

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

Focus areas and selected objectives: (in parentheses are <i>Healthy People 2020</i> objective numbers)	Baseline for the U.S./AZ	ARIZONA RATES, RATIOS OR CASES BY YEAR:										U.S./AZ 2020 TARGET
		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
<b>6A-1. MATERNAL, INFANT, AND CHILD HEALTH</b>												
Reduce fetal deaths at 20 or more weeks of gestation (HP-MICH-1.1)	6.2	5.5	5.5	6.4	6.0	6.0						5.6
Reduce fetal and infant deaths during perinatal period (HP-MICH-1.2)	6.6	5.4	5.7	5.7	6.3	6.1						5.9
Reduce infant deaths (HP-MICH-1.3)	6.7	5.9	5.8	5.3	6.2	5.6						6.0
Reduce neonatal deaths (HP-MICH-1.4)	4.5	3.9	3.9	3.4	4.1	3.5						4.1
Reduce postneonatal deaths (HP-MICH-1.5)	2.2	2.0	1.9	1.9	2.1	2.1						2.0
Reduce infant deaths due to birth defects (HP-MICH-1.6)	1.4	1.3	1.4	1.2	1.4	1.4						1.3
Reduce deaths from sudden infant death syndrome (SIDS) (HP-MICH-1.8)	0.55	0.3	0.2	0.2	0.2	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	27.4	29.4						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	12.5	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	15.9	10.2						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	46.5	47.5						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	86.9	93.2						88.5
Reduce maternal deaths (HP-MICH-5)	12.7	**	21.0	10.6	10.4	9.4						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%	66.0%	67.9%						77.9%
Reduce low birth weight (LBW) (HP-MICH-8.1)	8.2%	7.0%	6.9%	6.9%	7.0%	7.2%						7.8%
Reduce very low birth weight (VLBW) (HP-MICH-8.2)	1.5%	1.2%	1.2%	1.1%	1.2%	1.1%						1.4%
Reduce preterm births (HP-MICH-9.1)	12.7%	9.3%	9.2%	9.0%	9.0%	9.0%						11.4%
Increase abstinence from cigarette smoking among pregnant women (HP-MICH-11.3)	89.6%	95.7%	95.8%	95.6%	95.4%	94.2%						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.

\*\* Cell suppressed due to rate/ratio/percent based on non-zero count less than 6; these rates are based on fewer than 10 cases and are not statistically reliable.

**TABLE 6A (continued)**  
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		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
<b>6A-2. RESPONSIBLE SEXUAL BEHAVIOR</b>												
Reduce pregnancies among adolescent females aged 15 to 17 years <sup>a</sup> (HP-FP-8.1)	40.2	22.1	21.8	18.0	16.1	14.1						36.2
Reduce proportion of chlamydia infections among females aged 15 to 24 years attending family planning clinics <sup>b</sup> (HP-STD-1.1)	7.4/*8.4	5.1	7.1	9.0	8.4	7.4						6.7/*7.6
Reduce chlamydia rates among females aged 15 to 44 years <sup>b</sup> (STD-2)	NA/*1642.4	1628.5	1688.4	1683.0	1662.8	1657.5						NA/*1478.2
Reduce gonorrhea rates among females aged 15 to 44 years <sup>b</sup> (HP-STD-6.1)	285/*168	166.8	214.7	233.8	256.0	254.9						257/*151
Reduce gonorrhea rates among males aged 15 to 44 years <sup>b</sup> (HP-STD-6.2)	220/*163	161.4	205.0	219.3	267.7	310.4						198/*147
Reduce sustained transmission of primary and secondary syphilis among females <sup>b</sup> (HP-STD-7.1)	1.5/*0.5	0.4	0.5	0.8	1.4	1.4						1.4/*0.45
Reduce sustained transmission of primary and secondary syphilis among males <sup>b</sup> (HP-STD-7.2)	7.6/*8.1	8.0	5.8	8.0	15.6	16.0						6.8/*7.3
Reduce congenital syphilis <sup>b</sup> (HP-STD-8)	10.1/*16.1	17.2	16.3	15.3	13.8	16.5						9.1/*14.5
<b>6A-3. VACCINE PREVENTABLE DISEASES <sup>c</sup></b>												
Reduce or eliminate congenital rubella syndrome (HP-IID-1.1)	0	0	0	0	0	0						0
Reduce <i>Haemophilus influenzae type b</i> among children under age 5 years (HP-IID-1.2)	0.3	**	**	**	0	**						0.27
Reduce or eliminate measles (HP-IID-1.4)	115	**	**	**	**	0.1						30
Reduce or eliminate mumps (HP-IID-1.5)	421	0	**	**	12	**						500
Reduce or eliminate rubella (HP-IID-1.9)	10	0	0	0	0	0						10
Reduce the rate of hepatitis A (HP-IID-23)	1.0	1.2	1.4	1.1	0.5	1.1						0.3
Reduce the rate of meningococcal disease (HP-IID-3)	0.34	0.2	0.1	0.2	0.1	0.1						0.3
Reduce the rate of tuberculosis (HP-IID-29)	4.9	4.0	2.9	2.8	2.9	2.9						1.0

