



2B.

LEADING CAUSES OF DEATH

In 2010, the Office of Vital Records (OVR) of the Arizona Department of Health Services implemented the new (2003) Standard U.S. death certificate. The new certificate added several new questions: 1) whether tobacco use contributed to the death, and 2) whether, if the decedent was a female, the death was "pregnancy-associated" (defined as death from any cause during pregnancy or within one calendar year of delivery or pregnancy termination).

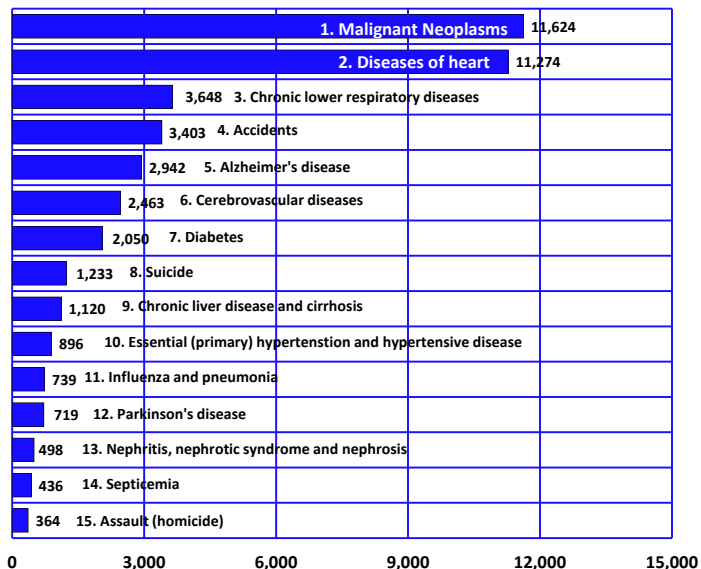
The death certificate now includes a new classification of the decedent's racial/ethnic status, consistent with the revised federal standards for collecting and reporting racial and ethnic status. These standards were published in the Federal Register on October 30, 1997, as "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity." The revised standards are available on the OMB (the Office of Management and Budget) web-site at: <http://www.whitehouse.gov/omb/fedreg/ombdir15.html>

There are now 15 racial categories (including Guamanian or Chamorro; Samoan or Native Hawaiian) to choose from. It is also permitted to indicate more than one race for a decedent. In 2015, among the 54,152 deaths of Arizona residents, indication of "two or more races" appeared on only 472 certificates. The total number of deaths for decedents identified as Native Hawaiian was 21. To create frequency counts of race and ethnicity that were adequate to compute statistically reliable mortality rates, race was "bridged," or essentially collapsed into 5 categories; White non-Hispanic, Hispanic or Latino, Black or African American, Native American or Alaska Native, and Asian or Pacific Islander. When an individual was identified as both Hispanic and any other race, that person was added to the racial/ethnic group with the lowest population. For example, a person identified as both White and Hispanic would be coded as Hispanic, where a person identified as American Indian and Hispanic would be coded as American Indian. Please refer to the technical appendix for further explanation of the racial bridging used in this report.

2B. LEADING CAUSES OF DEATH

Figure 2B-1A
Leading Causes of Death among Arizona Residents in 2015

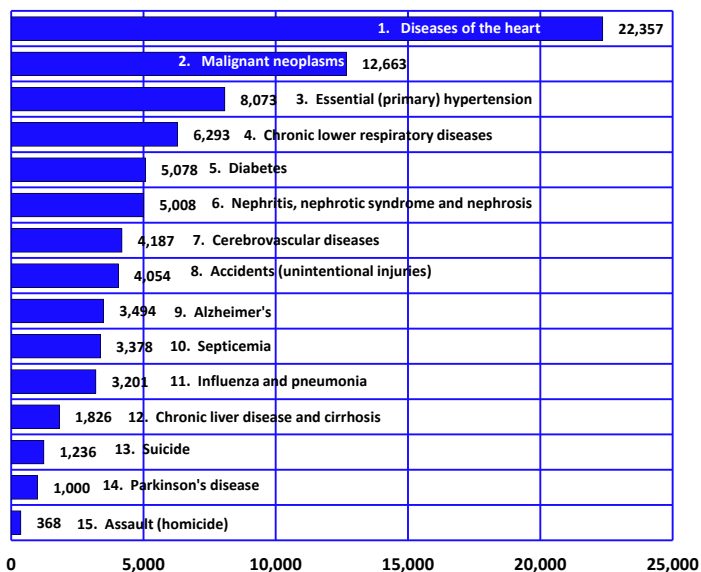
BASED ON THE NUMBER OF DEATHS DUE TO THE UNDERLYING CAUSE:



Based on the number of deaths (but not age-adjusted mortality rate), the leading underlying cause of death to Arizona residents in 2015 was cancer (11,624 or 21.5 percent of all deaths), closely followed by *heart disease*, which accounted for 11,274 or 20.8 percent of deaths (**Figure 2B-1A, Table 2B-1, Table 5E-14**). The third leading cause of death, *chronic lower respiratory diseases*, accounted for 3,648 or 6.7 percent of total deaths. Deaths due to *accidents (unintentional injuries)* ranked fourth in 2015, with 3,403 resident deaths reported. Deaths due to *Alzheimer's disease* ranked fifth in 2015, with 2,942 resident deaths reported. Together, these five causes accounted for 60.7 percent of total deaths in 2015. The fifteen leading causes accounted for 80.2 percent of all deaths among Arizona residents.

Figure 2B-1B
Leading Causes of Death among Arizona Residents in 2015

BASED ON THE NUMBER OF DEATHS DUE TO ANY MENTION OF A CAUSE:



For the purpose of mortality statistics, every death is attributed to one underlying condition or underlying cause of death. The underlying cause is defined as the disease or injury that initiated the chain of events leading directly to death. It is selected from up to 20 causes and conditions entered by the physician on the death certificate. The totality of all these conditions is known as multiple cause of death.

In addition to 11,274 deaths that had diseases of the heart assigned as the underlying cause, another 11,083 deaths had diseases of the heart assigned as a secondary cause of death. The sum of these two counts (22,357, **Figure 2B-1B**) is the total number of deaths that had any mention of diseases of the heart on the 2015 death certificates. The ranking based on any mention of the 15 diagnostic categories is different from ranking of the leading causes of death based on the underlying cause. In particular, *essential (primary) hypertension* ranked 10th as the underlying cause but ranked 3rd when any mention of it was counted.

2B. LEADING CAUSES OF DEATH
Five Leading Causes by Gender

It is important to note that (**Figures 2B-2, 2B-3, 2B-4, and 2B-5**) are based on the age-adjusted mortality rates and not on the number of deaths.

