In 2018, a total of 244 deaths were recorded among 1,279,440 children aged 1-14 years residing in Arizona. The 2018 childhood mortality rate was 19.1 per 100,000, representing an increase from 18.2 the rate recorded in 2017 (Table 2C-7). Between 2017 and 2018 the mortality rate for male children witnessed an increase while the rate for female children decreased (Figure 2C-5, Table 2C-7).

The five causes with the greatest mortality rates in childhood from 2008-2018 were accidents (unintentional injuries), malignant neoplasms, congenital malformations, homicide, and suicide (Table 2C-7).

American Indian children had the highest total mortality rate (40.7 deaths per 100,000) in 2018, followed by Black or African American children (25.0/100,000; Figure 2C-6). The mortality rates of Asian and Hispanic or Latino children were lower than the average rate for all groups.

It is important to note that the mortality rate of Asians is based on a very low death count (Table 2C-10) thus not statistically reliable. In 2018, there were fewer than 6 children who died from congenital anomalies or by means of suicide among this age group (Table 2C-10).
From 2017 to 2018, mortality rates increased for both rural and urban children (Figure 2C-7, Table 2C-8). Between 2008 and 2018, urban childhood mortality rates have been lower than rural childhood mortality rates in each year during the 11-year period. During the same period, urban children witnessed a 4.9 percent decrease in their mortality rate while rural children have seen an increase of 7.1 percent in their death rate.

From 2017 to 2018, the mortality rate for accidents decreased for urban children but increased substantially for rural children (Table 2C-8). In 2018, the mortality rate for unintentional injuries among rural children (8.5/100,000) was 57.4 percent higher than the rate among urban children (5.4/100,000; Table 2C-8). In the same year, 24 children died of accidental drowning; most of them resided in urban areas (Table 2C-10).

Rural females aged 1-14 years old had the lowest mortality risk among gender by area groups in 2018, followed by urban females, urban males, and rural males.