



## 2C.

### AGE-SPECIFIC MORTALITY

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Six age-specific profiles of mortality are given on the following pages. The six age groups are:

- **Infants** less than one year of age
- **Children** 1 to 14 years old
- **Adolescents** or persons 15 to 19 years old
- **Young adults** or persons 20 to 44 years old
- **Middle-aged adults** or persons 45 to 64 years old
- **Elderly** or persons 65 years or older.

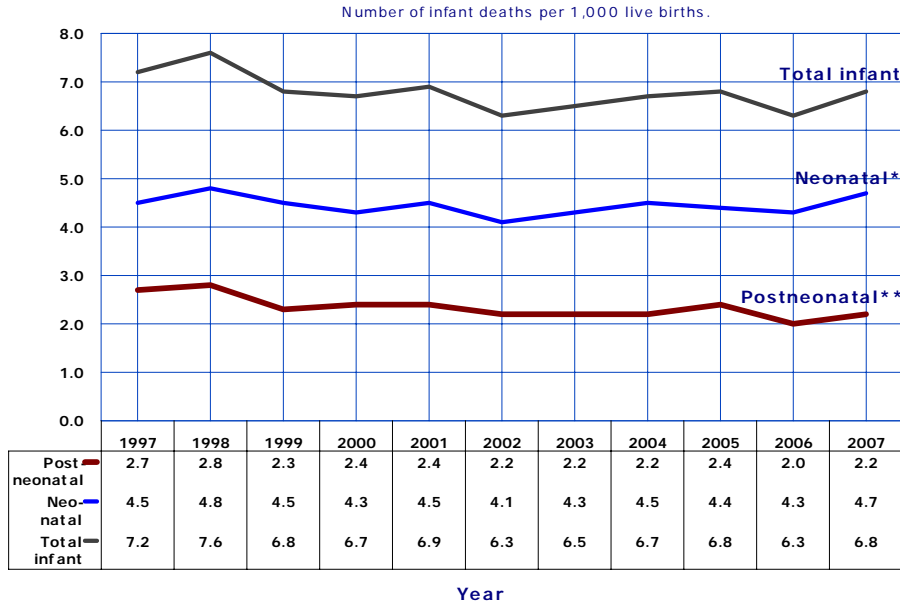
For each age group, cause-specific mortality is compared between urban (i.e., Maricopa, Pima, Pinal and Yuma counties) and rural (all other counties) regions and between genders. Urban and rural regions also are compared in gender-specific total mortality.

A comparison of age-specific mortality for the 113 causes of death is provided in **Table 2C-28**. A comparison of age-specific mortality rates is in **Table 2C-29**.

## 2C. AGE-SPECIFIC MORTALITY

### Infant mortality

**Figure 2C-1**  
**Infant Mortality Rates by Neonatal/Postneonatal Age and Year, Arizona, 1997-2007**



Deaths to infants age 0-27 days.  
 \*\*Deaths to infants age 28 days-1 year.

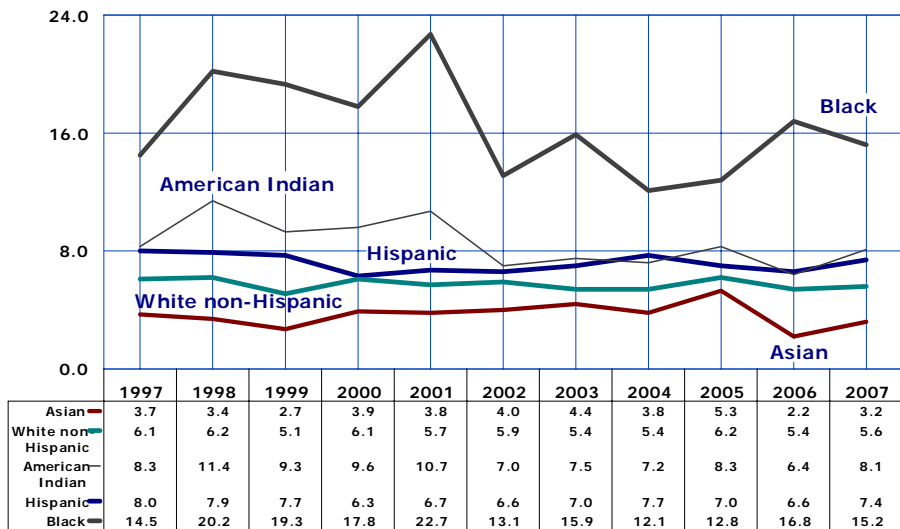
Infant mortality is defined as the number of deaths within the first year of life. The infant mortality rate (IMR) is computed as the number of infant deaths in a calendar year per 1,000 live births recorded for the same period.

In 2007, 701 Arizona infants died before reaching their first birthday, the second highest number of annual infant deaths since 1971 (**Table 8C-1, Table 2C-2**). The infant mortality rate increased by 7.9 percent from 6.3 infant deaths per 1,000 live births in 2006 to 6.8/1,000 in 2007 (**Figure 2C-1**)

The infants' survival chances worsened in both the neonatal (within the first 27 days) and the postneonatal (28 days to first birthday) periods in 2007 (**Figure 2C-1, Table 2C-3**).

More-detailed infant mortality data from the linked birth/infant death data set are used below to analyze some of the factors contributing to the increase. In the linked file, the information from the death certificate is linked to information from the birth certificate for each resident infant less than 1 year of age who died in Arizona in 2007.

**Figure 2C-2**  
**Infant Mortality Rates<sup>1</sup> by Race/Ethnicity and Year, Arizona, 1997-2007**



Number of infant deaths per 1,000 live births in specified group.

In 2007, 96.4 percent of all infant death records were successfully matched<sup>1</sup> to their corresponding birth records. Among the 701 infants who died in 2007, 81 were born in 2006.

The mortality risk for infants varies by race/ethnicity. Infants of Asian mothers, followed by babies of White non-Hispanic mothers had the lowest infant mortality rates among the race/ethnic groups in 2007 (**Figure 2C-2, Table 2C-2**).

In 2007, Black infants continued to have the worst survival chances among the ethnic groups (**Figure 2C-2**). However, the Black IMR decreased by 9.5 percent from 16.8/1,000 in 2006 to 15.2/1,000 in 2007. In contrast, the IMR of American Indian infants increased by 26.6 percent from 6.4 in 2006 to 8.1 in 2007.

<sup>1</sup>Infant death records that were not linked to their corresponding birth certificates include unrecorded home births (i.e., no birth certificate was issued) and out-of-State births (i.e., the State issuing the certificate of birth did not send a copy to Arizona).

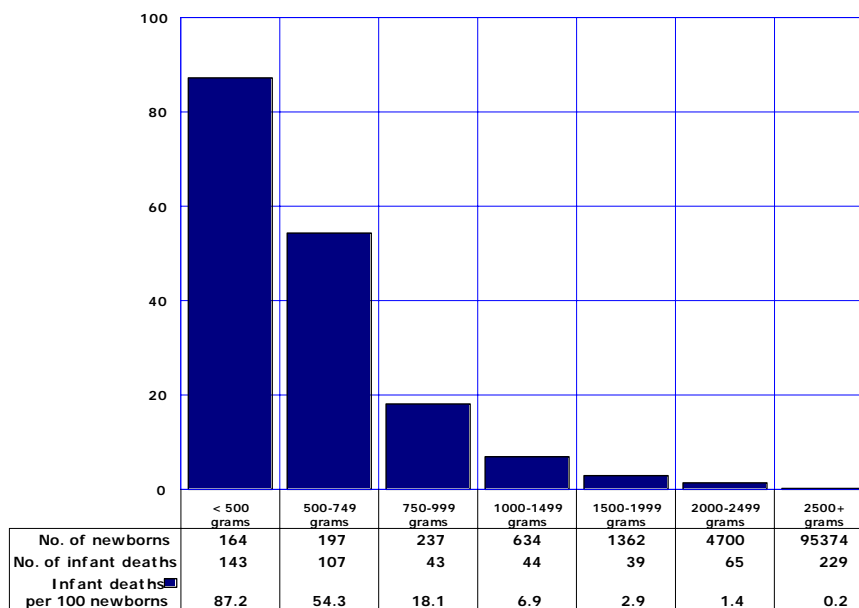
2C. AGE-SPECIFIC MORTALITY  
**Infant mortality**

**Figure 2C-3**  
**Proportion of Infant Deaths by Birthweight, Arizona, 2007**

Newborn weight at birth is one of the most important predictors of an infant's survival chances. In 2007, the infant mortality rate for low birthweight infants (LBW: less than 2,500 grams) was 60.5 deaths per 1,000 live births. Similarly, the infant mortality rate for very low birthweight infants (VLBW: less than 1,500 grams) was 273.5 deaths per 1,000 live births.