In 2015, cancer was the number one cause of death for White non-Hispanics, Hispanic or Latinos, and Asian or Pacific Islanders. Diseases of the heart were the leading cause of death specific to Black or African Americans, while unintentional injury was the leading cause of death for American Indians (**Figure 2B-2, Table 2B-4**). For both Hispanics, and Whites, Alzheimer's disease was the 5th leading cause of death in 2015. Diabetes was among the third leading cause of death for Hispanics and Blacks (**Table 2B-4**).

Chronic liver disease and cirrhosis was the fourth leading cause of death specific to American Indians. Chronic lower respiratory diseases were the third leading cause of death specific to White non-Hispanics.

Figure 2B-2
Age-adjusted Mortality Rates^a for the Five Leading Causes of Death for Both Genders by Race/Ethnicity, Arizona, 2015

Rank	White non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander
1	Cancer 149.8	Cancer 120.4	Diseases of heart 184.4	Unintentional injury 139.0	Cancer 104.8
2	Diseases of heart 146.0	Diseases of heart 117.6	Cancer 154.7	Cancer 124.4	Diseases of heart 75.0
3	Chronic lower respiratory diseases 50.8	Diabetes 45.3	Diabetes 53.0	Diseases of heart 119.9	Stroke 30.4
4	Unintentional injury 49.3	Unintentional injury 36.7	Stroke 51.8	Chronic liver disease and cirrhosis 77.6	Diabetes 22.7
5	Alzheimer's disease 37.8	Alzheimer's disease 36.5	Unintentional injury 50.5	Diabetes 73.9	Unintentional injury 21.7

Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Figure 2B-3
Age-adjusted Mortality Rates^a for the Five Leading Causes of Death by Race/Ethnicity among Females, Arizona, 2015

Based on age-adjusted mortality rates, cancer was the leading cause of death among White non-Hispanic, American Indian, and Asian females. Diseases of the heart were the leading cause of death specific to Hispanic and Black females (**Figure 2B-3, Table 2B-4**). Diabetes was the 3rd leading cause of death for Hispanic females and the 5th among Black and American Indian women. Alzheimer's disease was among the five leading causes of death for women of all racial/ethnic backgrounds excluding American Indians.

Chronic lower respiratory diseases were the 3rd leading cause of death specific to White non-Hispanic females. Chronic liver disease and cirrhosis was the 4th leading cause of death specific to American Indian females.

Rank	White non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander
1	Cancer 129.9	Diseases of heart 97.5	Diseases of heart 155.9	Cancer 112.4	Cancer 88.2
2	Diseases of heart 112.9	Cancer 96.2	Cancer 135.0	Diseases of heart 89.1	Diseases of heart 59.6
3	Chronic lower respiratory diseases 48.0	Diabetes 38.7	Alzheimer's disease 53.6	Unintentional injury 82.7	Stroke 27.0
4	Alzheimer's disease 42.4	Alzheimer's disease 38.0	Stroke 45.5	Chronic liver disease and cirrhosis 66.1	Alzheimer's disease 26.5
5	Unintentional injury 36.7	Stroke 30.6	Diabetes 42.6	Diabetes 65.3	Unintentional injury 20.2

Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

**B. LEADING CAUSES OF DEATH
Five Leading Causes by Gender**

**Figure 2B-4
Age-adjusted Mortality Rates^a for the Five Leading Causes of Death
by Race/Ethnicity among Males, Arizona, 2015**

Rank	White non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander
1	Cancer 183.7	Cancer 152.9	Diseases of heart 216.8	Unintentional injury 203.9	Cancer 133.4
2	Diseases of heart 173.9	Diseases of heart 140.7	Cancer 181.5	Diseases of heart 158.9	Diseases of heart 99.0
3	Unintentional injury 62.4	Diabetes 53.2	Diabetes 67.5	Cancer 142.1	Stroke 36.7
4	Chronic lower respiratory diseases 53.7	Unintentional injury 48.4	Stroke 59.6	Chronic liver disease and cirrhosis 91.8	Diabetes 29.3
5	Intentional Self-harm Suicide 36.4	Stroke 34.0	Unintentional injury 59.5	Diabetes 85.6	Unintentional injury 23.7

Based on age-adjusted mortality rates, cancer followed by diseases of the heart were the two leading causes of death among White non-Hispanic, Hispanic or Latino, and Asian or Pacific Islander males (**Figure 2B-4; Table 2B-4**). Age-adjusted mortality rates for diseases of the heart were the highest of all causes among Black males.

Unintentional injury ranked among the top 5 leading causes of death for males in all racial/ethnic groups, but was the leading cause of death only for American Indian males.

In 2015, based on the age-adjusted mortality rates, diabetes was among the third leading causes of death for Hispanic and Black males, the 4th for Asian males, and the 5th leading causes of death for American Indian males.

Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

**Figure 2B-5
Age-adjusted Mortality Rates^a for the Five Leading Causes of Death
by Gender in Urban^b and Rural Areas, Arizona, 2015**

Rank	Urban male	Urban female	Rural male	Rural female
1	Diseases of heart 167.0	Cancer 122.5	Diseases of heart 214.8	Cancer 129.3
2	Cancer 165.7	Diseases of heart 106.0	Cancer 180.0	Diseases of heart 128.9
3	Unintentional injury 56.3	Alzheimer's disease 43.4	Unintentional injury 90.0	Unintentional injury 47.6
4	Chronic lower respiratory diseases 47.9	Chronic lower respiratory diseases 40.3	Chronic lower respiratory diseases 52.6	Chronic lower respiratory diseases 46.9
5	Alzheimer's disease 33.3	Unintentional injury 31.4	Intentional Self-harm (suicide) 39.2	Stroke 33.5

In 2015, the profile of the leading causes of death differed by gender for residents of the urban (Maricopa, Pima, Pinal, and Yuma counties) and rural (all the remaining counties) areas of the state. (**Figure 2B-5, Table 2B-5**). Cancer exceeded diseases of the heart as the leading causes of death among urban females and rural females. Diseases of the heart were the leading cause of deaths specific to both urban males and rural males.

Chronic lower respiratory diseases were the fourth leading cause of death in urban and rural areas regardless of gender. Alzheimer's disease was the 3rd leading cause of death among urban females. Suicide was the 5th leading cause of death specific to rural males.

