

# Arizona Violent Death Reporting System: Suicides Involving Residents of Long-Term Care Facilities in Arizona, 2015 to 2023

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THE CENTER FOR VIOLENCE PREVENTION AND  
COMMUNITY SAFETY, ARIZONA STATE UNIVERSITY

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## About the Center for Violence Prevention and Community Safety

In order to become more committed to the Arizona community and to society as a whole, Arizona State University is setting a new standard for research universities through the model of the New American University. As a New American University, ASU is measured not by whom we exclude, but by who we include; our pursuit of research that considers the public good; and we assume major responsibility for the economic, social, and cultural vitality of our community. Social embeddedness is core to the development of ASU as the New American University. Social embeddedness is a university-wide, interactive, and mutually supportive partnership with the communities of Arizona.

Toward the goal of social embeddedness, Arizona State University established the Center for Violence Prevention and Community Safety (CVPCS) in July 2005 to respond to the growing need of Arizona's communities to improve the public's safety and well-being. The Center for Violence Prevention and Community Safety is a research unit within the Watts Family College of Public Service and Community Solutions at Arizona State University. The Center's mission is to generate, share, and apply quality research and knowledge to create "best practice" standards. The center specifically evaluates policies and programs, analyzes and evaluates patterns and causes of violence, develops strategies and programs, develops a clearinghouse of research reports and "best practice" models, educates, trains and provides technical assistance, and facilitates the development of and construction of databases.

The National Violent Death Reporting System (NVDRS) is sponsored by the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention (CDC), funding participating states through a bona fide agent. Arizona's site (AZ-VDRS) is operated by the Center for Violence Prevention and Community Safety at Arizona State University. The contents of this report are solely the responsibility of the authors and do not necessarily represent official views of the CDC. We thank and acknowledge the cooperation and support of the Arizona Department of Health Services (ADHS), Bureau of Vital Records, and the many local law enforcement agencies and medical examiner offices throughout the State of Arizona that have provided information to the AZ-VDRS. Without our partners, the AZ-VDRS would not be possible.

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## Report Summary

The rate of suicide in the US has steadily risen from 2000, when the age-adjusted rate was 10.4 suicides per 100,000 people, to 2023, when the adjusted rate was 14.1 suicides per 100,000 people<sup>1</sup>. In Arizona, there were 12,504 single suicide decedents between 2015 and 2023 for an average of over 1,300 suicides per year.

Among those most affected were adults 75 and older. In 2015, the suicide rate for this group was 25.3 per 100,000. By 2023, this figure climbed to 32.6 per 100,000. These decedents tended to be male, white, and current or former military members—populations with a high risk of suicide. They also disproportionately experience loneliness and loss, with many being widowed or having recently lost a friend or family member.

Physical health is another key factor. Chronic pain, terminal illness, and neurological conditions can be physically and emotionally painful. Sufferers may feel a loss of independence, usefulness, and dignity<sup>2</sup>. In Arizona, about two-thirds of suicide decedents 75 and older had a physical health problem contribute to their death.

A related concern is the health of older adults who live in long-term care (LTC) facilities, such as nursing homes and assisted living communities. These individuals likely share risk factors with older adults in general, such as loneliness and functional decline, but also face unique risk factors, such as the conditions of the facilities they reside in<sup>3</sup>.

In Arizona from 2015 to 2023, an estimated 77 older adults aged 55 and older were living in an LTC facility at the time of their suicide (see Technical Details). Compared with similar adults not in an LTC facility, those living in an LTC facility tended to be older, widowed or divorced, military veterans, adopt non-firearm suicide means, have a diagnosed mental illness, and have a physical health problem. They also disclosed their intent to die by suicide less often and left a suicide note more often (Exhibit 1).

It is unknown whether LTC facilities experience a disproportionately high or low number of suicides. However, older adults living in LTC facilities experience unique risk factors relative to the general population, including advanced age, higher rates of being widowed, and functional decline. Qualitative review of the data also suggested that anticipation of entering long-term care caused significant consternation for some. The unique effects of living in LTC facilities, such as access to healthcare, lethal means, and social support, on suicide warrant further research.

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<sup>1</sup> [cdc.gov/suicide/facts/data.html](https://www.cdc.gov/suicide/facts/data.html)

<sup>2</sup> Conejero, I., Olie, E., Courtet, P., & Calati, R. (2017). Suicide in older adults: current perspectives. *Clin Interv Aging*, 13, 691-699. <https://doi.org/10.2147/CIA.S130670>.

<sup>3</sup> Mezuk, B., Rock, A., Lohman, M. C., & Choi, M. (2014). Suicide risk in long-term care facilities: a systematic review. *International Journal of Geriatric Psychiatry*, 29, 1198-1211. <https://doi.org/10.1002/gps.4142>.