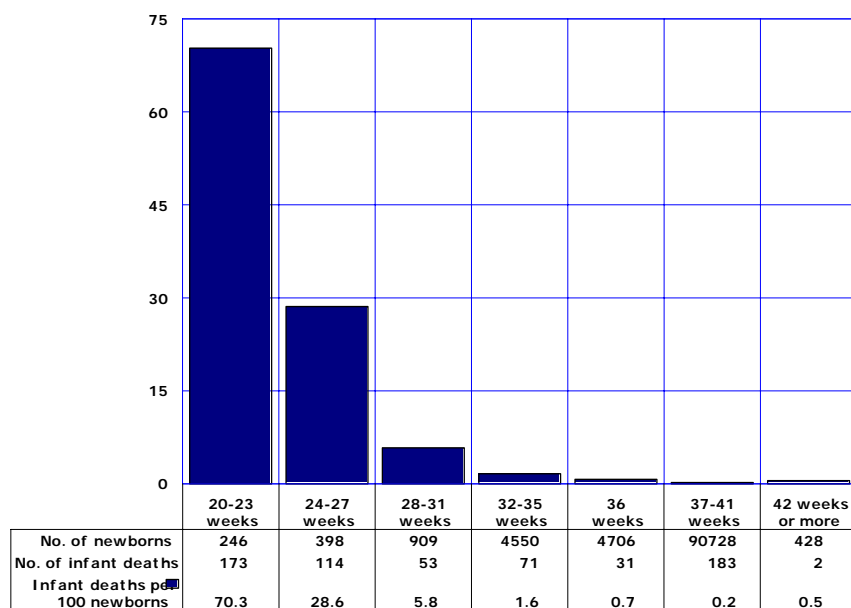
The absolute number of low birthweight births increased very little from 7,266 in 2006 to 7,285 in 2007; the latter being the highest number of LBW births ever. However, the proportion of babies whose weight at birth was less than 1,000 grams increased from 7.7 percent of all low birthweight births in 2006 to 8.1 percent in 2007 (**Table 1B-3**).

Together, births of infants weighing less than 1,000 grams accounted for 0.6 percent of births, and 41.8 percent of all infant deaths. Infants weighing less than 500 grams have a very high mortality rate of 87.2 percent (**Figure 2C-3**).



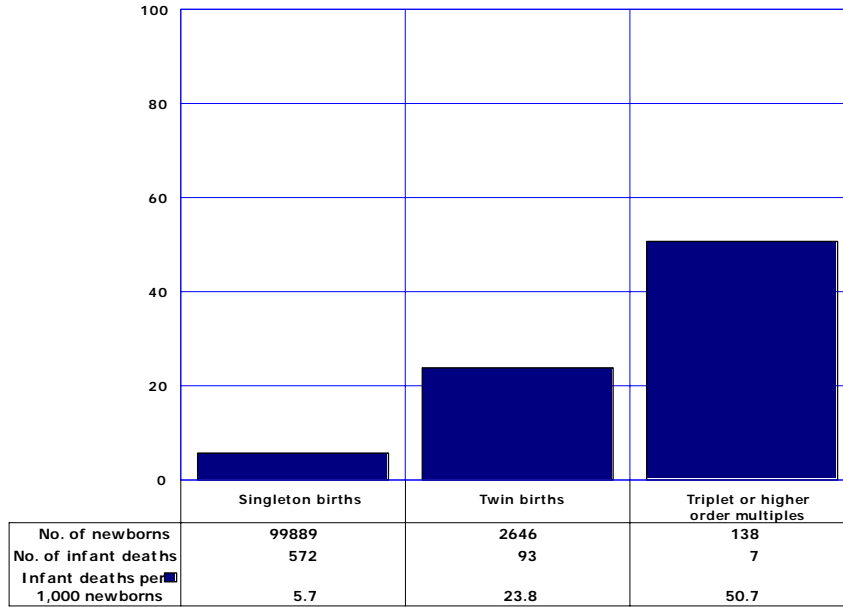
**Figure 2C-4**  
**Proportion of Infant Deaths by Gestational Age, Arizona, 2007**

As with low birthweight, preterm and very preterm infants have a large impact on the total infant mortality rate because of their much higher risk of infant mortality. For example, births at less than 27 weeks of gestation accounted for only 0.6 percent of all births but 40.8 percent of infant deaths in Arizona in 2007. Births at less than 24 weeks of gestation have a very high infant mortality rate of 70.3 percent (**Figure 2C-4**). Overall, preterm infants (those born at less than 37 weeks of gestation) accounted for 10.3 of births (**Table 1B-2**) and 64.6 percent of all infant deaths.



2C. AGE-SPECIFIC MORTALITY  
**Infant mortality**

**Figure 2C-4.2**  
**Infant Mortality Rates for Single and Multiple Births, Arizona, 2007**

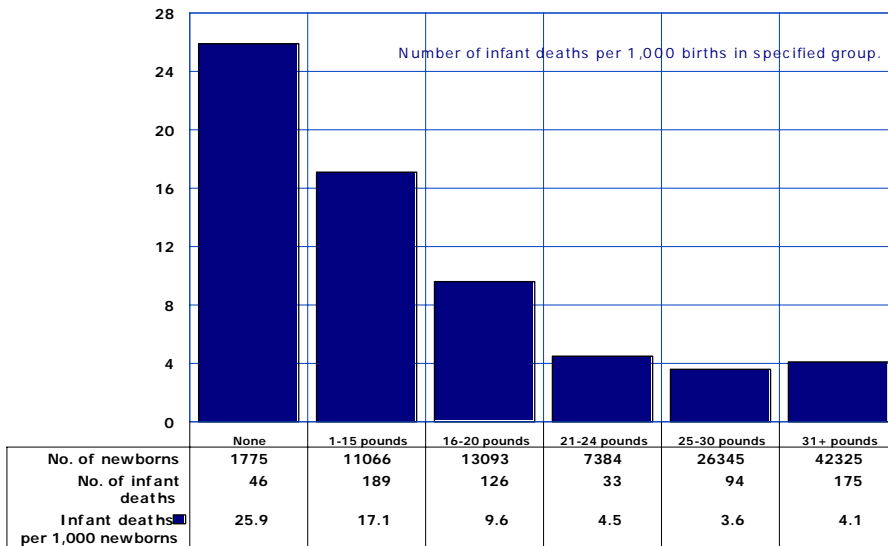


As already noted in Section 1B, infants born in multiple deliveries tend to be born at shorter gestations and smaller than those in singleton deliveries. In 2007, infants born in multiple deliveries were 13.7 times more likely (52.1 vs. 3.8 percent) to be born earlier than expected (at less than 37 completed weeks of gestation) and smaller (at less than 2,500 grams) than singleton births (**Figure 1B-10**).

The infant mortality rate for single births was 5.7 in 2007 (**Figure 2C-4.2**). The infant mortality rate for twin births was 23.8, and for triplets or higher order multiples it was 50.7.

Multiple births accounted for 2.7 percent of births (**Table 1B-2**), but 14.9 percent of all infant deaths in Arizona in 2007.

**Figure 2C-4.3**  
**Infant Mortality Rates by Maternal Weight Gain during Pregnancy, Arizona, 2007**



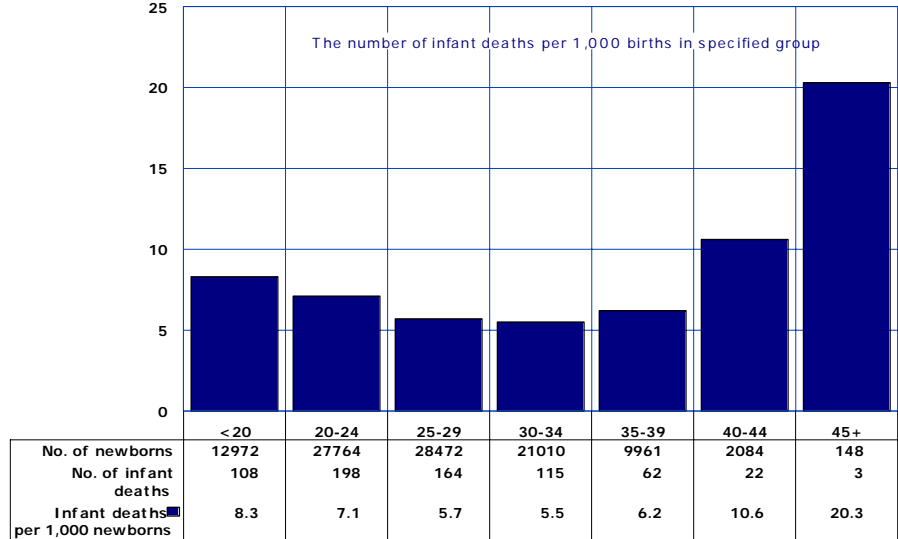
Infant mortality rates vary with maternal weight gain during pregnancy. Insufficient or excessive weight gain during pregnancy can negatively impact both maternal and pregnancy outcome. In 2007, as in previous years, the risk of infant death decreased with increasing maternal weight gain, the exception being maternal weight gain of 31 or more pounds (**Figure 2C-4.3**). Among the 42,325 women giving birth in 2007 who gained 31 or more pounds, 61.7 had weight gains of more than 40 pounds, considered excessive for all women regardless of their body mass index.