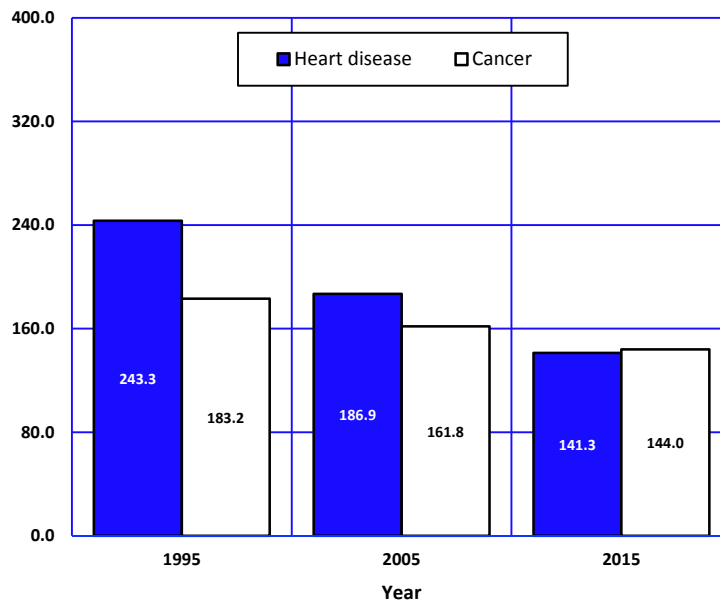
Notes: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard; ^b Urban = Maricopa, Pima, Pinal and Yuma counties. The remaining counties comprise Arizona's rural areas.

2B. LEADING CAUSES OF DEATH
Diseases of heart and malignant neoplasm (cancer)

Figure 2B-6
Comparison of Age-adjusted Mortality Rates^a for Heart Disease and Cancer
(Malignant Neoplasm), Arizona, 1995, 2005, and 2015

The age-adjusted mortality rate for diseases of the heart decreased by 41.9 percent from 243.3 deaths per 100,000 population in 1995 to 141.3/100,000 in 2015 (**Figure 2B-6**). The age-adjusted mortality rate for cancer declined less, by 21.4 percent, from 1995-2015. In Arizona, the relative risk of death from heart disease versus cancer changed from 32.8 percent greater in 1995 to 1.9 percent less in 2015.

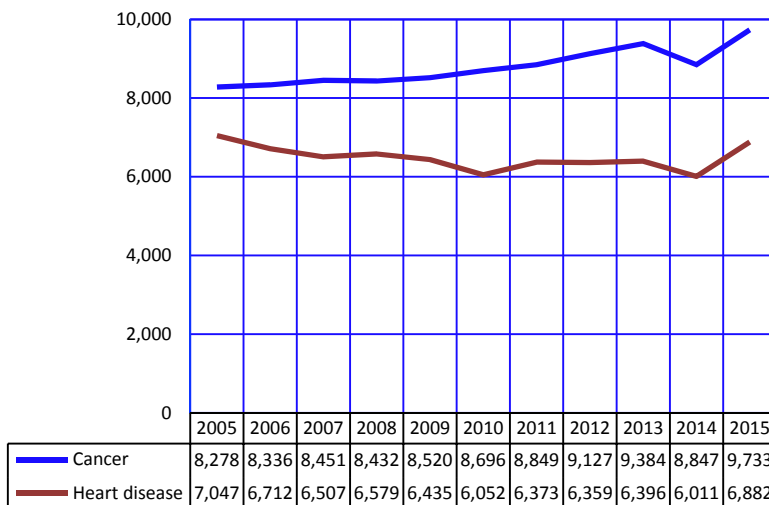
In 2005, 1,106 more Arizonans died from diseases of the heart than cancer (**Table 2B-1**). In 2015, the number of deaths from cancer exceeded the number of heart disease deaths by 350 (**Table 2B-4**).



Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

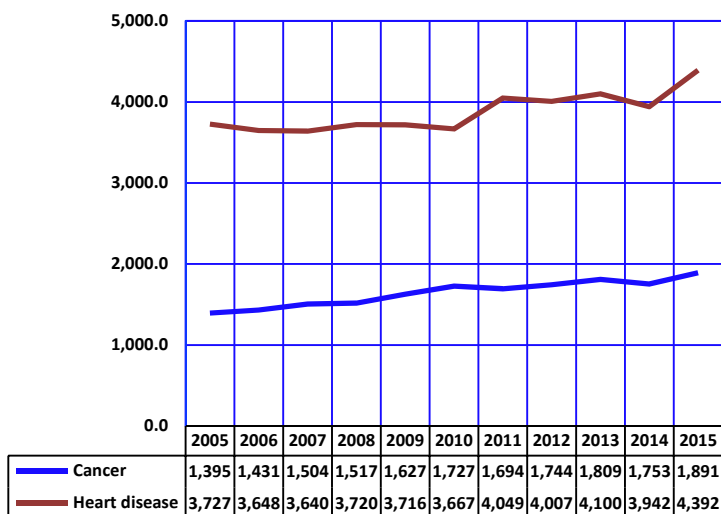
Figure 2B-7
Number of Deaths from Heart Disease and Cancer among
Arizonans 0-84 Years, 2005-2015

For the past several years, cancer has been the number one cause of death among Arizonans aged 0-84 years (**Figure 2B-7**). Beginning in 1996, the annual number of cancer deaths exceeded the number of deaths from heart disease. In 2015, 2,851 more Arizonans 0-84 years old died from cancer (9,733) than heart disease (6,882).



2B. LEADING CAUSES OF DEATH
Diseases of heart and malignant neoplasm (cancer)

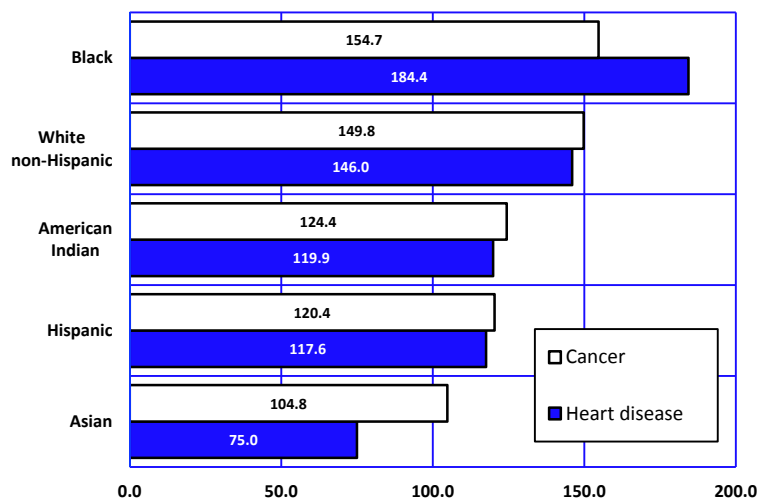
Figure 2B-8
Deaths from Heart Disease and Cancer among Arizonans 85+, 2005-2015



Among Arizonans age 85 and over, heart disease is the number one leading cause of death by a wide margin. In 2015, adults aged 85 and over accounted for 16.3 percent of all deaths from cancer but 39.0 percent of all deaths from heart disease. In 2015, the median age at death for heart disease was 81 years (**Table 2D-3**); and a minority of deaths (43.9 percent, **Table 2D-4**) were premature, i.e., before reaching the expected years of life at birth for all U.S. residents (78.8 years).

