



2021 Annual Update

ADHS utilizes an evidence-based public health approach to improve the health and wellness of Arizonans. This document is a critical tool for ADHS and our partners as it provides an assessment of key data to set public health priorities with our communities.

ARIZONA STATE HEALTH ASSESSMENT



ARIZONA DEPARTMENT
OF HEALTH SERVICES

January 3, 2022

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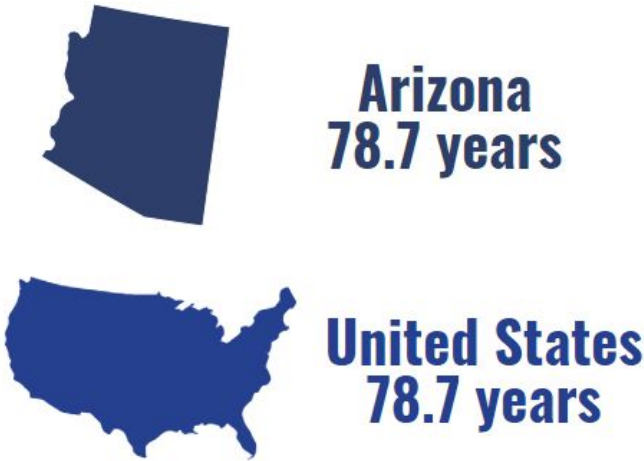
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COVID-19 PANDEMIC RESPONSE

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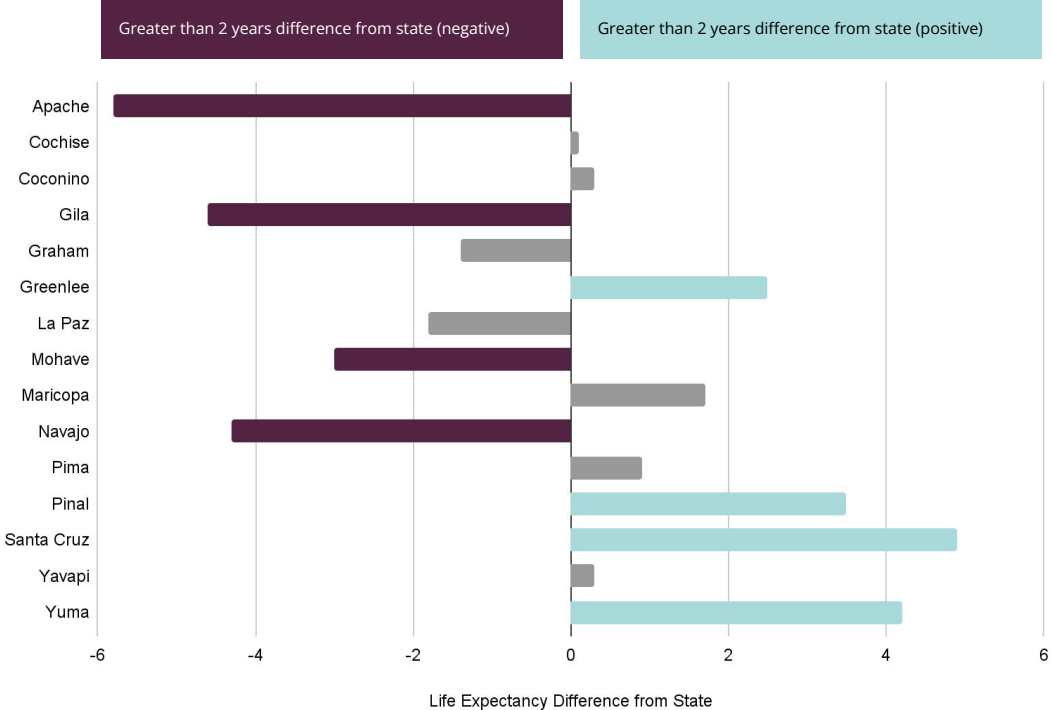
COUNTY HEALTH DEPARTMENTS

Life Expectancy at Birth in Arizona for 2018



Additionally, we know in Arizona the median age of death for American Indians falls lower than the state median by 14 years (76 total and 62 for AI/AN).

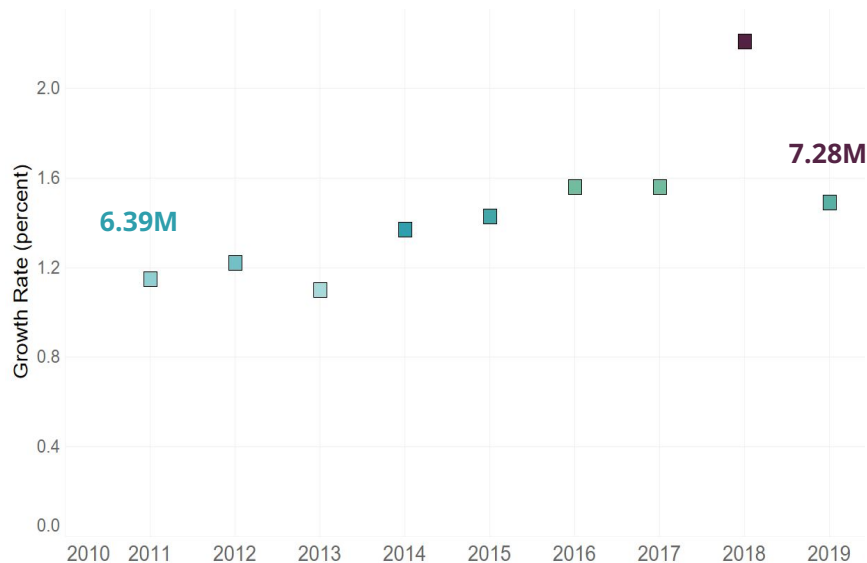
While the average life expectancy at birth in 2018 was the same for Arizona as it was for the entire United States, there was variability within our counties with the lowest life expectancy for Apache County at 72.9 years and the highest for Santa Cruz County at 83.6 years.



Arizona's Population in 2019

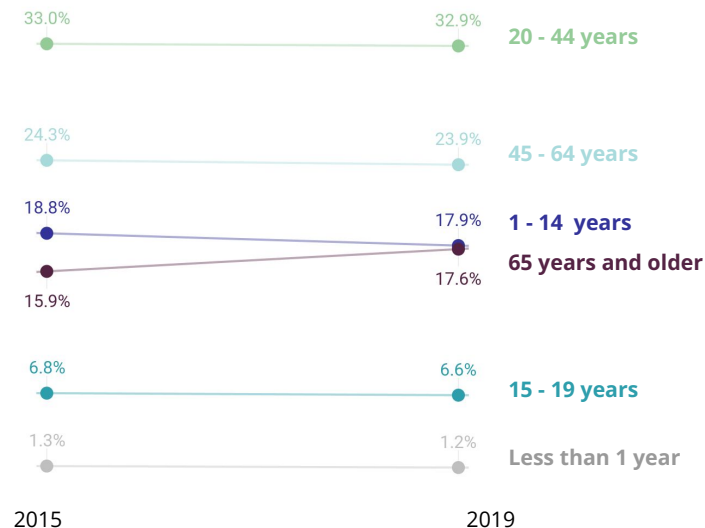
Arizona ranked **3rd** among the nation's fastest growing states in 2019.

Since 2010, the population of Arizona has witnessed consistent growth at an average rate of **1.40** percent annually.



