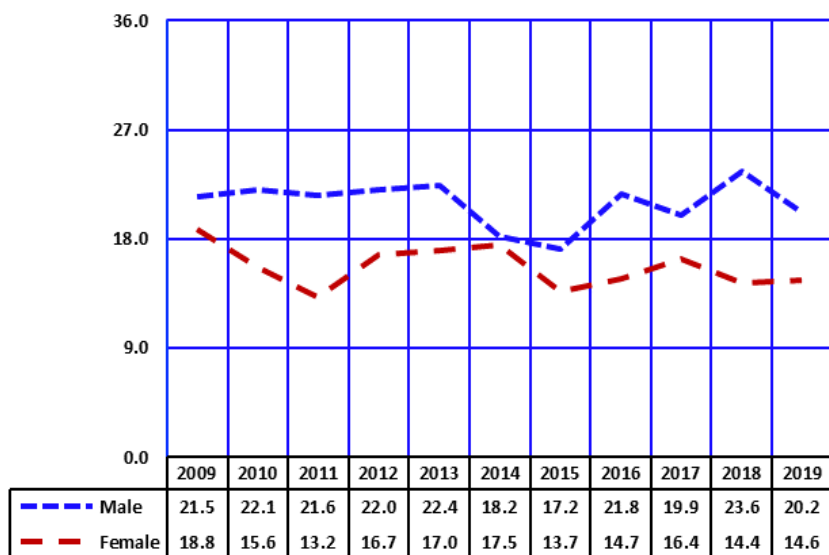


2C.AGE-SPECIFIC MORTALITY  
**Childhood mortality (ages 1-14 years)**

**Figure 2C-5**  
**Mortality Rates<sup>a</sup> by Gender and Year among Children 1-14 Years,**  
**Arizona, 2009-2019**

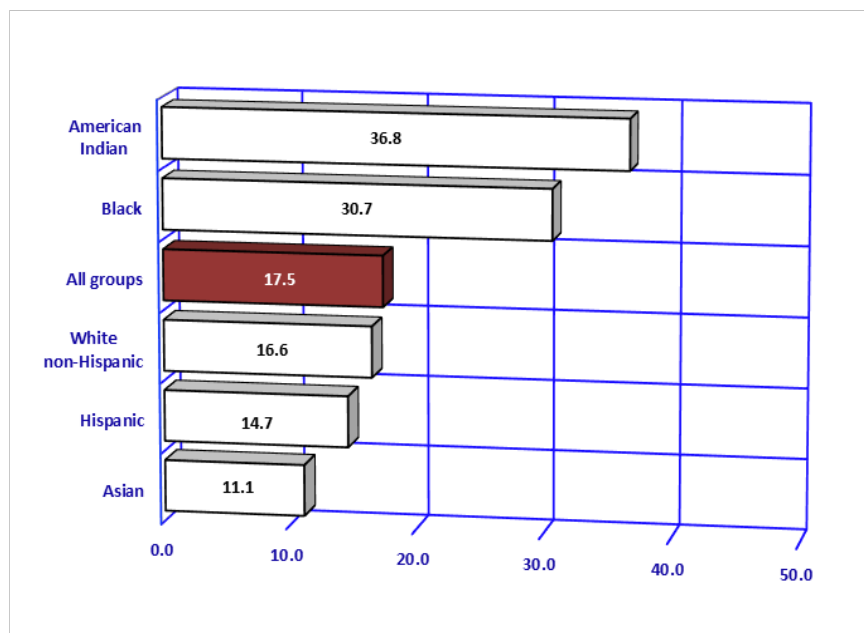


In 2019, a total of 224 deaths were recorded among 1,283,310 children aged 1-14 years residing in Arizona. The 2019 childhood mortality rate was 17.5 per 100,000, representing an increase from 19.1 the rate recorded in 2018 (**Table 2C-7**). Between 2018 and 2019 the mortality rate for male children witnessed a decrease while the rate for female children increased (**Figure 2C-5**, **Table 2C-7**).

The five causes with the greatest mortality rates in childhood from 2009-2019 were *accidents* (unintentional injuries), *malignant neoplasms*, *congenital malformations*, *homicide*, and *suicide* (**Table 2C-7**).

Note: <sup>a</sup> Number of deaths per 100,000 persons, 1-14 years old in specified group.

**Figure 2C-6**  
**Mortality Rates<sup>a</sup> by Race/Ethnicity among Children 1-14 Years,**  
**Arizona, 2019**



American Indian children had the highest total mortality rate (36.8 deaths per 100,000) in 2019, followed by Black or African American children (30.7/100,000; **Figure 2C-6**). The mortality rates of Asian, Hispanic or Latino and White non-Hispanic children were lower than the average rate for all groups.