However, from 2005 to 2015, the number of deaths from cancer increased by 35.6 percent among Arizonans 85 years or older, more than the increase observed in diseases of the heart (17.8 percent increase).

Figure 2B-9
Age-adjusted Mortality Rates^a for Heart Disease and Cancer by Race/Ethnicity, Arizona, 2015



Arizona's White non-Hispanics were 1.9 times more likely to die from diseases of the heart and 1.4 times more likely to die from malignant neoplasms in 2015 than Asians, the group with the lowest risk of each respective cause of death (**Figure 2B-9, Table 2B-4**). Compared to Asians, Black or African American Arizonans were 2.5 times more likely to die of heart disease and 1.5 times more likely to die of cancer.

For all the racial/ethnic groups, except the Blacks, the relative risk of death from cancer exceeded the mortality risk of death from heart disease in 2015 (**Table 2B-3**).

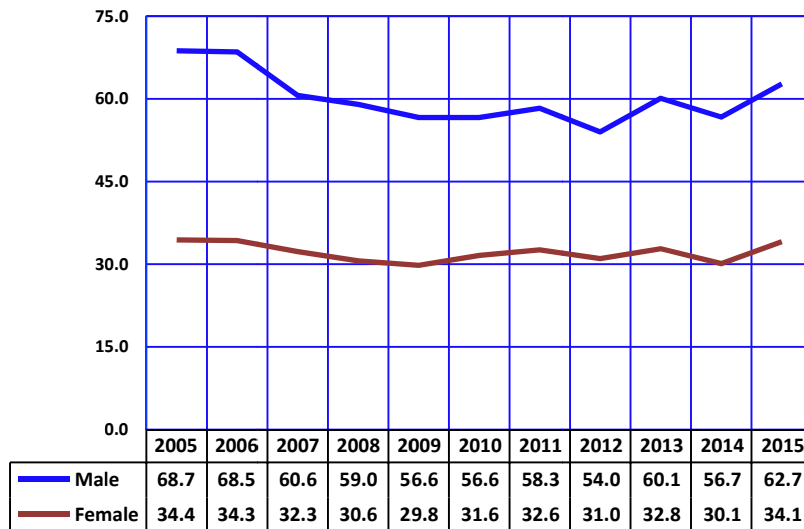
Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

2B. LEADING CAUSES OF DEATH
Accidents (unintentional injury)

The number of deaths from unintentional injuries increased by 13.0 percent from 3,011 in 2014 to 3,403 (**Table 2B-1**). In 2015, based on age-adjusted mortality rates, accidents ranked third as a leading cause of death for males and fifth for females (**Table 2B-4**). From 2014 to 2015, the age-adjusted mortality rate for accidents increased 10.6 percent for males and 13.3 percent for females (**Figure 2B-10**).

In 2015, 855 deaths were caused by motor vehicle accidents, an increase of 21.8 percent from 2014. Additionally, Arizonans experienced a 7.9 percent increase in the number of accidental drug poisonings due to drugs and/or medicaments from 2014 (n=885) to 2015 (n=955) (**Table 2B-9**). Deaths due to falls increased 15.1 percent over this period.

Figure 2B-10
Age-adjusted Mortality Rates^a for Accidents (Unintentional Injuries) by Gender and Year, Arizona, 2005-2015

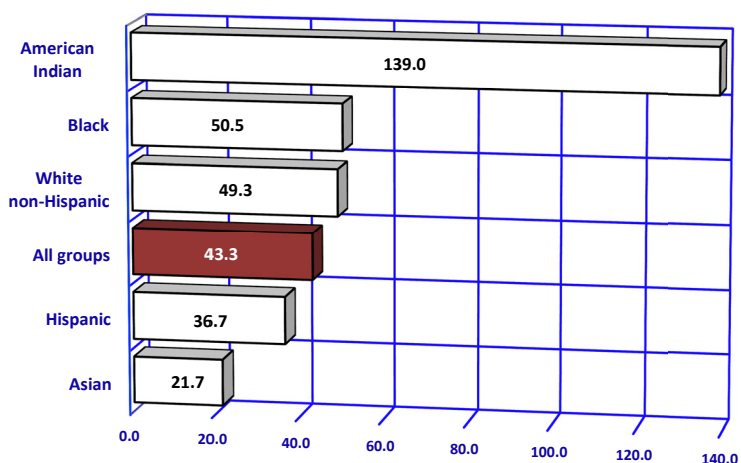


Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Figure 2B-11
Age-adjusted Mortality Rates^a for Accidents (Unintentional Injuries) by Race/Ethnicity, Arizona, 2015

The American Indian death rate for unintentional injuries (139.0/100,000) was 6.4 times greater than the rate for Asians (21.7/100,000), the group at the lowest risk of unintentional injury death among racial/ethnic groups in the State (**Figure 2B-11, Table 2B-4**).

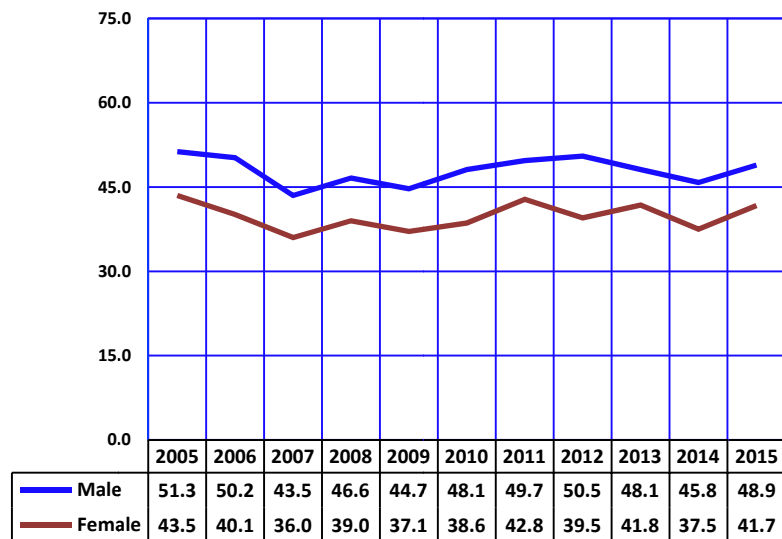
In 2015, Navajo (95.5/100,000) and Apache (157.2/100,000) counties had the two highest age-adjusted mortality rates for unintentional injuries (**Table 5E-11**).



Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

2B. LEADING CAUSES OF DEATH
Chronic lower respiratory diseases

Figure 2B-12
Age-adjusted Mortality Rates^a for Chronic Lower Respiratory Diseases^b by Gender and Year, Arizona, 2005-2015

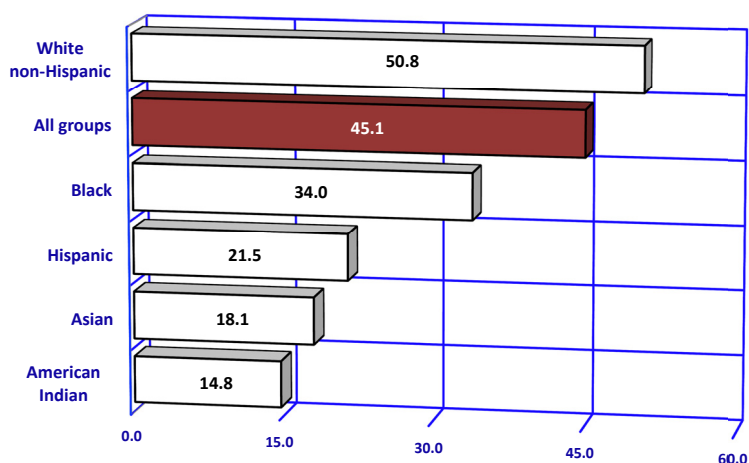


In 2015, chronic lower respiratory diseases (bronchitis, emphysema, asthma) were the 3rd leading cause of death among Arizona residents (**Table 2B-1**). From 2014 to 2015, the mortality rates for chronic lower respiratory diseases increased for both genders (**Figure 2B-12**, **Table 2B-2**).

Urban females had the lowest mortality rate for chronic lower respiratory diseases (40.3/100,000) among the genders and by regional group (**Table 2B-5**). Rural males were the group with the highest mortality risk for chronic lower respiratory diseases (52.6/100,000), followed by urban males (47.9/100,000) and rural females (46.9 deaths per 100,000).

Notes: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard; ^b This ICD-10 title corresponds to Chronic Obstructive Pulmonary Disease (ICD-9 title).

Figure 2B-13
Age-adjusted Mortality Rates^a for Chronic Lower Respiratory Diseases by Race/Ethnicity, Arizona, 2015



Mortality rates for emphysema, chronic bronchitis, asthma, and other lower respiratory disorders were substantially higher among White non-Hispanics (50.8 deaths per 100,000) and Black or African Americans (34.0/100,000) than they were among Hispanics, (21.5/100,000), Asians (18.1/100,000), and American Indians (14.8/100,000; **Figure 2B-13**, **Table 2B-4**).

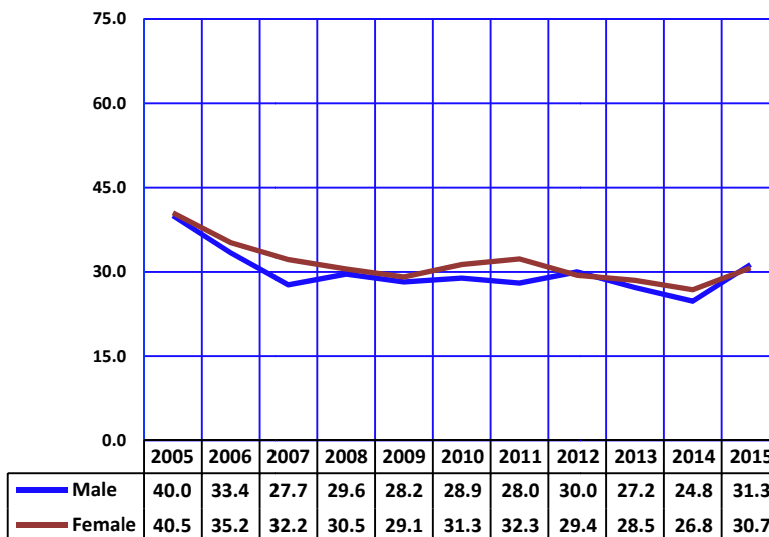
Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

2B. LEADING CAUSES OF DEATH
Cerebrovascular disease

Cerebrovascular disease and diseases of the heart are two of the leading causes of death that share many risk factors such as hypertension, smoking, obesity, and high levels of cholesterol. The age-adjusted mortality rate for stroke decreased by 23.4 percent from 40.6 deaths per 100,000 population in 2005 to 31.1 /100,000 in 2015 (Table 2B-3).

With some exceptions, the risk of dying from stroke was generally higher among females than males for the period 2005-2015. In 2012, the age-adjusted mortality rate for stroke was greater among males than females, with male risk being slightly higher than female risk (Figure 2B-14). In 2013-2014, the stroke mortality rate for females was again greater than the rate for males (Figure 2B-14, Table 2B-2). In 2015, however, males experienced a higher risk of dying from stroke than females.

Figure 2B-14
Age-adjusted Mortality Rates^a for Cerebrovascular Disease by Gender and Year, Arizona, 2005-2015

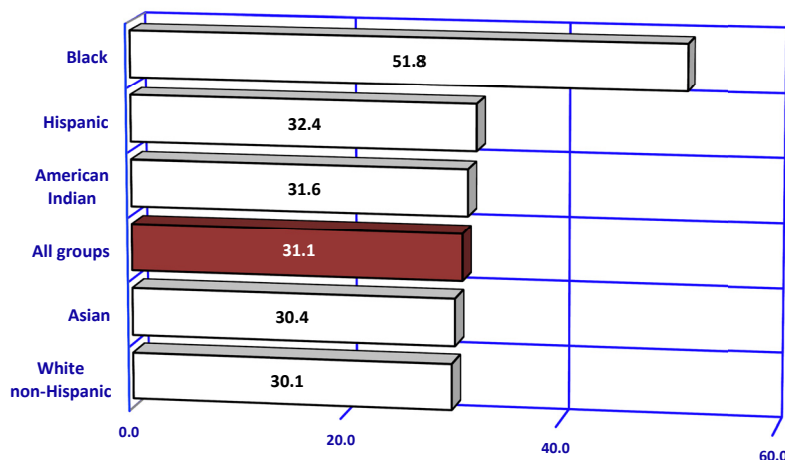


Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Figure 2B-15
Age-adjusted Mortality Rates^a for Cerebrovascular Disease by Race/Ethnicity, Arizona, 2015

Compared to Arizona's overall rate, Black or African Americans were 51.8 percent more likely to die from cerebrovascular disease in 2015 (Figure 2B-15, Table 2B-4). The 2015 mortality rate for cerebrovascular disease among White non-Hispanics (30.1/100,000) was the lowest among racial/ethnic groups.