There is no coincidence that mother's weight gain has been shown to have a positive correlation with infant birthweight (**Figure 1B-22**).

2C. AGE-SPECIFIC MORTALITY  
**Infant mortality**

**Figure 2C-4.4**  
**Infant Mortality Rates by Mother's Age Group, Arizona, 2007**

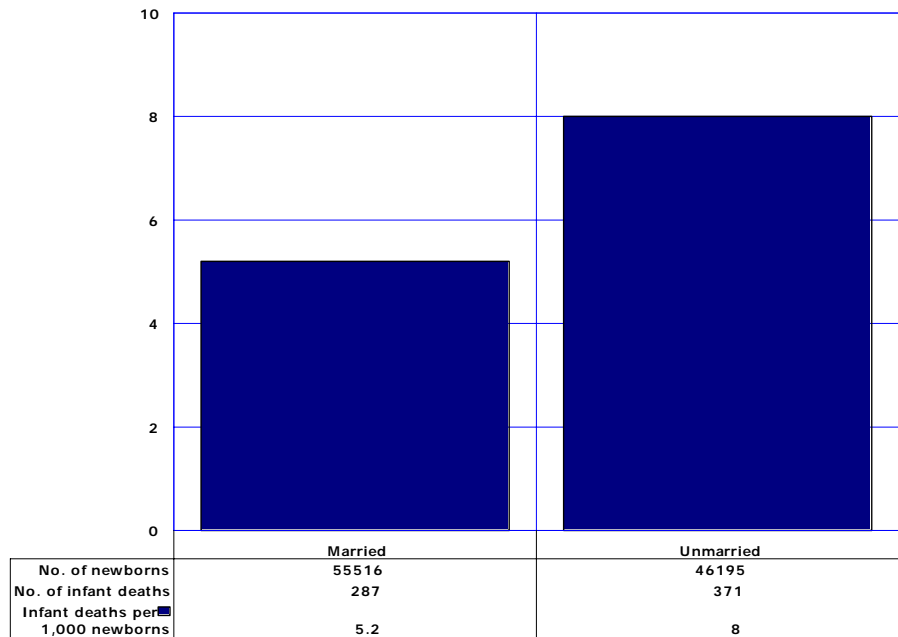
Infant mortality rates vary with maternal age. In 2007, infant mortality decreased with increasing maternal age through 30-34 years of age but increased for infants born to women 35 years of age or older. Optimal maternal age was 30-34 years (**Figure 2C-4.4**). The number of births to women 45 years or older increased by 23.3 percent from 120 in 2006 to 148 in 2007.



**Figure 2C-4.5**  
**Infant Mortality Rates by Mother's Marital Status, Arizona, 2007**

Infants born to unmarried mothers accounted for the absolute majority of infant deaths in 2007 (371 vs. 287); while the number of births to married mothers exceeded by 20 percent the number of births to unmarried mothers (55,516 vs. 46,195; **Table 1B-26**). In 2007, infants of married mothers had an infant mortality rate of 5.2 deaths per 1,000 live births, 35 percent lower than the rate for infants of unmarried mothers (8 infant deaths per 1,000 live births; **Figure 2C-4.5**). The effect of marital status on infant mortality suggests that marital status is a proxy measure of factors traditionally related to infant mortality such as poverty conditions, access to health care or social support. Mother's marital status may signify the presence or absence of emotional, social, and financial resources.

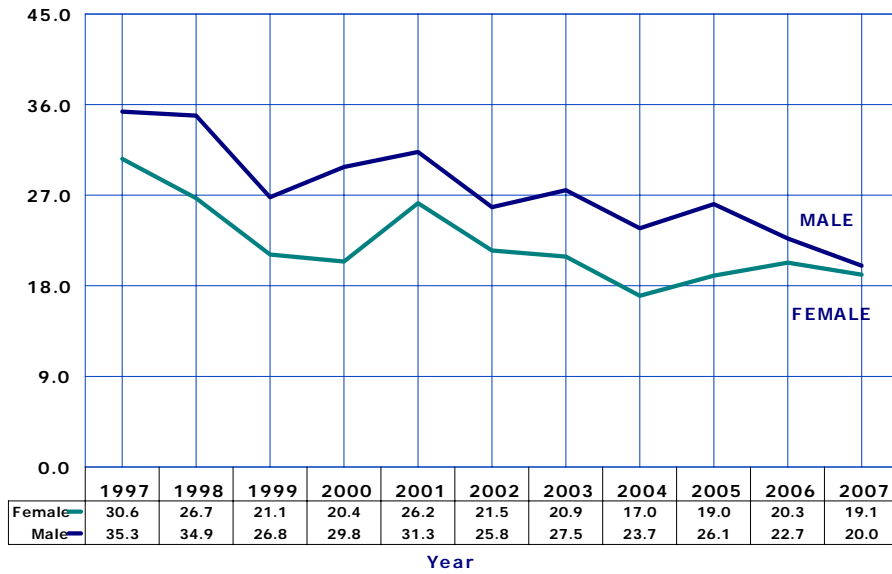
Additional information is available in our recent report on "Marital Status and Health, Arizona Residents, 2006" at [www.azdhs.gov/plan/report/ms/ms06/index.htm](http://www.azdhs.gov/plan/report/ms/ms06/index.htm)



\*The Arizona Health Care Cost Containment System (AHCCCS) is the State's Medicaid program.

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

**Figure 2C-5**  
**Mortality Rates by Gender and Year among Children 1-14 Years, Arizona, 1997-2007**

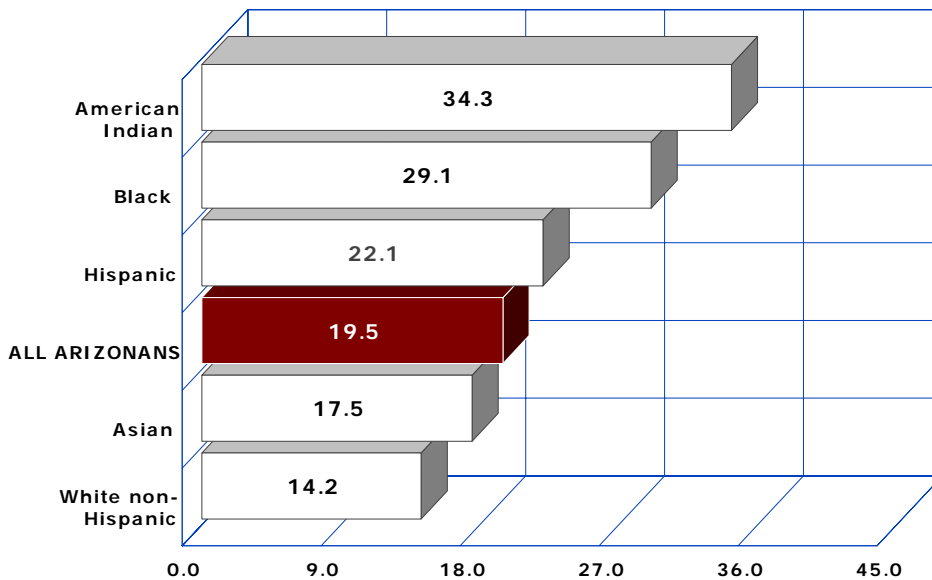


Death claimed the lives of 256 of the 1,310,138 children (1 to 14 years old) residing in Arizona in 2007. Their 2007 mortality rate of 19.5 per 100,000 was the lowest rate of the eleven-year period from 1997 to 2007 (**Table 2C-8**). Both females and males experienced a decrease in their total mortality rates from 2006 to 2007 (**Figure 2C-5, Table 2C-8**).

Both girls and boys died in 2007 at the lowest rate since 1980.

Number of deaths per 100,000 persons, 1-14 years old in specified group.

**Figure 2C-6**  
**Mortality Rates by Race/Ethnicity among Children 1-14 Years, Arizona, 2007**



American Indian children had the highest 2007 total mortality rate (34.3 deaths per 100,000), followed by Black (29.1/100,000) and Hispanic children (22.1 deaths per 100,000; **Figure 2C-6**). The mortality rates for Asian and White non-Hispanic children were lower than the average rate for all groups.

