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SOURCES OF DATA

Information on births, deaths, and fetal deaths is compiled from the original documents filed with the Arizona Department of Health Services' Office of Vital Records and from transcripts of original birth and death certificates filed in other states but affecting Arizona residents (copies of certificates for births, deaths, and fetal deaths occurring to Arizona residents outside the United States are not sent to Arizona).

Information on induced terminations of pregnancy (abortions) performed on Arizona women is compiled from reports sent to the Arizona Department of Health Services by facilities within but only rarely outside the state.

Pregnancies are the sum of live births, spontaneous terminations of pregnancy (fetal deaths or stillbirths), and abortions.

Arizona has no central registry for marriage and divorce records. Statistics are limited to counts of marriages and divorces reported monthly by the Clerk of the Superior Court in each county in which the marriage or divorce occurred. These reports contain no demographic data on the people marrying or divorcing.

Data on morbidity, levels of disease and disability in the population, are obtained for certain infectious diseases that must be reported by law. The ADHS Epidemiology and Disease Control Services conduct surveillance and monitoring of these reportable diseases and provided data for the morbidity sections in this report.

All State-licensed nonfederal hospitals in Arizona are required to submit uniform patient reports to the Arizona Department of Health Services every six months. Beginning in 2010 the psychiatric hospitals also are subject to reporting requirements. The Section of Cost Reporting and Discharge Data Review in the Bureau of Public Health Statistics collect the information about both hospital inpatient discharges and emergency room visits.

Population denominators for Arizona residents, used to calculate rates for 1980, 1990, 2000 and 2010, are census enumerations from the U.S. Census Bureau. Population denominators for the intercensal years utilize the best available data sources. They are described in detail at <http://www.azdhs.gov/plan/>.

Our website at <http://www.azdhs.gov/plan/> provides additional reports and studies, as well as links to other sources of information on topics such as morbidity from certain diseases or population composition.

DEFINITIONS

Urban and Rural Areas

For the purpose of this report, the following are Arizona's **urban areas**: Phoenix-Scottsdale-Mesa Metropolitan Statistical Area (Maricopa and Pinal Counties), Tucson Metropolitan Statistical Area (Pima County), and Yuma Metropolitan Statistical Area (Yuma County). The remaining counties (Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Santa Cruz, and Yavapai) comprise Arizona's **rural areas**.

Race/Ethnicity

Racial/ethnic designations used in this report are White non-Hispanic, Hispanic or Latino, Black or African-American, American Indian or Alaska Native (including Aleut and Eskimo), and Asian or Pacific Islander (including Hawaiian). In some of the trend tables the designation "Other" includes Asian and Pacific Islanders for years prior to 2012. Non-White Hispanics are included in their appropriate race groups.

The American Indian figures include those living both on and off the reservation.

The race/ethnicity of mother, father, or decedent is as stated on the certificate.

This year's report continues with the method of combining, or bridging, race/ethnicity for individuals identified as both Hispanic and one other race introduced in the 2012 report. This method allows us to match the categories of race/ethnicity used by the Arizona Department of Administration to create the population projections used as denominators in this report, as well as to create more meaningful racial/ethnic categories by placing individuals identified with both race and ethnicity into the group representing a smaller proportion of Arizona's population. Prior to 2012, individuals who identified as both Hispanic and any other race were identified as Hispanic. Individuals identified as Hispanic plus another race are now included in the racial/ethnic category with the lowest population in the state. This approach to bridging is defined as the smallest group deterministic whole method. In this method, individuals identified as both White and Hispanic are classified as Hispanic, where individuals identified as Hispanic and any other race (Black or African American, American Indian or Alaska Native, and Asian or Pacific Islander) are categorized by their racial identification. Race/ethnicity was bridged in the birth, death, and fetal death data, but was left un-bridged in the abortion and HDD data to allow comparison with other reports using differing racial/ethnic categorization.

Rates

Rate is a measure of the frequency of some event in relation to a unit of population during a specified time period such as a year; events in the numerator of the year occur to individuals in the denominator. Rates express the likelihood (or risk) of the event in the specified population during a particular time and are generally expressed as units of population in the denominator (per 1,000, 10,000, 100,000 and so forth).

Many rates shown in this report are based on a small population, a small number of events, or both. Rates based on small numbers are unreliable and thus should be viewed with caution. Rates for many counties or Arizona's ethnic minorities also vary considerably from year to year due to small populations and few events. Finally, the difference in methods used to calculate population denominators can lead to variation in rates that do not accurately reflect changes in the number of events occurring in the population. We recommend analyzing the underlying counts for each event before interpreting variation in rates between years.

