



2A.

TOTAL MORTALITY

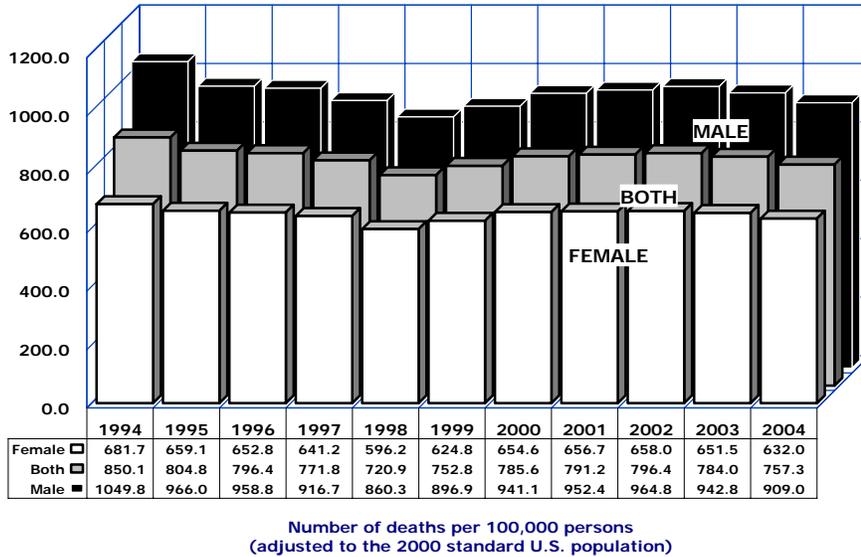
During 2004, 42,736 Arizona residents died, 94 less than in 2003 (**Table 2A-1**). There were 22,400 deaths of Arizona male residents and 20,336 deaths among females. In 2004, females accounted for 48 out of every 100 deaths compared to 46 per 100 in 1994.

Approximately 81.5 percent of all resident deaths in 2004 were White non-Hispanics. Hispanics or Latino accounted for 11.7 percent of all resident deaths in 2004, followed by American Indians or Alaska Natives (3.3 percent), Blacks or African Americans (2.6 percent) and Asians or Pacific Islanders (0.7 percent). Females accounted for a minority of deaths in each racial/ethnic group except Asian (**Table 2A-1**).

Of the 42,736 deaths in 2004, only 34.8 percent occurred in hospitals. The majority of deaths (65.2 percent) occurred in the place of residence, including nursing homes and other long-term care facilities (**Table 2A-4**). Inpatient deaths accounted for 82.3 percent of all hospital deaths. Hospital deaths accounted for a minority (9,330) of the total deaths (30,532) among elderly 65 years or older. In contrast, nine out of ten (92.4 percent) of all infant deaths occurred in hospitals.

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Figure 2A-1
Age-Adjusted Mortality Rates for All Causes
by Gender and Year, Arizona, 1994-2004

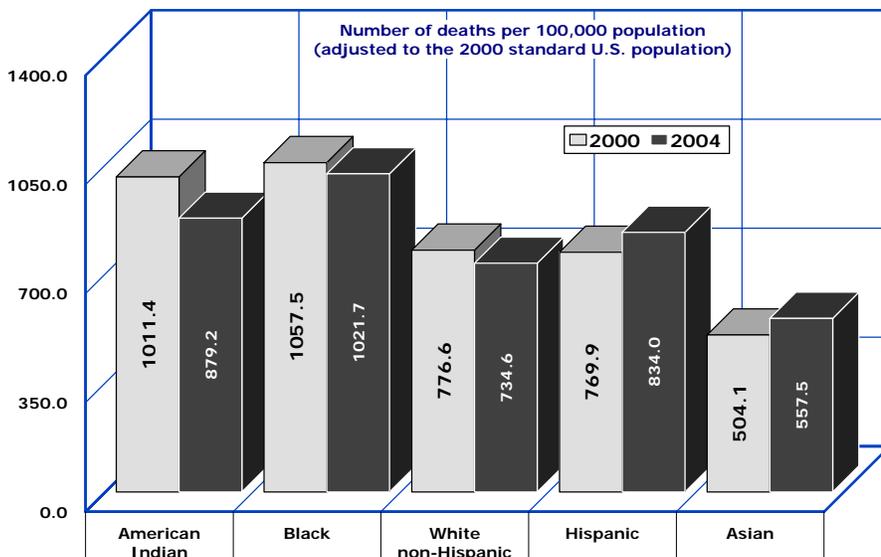


Beginning with the 2000 data year in Arizona, the age-adjusted mortality rates discussed below are based on the year 2000 population standard. The rates for 1994-1999 were re-calculated using the new standard.