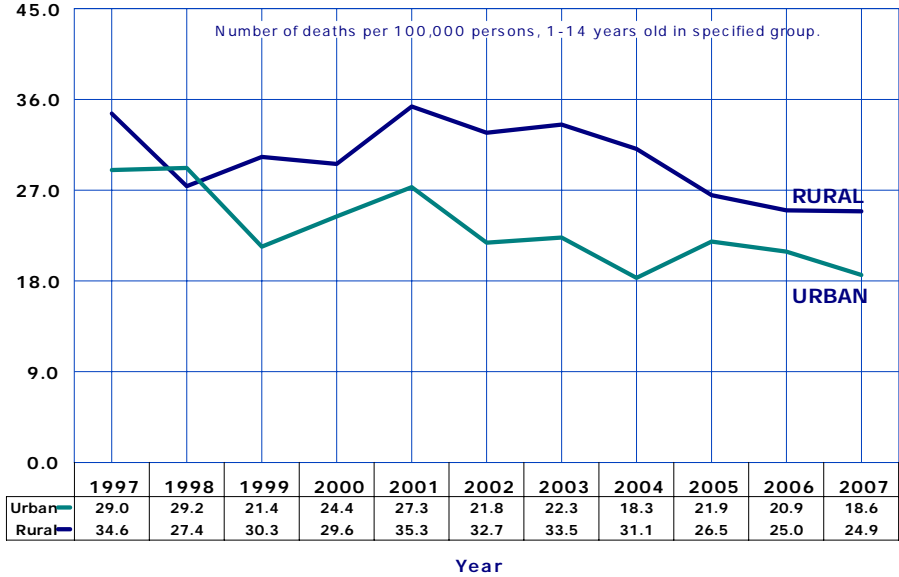
\*Number of deaths per 100,000 persons, 1-14 years old in specified group.

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

**Figure 2C-7**  
**Mortality Rates by Urban\*/Rural Area and Year among Children 1-14 Years, Arizona, 1997-2007**

From 2006 to 2007 the total mortality rates decreased for urban children and remained essentially unchanged for rural children (Figure 2C-7, Table 2C-9).

The temporal pattern underlying the changes in mortality between 1997 and 2007 differed by region. From 1997 to 1998, the mortality rate of rural children decreased by 20.8 percent, while the urban children experienced no change in their mortality risk (Figure 2C-7). From 1998 to 2007, the total mortality rates decreased by 36.3 percent for urban children, 4 times as much as the decrease of 9.1 percent for rural children. In 1997, the mortality disadvantage of rural compared to urban children was 19.3 percent; by 2007 it had increased to 33.9 percent.

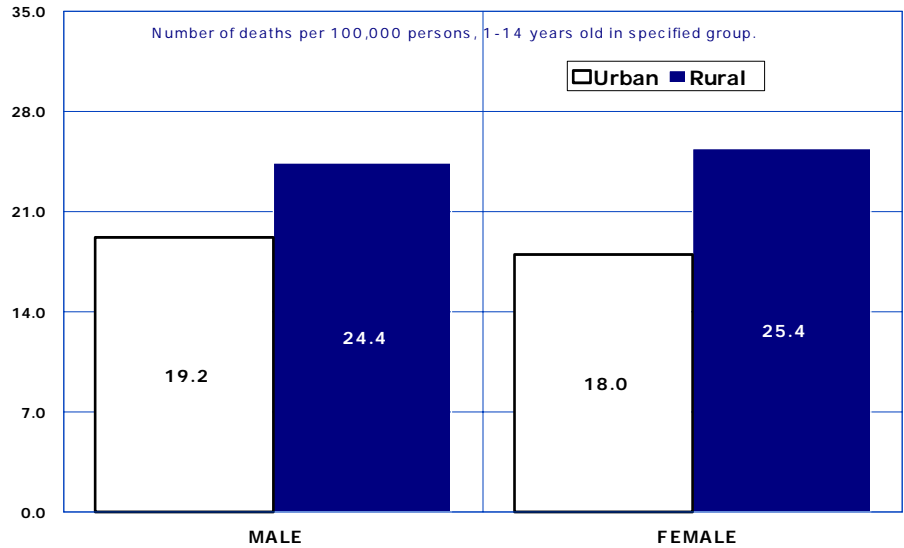


\*Maricopa, Pima, Pinal and Yuma Counties.

**Figure 2C-8**  
**Mortality Rates by Gender in Urban\*/Rural Areas among Children 1-14 Years, Arizona, 2007**

From 2006 to 2007, the mortality rate for unintentional injuries decreased for urban but not rural children (Table 2C-9). In 2007, the mortality rate for motor vehicle accidents among rural children (9.0/100,000) was 2.8 times the rate among urban children (3.2/100,000, Table 2C-9). Urban children, in contrast, had a 2.6 times greater than rural children mortality rate for drowning (1.3 deaths per 100,000 vs. 0.5 deaths per 100,000).

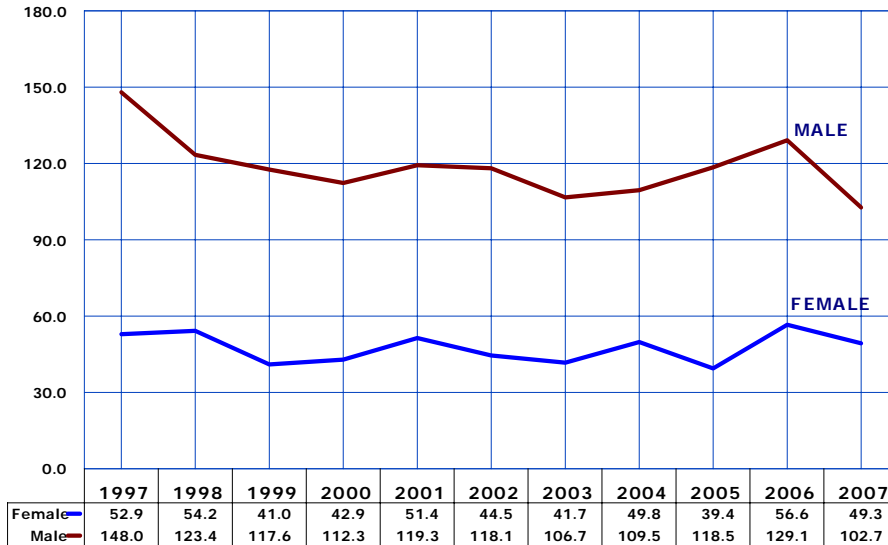
Urban females 1-14 years old had the lowest 2007 mortality risk among gender by area groups, followed by urban males, rural males and rural females.



\*Maricopa, Pima, Pinal and Yuma Counties.

2C. AGE-SPECIFIC MORTALITY  
Adolescent mortality (ages 15-19 years)

Figure 2C-9  
Mortality Rates by Gender and Year among Adolescents 15-19 Years,  
Arizona, 1997-2007

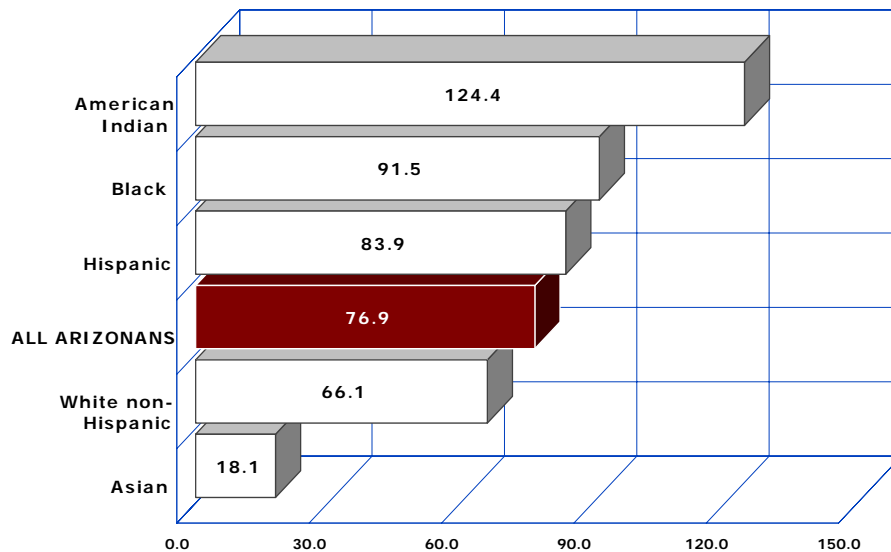


Adolescents refer to those individuals between the ages of 15 to 19, an important developmental period marking the transition from childhood to adulthood. In 2007, an estimated 444,825 adolescents resided in Arizona (Table 10C-1), comprising 6.9 percent of the State's population. The lives of 342 resident adolescents prematurely ended in 2007, resulting in a total mortality rate of 76.9 deaths per 100,000 adolescents. This mortality rate was 25.4 percent lower than the 1997 rate (Table 2C-12).

The likelihood of dying was 2.1 times as high for adolescent boys than girls in 2007 (Figure 2C-9, Table 2C-12).

Number of deaths per 100,000 persons, 15-19 years old in specified group.

Figure 2C-10  
Mortality Rates by Race/Ethnicity among Adolescents 15-19 Years, Arizona, 2007



From best to worst survival chances of adolescents 15-19 years old, the 2006 rank-order was Asian, White non-Hispanic, Hispanic, Black and American Indian (Figure 2C-10). If the 2007 mortality risk of Asian adolescents (i.e., their mortality rate) applied to all adolescents, 81 would have died: 261 less than the 342 who actually did.

