2A.

**TOTAL MORTALITY**

During 2002, 42,320 residents died, an increase of 11,506 or 37 percent from the 1992 figure of 30,814 (Table 2A-1). The number of deaths among Arizona male residents increased by 30.7 percent from 17,076 in 1992 to 22,317 in 2002. The 45.6 percent growth in the number of deaths among Arizona female residents, from 13,738 in 1992 to 20,003 in 2002, exceeded the percent increase among males.

Over 82 percent of all resident deaths in 2002 were White non-Hispanics. Hispanics accounted for 11 percent of all resident deaths in 2002, followed by American Indians (3.6 percent), Blacks (2.2 percent) and Asians (0.6 percent). Females accounted for a minority of deaths in each racial/ethnic group.

Of the 42,320 deaths in 2002, only 36.7 percent occurred in hospitals. The majority of deaths (56.4 percent) occurred in the place of residence, including nursing homes and other long-term care facilities (Table 2A-4). Inpatient deaths accounted for 81 percent of all hospital deaths. Hospital deaths accounted for a minority (10,002) of the total deaths (30,553) among elderly 65 years or older. In contrast, nine out of ten (91.7 percent) of all infant deaths occurred in hospitals.
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 1992-1999 were re-calculated using the new standard.

The total, age-adjusted mortality rate for all causes increased for the fourth consecutive year from 720.9 in 1998 to 796.4 in 2002 (Figure 2A-1). The relative worsening in survival chances from 1998 to 2002 was greater for Arizona males (12.1 percent increase in mortality rate) than for females (10.4 percent higher mortality rate). The male to females excess in rate of death widened from 44.3 greater mortality rate in 1992 to 62.3 percent greater in 2002.

Asians had the best survival chances among the ethnic groups in 2000, 2001 and 2002 (Figure 2A-2). The fact that their mortality rate rose 11.4 percent since 2000 slightly narrowed the distance from the other groups by 2002. In 2002, the total mortality rate for Asians respectively was 29, 31, 41 and 43 percent below the total mortality rates of White non-Hispanics, Hispanics, Blacks and American Indians. The 2000 respective amounts by which Asian total mortality rate was below the other groups ranged from 35 to 52 percent.
Almost seven hundred (678) Arizona residents died in 2002 outside the state (Table 5E-3) compared to 2,177 residents of other states and countries who died in Arizona.

The majority of out-of-State deaths of Arizona residents occurred during the months of July and August (Figure 2A-3).

In contrast, the majority of non-residents who died in Arizona during 2002 did so between January and March.

If there was no monthly variation in proportional contribution to the annual death total, 100/12, or 8.3 percent of deaths should occur monthly. However, when the monthly distribution of deaths is examined, three months, January, February and March, deviated in 2002 by 8.4, 9.6 and 18.1 percent respectively from the expected value for Arizona residents who died in the State.

Autopsies were reported as performed on 4,492 decedents, or 10.6 percent of the deaths that occurred among Arizona residents in 2002. The percent of deaths autopsied in 2002 was slightly lower from the overall fraction of 11.1 percent calculated for the preceding 11-year period from 1991 to 2001.

Among the leading causes of death, the highest percentages of death autopsied were for homicide (98.7 percent), unintentional injuries (58.4 percent), and suicide (56.8 percent). The lowest percentages of autopsies were reported for prostate cancer (0.6 percent), breast cancer (0.9 percent), Parkinson’s disease (1.0 percent), HIV disease and Alzheimer’s disease (both at 1.3 percent). Obviously, the 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).