Examining Suicide Trends Among Ohioans Ages 65 and Older

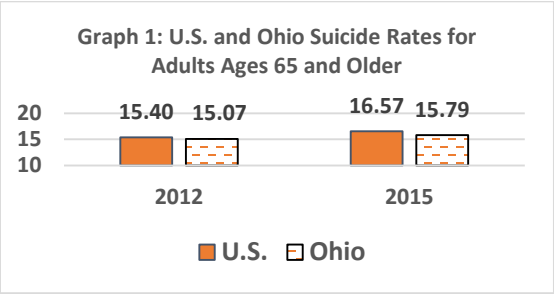
Between 2012 and 2016, 6,189 Ohioans died by suicide. The largest number of Ohio suicide decedents were middle age adults who were between the ages of 40 and 64 and accounted for approximately 58.4% of all suicide deaths. Suicide decedents ages 65 and older equaled 1,388 or 22.4% of the suicide deaths in this time frame.

While suicide decedents ages 65+ represent about one-fifth of Ohio's suicide deaths, the number of suicide decedents in this cohort increased by 20.9% between 2012 and 2016. This trend in suicide deaths for Ohioans ages 65+ warrants a closer examination. Conwell, Van Orden, and Caine (2011) note that certain birth cohorts tend to be susceptible to suicide, especially as they age. According to Conwell, et al., baby boomers (born between 1946 and 1964) had relatively higher suicide rates at any given age when compared to earlier and subsequent cohorts. For this reason, according to Conwell, et al.as baby boomers attain the age of 65, suicide rates will most likely increase for adults ages 65+.

Also, suicide risk can become more heighted in adults ages 65+ cohort that is not necessarily present in younger cohorts. According to Comwell et al., 2002, some of these factors include being isolated than younger people, less likely to be rescued, having stressful live events, having personality traits associated with suicide risk, being physically ill and impaired, giving fewer warning signs of their intent, and using firearms with greater deliberation. This brief report will examine trends, mechanisms used and demographics associated with suicide decedents ages 65+.

Ohio vs National Suicide Rates

The Ohio and U.S. suicide rates for adults ages 65+ is depicted in Graph 1. In 2015, which is the last available year for national data, U.S. suicide rates for adults 65 and older was 16.57, an increase over the 2012 rate of 15.40. The suicide rate for Ohioans in this age cohort is 15.79, less than the U.S. rate. Like The 2015 suicide rate for Ohioans ages 65+ also increased from the 2012 rate of 15.07 (Source: WISQARS Fatal Injury Data).



Overall Ohio Suicide Trends for Decedents Ages 65+

As Table 1 shows, suicide deaths for Ohioans ages 65+ trended upward annually between 2012 and 2016, with a five-year increase of 20.9%. This annual pattern differs from total Ohio suicide deaths. Overall, suicide decedents did not increase annually, with recorded decreases in both 2013 and 2014. Also, total suicide decedents grew between 2012 and 2016 by 11.2%, less than the increase of 20.9% for suicide decedents ages 65+.

Table 1: Ohio Suicide Rates, 2012 to 2015

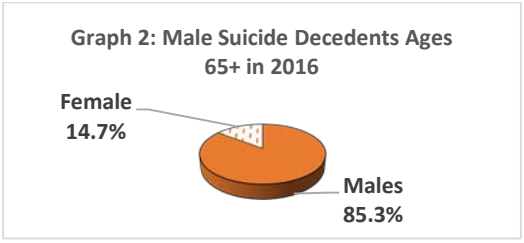
Year	Total		Ages 65 and Older	
	# of Deaths	Annual Change	# of Deaths	Annual Change
2012	1,534		253	
2013	1,524	-0.7%	266	5.1%
2014	1,488	-2.4%	272	2.3%
2015	1,648	10.8%	291	7.0%
2016	1,706	3.5%	306	5.2%

Source: Ohio Department of Health Data Warehouse

Demographics

Gender and Race

Overall, in Ohio, more males tend to die by suicide than females, and most suicide decedents are white. Whites made up 90.8% of all suicides in 2016 while 96.1 of suicide decedents ages 65+ were white. In 2016, male suicide decedents comprised 78.6% of the total suicides deaths. In comparison, males comprised 85.3% of suicide decedents ages 65+. (Refer to Graph 2).