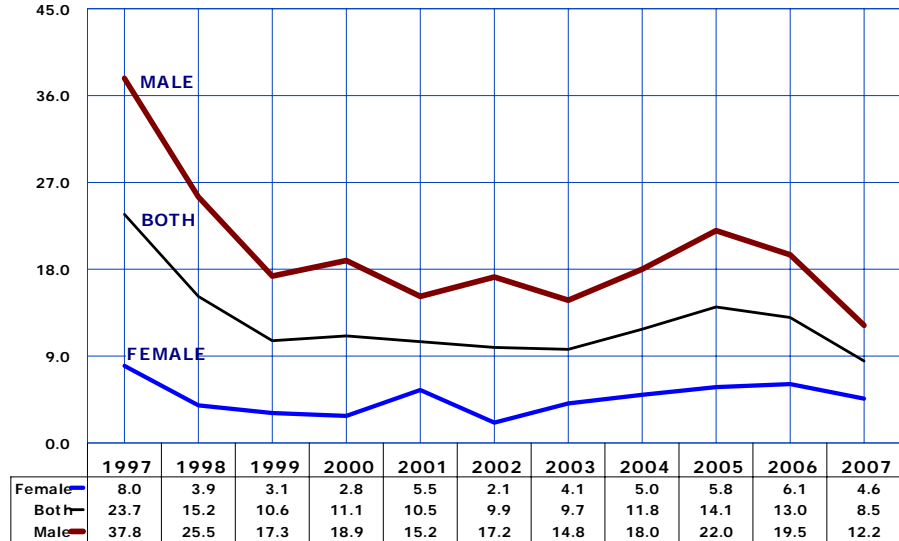
Number of deaths per 100,000 persons, 15-19 years old in specified group.

2C. AGE-SPECIFIC MORTALITY  
Adolescent mortality (ages 15-19 years)

In 2007, as in 1997, suicide was the 3<sup>rd</sup> leading cause of death among Arizona adolescents. Overall, the number of suicides decreased from 57 in 2006 to 38 in 2007. American Indian adolescents experienced a particularly sharp decline from 13 suicides in 2006 to 5 in 2007 (Table 2C-15).

The suicide rate for adolescent females decreased by 24.6 percent from 6.1 suicides per 100,000 in 2006 to 4.6/100,000 in 2007 (Figure 2C-11, Table 2C-12). Following an increase from 2003 to 2005, the suicide death rate for adolescent males decreased from 22 suicides per 100,000 in 2005 to 19.5/100,000 in 2006, and 12.2/100,000 in 2007. The male to female ratio in suicide mortality rates decreased from 6.5:1 in 1998 to 2.7:1 in 2007. In other words, male adolescents were 2.7 times more likely to kill themselves in 2007 than female adolescents, compared to 6.5 times more likely in 1998.

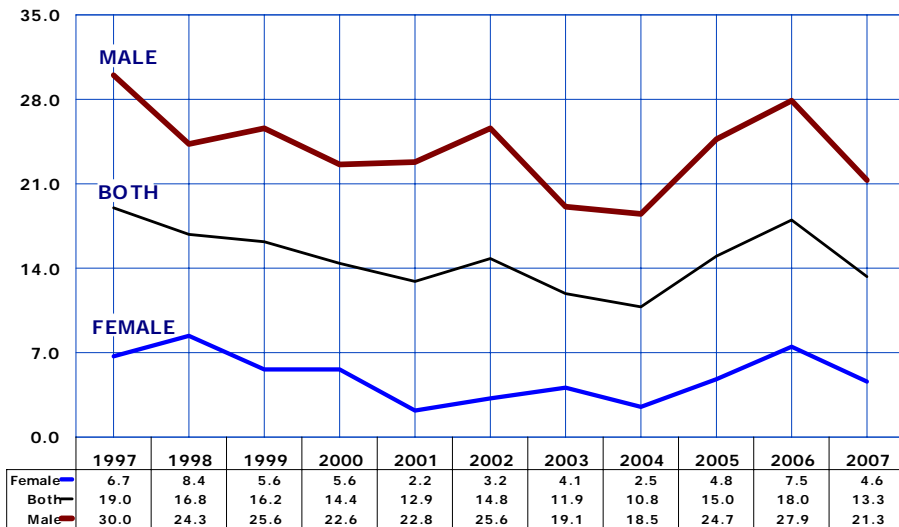
Figure 2C-11  
Suicide Rates by Gender and Year among Adolescents 15-19 Years, Arizona, 1997-2007



Number of suicides per 100,000 persons, 15-19 years old in specified group.

Figure 2C-12  
Homicide Rates by Gender and Year among Adolescents 15-19 Years, Arizona, 1997-2007

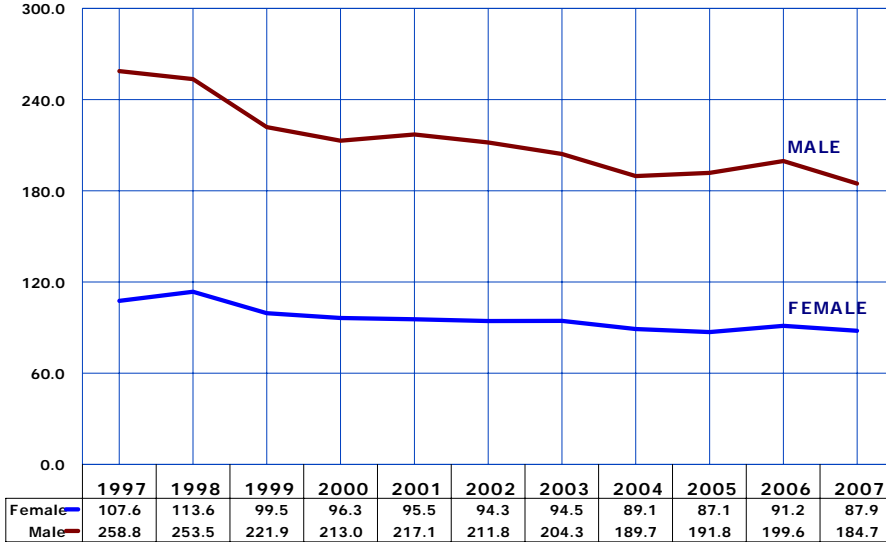
In 2007, homicide was the 2<sup>nd</sup> leading cause of death of 15 to 19 year olds. From 2004 to 2006, the homicide rates increased for both adolescent males and females (Figure 2C-12, Table 2C-12). In 2007, the homicide rate decreased by 23.7 percent for adolescent males, and by 38.7 percent for adolescent females. The male to female mortality risk for homicide remained essentially unchanged at 4.5 times greater in 1997 and 4.6 times greater in 2007.



Number of homicides per 100,000 persons, 15-19 years old in specified group.

2C. AGE-SPECIFIC MORTALITY  
 Young adult mortality (ages 20-44 years)

**Figure 2C-13**  
 Mortality Rates by Gender and Year among Young Adults 20-44 Years,  
 Arizona, 1997-2007

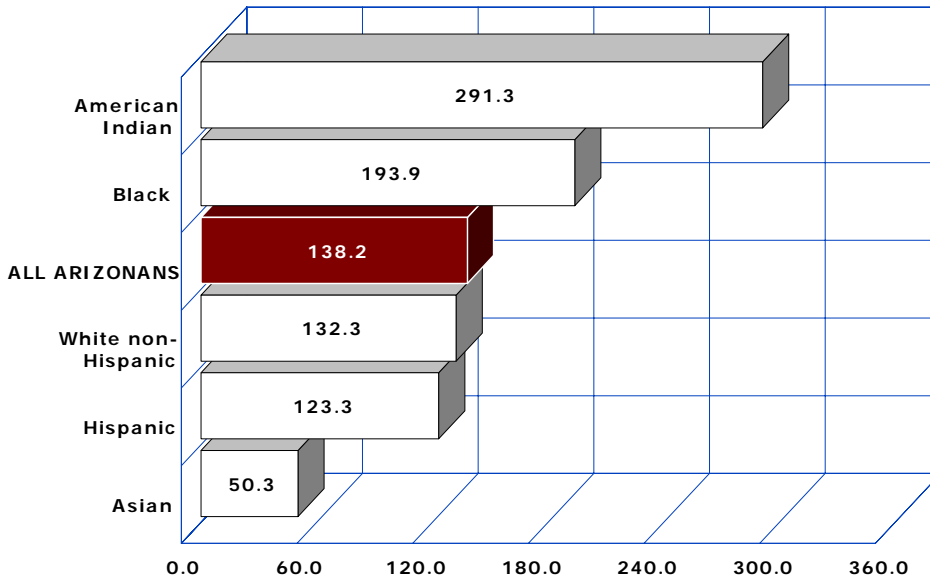


In 2007, 35 percent of Arizona residents were between 20 and 44 years of age. Among the six developmental periods examined in the life span, young adulthood, with an estimated 2.26 million individuals, easily represented the largest segment of the population. However, only one in fourteen deaths in Arizona (or 7 percent) occur during young adulthood.