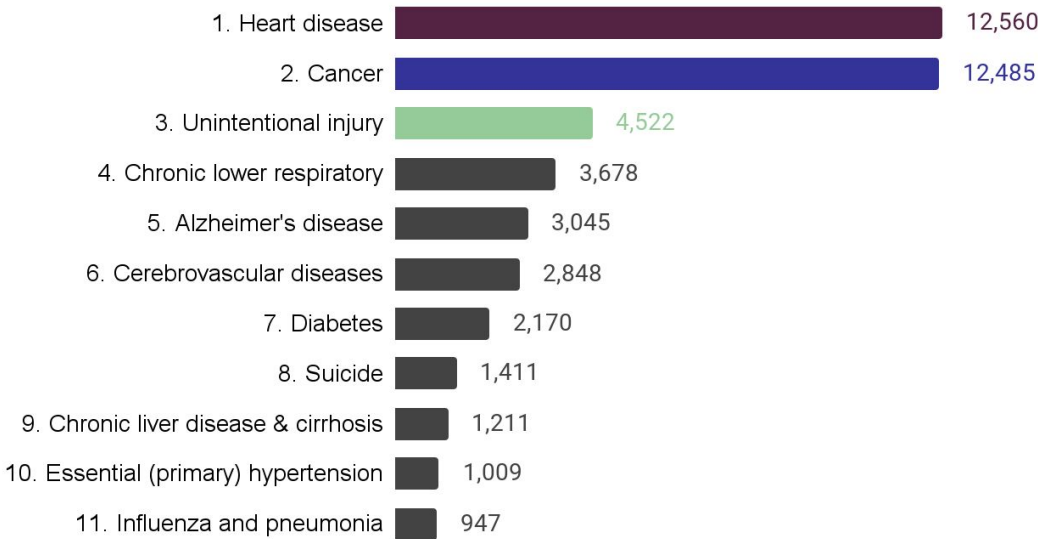
In Arizona, over **75%** of the population lives in Maricopa and Pima counties which make up **16%** of the land area in Arizona. The remaining 25% of the population lives in the other 13 counties which make up 84% of the 113,000 sq miles in Arizona.

In Arizona, individuals 20 - 44 years of age make up the largest percentage of the population but over the last 5 years, those 65 years and older have seen the largest increase.



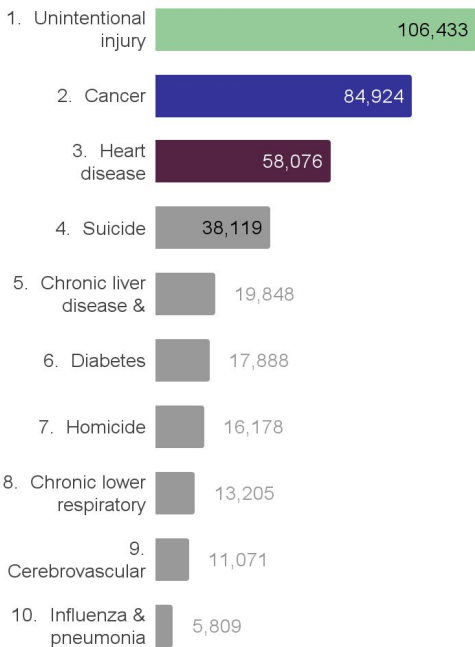
Leading Causes of Death

The leading causes of death will vary by age group with cancer and heart disease being the top causes in older adults whereas unintentional injury is the top for children and adults up to age 44.

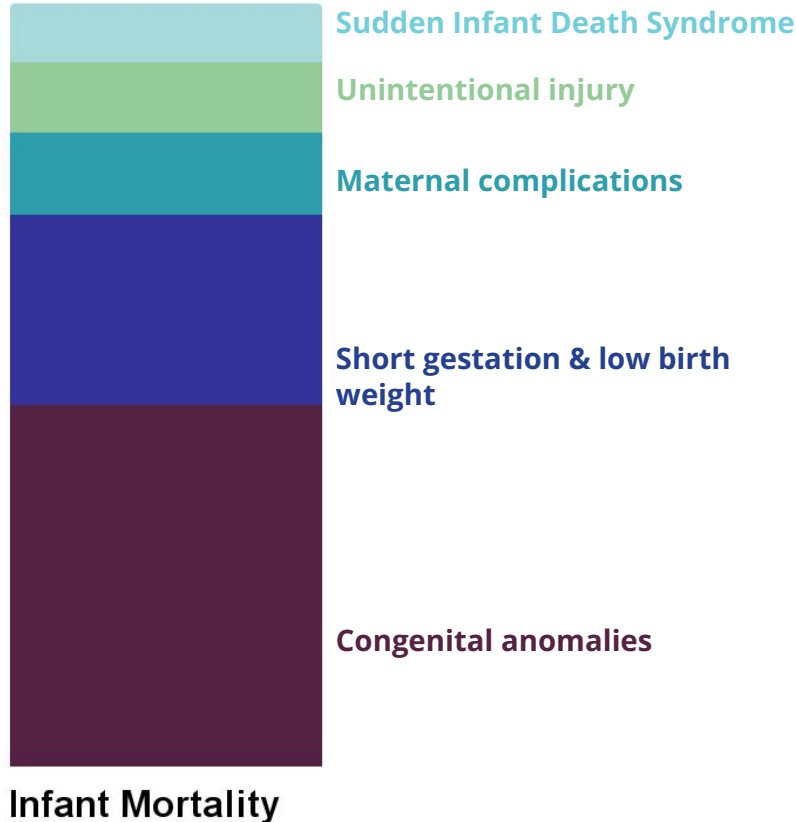


Years of potential life lost (YPLL) - a measure of premature mortality - estimates the average years a person would have lived if they had not died prematurely.

While heart disease and cancer are the top causes of death, unintentional injury is the largest contributor for years of potential life lost.



Maternal and Infant Health



In 2019, **Congenital malformations, deformations and chromosomal abnormalities** were the leading cause of infant deaths.