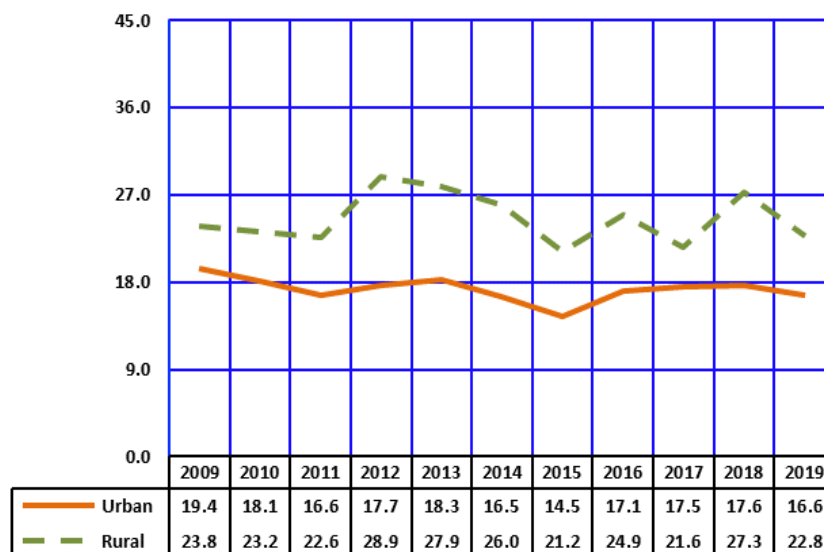
It is important to note that the mortality rate of Asians is based on a very low death count (**Table 2C-10**) thus not statistically reliable. In 2019, there were fewer than 6 children who died from congenital anomalies or by means of suicide among this age group (**Table 2C-10**).

Note: <sup>a</sup> Number of deaths per 100,000 persons, 1-14 years old in specified group.

2C.AGE-SPECIFIC MORTALITY  
**Childhood mortality (ages 1-14 years)**

**Figure 2C-7**  
**Mortality Rates<sup>a</sup> by Urban/Rural Area<sup>b</sup> and Year among Children 1-14 Years, Arizona, 2009-2019**

From 2018 to 2019, mortality rates decreased for both rural and urban children (**Figure 2C-7, Table 2C-8**). Between 2009 and 2019, urban childhood mortality rates have been lower than rural childhood mortality rates in each year during the 11-year period. During the same period, both urban and rural children witnessed a decrease in their mortality rate. However, the decline was more pronounced among urban children (14.4 percent) than their rural counterparts (4.2 percent).



Notes: <sup>a</sup> Number of deaths per 100,000 persons, 1-14 years old in specified group; <sup>b</sup> Urban counties are Maricopa, Pima, Pinal, and Yuma Counties. Rural counties are those remaining.

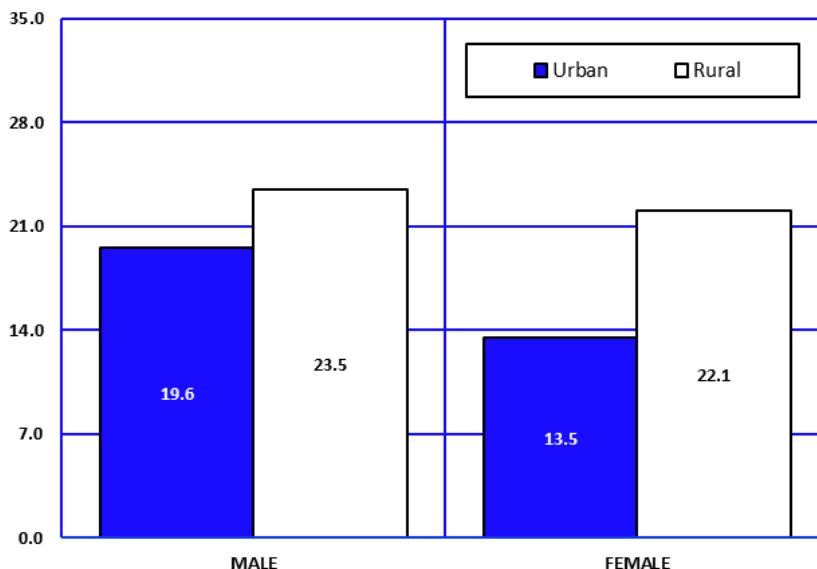
The overall mortality rate for unintentional injuries decreased from 2018 (5.9/ 100,000 children 1-14 years) to 2019 (4.6/ 100,000 children 1-14 years).

An analysis by gender shows a decrease in accidental mortality for urban children but an increase for rural children during the same period (**Table 2C-8**). In 2019, the mortality rate for unintentional injuries among rural children (8.0/100,000) was two times higher than the rate among urban children (4.1/100,000; **Table 2C-8**).

In the same year, accidental drowning claimed more lives among children in urban areas than rural settings (**Table 2C-10**).

Urban females aged 1-14 years had the lowest mortality risk among gender by area groups in 2019, followed by urban males, rural females, and rural males.

**Figure 2C-8**  
**Mortality Rates<sup>a</sup> for Unintentional Injuries by Gender in Urban/Rural<sup>b</sup> Areas among Children 1-14 Years, Arizona, 2019**



Notes: <sup>a</sup> Number of deaths per 100,000 persons, 1-14 years old in specified group; <sup>b</sup> Urban counties include Maricopa, Pima, Pinal, and Yuma Counties. Rural counties are those remaining.