Exhibit 1: Demographic characteristics and circumstances of suicide decedents by LTC status

Characteristic*	Older Adults in LTC Facilities	Older Adults not in LTC Facilities	All Other
	% endorsed (n)	% endorsed (n)	% endorsed (n)
<b>Demographics</b>			
Average age <sup>§</sup>	78.8	68.8	34.7
Male	72.7 (56)	79.9 (3,883)	77.9 (5,892)
White <sup>‡</sup>	98.7 (76)	96.0 (4,399)	78.2 (4,628)
Widowed or divorced <sup>††</sup>	74.7 (56)	47.1 (2,232)	17.8 (1,328)
Current or former military <sup>‡</sup>	42.7 (32)	33.8 (1,597)	10.0 (743)
<b>Circumstances</b>			
Used firearm <sup>†</sup>	51.9 (40)	70.0 (3,401)	51.4 (3,886)
Mental health problem	51.3 (39)	43.2 (2,025)	50.6 (3,618)
Physical health problem <sup>††</sup>	56.6 (43)	43.2 (2,025)	9.6 (690)
Death of friend or family	9.2 (7)	9.8 (457)	5.9 (424)
History of suicidal thoughts <sup>‡</sup>	38.2 (29)	47.4 (2,222)	52.5 (3,754)
History of suicide attempts	17.1 (13)	15.8 (739)	27.2 (1,944)
Left suicide note <sup>‡</sup>	42.1 (32)	38.8 (1,821)	31.4 (2,250)
Disclosed suicide intent <sup>‡</sup>	18.4 (14)	26.7 (1,250)	29.0 (2,075)

Note: Older adults include adults 55 and older; 'all other' includes anyone 54 and younger, regardless of place or type of residence

\*For all characteristics, decedents with missing or unknown information were excluded from the analyses. For example, a decedent with unknown marital status would be excluded from the calculation of subsequent percentages.

<sup>§</sup>Because age is numeric rather than categorical, it is represented by an average rather than percentage and frequency

<sup>†</sup>Significant difference ( $p < 0.05$ ) between older adults in LTC facilities compared with older adults not in LTC facilities, according to the unadjusted binary logistic regression model

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<sup>‡</sup> Significant difference ( $p < 0.05$ ) between older adults in LTC facilities compared with all others (i.e., decedents  $< 55$  years of age), according to the unadjusted binary logistic regression model

## Technical Details

**Data.** Data for this report were collected in November 2025 from the Arizona Violent Death Reporting System (AZ-VDRS). For this report, the data were filtered to include only single suicide incidents involving adults aged 55 and older that occurred between 2015 and 2023 (n=4,939).

**Long-term care facilities.** This report took long-term care (LTC) facilities to refer to residential settings where residents receive ongoing professional support, mainly for aging-related needs. This excludes in-home hospice care, limited non-healthcare-related supervision arrangements, or group settings designed for unhoused or drug rehabilitation. To determine whether a decedent resided in a LTC facility at the time of their death, three variables were used. First, decedents whose injury location was specified as “supervised residential facility” were extracted (n=33). After reviewing narratives, four incidents were removed because the decedents did not appear to reside in an LTC facility. Second, decedents whose place of death was specified as “Nursing home, longterm care facility”, and who were not already identified in the first step, were extracted (n=16). After reviewing narratives, four incidents were removed because there lacked evidence that the decedents resided in long-term care. Finally, a text search through all other narratives was performed. Decedents whose narratives contained “assisted living”, “care facility”, “nursing facility”, “nursing home”, “residential facility”, “retirement community”, “retirement home”, or “senior living” were extracted (n=160). After reviewing narratives, 36 additional suicides were determined to involve decedents living in a LTC facility. In sum, in Arizona between 2015 and 2023, an estimated 77 suicide decedents lived in long-term care facilities at the time of their death.

**Methods.** This report involves descriptive statistics and statistical significance testing. Descriptive statistics are reported in the form of counts and percentages. Significance testing involved binary logistic regression. 12 models were generated. For each model, a binary variable indicating a demographic characteristic (e.g., white or other) or circumstance (e.g., used firearm or non-firearm) was specified as the dependent variable, and a categorical variable with three levels—indicating whether a given decedent was 55 or older and living in a LTC facility, was 55 or older and not living in a LTC facility, or 54 or younger—was specified as the sole independent variable. Models were unadjusted for demographic characteristics. For simplicity, results are reported as significant (i.e.,  $p < 0.05$ ) or not significant (i.e.,  $p \geq 0.05$ ).

**Limitations.** Several limitations apply to this analysis. Most importantly, the AZ-VDRS lacks a variable that perfectly captures whether a victim was residing in an LTC facility at the time of their death. Injury location, place of death, and text narratives are helpful but imperfect

indicators, and definitions of LTC may differ. More discussion of the limitations of using the NVDRS for research on suicide in LTC facilities can be found elsewhere<sup>4,5</sup>. Additionally, the AZ-VDRS depends on death certificates, medical examiner reports, and law enforcement reports to accurately record information on suicides. Some decedents may have lived in LTC facilities without the relevant information recorded in the reports. Finally, the AZ-VDRS only includes individuals who died by suicide, and this report does not consider individuals who attempted suicide, who only contemplated suicide, or who showed no suicidal behavior.

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<sup>4</sup> Mezuk B, Lohman M, Leslie M, Powell V. Suicide risk in nursing homes and assisted living facilities: 2003-2011. *Am J Public Health*. 2015;105(7):1495-1502. doi:[10.2105/AJPH.2015.302573](https://doi.org/10.2105/AJPH.2015.302573).

<sup>5</sup> Mezuk, B., Tomohiro, M., Kalesnikava, V., & Jurgens, D. (2019). Suicide among older adults living in or transitioning to residential long-term care, 2003 to 2015. *JAMA Network Open*, 2(6), e195627. doi:[10.1001/jamanetworkopen.2019.5627](https://doi.org/10.1001/jamanetworkopen.2019.5627).