2C. AGE-SPECIFIC MORTALITY

Childhood mortality (ages 1-14 years)

Death claimed the lives of 271 of the 1,342,722 children (1 to 14 years old) residing in Arizona in 2009. Their 2009 mortality rate of 20.2 per 100,000 was not significantly different from the rate of 19.7 in 2008 (Table 2C-8). Males but not females experienced a decrease in their total mortality rates from 2008 to 2009 (Figure 2C-5, Table 2C-8).

The five causes with the greatest number of deaths over the 1999-2009 period were accidents (unintentional injuries), malignant neoplasms, congenital malformations, homicide and suicide (Table 2C-8).

In 1999-2009 diseases of heart (66 deaths) replaced suicide (52 deaths) as the 5th leading cause of deaths among urban children 1-14 years old (Table 2C-9).

American Indian children had the highest 2009 total mortality rate (35.6 deaths per 100,000) followed by Black or African American children had the (28.5/100,000) and Asian children (22.9 deaths per 100,000; Figure 2C-6). The mortality rate White non-Hispanic children was lower than the average rate for all groups.

It is important to note that the rate for Asian or Pacific Islander children is based on only 8 deaths (Table 2C-11), and it is not statistically reliable.

In 2009, there were 4 completed suicides of children aged 1-14 years. Three suicides were Hispanic and one was American Indian (Table 2C-11).
From 2008 to 2009 the total mortality rates increased for urban children but they decreased for rural children (Figure 2C-7, Table 2C-9).

The temporal pattern underlying the changes in mortality between 1999 and 2009 differed by region. From 1999 to 2000, the mortality rate of rural children slightly decreased, while the urban children experienced an increase from 1999 to 2001 (Figure 2C-7). From 2001 to 2008, the total mortality rates decreased by 32.2 percent for urban children, 1.2 times as much as the decrease of 27.8 percent for rural children. In 1999, the mortality rate of rural children exceeded by 42 percent the mortality rate of urban children. In 2009, rural children had a 23 percent greater mortality rate than they urban peers.

From 2008 to 2009, the mortality rate for unintentional injuries decreased for rural but not urban children (Table 2C-9). However, in 2009, the mortality rate for motor vehicle accidents among rural children (5.8/100,000) was 1.8 times the rate among urban children (3.2/100,000, Table 2C-9). Urban children, in contrast, had a 37 percent times greater mortality rate for cancer than rural children (2.6 deaths per 100,000 vs. 1.9 deaths per 100,000).

Urban females 1-14 years old had the lowest 2009 mortality risk among gender by area groups, followed by urban males, rural females and rural males.