14.5%

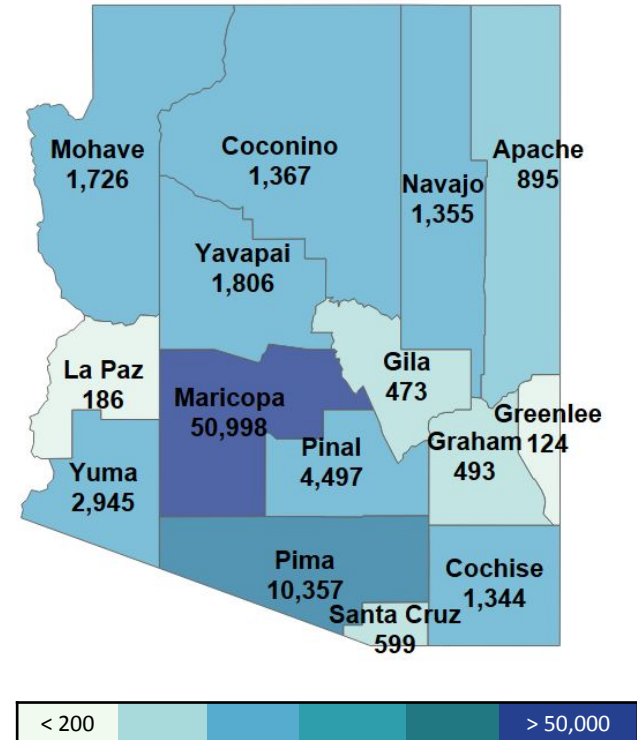
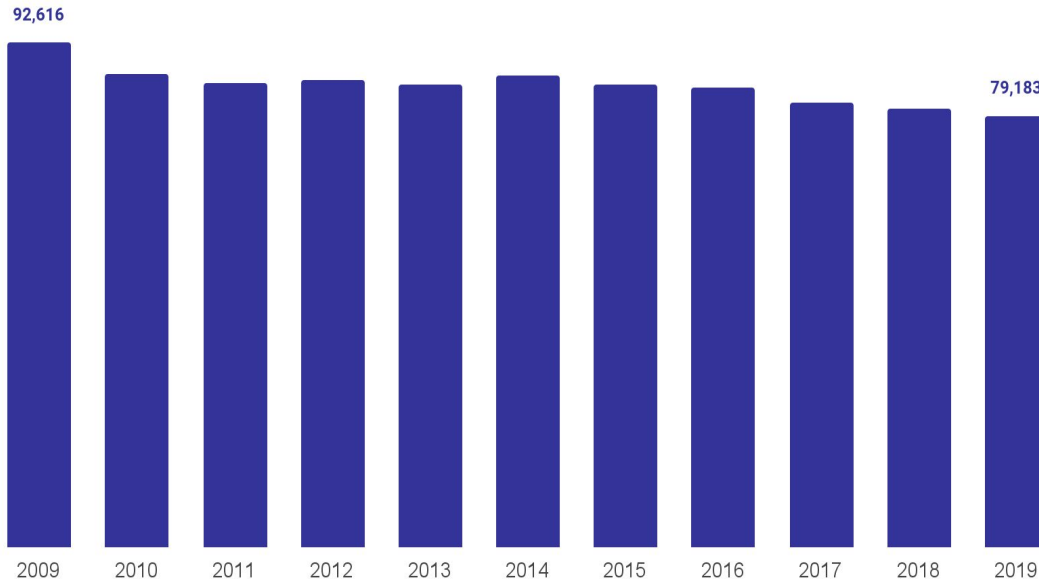
Arizona has experienced a **14.5% decrease** in birth rate over the past 10 years

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Infants died due to **bed sharing** with adults and/or other children in 2019

Births in Arizona

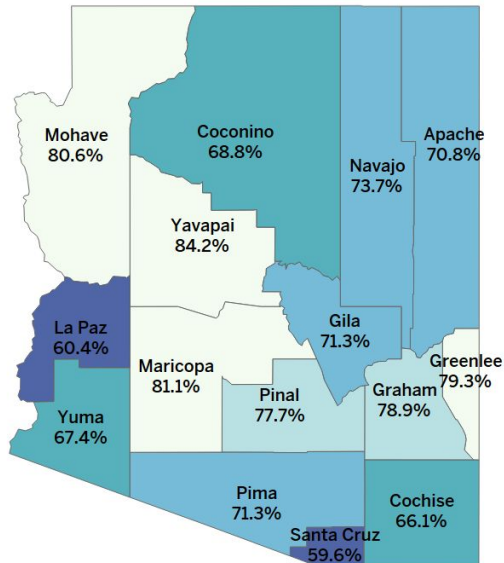
The number of births has declined from over 92,000 in 2009 to 79,000 in 2019 in Arizona.



Note: May include records with unknown county of residence.

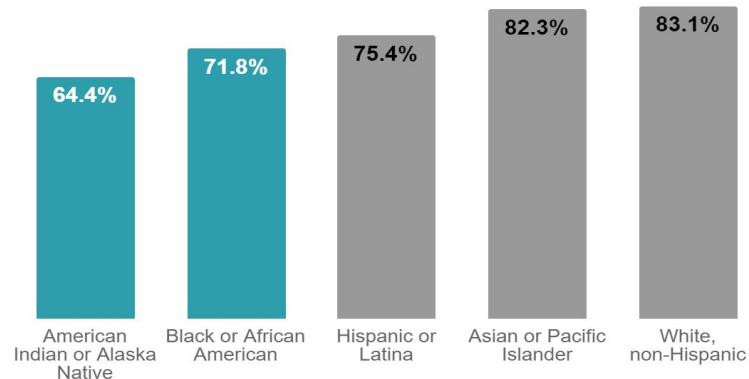
Prenatal Care in Arizona

Between 2017 and 2020, **78.8%** of pregnant people in Arizona received intermediate, adequate, or adequate plus prenatal care.



There are 4 levels of prenatal care:

- **Adequate Plus:** Prenatal care begun by the 4th month of pregnancy and 110% or more of recommended visits received.
- **Adequate:** Prenatal care begun by the 4th month of pregnancy and 80-109% of recommended visits received.
- **Intermediate:** Prenatal care begun by the 4th month of pregnancy and 50-79% of recommended visits received.
- **Inadequate:** Prenatal care begun after the 4th month of pregnancy or less than 50% of recommended visits received.



- **4** out of 10 pregnant people who received inadequate or no prenatal care in AZ are Latinas.
- **3** out of 10 Latina pregnant people in the border counties receive inadequate or no prenatal care.

Prenatal/Maternal Screening

There are negative consequences for infants who are born to mothers who are hepatitis B or syphilis positive and who do not receive the proper treatment after they have been born.

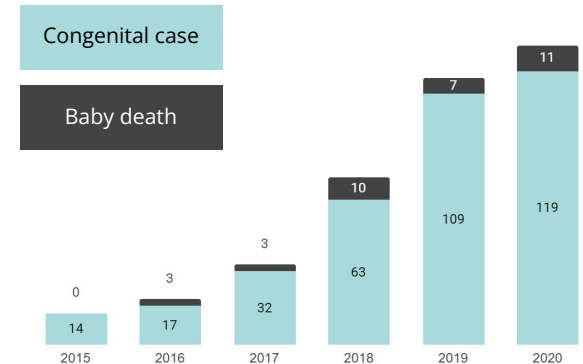
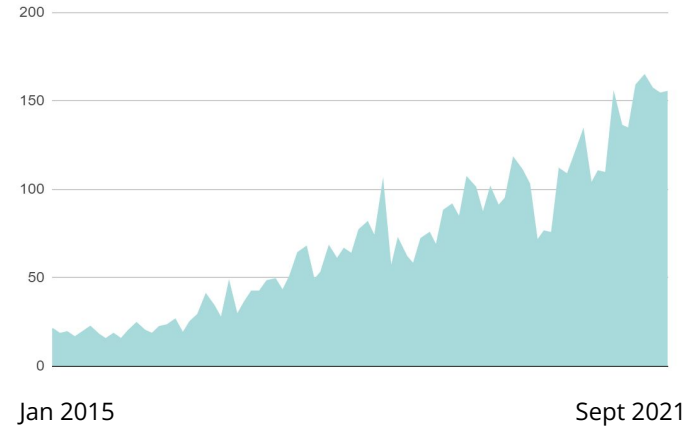
In Arizona, pregnant people should receive syphilis testing at the first prenatal care visit and should also be screened early in the third trimester and at delivery. Pregnant people should also be screened for hepatitis B in the first trimester.

In 2019, the perinatal hepatitis B coordinators in Arizona followed up on **1,476** hepatitis B positive pregnant people.

Of those, there were **153** pregnant people who were enrolled in the perinatal hepatitis B program and **132** babies were born from that cohort.

