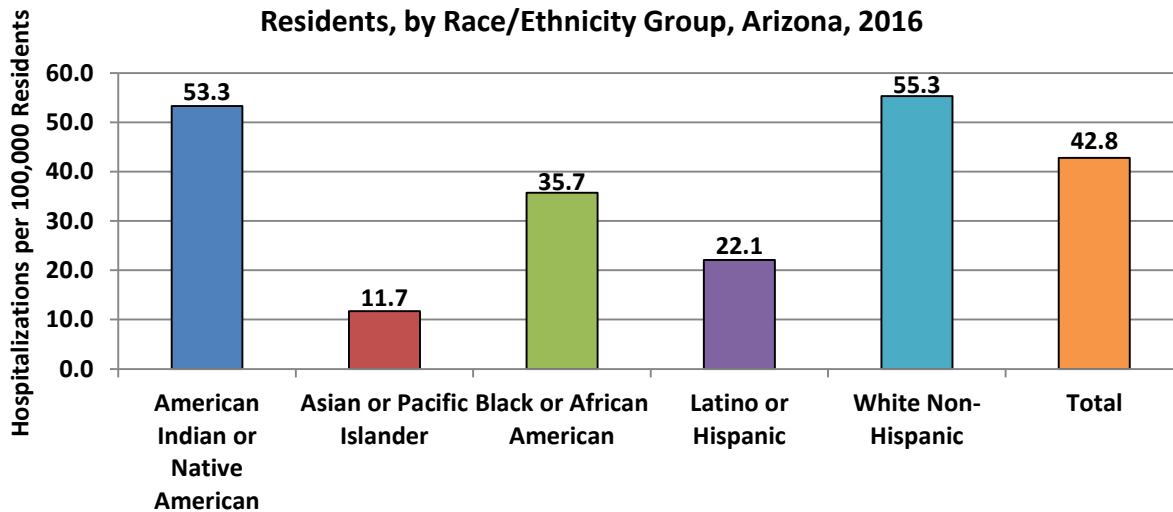
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Age-Adjusted Suicide Mortality Rate per 100,000 Residents, by Race/Ethnic Group, Arizona, 2016



* In 2016, the age-adjusted injury mortality rate was 17.7 per 100,000 residents. American Indian or Native Americans had the highest injury mortality rate, followed by White non-Hispanic residents. All other race/ethnic groups had rates below the state rate.

Age-Adjusted Self-Inflicted Injury-Related Hospitalizations per 100,000 Residents, by Race/Ethnicity Group, Arizona, 2016



*There were 60 hospitalizations among individuals of other or unknown race/ethnicity.

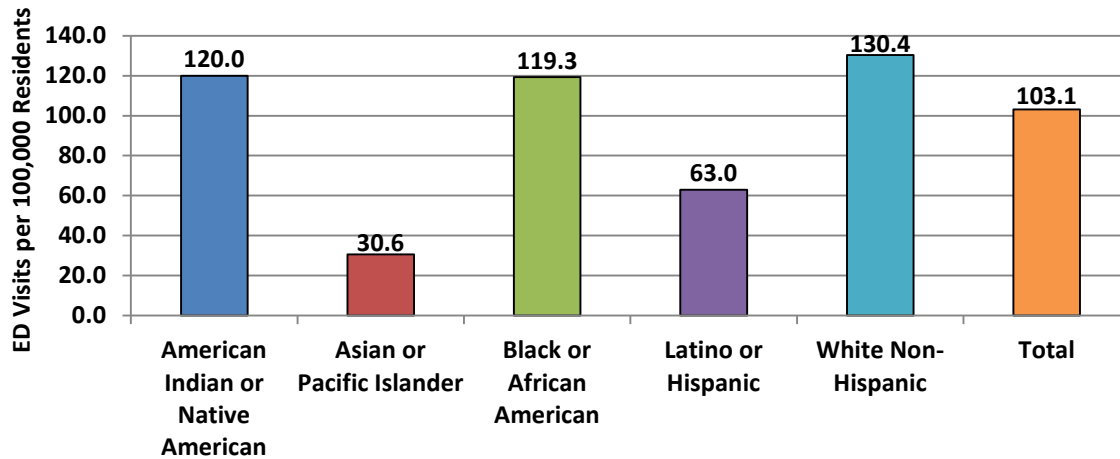
* In 2016, the age-adjusted self-inflicted injury-related Hospitalization rate was 42.8 per 100,000 residents. White Non-Hispanic residents had the highest ED Visit rate, followed by American Indian or Native residents. All other race/ethnic groups had rates below the state rate.



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Age-Adjusted Self-Inflicted Injury-Related ED Visits per 100,000 Residents, by Race/Ethnicity Group, Arizona, 2016



*There were 97 Emergency Department Visits among individuals of other or unknown race/ethnicity.

* In 2016, the age-adjusted self-inflicted injury-related ED Visit rate was 103.1 per 100,000 residents. White Non-Hispanic residents had the highest ED Visit rate, followed by American Indian or Native Americans, then by Black or African American residents. All other race/ethnic groups had rates below the state rate.

ICD-9-CM to ICD-10-CM Transition

In October 2015, the federal government's mandate for International Classification of Diseases, Clinical Modification (ICD-CM), the conversion of ICD-9-CM diagnostic and procedural codes to the implementation and use of ICD-10-CM codes, went into effect. This new mandate provides health providers a wider and more detail range for diagnosing diseases and other health problems for the last quarter year of 2015 (October-December) and all of 2016. This mandate will cause significant changes in injury surveillance, reporting, and may not be comparable to previous years.