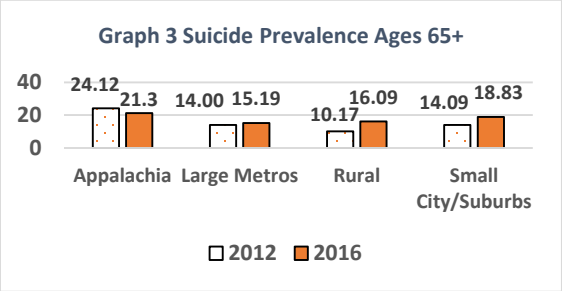
Source: Ohio Department of Health Data Warehouse

Residence

This section examines suicide rates for decedents ages 65+ by geographical type of county: Appalachian, large urban, small city/suburban, and rural. Appalachian counties are federally designated. Large urban counties have a population of 300,000 plus people and are within a standard metropolitan statistical areas (SMSA). Small city/suburban counties are within an SMSA with populations less than 300,000 people. Rural counties are non-Appalachian, non-SMSA counties.

Graph 3 displays the suicide rate for decedents ages 65+ by geographical type for 2012 and 2016. Appalachia counties have the high suicide rates for adults ages 65+,

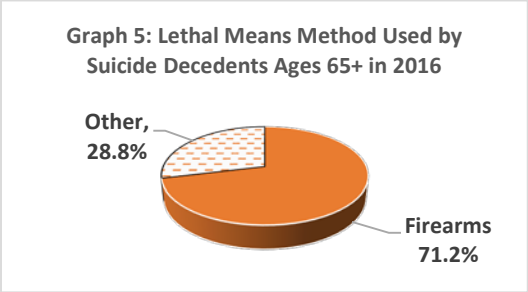
but the suicide rate for this age group living in Appalachia declined over the five-year period. Suicide prevalence for this age group in rural communities had the largest increase over the five-year period from 10.17 to 16.09.



Source: Ohio Department of Health Data Warehouse and American Community Survey

Lethal Means

In 2016, 54.2% of the suicide decedents used firearms used firearms. The percent of suicide decedents ages 65+ using firearms is 71.2%. (Refer to Graph 5).



Source: Ohio Department of Health Data Warehouse

Discussion

Results indicate that suicide deaths have increased over the last five years for adults ages 65+ across Ohio communities. Ohio's suicide rate for this age cohort is following a similar trajectory displayed in national rates. Ohio suicide decedents in this age cohort tend to be white and male, and they use firearms. Previous research studies indicate similar demographic patterns and the use of firearms (Comwell et. Al, 2002). As mentioned previously, the increase in suicide among Ohioans ages 65+ may be associated with the aging of baby boomers.

Policy Implications

From a public health perspective, Ohio policymakers should develop interventions targeted to adults ages 65 and older. Possible strategies include the following:

- *Public Awareness Campaigns:* Public awareness campaigns should highlight suicide risk factors associated with adults ages 65+, including gun safety.
- *Gatekeeper Trainings:* Gatekeeper trainings should be offered to staff who provide services to this age cohort, such as Meals on Wheels, senior citizen centers, religious groups, and veterans 'groups.
- *Involvement of Family Members, Friends, and Caregivers:* Older adults often experience difficulties in accessing medical services. Treatment protocols should include family members, friends, and caregivers in various interactions, such as home visits and follow-up. These individuals are an important part of the lives of many older adults and can assist.
- *Detection of depression among adults ages 65+*: Primary care practitioners should be trained on how to administer routine screens, such as the PHQ-9, to detect depression and suicide risk in adults ages 65+.
- *Care Transition:* Behavioral health and primary care providers should develop care transition protocols to treat adults ages 65+ after screenings have detected depression and suicide risk and to address stigma associated with accessing treatment.
- *Increased Training for Lethal Means Counseling and Safety Planning:* State and local policymakers should promote and increase access to lethal means counseling and safety plan trainings, particularly for providers who treat adults ages 65+.

References

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