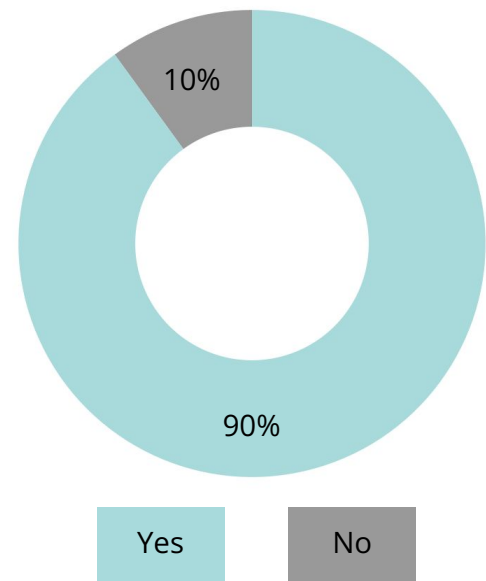
None of these infants have been reported to be hepatitis B positive to date.

Since 2015, the yearly average of syphilis cases in women has increased 449%. The number of congenital syphilis cases has also continued to increase.



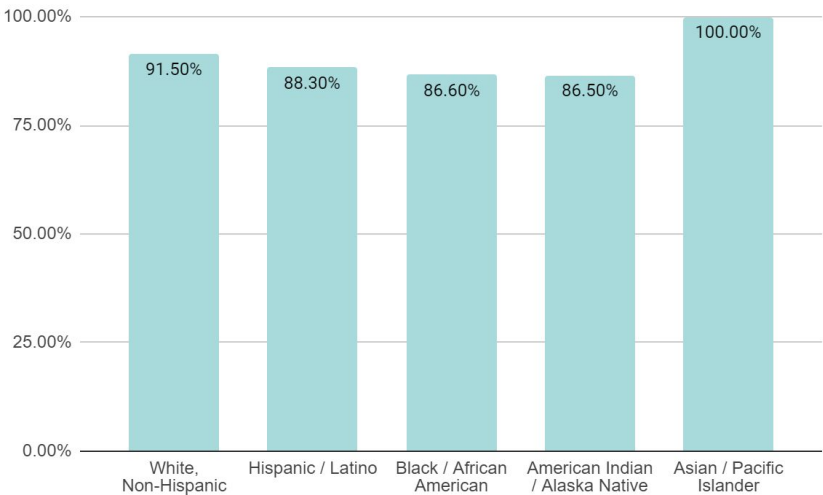
PRAMS - Breastfeeding

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between ADHS and CDC. The project was developed to reduce infant morbidity and mortality by influencing maternal behaviors before, during, and immediately after pregnancy. Each month, Arizona PRAMS asks 1 in 30 birthing parents to share their experiences through a questionnaire.



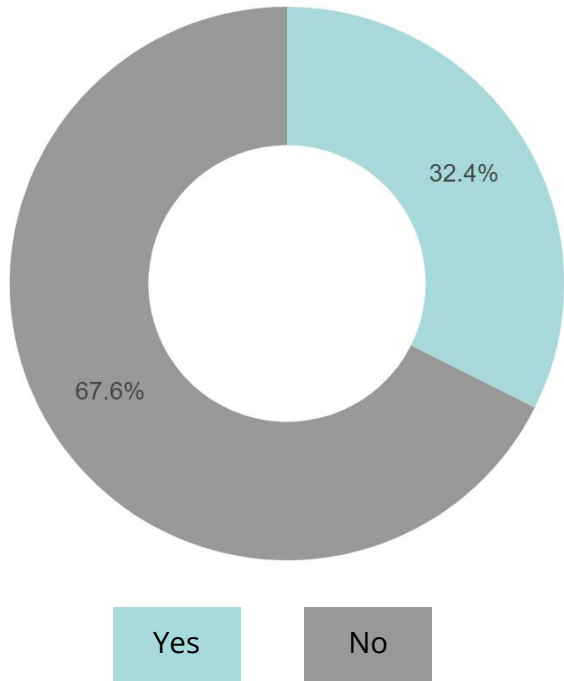
When individuals were asked if they ever breastfeed or pumped breast milk to feed your new baby, **90%** responded yes. The majority of individuals, **68%**, breastfeed for 9+ weeks.

While the overall percentage in Arizona is 90% there are some disparities for individuals who are breastfeeding.

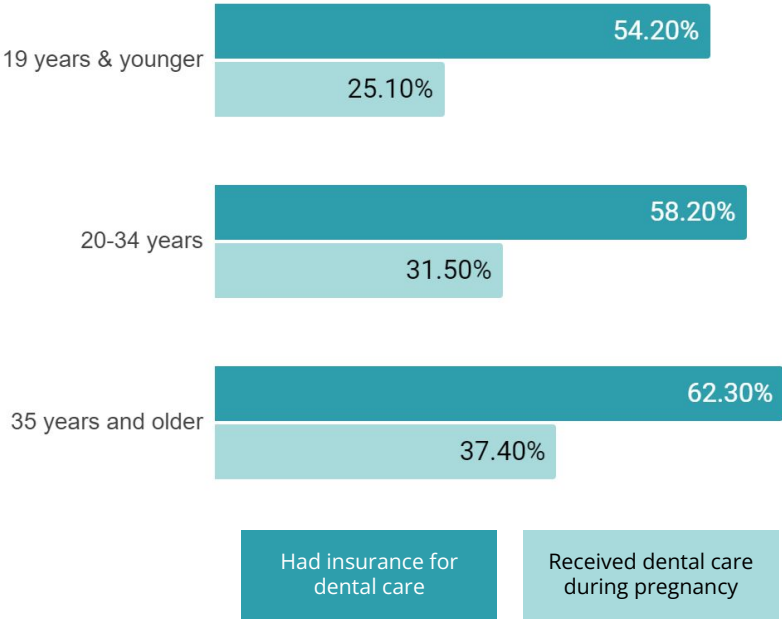


PRAMS - Dental Care

Only 32% of individuals reported they had their teeth cleaned by a dentist or dental hygienist during their most recent pregnancy.

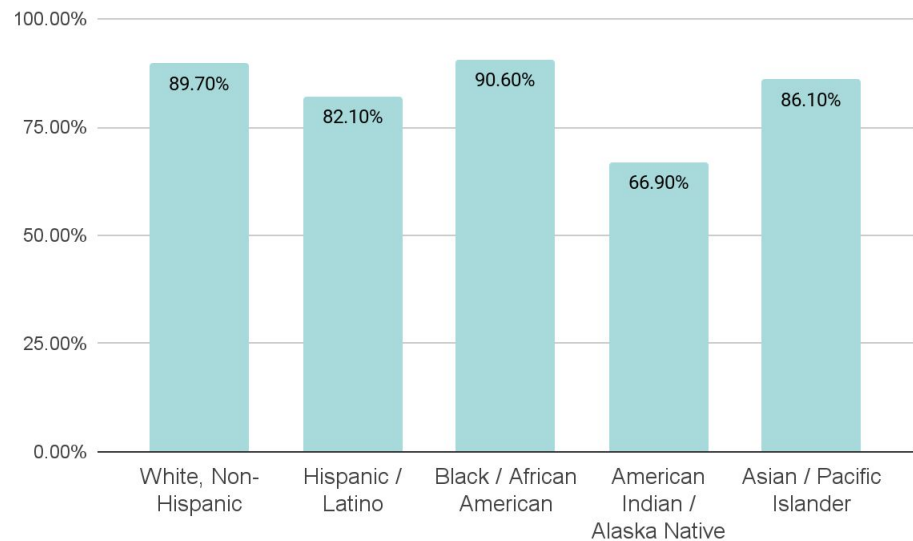


Although **over half** of all individuals had insurance to cover dental care during their pregnancy, generally **less than a third** had dental care during their pregnancy. Dental care is safe and important during pregnancy. Improved oral health during pregnancy may reduce the risks of poor birth outcomes.