During an average week in 2007, 60 young adults aged 20 to 44 died. The 3,120 premature deaths among 2,258,171 young adult Arizona residents produced a 2007 mortality rate of 138.2 deaths per 100,000, 6.3 percent lower than the previous year (Table 2C-16). Young male adults had a substantially greater improvement in their survival chances from 1997 to 2007 than did young female adults (28.6 and 18.3 percent respectively (Figure 2C-13, Table 2C-16).

Number of deaths per 100,000 persons, 20-44 years old in specified group.

**Figure 2C-14**  
 Mortality Rates by Race/Ethnicity among Young Adults 20-44 Years,  
 Arizona, 2007



The rank order of survival chances of young adults from best to worse by race/ethnicity in 2006 was Asians, Hispanic or Latino, White non-Hispanics, Black or African Americans and American Indians. If the 2006 mortality risk of Asians (i.e., their mortality rate of 50.3/100,000) was applied to all young adults in Arizona, 1,136 would have died, rather than the 3,120 who actually did.

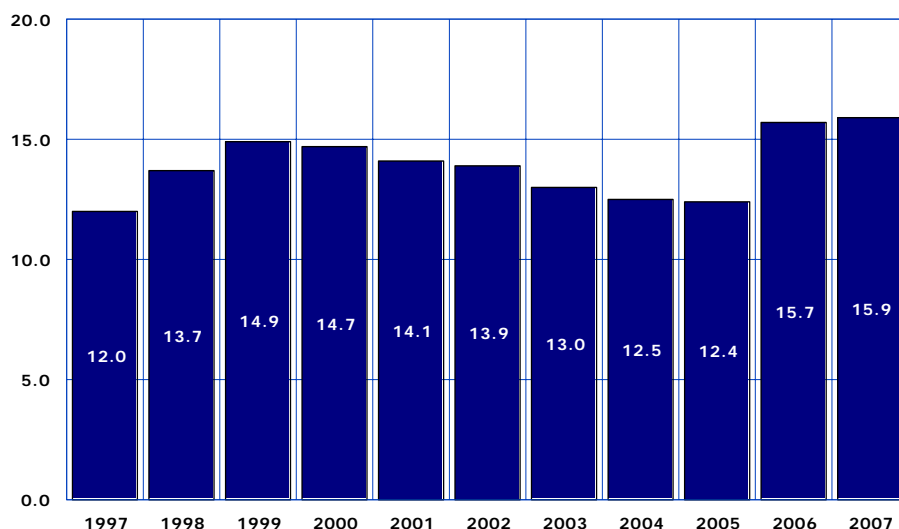
Number of deaths per 100,000 persons, 20-44 years old in specified group.

2C. AGE-SPECIFIC MORTALITY  
 Young adult mortality (ages 20-44 years)

Figure 2C-15  
 Mortality Rates for Accidental Poisoning by Drugs by Year among  
 Young Adults 20-44 Years, Arizona, 1997-2007

After reaching its recent peak in 1999, the mortality rate for accidental poisoning by drugs declined to 12.4 deaths per 100,000 in 2005. In 2006, the rate increased by 26.6 percent to 15.7/100,000. In 2007, the rate for accidental drug overdoses among Arizona's young adults was at its highest level of the past ten years, rising to 15.9 deaths per 100,000 young adults 20-44 years old (Figure 2C-15).

In 2007, 360 deaths of young adults were attributed to accidental poisoning by drugs (Table 2C-19), compared to 205 deaths in 1997.



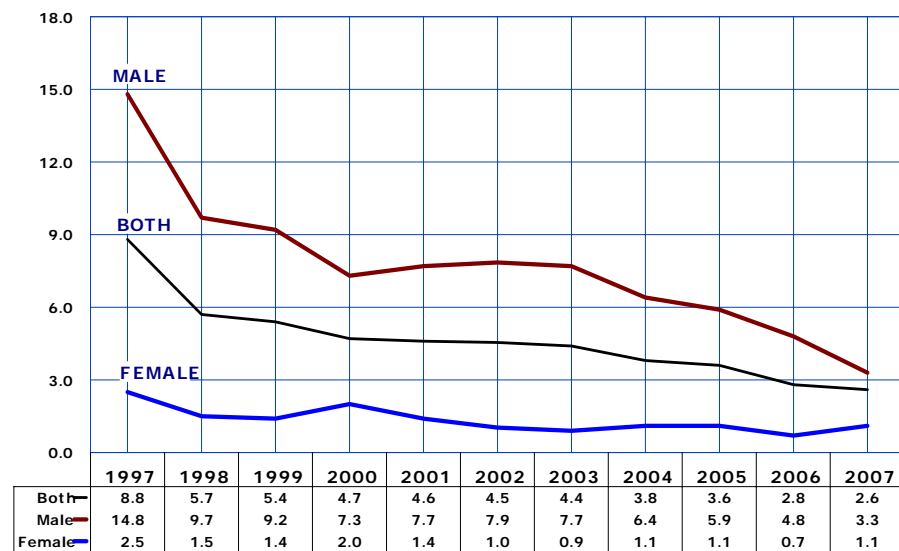
Number of deaths per 100,000 persons, 20-44 years old in specified group.

Figure 2C-16  
 Mortality Rates for HIV Disease by Gender and Year among  
 Young Adults 20-44 Years, Arizona, 1997-2007

The *human immunodeficiency virus (HIV) disease* dropped from being the 5<sup>th</sup> leading cause of death among young adults in 1996 to 6<sup>th</sup> leading cause in 1997 and 7<sup>th</sup> leading cause beginning in 1998.

Forty-eight percent of the 2007 deaths from *HIV disease* (51 out of 106) occurred among Arizonans 20-44 years old (Table 2C-28). Males accounted for 39 (76.5 percent) of 51 young adult deaths from *HIV disease* in 2007 (Table 2C-19).

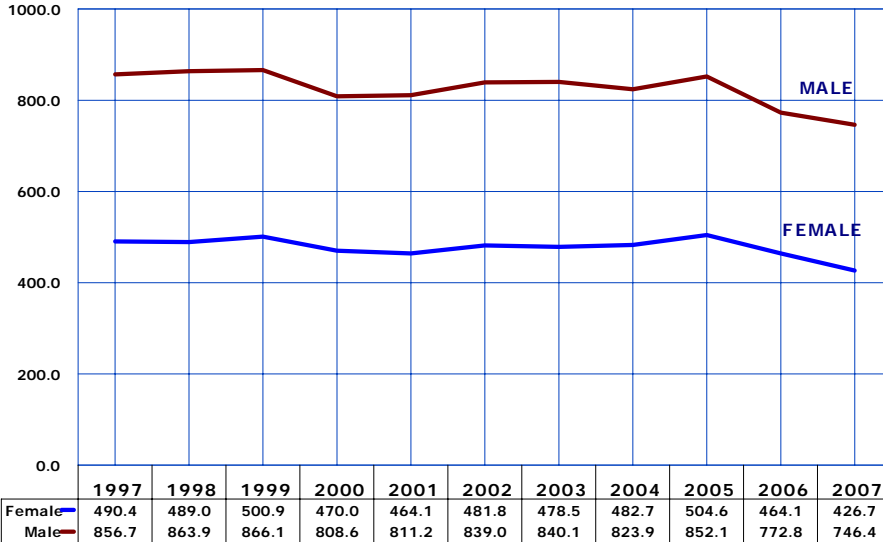
The mortality rate for HIV disease among young female adults increased from 0.7/100,000 in 2006 to 1.1/100,000 in 2007.



Number of deaths per 100,000 persons, 20-44 years old in specified group.

**2C. AGE-SPECIFIC MORTALITY**  
**Middle-age adult mortality (ages 45-64 years)**

**Figure 2C-17**  
**Mortality Rates by Gender and Year among Middle-Aged Adults 45-64 Years, Arizona, 1997-2007**

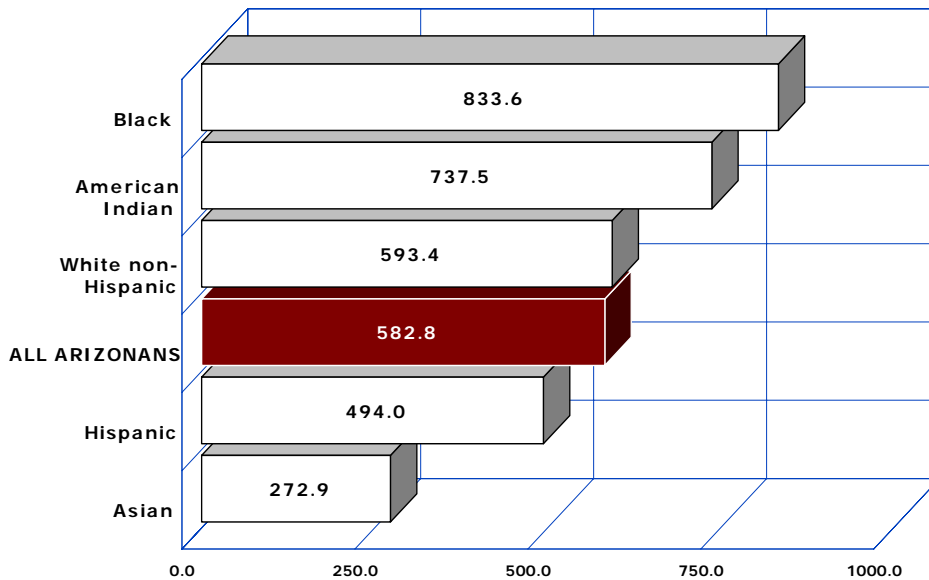


The 1,480,514 middle-aged adult residents aged 45 to 64 experienced 8,629 deaths or an average of 24 deaths per day. The total mortality rate of middle-aged adults decreased by 5.2 percent from 614.6 deaths per 100,000 in 2006 to 582.8/100,000 in 2007 (Table 2C-20), and it was 12.7 percent lower than the 1997 rate of 667.3 deaths per 100,000.