Terms Related to Reproductive Health

Abortion Rate - Number of reported abortions to females of all ages during a calendar year per 1,000 females of childbearing age (15-44 years).

Abortion Ratio - Number of abortions reported during a period per 1,000 live births occurring during the same period.

Birth or Live Birth - The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

Birth rate - Number of live births during a calendar year per 1,000 population.

Birth weight - The weight of a neonate determined immediately after delivery or as soon thereafter as possible.

Fetal death - Death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that, after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

Fetal death rate - Number of fetal deaths at 20 or more weeks of gestation per 1,000 live births + fetal deaths.

Fertility rate (general) - Total number of live births to women of all ages during a calendar year per 1,000 women of childbearing age (15-44 years old).

Fertility rate (total) - The sum of age-specific birth rates of women at each age group 10-14 through 45-49. Since five-year age groups are used, the sum is multiplied by five.

Infant death - Any death at any time from birth up to, but not including, the first year of age (364 days, 23 hours, 59 minutes from the moment of birth).

Infant mortality rate - Number of infant deaths per 1,000 live births.

Low-birthweight - Any neonate weighing less than 2,500 grams at birth (less than 5 pounds 8 ounces).

Maternal mortality rate - Number of deaths attributed to maternal conditions (i.e. related to or aggravated by pregnancy or its management) per 100,000 live births.

Neonatal death - Death of a live born neonate before the neonate becomes 28 days old (up to and including 27 days, 23 hours, 59 minutes from the moment of birth).

Neonatal mortality rate - Number of neonatal deaths per 1,000 live births.

Perinatal mortality rate - The sum of infant deaths of less than 7 days and fetal deaths with a stated or presumed period of gestation of 28 weeks or more per 1,000 live births + fetal deaths of 28 or more weeks of gestation.

Postneonatal death - Any death of a live born infant at least 28 days of age but less than one year of age.

Postneonatal mortality rate - Number of postneonatal deaths per 1,000 live births.

Post term - Any neonate whose birth occurs from the beginning of the first day (295th day) of the 43rd week following onset of the last menstrual period.

Pregnancy rate - The sum of live births, fetal deaths, and induced terminations of pregnancy per 1,000 women of childbearing age (15-44 years old).

Preterm - Any neonate whose birth occurs through the end of the last day of the 37th week (259th day), following onset of the last menstrual period.

Term - Any neonate whose birth occurs from the beginning of the first day (260th day) of the 38th week, through the end of the last of the 42nd week (294th day), following onset of the last menstrual period.

Very Low-Birthweight - Any neonate whose weight at birth is 1,500 grams or less (less than 3 pounds 5 ounces).

Medical Terms Used on the Birth Certificate

Births with medical risk factors

Pre-existing diabetes - Metabolic disorder characterized by excessive discharge of urine and persistent thirst diagnosed prior to onset of pregnancy.

Gestational diabetes - The occurrence of diabetes during pregnancy.

Pre-existing hypertension - Blood pressure persistently greater than 140/90, diagnosed prior to onset of pregnancy or before the 20th week of gestation.

Gestational hypertension - An increase in blood pressure of at least 30 mm hg systolic or 15 mm hg diastolic on two measurements taken 6 hours apart after the 20th week of gestation.

Eclampsia - The occurrence of convulsions and/or coma unrelated to other cerebral conditions in women with signs and symptoms of preeclampsia.

Previous preterm - Previous birth of an infant prior to term, before 37 completed weeks of gestation.

Other previous poor pregnancy outcome - History of pregnancies continuing into the 20th week of gestation and resulting in perinatal death, small-for-gestational age or intrauterine growth restricted birth.

Gonorrhea - A highly contagious sexually transmissible disease that is caused by the bacterium *Neisseria gonorrhoea*.

Chlamydia - A wide-spread sexually transmissible disease caused by the bacterium *Chlamydia trachomatis*. Chlamydia during pregnancy can increase the risk of stillbirth or premature birth.

Hepatitis B - A potentially serious form of liver inflammation due to infection by the hepatitis B virus.

Hepatitis C - Type of liver inflammation that causes primarily a long-lasting disease.

Birth with complications of labor and/or delivery

Premature rupture of membranes (more than 12 hours) - Rupture of membranes at any time during pregnancy and 12 hours or more before the onset of labor.

Precipitous labor - Extremely rapid labor and delivery lasting less than 3 hours.

Prolonged labor - Abnormally slow progress of labor lasting for 20 hours or more.

Breech presentation - At birth, presentation of the fetus in which the buttocks or feet appear first as opposed to head..