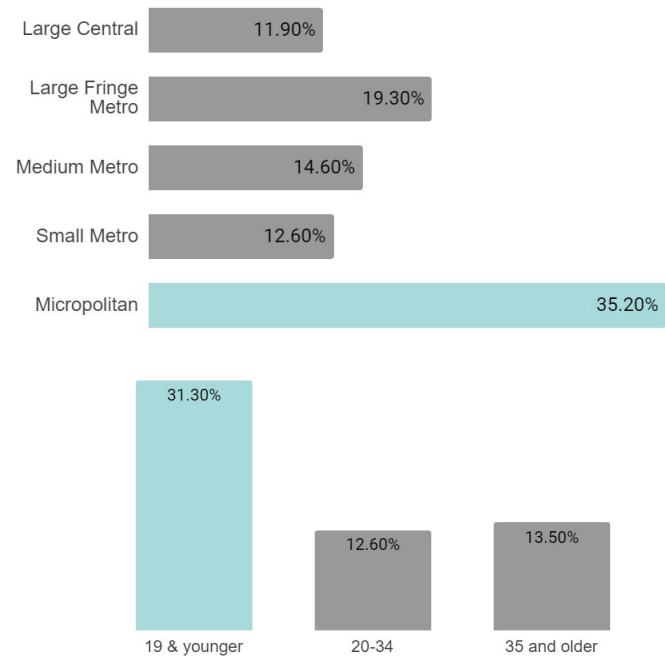


PRAMS - Postpartum

When individuals were asked if they had a postpartum checkup for themselves since the baby was born, 85% of individuals responded yes. This varied by race/ethnicity with the American Indian/Alaskan Native population responding yes only 66.9% of the time.



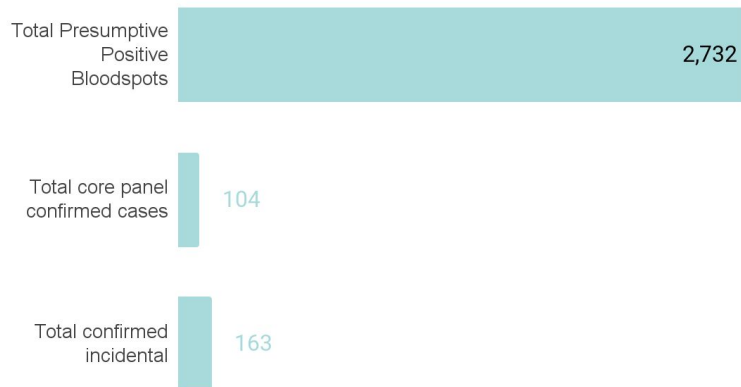
According to the 2020 PRAMS Survey, 13.7% of birthing parents reported having postpartum depression. When broken down by [NCHS Urban/Rural Classification](#) and age, there are some disparities with younger individuals and individuals living in micropolitan areas having a higher rates of postpartum depression.



Newborn Screening

Currently, Arizona screens for 31 [core disorders](#), including hearing loss and critical congenital heart defects from the Recommended Uniform Screening Panel from the U.S. Department of Health and Human Services (HHS).

In 2020, 76,746 infants had a bloodspot test submitted to the Arizona State Public Health Laboratory for newborn screening testing. 104 infants had confirmed disorders on the core panel while 163 additional infants had incidental but confirmed findings for other disorders not on the core panel due to the screening.



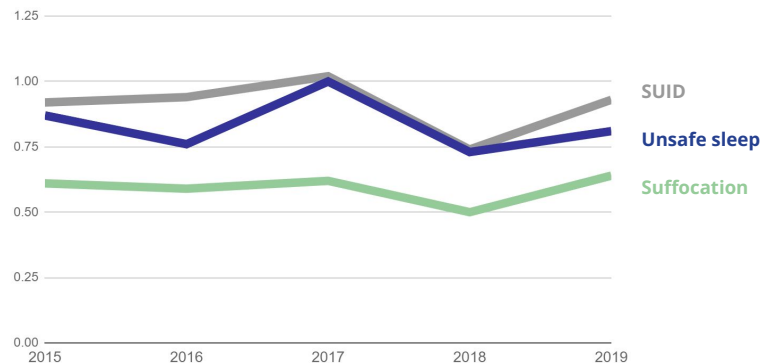
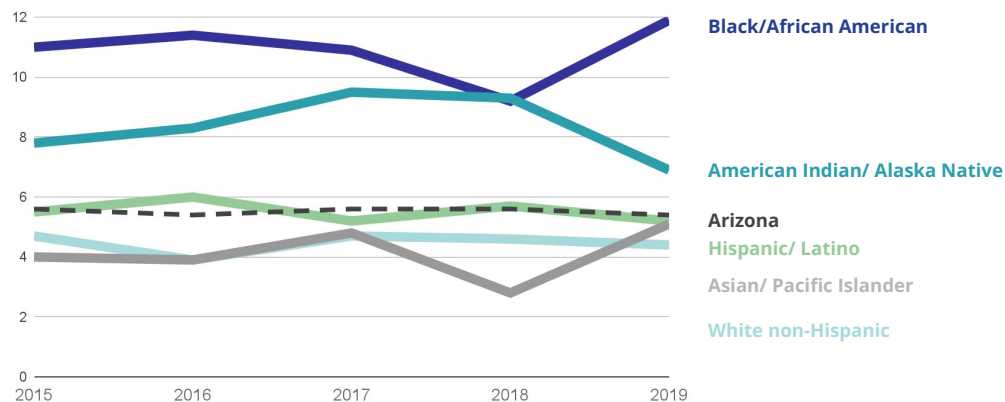
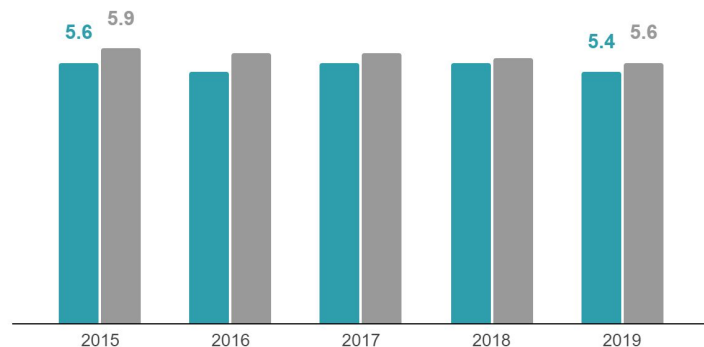
The Office of Newborn Screening works with doctors and families to get the proper treatment for babies found to have any of these disorders. These disorders cannot be cured but with careful, lifelong treatment, babies can grow up and have good lives.

In 2020, **77,661** infants had hearing screening completed with **221** with confirmed hearing loss.

Hearing loss is considered a relatively common disorder with many options for interventions including learning sign language, hearing aids, speech therapy and sometimes surgery.