Notes: \* Indicates objectives, baseline and targets for Arizona which were identified by the Office of Sexually Transmitted Diseases; <sup>a</sup> The pregnancy rate is the number of pregnancies per 1,000 females aged 15 to 17 years; <sup>b</sup> The rates of chlamydia, gonorrhea, and syphilis are per 100,000 persons. The rate of congenital syphilis is per 100,000 live births. Source: The numerators are by report date. The denominators are by the date of birth. **Source: Arizona Department of Health Services, Bureau of Epidemiology and Disease Control Services, Office of Infectious Disease Services;** <sup>c</sup> The rates of hepatitis A, meningococcal disease, and tuberculosis are per 100,000 persons. **Source: Arizona Department of Health Services, Bureau of Epidemiology and Disease Control Services, Office of Infectious Disease Services;** <sup>d</sup> There is no comparable U.S. baseline or target rate for Healthy People 2020 objective STD-2 which is focused on reducing chlamydia infections among "women 15-44 years who attended family planning clinics in the past 12 months".

**TABLE 6A (continued)**  
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		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
<b>6A-4. INJURY AND VIOLENCE</b>												
Reduce firearm-related deaths (HP-IVP-30)	10.2	14.7	13.8	14.1	12.6	13.7						9.2
Reduce deaths caused by poisonings (HP-IVP-9.1)	13.1	17.6	16.9	19.1	19.2	20.4						13.1
Reduce deaths caused by suffocation (HP-IVP-24.1)	1.9	5.3	5.1	5.7	5.2	6.1						1.7
Reduce deaths caused by unintentional injuries (HP-IVP-11)	40.0	45.5	42.4	46.3	43.3	48.1						36.0
Reduce deaths caused by motor vehicle crashes (HP-IVP-13.1)	13.8	12.1	11.4	11.4	10.3	12.6						12.4
Reduce residential fire deaths (HP-IVP-28)	0.95	0.4	0.6	1	0.4	0.3						0.86
Reduce deaths from falls (HP-IVP-23.2)	45.3	11.6	11.2	12.1	11.7	12.8						45.3
Reduce drownings (HP-IVP-25)	1.2	1.3	1.3	1.1	1.2	1.2						1.1
Reduce homicides (HP-IVP-29)	6.1	6.1	5.9	5.9	4.6	5.6						5.5
Reduce the suicide rate (HP-MHMD-1)	11.3	17.2	16.2	17	16.5	17.8						10.2
Reduce the suicide rate among adolescents aged 15 to 19 years (HP-MHMD-2)	1.9	10.8	10.3	6.8	10.8	13.8						1.7
<b>6A-5. CANCER</b>												
Reduce the overall cancer death rate (HP-C-1)	178.4	151.3	149.8	149.6	136.3	144.0						160.6
Reduce the lung cancer death rate (HP-C-2)	50.6	37.8	37.7	36.4	32.2	35.1						45.5
Reduce the breast cancer death rate (HP-C-3)	22.9	19.7	19.2	20.7	17.9	19.2						20.6
Reduce the death rate from cancer of the uterine cervix (HP-C-4)	2.4	2.1	2.0	2.4	2.0	2.3						2.2
Reduce the colorectal cancer death rate (HP-C-5)	17.0	13.4	13.1	13.6	12.4	12.9						14.5
Reduce the oropharyngeal cancer death rate (HP-C-6)	2.5	2.1	2.2	2.3	2.1	2.4						2.3
Reduce the prostate cancer death rate (HP-C-7)	23.5	19.8	18.9	18.2	17.0	17.6						21.2
Reduce the rate of melanoma cancer deaths (HP-C-8)	2.7	2.7	3.0	3.0	2.8	2.7						2.4