The 2007 total mortality rate among middle-age females was 11.0 percent lower and among middle-aged males 12.8 percent lower than their respective rates in 1997 (Figure 2C-17, Table 2C-20).

Number of deaths per 100,000 persons, 45-64 years old in specified group.

**Figure 2C-18**  
**Mortality Rates by Race/Ethnicity among Middle-Aged Adults 45-64 Years, Arizona, 2007**



Black middle-aged adults, followed by American Indians and White non-Hispanics had the three highest mortality rates (833.6 deaths per 100,000, 737.5 per 100,000, and 593.4/100,000 respectively) among the race/ethnic groups. If the 2007 total mortality rate for Asian middle-aged adults applied to all Arizona residents 45-64 years old, 4,040 middle-aged adults would have died rather than 8,629 who actually did.

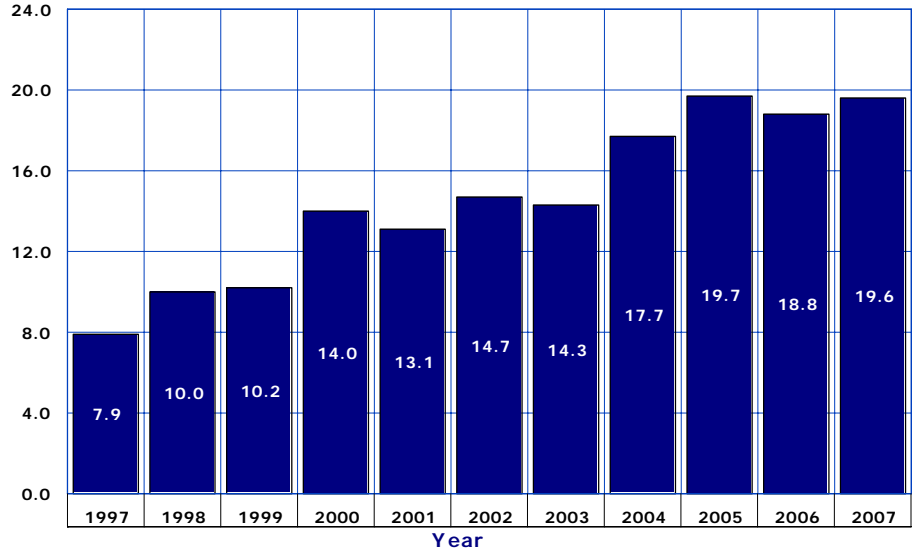
Number of deaths per 100,000 persons, 45-64 years old in specified group.

2C. AGE-SPECIFIC MORTALITY  
Middle-age adult mortality (ages 45-64 years)

Figure 2C-19  
Mortality Rates for Accidental Poisoning by Drugs by Year among Middle-Aged Adults 45-64 Years, Arizona, 1997-2007

Middle-aged adults experienced an unprecedented increase in mortality from accidental drug overdoses. In 2007, 290 deaths were attributed to accidental poisoning by drugs (Table 2C-23), compared to 70 deaths in 1996.

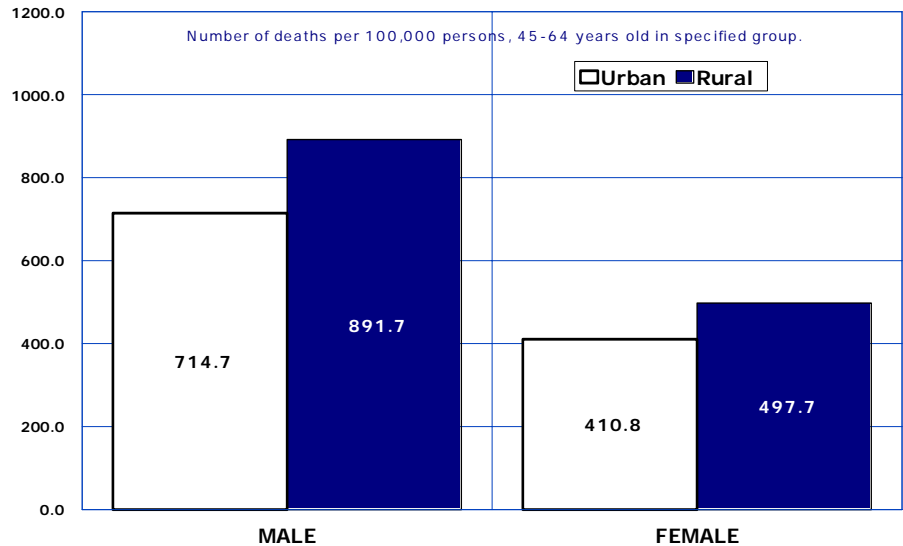
The mortality rate for accidental drug poisoning increased by 149.4 percent (2.5 times) from 7.9 deaths per 100,000 middle-aged adults in 1997 to 19.7/100,000 in 2005 (Figure 2C-19). In 2006, the mortality rate for accidental drug overdoses among middle-aged adults decreased by 4.6 percent to 18.8 deaths per 100,000. In 2007, the mortality rate increased again to 19.6/100,000.



Number of deaths per 100,000 persons, 45-64 years old in specified group.

Figure 2C-20  
Mortality Rates by Gender in Urban\* and Rural Areas among Middle-Aged Adults 45-64 Years, Arizona, 2007

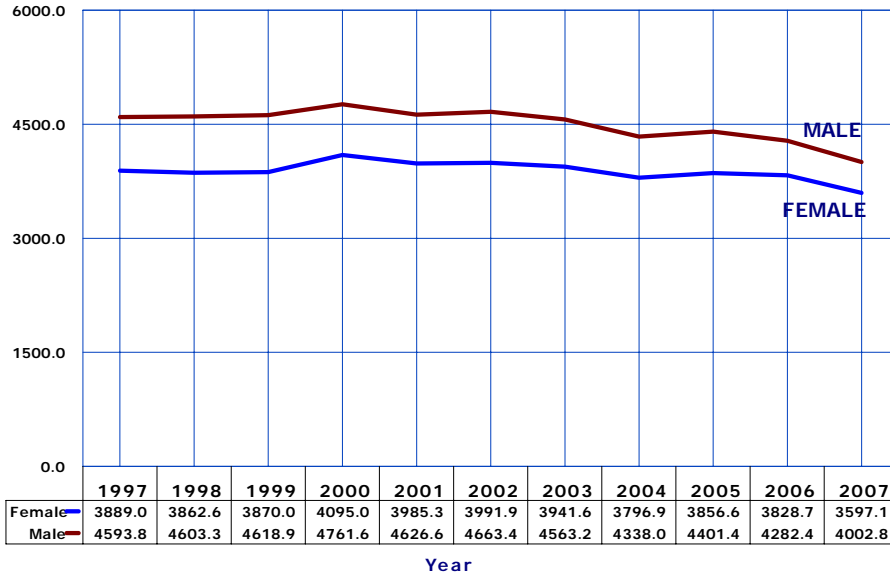
In 2007, as in the past, rural middle-aged males had the poorest survival chances (Figure 2C-20, Table 2C-22). Rural middle-aged male chances of death in 2007 were 24.8 percent greater than urban males, 79.2 percent greater than rural females, and 117.1 percent (2.2 times) greater than urban females.



\*Maricopa, Pima, Pinal and Yuma Counties.