Infant Mortality and Causes

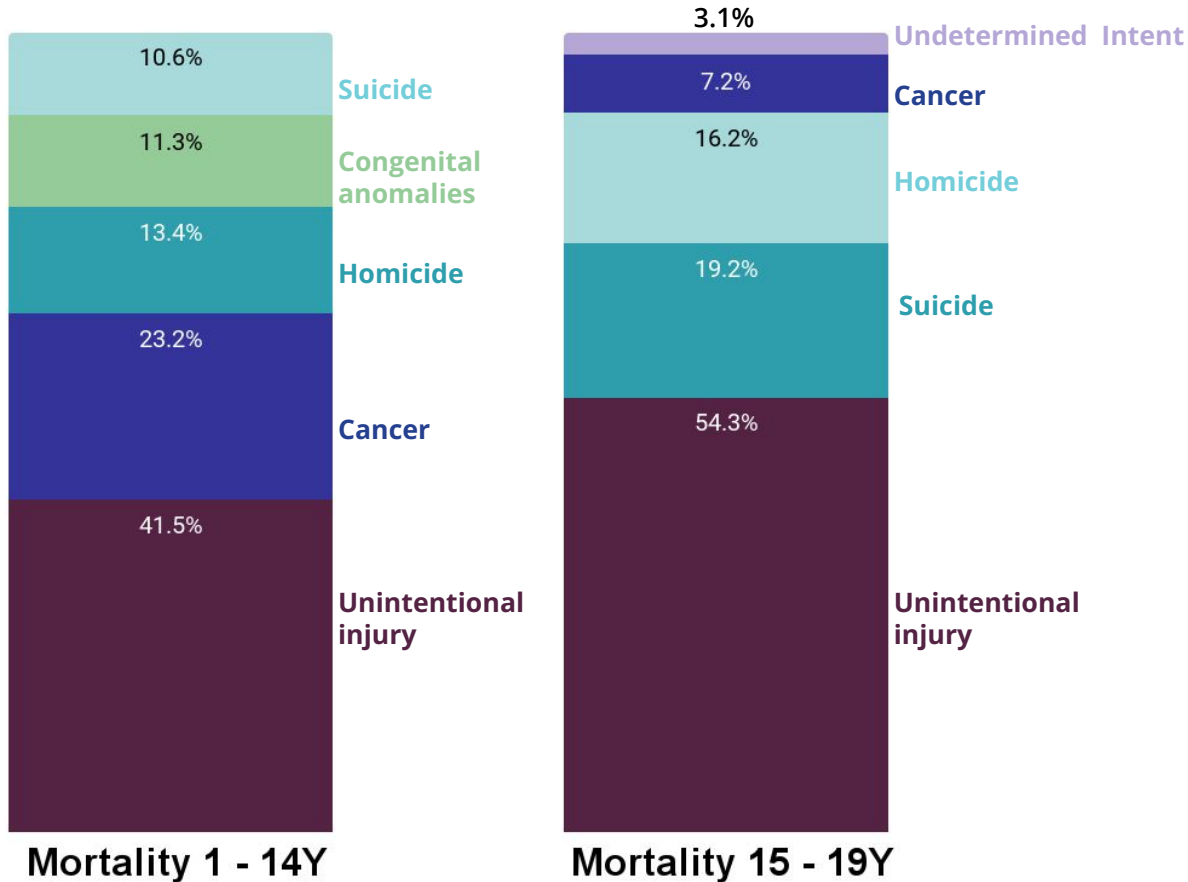
The rate of infant mortality for **Arizona** and the **United States** has remained steady at 5.4 and 5.6 per 1,000 live births. However, higher mortality rates are experienced by Black/African American and American Indian/Alaska Native infants in Arizona.



Sudden unexpected infant death (SUID) is defined as the death of a healthy infant who is not initially found to have any underlying medical condition that could have caused their death.

- Many SUID cases are due to suffocation and unsafe sleep environments, but not all SUID cases are unsafe sleep related.
- The major risk factors in many SUIDs are situations where an infant is placed to sleep on his/her stomach or side; on an unsafe sleeping surface, such as an adult mattress, couch, or chair; soft objects, pillows, or loose coverings in sleep environment; in an overheated environment; and co-sleeping with an adult or other child.

Child and Adolescent Health



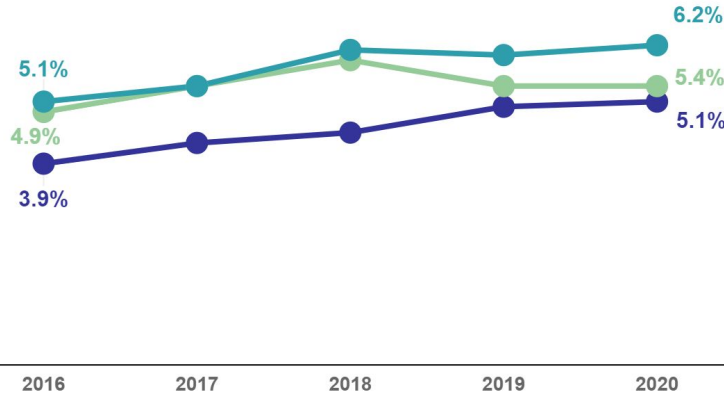
In 2019, **Unintentional injury** was the leading cause of death among children and adolescents.



1 in **2** Arizona teens have ever used an electronic vapor product in 2019.

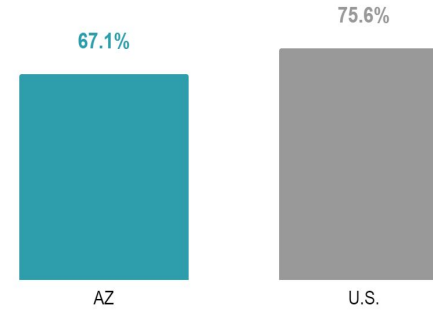
Preventative Health

Non-medical exemption rates for childhood immunizations have increased for all age groups from 2016 - 2020.

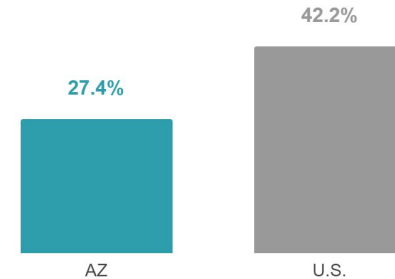


Non-medical exemptions refer to children who are not immunized due to parental religious (child care) or other personal (K-12) beliefs.

The percent of Arizona children (0 - 17 years) that have completed a well-child visit in the past year is 8.5% lower than the national average.

