

2A.

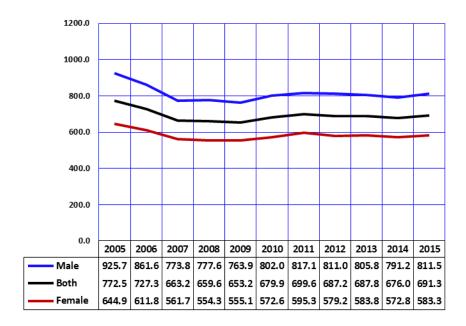
TOTAL MORTALITY

The total number of deaths from all causes among Arizona residents increased by 6.0 percent from 2014 (n = 51,074) to 2015 (54,152; **Table 2A-1**). The age-adjusted mortality rate for all causes of death also increased from 676.0/100,000 in 2014 to 691.3/100,000 in 2015.

Compared to 2014, there were more deaths in 2015 for all of the leading causes of mortality. The causes with the largest increases were essentially nephritis (41.1 percent), septicemia (29.8 percent), Parkinson's disease (26.4 percent) Alzheimer's disease (25.5 percent), homicide (23.8 percent) and cerebrovascular disease (23.5 percent).

When considering race/ethnicity and gender, the age-adjusted mortality rate for deaths due to major cardiovascular diseases among Black or African Americans males increased (19. 5 percent) from 2014 to 2015. In terms of mortality due to diabetes, the overall mortality rate for males and females increased from 2014 (23.0/100,000) to 2015 (25.7/100,000) following a period of stability during 2011 to 2014 (**Figure 2B-18**). The increase in deaths due to diabetes affected all groups, except Asian or Pacific Islander males where a 2.7 percent decrease was observed over the same period.

Figure 2A-1 Age-adjusted Mortality Rates^a for all Causes by Gender and Year, Arizona, 2005-2015



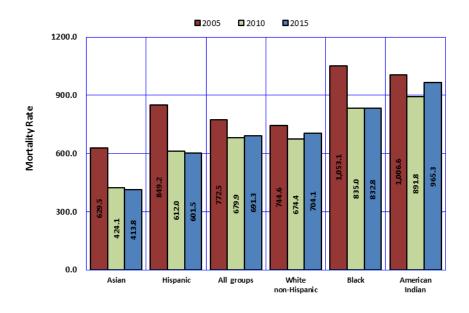
The age-adjusted mortality rates discussed below are based on the year 2000 population standard. All mortality rates in sections 2A and 2B are age-adjusted. A detailed explanation of the age-adjustment of mortality rates is given in the *Technical Notes*.

The total age-adjusted mortality rate increased by 2.3 percent, from 676.6 in 2014 to 691.3 in 2015 (**Figure 2A-1**, **Table 2B-2**). Over this period, the age-adjusted mortality rates increased for both males and females.

The difference between male and female mortality rates narrowed slightly between 2005 and 2015, with the male age-adjusted mortality rate being 43.5 percent greater than the female age-adjusted mortality rate in 2005, and 39.1 percent greater in 2015. However, the parallel trend lines (**Figure 2A-1**) do not suggest that the full convergence in mortality risk between males and females is likely to happen in the near future.

Notes: ^a Number of deaths per 100,000 persons (adjusted to the 2000 standard U.S. population).

Figure 2A-2 Age-adjusted Mortality Rates^a for all Causes by Race/Ethnicity and Year, Arizona Residents, 2005, 2010, and 2015



The 2015 age-adjusted death rates for the major racial/ethnic groups were as follows: for Asian or Pacific Islander, 413.8 deaths per 100,000 population; Hispanic or Latino, 601.5; White non-Hispanic, 704.1; Black or African American, 832.8; and American Indian or Alaska Native, 965.3 (Figure 2A-2, Table 2B-4).

In 2015, as in 2005 and 2010 Blacks and American Indians had higher total mortality rates than White non-Hispanics, Hispanics, and Asians. The total mortality rates for Asians were lower than the rates of both White non-Hispanics and Hispanics in 2005, 2010, and 2015.

Notes: $^{\rm a}$ Number of deaths per 100,000 persons (adjusted to the 2000 standard U.S. population).

If there was no monthly variation in proportional contribution to total annual deaths, 8.3 percent (100/12) of deaths should occur monthly. However, when the monthly distribution of resident deaths is examined. January (9.3 percent), December (9.0 percent), March (8.9 percent), April, May, and November (8.4 percent) were higher in 2015 from the expected value (Figure 2A-3). February, September, and October were the months with the lowest proportional contributions to the total annual deaths among Arizona residents.

The majority of the 2,234 non-residents who died in Arizona during 2015 did so during January, March, and February. September was the month with the lowest proportional contribution (5.6 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, 2015



Autopsies were reported as performed on 5,119 decedents, or 9.5 percent of the deaths that occurred among Arizona residents in 2015. From 2005 – 2015, the percentage of deaths for which autopsies were reported varied from a high of 10.0 percent in 2005, 10.5 percent in 2007 to a low of 8.6 percent in 2011 and 2012.

The percentage autopsied varies by the decedent's demographic characteristics. By race/ethnicity (Figure 2A-4) the percentage autopsied was lower for the White non-Hispanic and Asian population than for other groups. The prevalence of autopsies was substantially greater among Black, American Indian, and Hispanic or Latino sub-populations. A substantial portion of the differential in the use of autopsy by race/ethnicity reflects differences in the age and manner of death. For example, autopsies tend to be more common at younger ages and for deaths by homicide, suicide, accidents, and undetermined manner.

Figure 2A-4
Percentage of Deaths for which Autopsies were Reported by Race/Ethnicity and Year, Arizona Residents, 2005-2015