The total age-adjusted mortality rate decreased from 784.0 in 2003 to 757.3 in 2004 (**Figure 2A-1**).

The percent difference between male and female mortality rates narrowed from 54 percent greater mortality rate in 1994 to 43.8 percent greater in 2004.

Figure 2A-2
Age-Adjusted Mortality Rates for All Causes by
Race/Ethnic Group, Arizona, 2000 and 2004



The 2004 age-adjusted death rates for the major race/ethnic groups were as follows: the rate for White non-Hispanic population was 734.6 deaths per 100,000 U.S. standard population; Black population, 1021.7; American Indian population, 879.2; and Asian or Pacific Islander population, 557.5 (**Figure 2A-2, Table 2B-4**).

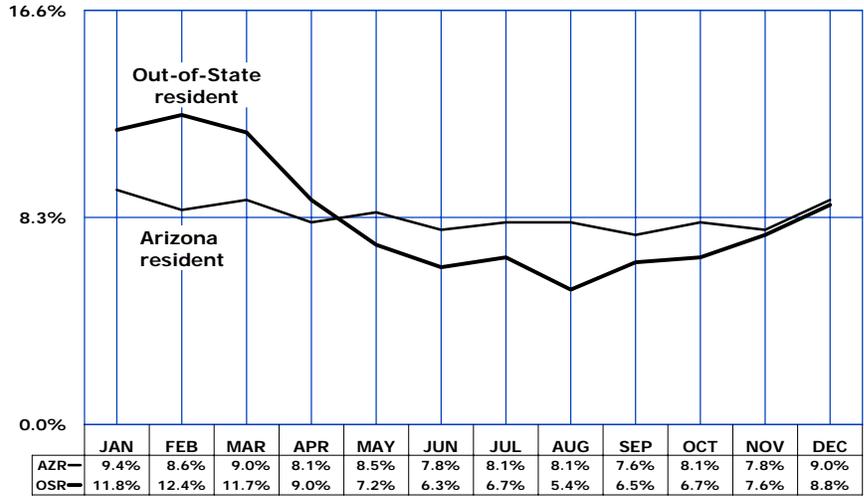
In 2004, the age-adjusted death rate for the Black population was 1.39 times that the White non-Hispanic population; that is, the average risk of death for the Black population was about 39 percent higher than for the White non-Hispanic population. This ratio was similar in 2000 (1.36:1.00).

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If there was no monthly variation in proportional contribution to the annual death total, 8.3 percent of deaths should occur monthly. However, when the monthly distribution of resident deaths is examined, only one month, January (9.4 percent of annual deaths), deviated in 2004 from the expected value by no less than 13 percent (**Figure 2A-3**). September was the month with the lowest proportional contribution (7.6 percent) to the annual death total among Arizona residents.

The majority of the 2,185 non-residents who died in Arizona during 2004 did so during January, February and March. August continued to be the month with the lowest proportional contribution (5.4 percent) to the annual death total among out-of-State residents who died in Arizona

Figure 2A-3
Percent Annual Deaths by Month of Occurrence and Residence Status, Arizona, 2004



AZR: Arizona resident
OSR: Out-of-State Resident

Autopsies were reported as performed on 4,471 decedents, or 10.5 percent of the deaths that occurred among Arizona residents in 2004. The percent of deaths autopsied in 2004 differed little from the overall fraction of 10.4 percent calculated for the preceding year.

Among the leading causes of death, the highest percentages of death autopsied were for *homicide* (99.6 percent), *unintentional injuries* (56.1 percent), and *suicide* (53 percent). The lowest percentages of autopsies were reported for *Parkinson's disease* (0.5 percent), *Alzheimer's disease* (0.5 percent), *prostate cancer* (0.4 percent), and *breast cancer* (1.1 percent). Deaths at older ages (i.e., those from chronic diseases) are less likely to be autopsied, than the deaths at younger ages i.e., those more likely to be injury/violence-related. (**Figure 2A-4**).

Figure 2A-4
Autopsies Performed by Age Group, Arizona, 2004