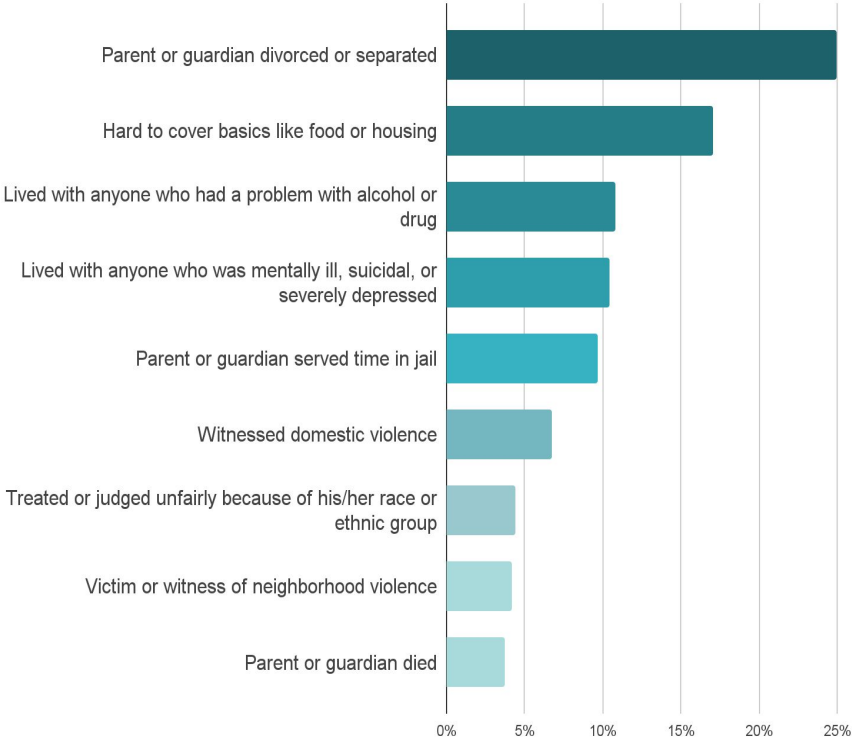


The percent of Arizona children (0 - 17 years) with a special healthcare need who have a medical home is also lower than the national level.



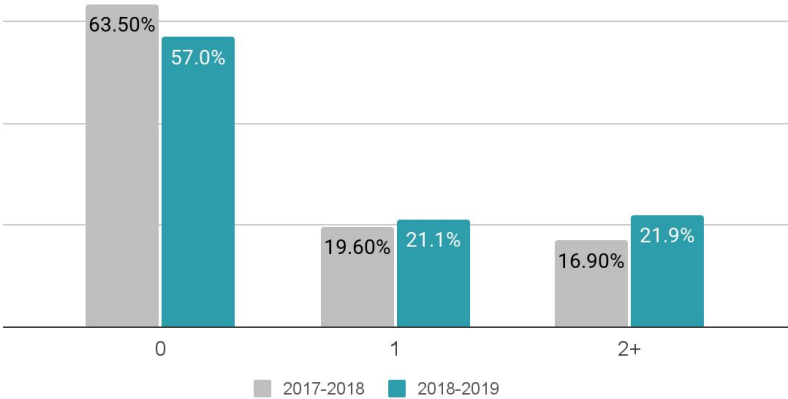
National Survey of Children's Health

Adverse Childhood Experience (ACEs)



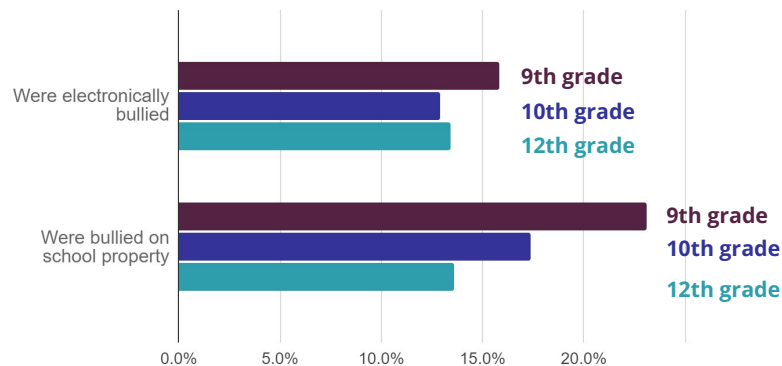
In Arizona, the most prevalent ACEs among children (0 - 17 years) was divorce or separated parents (26%) and having a lack of basics covered like food or housing (11.6%). The impact of ACEs can be mitigated by enhancing protective factors and positive environments.

While a majority of the children in Arizona do not have reported ACEs, the percentage of children with 1 or more ACEs has increased over the past 2 years.

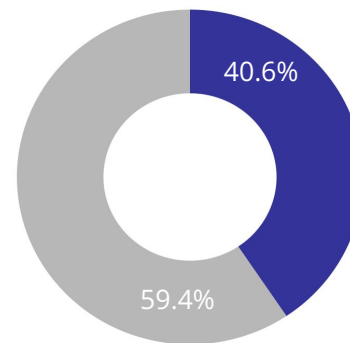
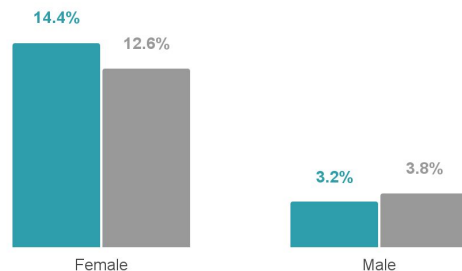


Adolescent Mental Health

In 2019, 18.2% of high school students reported being bullied on school property and 13.4% reported being bullied electronically.

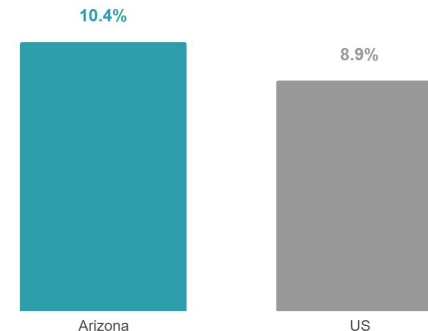


In 2019, over 14% of female high school students and 3% of male high school students in Arizona reporting experiencing sexual dating violence.



40.6% of Arizona students reported feeling sad or hopeless in 2019.

Arizona had a 1.5% increase in students who reported suicide attempts compared to the national percentage.

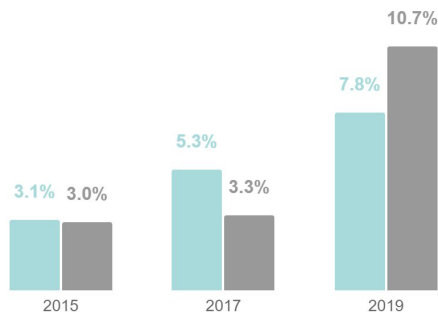


Adolescent Physical Health

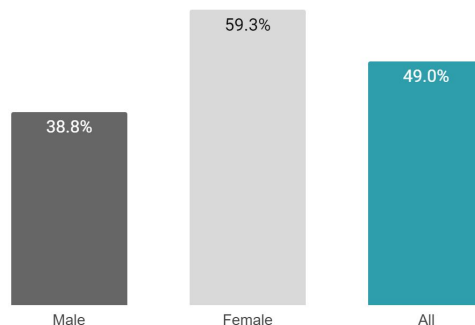
While the number of high school students who currently use cigarettes has continued to fall,



the number of students who reported frequent electronic vapor product use has rapid increased.

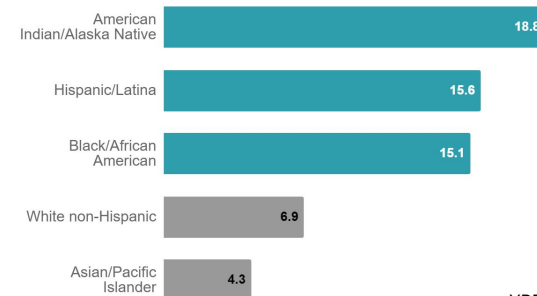
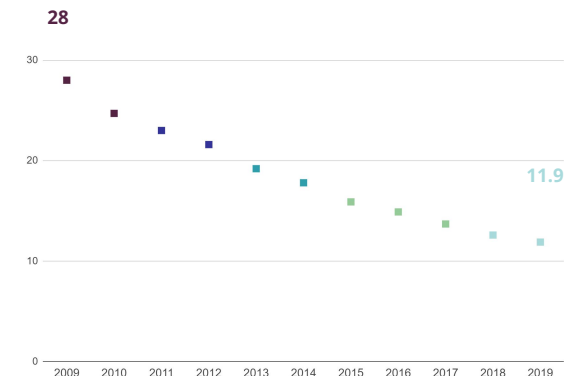


When students were asked if they were trying to lose weight, an average of 49% of high school students responded yes.

