TABLE 6A
MONITORING PROGRESS TOWARD ARIZONA AND SELECTED HEALTHY PEOPLE 2020 OBJECTIVES: STATEWIDE TRENDS

| Focus areas and selected objectives: (in parentheses are Healthy People 2020 objective numbers) | Baseline for the U.S./AZ | ARIZONA RATES, RATIOS OR CASES BY YEAR: | | | | | | | | | | U.S./AZ |
|---|--------------------------------|---|-------|-------|------|------|------|------|------|------|------|----------------|
| | | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2020 TARGET |
| 6A-1. MATERNAL, INFANT, AND CHILD HEALTH | | | | | | | | | | | | |
| Reduce fetal deaths at 20 or more weeks of gestation (HP-MICH-1.1) | 6.2 | 5.5 | 5.5 | 6.4 | | | | | | | | 5.6 |
| Reduce fetal and infant deaths during perinatal period (HP-MICH-1.2) | 6.6 | 5.4 | 5.7 | 5.7 | | | | | | | | 5.9 |
| Reduce infant deaths (HP-MICH-1.3) | 6.7 | 5.9 | 5.8 | 5.3 | | | | | | | | 6.0 |
| Reduce neonatal deaths (HP-MICH-1.4) | 4.5 | 3.9 | 3.9 | 3.4 | | | | | | | | 4.1 |
| Reduce postneonatal deaths (HP-MICH-1.5) | 2.2 | 2.0 | 1.9 | 1.9 | | | | | | | | 2.0 |
| Reduce infant deaths due to birth defects (HP-MICH-1.6) | 1.4 | 1.3 | 1.4 | 1.2 | | | | | | | | 1.3 |
| Reduce deaths from sudden infant death syndrome (SIDS) (HP-MICH-1.8) | 0.55 | 0.3 | 0.1 | 0.2 | | | | | | | | 0.50 |
| Reduce the rate of death among children aged 1 to 4 years (HP-MICH-3.1) | 28.6 | 28.6 | 33.1 | 37.3 | | | | | | | | 25.7 |
| Reduce the rate of death among children aged 5 to 9 years (HP-MICH-3.2) | 13.7 | 10.7 | 12.8 | 10.1 | | | | | | | | 12.3 |
| Reduce the rate of death among children aged 10 to 14 years (HP-MICH-4.1) | 16.9 | 15.3 | 15.4 | 16.1 | | | | | | | | 15.2 |
| Reduce the rate of death among adolescents aged 15 to 19 years (HP-MICH-4.2) | 61.9 | 49.7 | 47.1 | 45.5 | | | | | | | | 55.7 |
| Reduce the rate of death among young adults aged 20 to 24 years (HP-MICH-4.3) | 98.3 | 98.7 | 93.9 | 96.2 | | | | | | | | 88.5 |
| Reduce maternal deaths (HP-MICH-5) | 12.7 | ** | 21.0 | 10.6 | | | | | | | | 11.4 |
| Increase the proportion of pregnant women who receive prenatal care in the first trimester (HP-MICH-10.1) | 70.8% | 81.7% | 82.6% | 81.3% | | | | | | | | 77.9% |
| Reduce low birth weight (LBW) (HP-MICH-8.1) | 8.2% | 7.0% | 6.9% | 6.9% | | | | | | | | 7.8% |
| Reduce very low birth weight (VLBW) (HP-MICH-8.2) | 1.5% | 1.2% | 1.2% | 1.1% | | | | | | | | 1.4% |
| Reduce preterm births (HP-MICH-9.1) | 12.7% | 9.3% | 9.2% | 9.0% | | | | | | | | 11.4% |
| Increase abstinence from cigarette smoking among pregnant women (HP-MICH-11.3) | 89.6% | 95.7% | 95.8% | 95.6% | | | | | | | | 98.6% |

Notes: Fetal and perinatal death rates were revised in order to include only spontaneous fetal losses and exclude induced terminations of pregnancy. The fetal death rate is per 1,000 live births plus spontaneous fetal losses of 20 or more weeks of gestation. The perinatal death rate is per 1,000 live births plus spontaneous fetal losses of 28 or more weeks of gestation (
Perinatal period = 28 weeks of gestation to 7 days after birth). Infant, neonatal, and postneonatal deaths are per 1,000 live births. Infant deaths due to birth defects, congenital birth defects, and SIDS are per 1,000 live births. All age-specific mortality rates are per 100,000 persons. The maternal mortality ratio is per 100,000 live births. All other proportions and ratios are per 100 live births. Preterm births = births prior to 37 completed weeks of gestation.

These rates are based on fewer than 10 cases and are not statistically reliable.