Notes: Firearm-related deaths, deaths caused by poisonings, and deaths caused by suffocation include accidents, homicides, and suicides. Residential fire deaths, deaths from falls, and drowning deaths include only accidents. All mortality rates are per 100,000 persons. All mortality rates that are not age-specific are age-adjusted to the 2000 U.S. standard.

**TABLE 6A (continued)**  
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<b>6A-6. DIABETES</b>												
Reduce the diabetes-related death rate (HP-D-3) <sup>a</sup>	73.1	59.1	57.4	60.7	57.6	63.5						65.8
<b>6A-7. HEART DISEASE AND STROKE</b>												
Reduce coronary heart disease deaths (HP-HDS-2)	126.0	120.3	112.7	110.0	99.3	104.6						100.8
Reduce stroke deaths (HP-HDS-3)	42.2	30.6	29.9	28.2	26.2	31.1						33.8
<b>6A-8. RESPIRATORY DISEASES</b>												
Reduce asthma deaths among children and adults <35 years (HP-RD-1)	3.4	3.2	2.2	5.7	5.3	2.2						NA
Reduce asthma deaths among adults aged 35 to 64 years (HP-RD-1.2)	11.0	11.6	12.0	14.0	12.2	13.3						6.0
Reduce asthma deaths among adults aged 65 years and older (HP-RD-1.3)	43.3	54.1	41.5	41.8	34.1	32.5						22.9
Reduce deaths from chronic lower respiratory disease among adults aged 45 year and older (HP-RD-10)	112.4	126.2	124.5	126.6	119.1	123.2						98.5
<b>6A-9. HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE</b>												
Reduce the number of new AIDS cases per 100,000 population <sup>c</sup> (HP-HIV-4)	14.4	8.8	9.8	10.9	11.4	10.9						13.0
Reduce deaths from HIV disease (HP-HIV-12)	3.7	1.6	1.5	1.4	1.6	1.6						3.3
<b>6A-10. SUBSTANCE ABUSE</b>												
Reduce cirrhosis deaths (HP-SA-11)	9.1	13.4	13.6	14.5	13.2	14.9						8.2
Reduce drug-induced deaths (HP-SA-12)	12.6	16.8	16.3	16.9	18.4	19.8						11.3

Notes: <sup>a</sup> Objectives IVP-24-1, IVP-28, and D-3 of *Healthy People 2020* use as the numerator the number of deaths reported as the underlying or multiple cause of death.

Mortality rates for asthma are per 1,000,000 population. All other mortality rates are per 100,000 persons. Mortality rates for diabetes, coronary heart disease, stroke chronic lower respiratory disease, HIV disease, cirrhosis and drug-induced deaths are age-adjusted to the 2000 U.S. standard.

<sup>c</sup> The rates for prior years are revised annually and reflect reported new HIV/AIDS cases by year of diagnosis. **Source: Arizona Department of Health Services, Bureau of Epidemiology and Disease Control, Office of HIV/AIDS Services.**