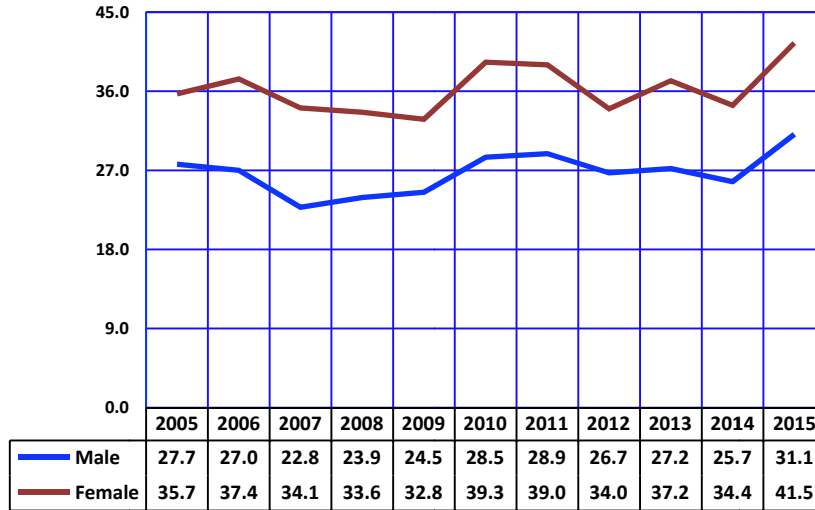
Asian or Pacific Islander females had the lowest mortality rate for cerebrovascular disease among all gender and racial/ethnic subgroups (27.0 deaths per 100,000, Table 2B-4), while Black or African American males had the highest rate of 59.6 deaths per 100,000.



Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

2B. LEADING CAUSES OF DEATH
Alzheimer's disease

Figure 2B-16
Age-adjusted Mortality Rates^a for Alzheimer's Disease by Gender and Year, Arizona, 2005-2015

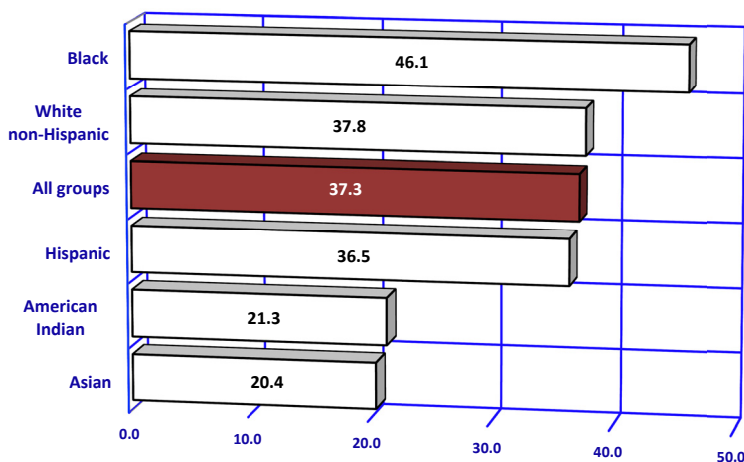


Based on the number of deaths in 2015, Alzheimer's disease was the 4th leading cause of death for females and 7th leading cause for males (**Table 2B-4**)

From 2014 to 2015, the age-adjusted mortality rate for Alzheimer's disease increased among both genders. The rise in the age adjusted mortality rate was greater for females (20.6 percent) than for males (21.0 percent) (**Figure 2B-16**).

Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Figure 2B-17
Age-adjusted Mortality Rates^a for Alzheimer's Disease by Race/Ethnicity, Arizona, 2015



The age-adjusted mortality rates for Alzheimer's disease in 2015 were higher among Black or African Americans (46.1/100,000), White non-Hispanics (37.8/100,000), and Hispanics (36.5/100,000) than among American Indian (21.3/100,000) or Asian residents of Arizona (20.4/100,000; **Figure 2B-17, Table 2B-4**).

White non-Hispanic residents of Arizona disproportionately contributed to mortality from Alzheimer's disease. In 2015, White non-Hispanics accounted for 57.1 percent (**Table 10C-1**) of the State's population, but 85.5 percent of all deaths from Alzheimer's disease (2,515 out of 2,942; **Table 2B-4**).

In 2015, the median age at death from Alzheimer's disease was 88 for females and 86 for males (**Table 2D-3**).

Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

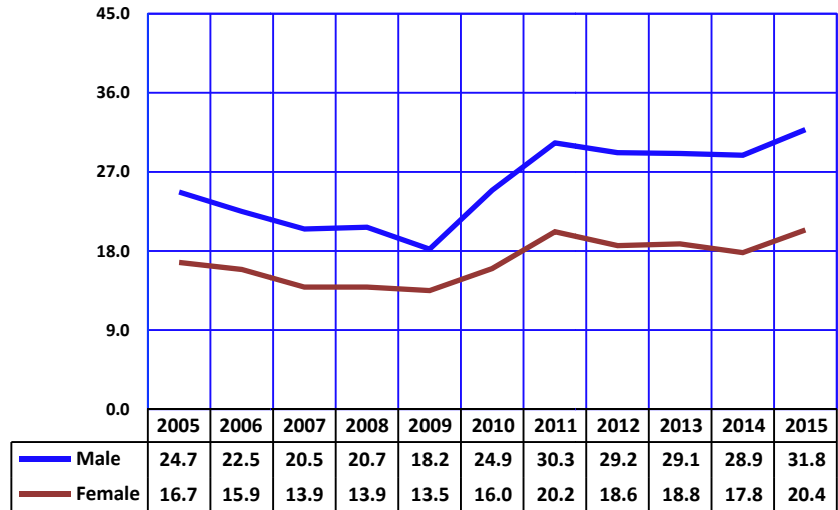
2B. LEADING CAUSES OF DEATH
Diabetes

Figure 2B-18
Age-adjusted Mortality Rates^a for Diabetes by Gender and Year, Arizona, 2005-2015

Both men and women experienced an increase in mortality rates for diabetes in 2015 (**Figure 2B-18**), the highest rates recorded during the 2005-2015 period (based on the data in **Table 2B-1**).

In addition to 2,050 deaths that had diabetes assigned as the underlying cause in 2015, another 3,028 deaths had diabetes assigned as a contributing factor. The diabetes-related death rate of 63.5/100,000 (**Table 6A-6**) was 2.5 times greater than the rate for diabetes as underlying cause (25.7/100,000, (**Table 2B-2**).

The diabetes-related death rate includes all mentions of diabetes on the death certificate as the underlying or other than underlying cause.

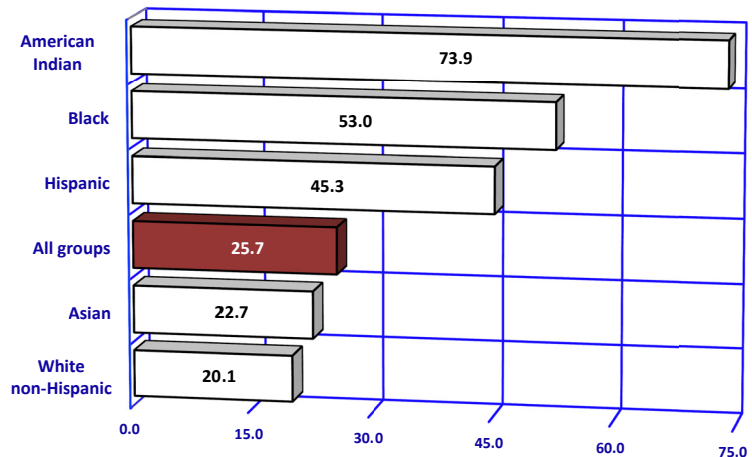


Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Figure 2B-19
Age-adjusted Mortality Rates^a for Diabetes by Race/Ethnicity, Arizona, 2015

In 2015, compared to Arizona's rate, American Indians were 2.9 times more likely to die from diabetes (73.9 deaths per 100,000; **Figure 2B-19, Table 2B-4**). The rate of 20.1 deaths per 100,000 among White no-Hispanics was the lowest rate among all racial/ethnic groups in the State.