2C. AGE-SPECIFIC MORTALITY  
Elderly mortality (ages 65 years and older)

Figure 2C-21  
Mortality Rates by Gender and Year among Elderly 65 Years and Older,  
Arizona, 1997-2007



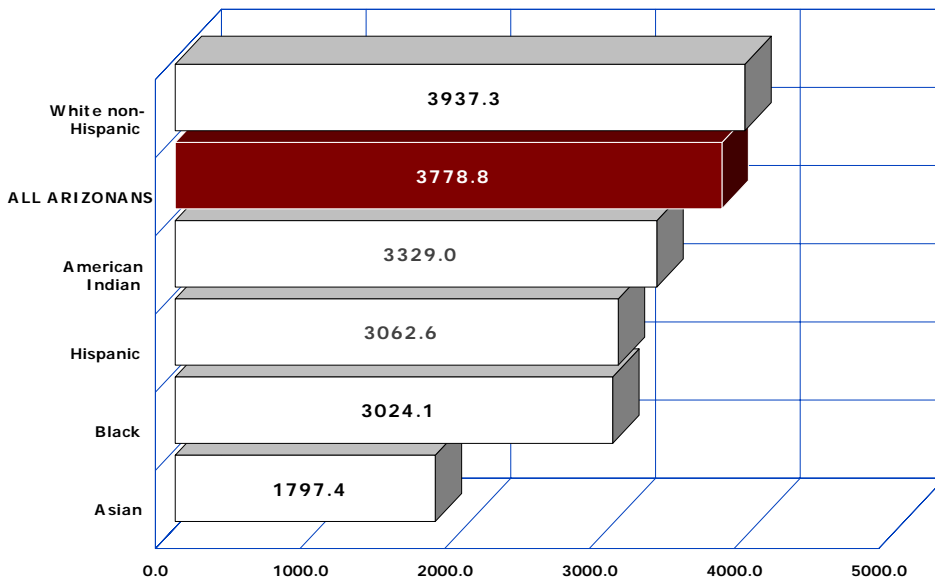
In 2007, an estimated 835,772 elderly over 64 years of age resided in the State (Table 10A-1). No other age group has as great a disproportionate gender distribution as the elderly. As a result of the higher total mortality rates for males in each of the earlier periods of lifespan, 23 percent more elderly women than men were alive in 2007.

The 2007 elderly mortality rate of 3778.8 per 100,000 was 10.1 percent lower than the 1997 rate of 4201.6, and it was the lowest annual elderly mortality rate of the eleven years from 1997 to 2007.

Survival chances improved from 1997 to 2007 for both elderly males and females. The 2007 total mortality rate among elderly females was 7.5 percent lower than their rate in 1997. The mortality rate among elderly males decreased 12.9 percent from 1997 to 2007, 1.7 times more than the female rate (Figure 2C-21, Table 2C-24).

Number of deaths per 100,000 persons, 65+ years old in specified group.

Figure 2C-22  
Mortality Rates by Race/Ethnicity among Elderly 65 Years and Older,  
Arizona, 2007



In 2007 the mortality rate for Arizona's White non-Hispanic elderly residents was 2.2 times that for the Asian elderly population. The mortality rate of 1797.4 /100,000 among elderly Asians was the lowest rate among the race/ethnic groups (Figure 2C-22). Blacks or African American elderly had the second lowest mortality rate in 2007, 9.2 percent lower than the mortality rate of American Indian elderly.

The 2007 mortality rates of Black or African American and Hispanic or Latino elderly differed by a mere 1.4 percent.

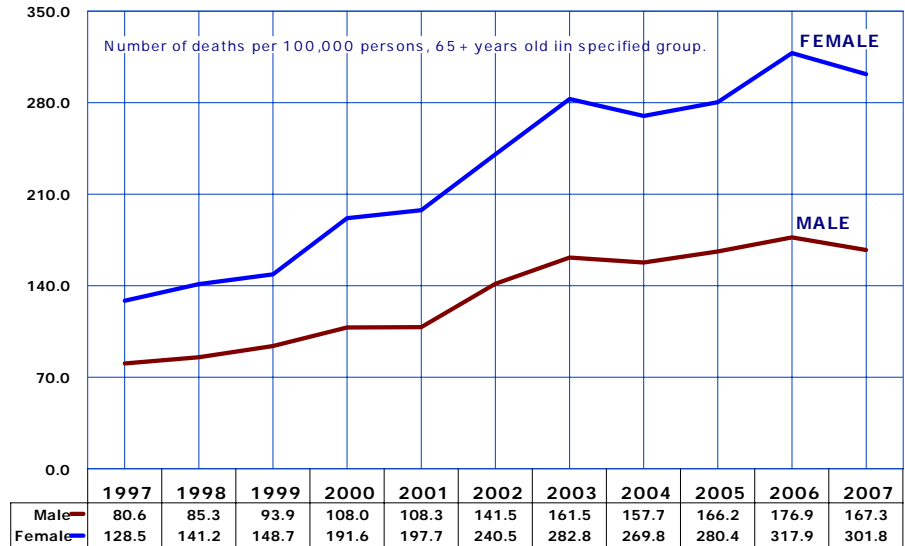
Number of deaths per 100,000 persons, 65+ years old in specified group.

## 2C. AGE-SPECIFIC MORTALITY

### Elderly mortality (ages 65 years and older)

The two tables (Tables 2C-24 and 2C-25) provide mortality rates for the five causes with the greatest number of deaths over the 1997 – 2007 period. In 1997-2007, Alzheimer's disease (14,209 deaths) replaced influenza and pneumonia (11,579 deaths) as the fifth leading cause of death among females and both genders but not elderly males 65 years or older (Table 2C-24). Among elderly males 65 years old or older, influenza and pneumonia accounted for 5,526 deaths in 1997-2007, compared to 4,484 deaths from Alzheimer's disease. From 2006 to 2007, age-specific death rates for Alzheimer's disease decreased by 5.4 percent for elderly males and by 5.1 percent for elderly females (Figure 2C-23). There were 1,393 deaths from Alzheimer's disease among elderly females in 2007, 2.2 times the number of deaths from this cause among males (Table 2C-27). In 1997, the Alzheimer's disease mortality risk of elderly females compared to males was 59.4 percent greater, while in 2007 the risk was 80.4 percent greater.

**Figure 2C-23**  
Trends in Mortality Rates for Alzheimer's Disease by Gender and Year among Elderly 65 Years and Older, Arizona, 1997-2007

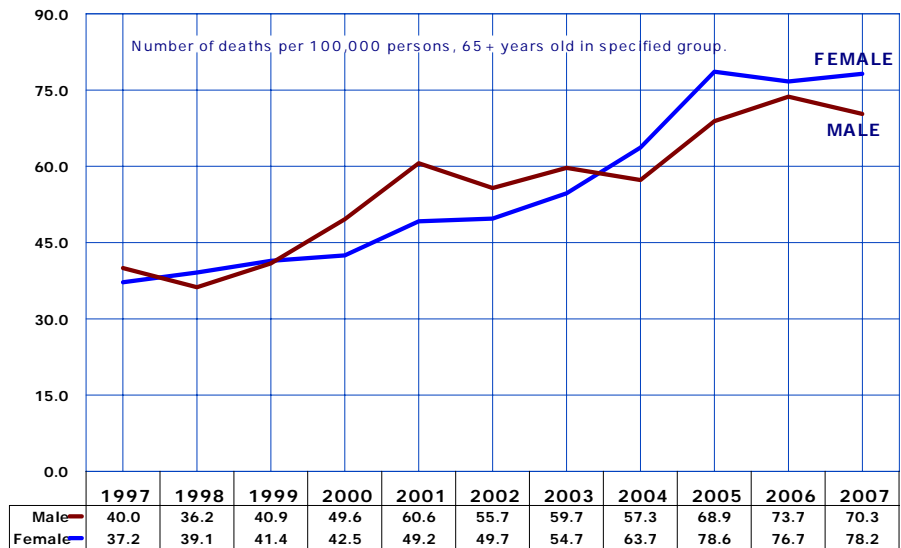


Note: The rates for 1997-1999 are based on the number of deaths according to ICD-9. The rates for 2000-2007 are based on the number of deaths according to ICD-10. For comparability, the rates for 1997-1999 are adjusted using the preliminary comparability ratio of 1.5536 from NCHS. Comparability ratio of 1.0 indicates that the same number of deaths was assigned to a cause of death whether ICD-9 or ICD-10 was used.

Among unintentional injury deaths unrelated to motor vehicles, Arizona's elderly experienced a substantial increase in mortality from *fall-related injuries* (Figure 2C-24). In 2007, 624 elderly Arizona 65 years or older died from *fall-related injuries*, compared to 291 in 1997. The rate of *fall-related deaths* among elderly females exceeded by 11.2 percent the mortality rate for falls among elderly males.

In 2007, those 85 years old or older, experienced the largest number of *fall-related deaths* (342), followed by Arizonans 75-84 years old (196 deaths) and the youngest elderly 65-74 years old (86 fall-related deaths). Among Arizonans 85 years or older in 2007, the rate of 315.2/100,000 for fall-related deaths was 15.6 times greater than the rate of 20.2/100,000 for those 65-74 years old.

**Figure 2C-24**  
Trends in Mortality Rates for Falls and Fall-related Injuries by Gender and Year among Elderly 65 Years and Older, Arizona, 1997-2007



Note: The rates for 1997-1999 are based on the number of deaths according to ICD-9. The rates for 2000-2007 are based on the number of deaths according to ICD-10. For comparability, the rates for 1997-1999 are adjusted using the preliminary comparability ratio of 1.5536 from NCHS. Comparability ratio of 1.0 indicates that the same number of deaths was assigned to a cause of death whether ICD-9 or ICD-10 was used.