Chorioamnionitis - Acute inflammation of the membranes and chorion of the placenta, typically due to ascending infectious organisms in the setting of membrane rupture. Clinical signs of chorioamnionitis include fundal tenderness, maternal tachycardia (>100/min), fetal tachycardia (>160/min) and purulent or foul amniotic fluid.

Meconium staining of the amniotic fluid -Fetal defecation of meconium while in utero resulting in amniotic fluid with a greenish discoloration. Moderate to heavy amounts of meconium in the amniotic fluid noted during labor and/or delivery indicate fetal distress.

Maternal transfusion - Infusion of blood or blood components occurring 24 hours prior delivery or within 24 hours of delivery.

Third or fourth degree perineal laceration - Serious types of perineal injury that can be sustained during childbirth. A third-degree perineal laceration is a severe tear in the vaginal tissue, perineal skin, and perineal muscles that extends into the anal sphincter. A fourth-degree laceration is the most severe type of perineal injury; the tear goes completely into the anal sphincter through the rectal mucosa.

Ruptured uterus- Tearing of the uterus wall during labor and delivery.

Unplanned hysterectomy- Surgical removal of the uterus that was not planned prior to admission for delivery.

Admission to intensive care unit- Any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care.

Unplanned surgery following delivery- Any unplanned operative procedure, excluding postpartum tubal ligations, prior to the admission for delivery.

Abnormal conditions of the newborn

Assisted ventilation immediately after delivery - A mechanical method of assisting respiration for newborns with respiratory failure, required immediately following delivery.

Assisted ventilation for more than 6 hours- Newborn placed on assisted ventilation for more than 6 hours.

Surfactant replacement therapy - Endotracheal instillation of a surface active suspension for the treatment of surfactant deficiency resulting in decreased lung compliance. The treatment is administered immediately after birth for extremely premature babies or later once respiratory problems have manifested themselves.

Suspected neonatal sepsis - Neonates presenting signs of sepsis and to whom Antibiotics received by the newborn. Any antibacterial drug given systemically (intravenous or intramuscular) to the newborn for suspected neonatal sepsis.

Seizure or serious neurologic dysfunction - A seizure of any etiology; neurologic impairment such as obtundation, stupor, or coma.

Significant birth injury - Impairment of the infant's body function or structure due to adverse influences that occurred at birth. Injuries include skeletal fracture(s), peripheral nerve injury and/or soft tissue/solid organ hemorrhage which requires intervention. Skeletal fracture includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage includes sub-galeal (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial and /or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and or hypotension. Solid

organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.

Congenital anomalies of the newborn

Anencephalus - Absence of the cerebral hemispheres.

Spina bifida/meningocele - Developmental anomaly characterized by defective closure of the bony encasement of the spinal cord, through which the cord and meninges may or may not protrude.

Cyanotic congenital heart disease - Congenital anomalies of heart.

Congenital diaphragmatic hernia - Defect in the diaphragm, characterized by an abnormal opening that allows abdominal organs to move into the chest, usually resulting in respiratory distress.

Omphalocele/Gastroschisis - An omphalocele is a protrusion of variable amounts of abdominal viscera from a midline defect at the base of the umbilicus. In gastroschisis, the abdominal viscera protrude through an abdominal wall defect, usually on the right side of the umbilical cord insertion.

Limb reduction defect- Complete or partial absence of any part of a limb or limbs, excluding congenital amputation and dwarfing syndromes).

Cleft lip/palate - Cleft lip is a fissure or elongated opening of the lip; cleft palate is a fissure in the roof of the mouth. These are failures of embryonic development.

Down's syndrome - The most common chromosomal defect with most cases resulting from an extra chromosome (Trisomy 21).

Suspected chromosomal disorder - Any group of congenital malformations resulting from or compatible with known syndromes caused by noticeable defects in chromosome structure.

Hypospadias - Congenital anomaly of the male genitalia characterized by an incomplete closure of the urethra.

Diagnosis and Procedure Codes Used to Analyze the Hospital Discharge Data

Diagnostic groupings and code numbers used in Chapter 4 and Chapter 7 are based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) and on the International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding Systems (ICD-10-CM/PCS) implemented on October 1st, 2015.

The tabulations of the hospital inpatient data by first-listed diagnosis utilize the diagnostic categories available at <http://www.azdhs.gov/plan/hip/cat/icd9-10primary.xls>.

The ICD-9-CM and ICD-10-CM diagnostic categories used to identify specific mental disorders are available online at

<http://www.azdhs.gov/plan/hip/for/mental/2015/mental113.xlsx>

ICD-10-CM/PCS is very different from ICD-9-CM, both in content and structure of the codes used to describe the severity and complexity of various diseases/injuries and inpatient procedures. The transition to ICD-10-CM/PCS has some impact on comparability of hospital discharge data and continuity of statistical trends.