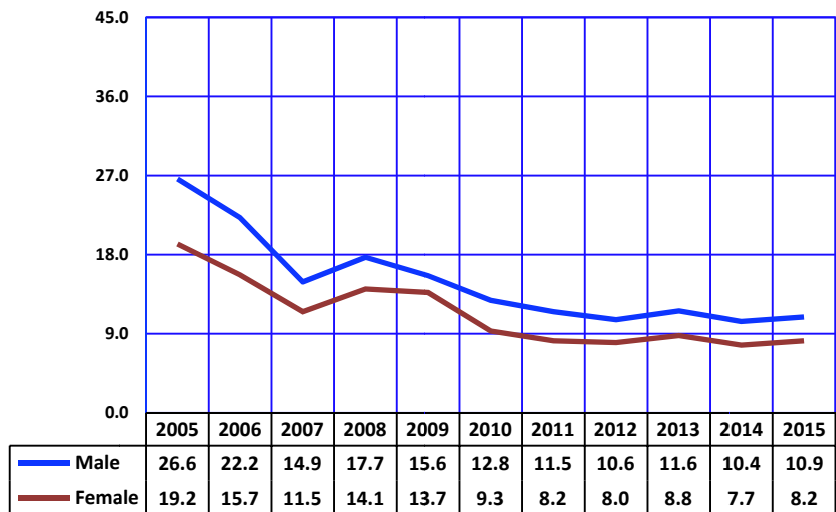
Among the 15 Arizona counties, in 2015 Apache (49.6/100,000) and Graham (49.0/100,000) counties had the highest mortality rates for diabetes (**Table 5E-11**).



Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

2B. LEADING CAUSES OF DEATH
Influenza and pneumonia

Figure 2B-20
Age-adjusted Mortality Rates^a for Influenza and Pneumonia by Gender and Year, Arizona, 2005-2015



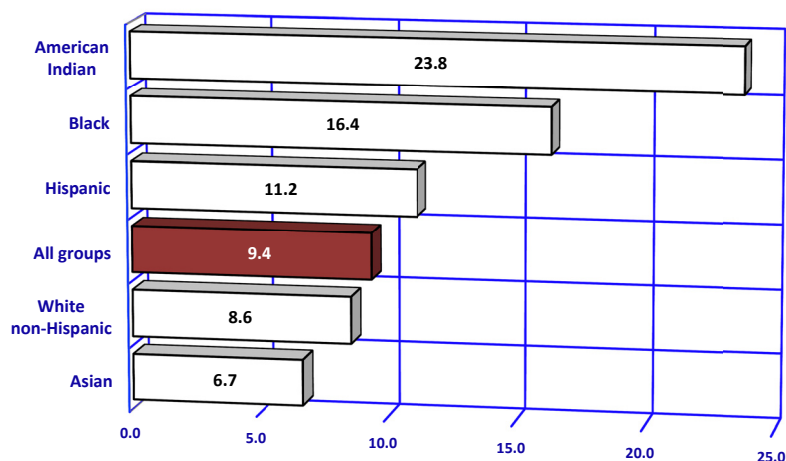
Note: ^a Number of deaths per 100,000 population age-adjusted 2000 U.S. standard.

The number of deaths from influenza and pneumonia decreased by 42.3 percent from a recent high of 1,280 in 2005 to 739 in 2015, though the number of influenza deaths rose 10.5 percent from 2014 to 2015 (**Table 2B-1**). Among the 739 deaths, influenza was identified as the underlying cause for 41 of them, while pneumonia was listed as the underlying cause on 698 death certificates (**Table 2B-6**).

The mortality rate for influenza and pneumonia increased for females from 7.7 deaths per 100,000 in 2014 to 8.2 deaths in 2015 (**Figure 2B-20, Table 2B-2**). The mortality rate for influenza and pneumonia also increased for males from 10.4 deaths per 100,000 in 2014 to 10.9 /100,000 in 2015.

In 2015, the age-adjusted mortality rate for Arizona males was 32.9 percent greater than that of Arizona females.

Figure 2B-21
Age-adjusted Mortality Rates^a for Influenza and Pneumonia by Race/Ethnicity, Arizona, 2015



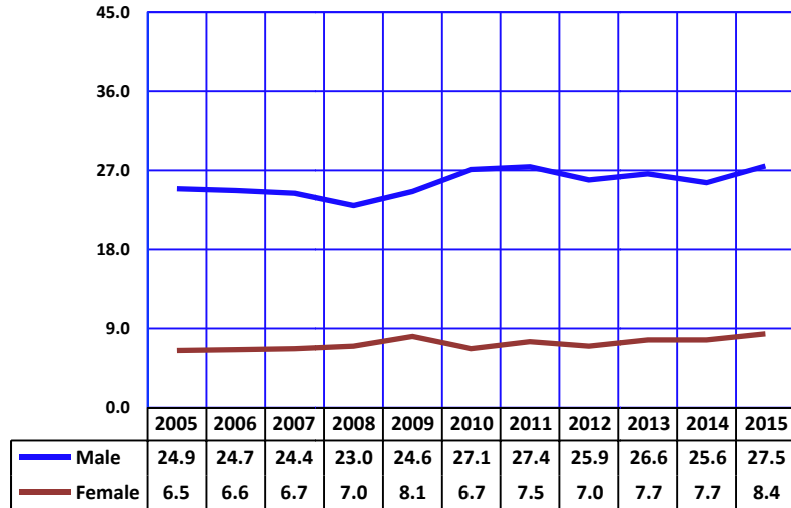
Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

In 2015, American Indian residents of Arizona had the highest mortality rate for influenza and pneumonia (23.8 deaths per 100,000) among the racial/ethnic groups. The age-adjusted mortality of 6.7/100,000 among Asians was the lowest rate among racial/ethnic groups in the State (**Figure 2B-21, Table 2B-4**).

Compared to the State death rate for influenza and pneumonia, Apache County's rate was 2.5 times greater (23.7/100,000). The mortality rate was also higher in Greenlee County (22.2/100,000(**Table 5E-11**).