Any comparison of hospital discharge events between 2015 and previous years should take into account the differences between the classification systems.

Terms Related to Mortality

The most common, and perhaps the most valuable, measure of the likelihood (or risk) of death in the specified population during a particular time is the **crude death rate**. It is computed as the number of deaths per 1,000 or 100,000 population.

Age-adjusted mortality rates - Because mortality from most causes of death occurs predominately among the elderly, a population group with a larger proportion of older persons would have a higher mortality rate. The "age-adjustment" removes the effect of the age differences among sub-populations (or in the same population over time) by placing them all in a population with a standard age distribution. All age-adjusted mortality rates in this report were computed by the direct method, that is, by weighting the age-specific rates for a given year by the age distribution of a standard population. The weighted age-specific rates are then added to produce the summary rate for all ages combined. Beginning with the 2000 data year, a new population standard for the age adjustment of mortality rates has replaced the standard based on the 1940 population and used since 1943. The new standard uses the age composition of the 2000 U.S. projected population. The standard is expressed in terms of a "standard million": the relative distribution of the 2000 population of the United States totaling 1 million in 10-year age groups:

Age group	2015 population	2015 deaths	Age-specific rates in 2015	2000 standard	Age-adjusted rate for 2015
A	B	C	D (C/B)*100000	E	F D*E
<1	86,222	473	548.6	.013818	7.6
1-4	346,443	102	29.4	.055317	1.6
5-14	922,530	94	10.2	.145565	1.5
15-24	947,989	675	71.2	.138646	9.9
25-34	900,890	1,184	131.4	.135573	17.8
35-44	839,319	1,629	194.1	.162613	31.6
45-54	842,450	3,493	414.6	.134834	55.9
55-64	797,101	7,017	880.3	.087247	76.8
65-74	625,412	10,474	1674.7	.066037	110.6
75-84	324,640	13,193	4063.9	.044842	182.2
85+	125,255	15,813	12624.6	.015508	195.8
	6,758,251	54,152		TOTAL	Σ = 691.3

The age-adjusted mortality rates should be viewed as relative indexes rather than as actual measures of mortality risk. It is also important to note that age-adjusted rates can only be compared to other age-adjusted rates that use the same population standard.

In this report, all age-adjusted mortality rates are based on the 2000 standard, and they CANNOT BE compared to rates using the 1940 standard population.

Age-specific mortality - Number of deaths in a specific age group during a calendar year.

Alcohol-induced deaths - This category was expanded in 2003. Causes of death attributable to alcohol mortality include mental and behavioral disorders due to alcohol use, degeneration of nervous system due to alcohol use, alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, alcoholic liver disease, finding of alcohol in blood, accidental poisoning

by and exposure to alcohol, intentional self-poisoning by alcohol, poisoning by alcohol, undetermined intent.

Cause of death - For the purpose of national mortality statistics, every death is attributed to one underlying condition, based on information reported on the death certificate and utilizing the international rules for selecting the underlying cause of death from the reported conditions.

Cause-specific mortality - Number of deaths from a specified cause during a calendar year.

Classification of causes of death - The cause of death used in this report is the underlying cause classified according to the *International Classification of Diseases (ICD)*. Beginning with the 2000 data year in Arizona (1999 nationally), a new revision of the International Classification of Diseases was implemented. The Tenth Revision (ICD-10) has replaced the Ninth Revision (ICD-9), which was in effect since 1979.

Comparability ratios - Comparability ratios are measures of comparison between ICD-9 and ICD-10. Any comparison of causes of mortality in Arizona before and after the implementation of ICD-10 needs to take into account the changes in statistical trends that can be attributed to changes in the classification system alone. Comparability ratio of 1.0 indicates that the same number of deaths would be assigned to a cause-of-death when ICD-9 or ICD-10 was used. Comparability-modified number of deaths and mortality rates are shown for the four causes of death for which the discontinuity in trend is substantial (influenza and pneumonia, Alzheimer's disease, nephritis, or septicemia).

Drug-induced deaths - This category was expanded in 2003. Causes of death attributable to drug-related mortality include mental and behavioral disorders due to psychoactive substance use, accidental poisoning by and exposure to drugs, suicide by drugs, homicide by drugs and poisoning by drugs, undetermined intent

Firearm mortality - Causes of death attributable to firearm mortality include accidental discharge of firearms, suicide by firearms, homicide by firearms, legal intervention involving discharge of firearms, terrorism involving firearms and discharge of firearms, undetermined intent.

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