2B. LEADING CAUSES OF DEATH
Suicide

Figure 2B-22
Age-adjusted Mortality Rates^a for Suicide by Gender and Year,
Arizona, 2005-2015

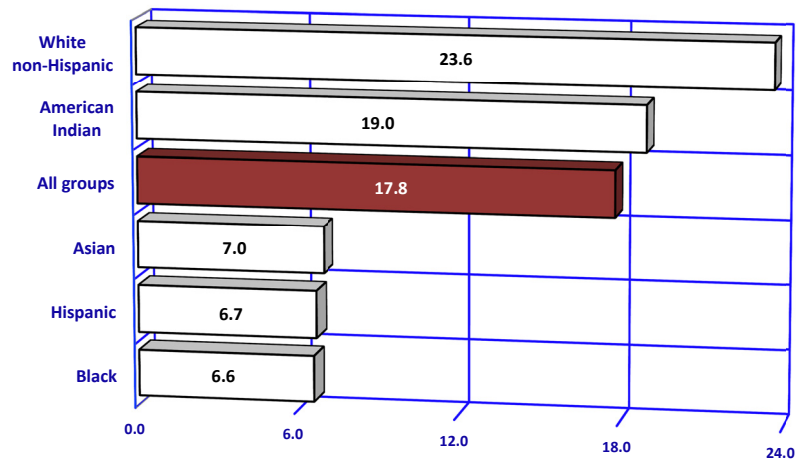


In 2015, suicide was the 8th leading cause of death among males. It ranked as the 10th cause of mortality for females. The age-adjusted suicide rate increased from 16.5 suicides per 100,000 in 2014 to 17.8 in 2015 (Table 2B-4).

From 2014 to 2015, the suicide rate increased for both males and females Figure 2B-22, Table 2B-4). In 2015, suicide posed a 3.3 times greater mortality risk for males (27.5/100,000) than for females (8.4/100,000).

Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Figure 2B-23
Age-adjusted Mortality Rates^a for Suicide by Race/Ethnicity,
Arizona, 2015



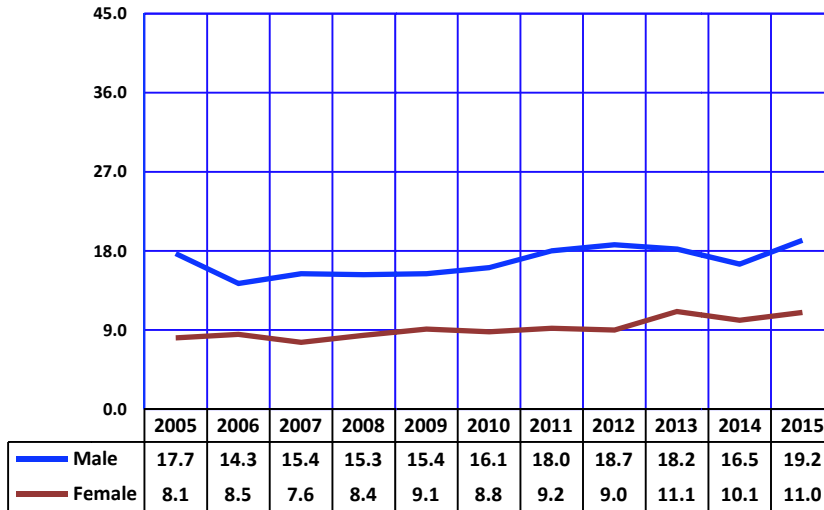
In 2015, White non-Hispanics had the highest age-adjusted suicide rate (23.6 suicides per 100,000) among racial/ethnic groups, followed by American Indians (19.0/100,000), Asians (7.0/100,000), Hispanics (6.7/100,000), and Black or African Americans (6.6/100,000); Figure 2B-23, Table 2B-4).

The age-adjusted mortality rates for suicide varied in Arizona in 2015 from 0.0 suicides per 100,000 residents of Greenlee County to 32.8 suicides per 100,000 residents of Yavapai County (Table 5E-11).

Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

2B. LEADING CAUSES OF DEATH
Chronic liver disease and cirrhosis

Figure 2B-24
Age-adjusted Mortality Rates^a for Chronic Liver Disease and Cirrhosis
by Gender and Year, Arizona, 2005-2015



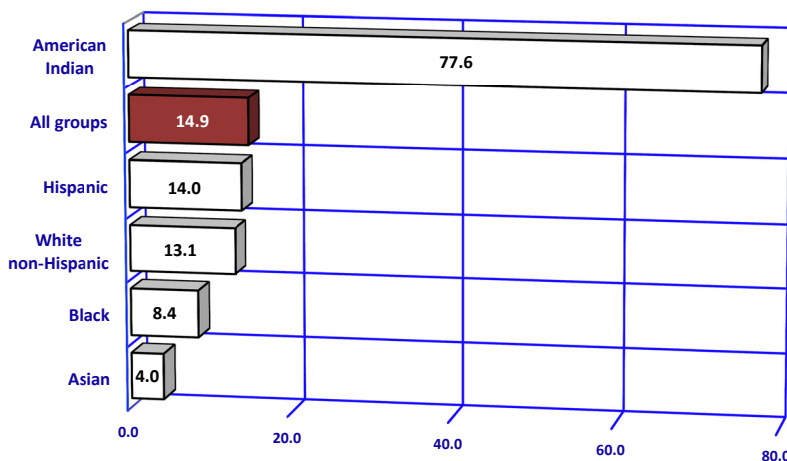
Chronic liver disease and cirrhosis was the 9th leading cause of death in Arizona in 2015 (**Figure 2B-1, Table 2B-1**). Among the 1,120 deaths due to chronic liver disease and cirrhosis, 702 (62.7 percent) were males (**Table 2B-4**).

Among females, the age-adjusted mortality rate for chronic liver disease and cirrhosis slightly increased 8.9 percent from 2014 to 2015. Among males, the mortality rate increased 16.4 percent from 16.5/100,000 in 2014 to 19.2/100,000 in 2015 (**Figure 2B-24, Table 2B-3**).

In 2015, Navajo, Gila, and Apache counties had the highest mortality rates for chronic liver disease and cirrhosis (**Table 5E-11**).

Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Figure 2B-25
Age-adjusted Mortality Rates^a for Chronic Liver Disease and Cirrhosis
by Race/Ethnicity, Arizona, 2015



The 2015 death rate for chronic liver disease and cirrhosis among American Indians (77.6 deaths per 100,000) was 5.2 times greater than the state average (14.9/100,000; **Figure 2B-25, Table 2B-4**). The rate for Hispanics (14.0 deaths per 100,000 population) was the second highest among racial/ethnic groups in the State.

Compared to the median age at death from all causes (76 years), those who died from chronic liver disease and cirrhosis were on average 17 years younger (59 years, **Table 2D-3**). In 2015, the median age at death of American Indians who died from chronic liver disease and cirrhosis was only 49 years (**Table 2D-3**).

Note: ^a Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.