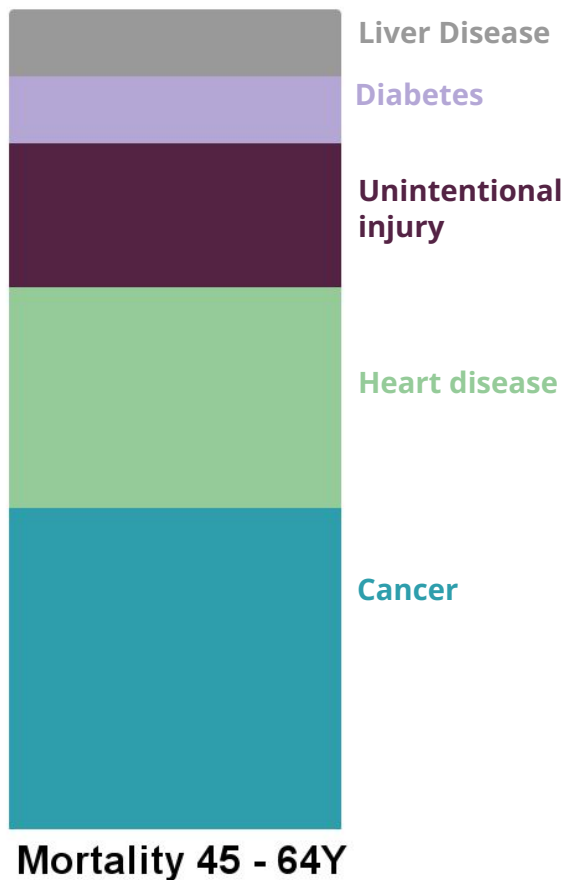
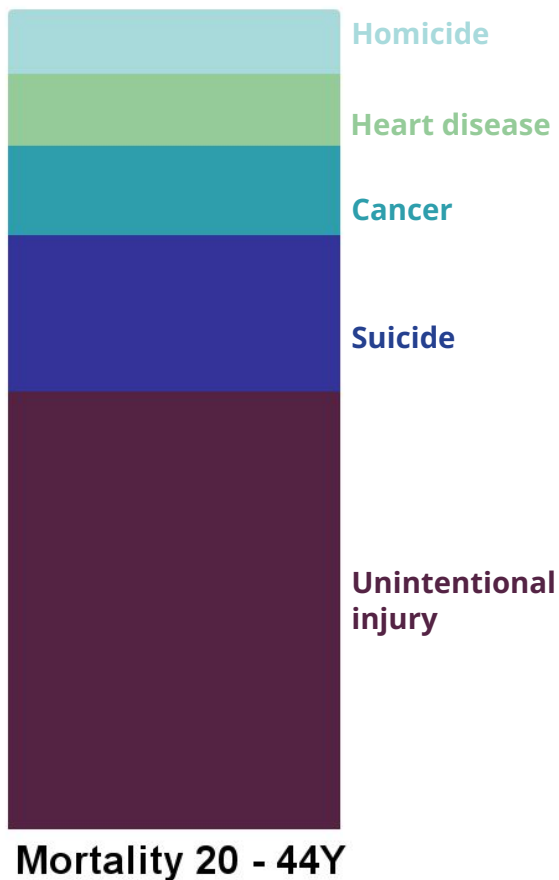


29% of female and **15%** of male high school students reported trying to lose weight by not eating for 24 hours or more, taking diet pills, powders or liquids, vomiting or take laxatives, smoking cigarettes or skipping meals in the last 30 days.

While the overall teen pregnancy rate has continued to fall year over year, there are some populations that are disproportionately affected.



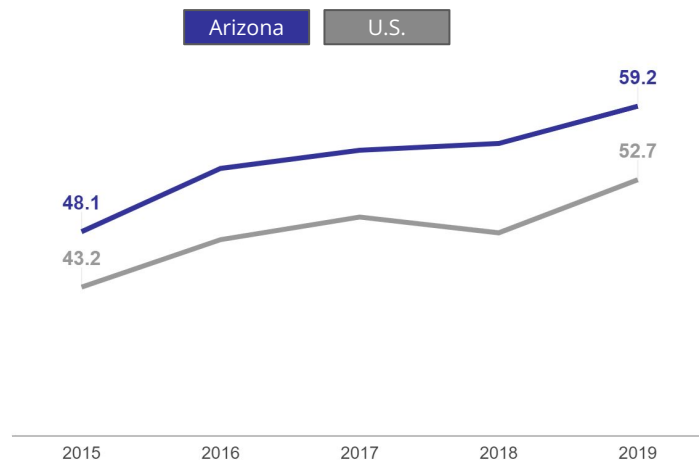
Healthy Adults



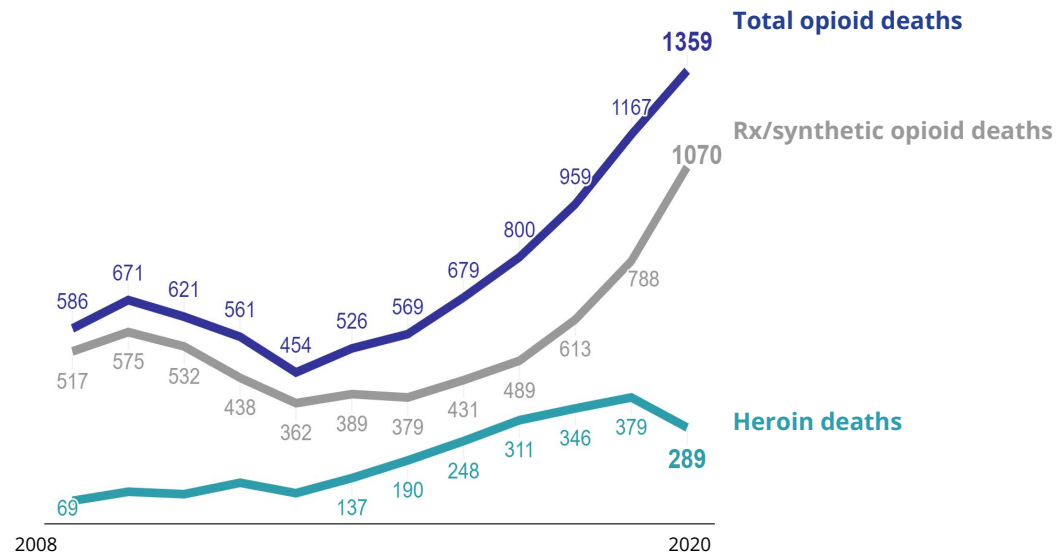
In 2019, **unintentional injury** was the leading cause of death among adults ages 20 - 44, and **cancer** was the leading cause of death among adults ages 45 - 64.

Unintentional Injury

The rate of unintentional injury mortality has increased in Arizona over the last 5 years. The most common types of injuries are poisoning and motor vehicle accidents.

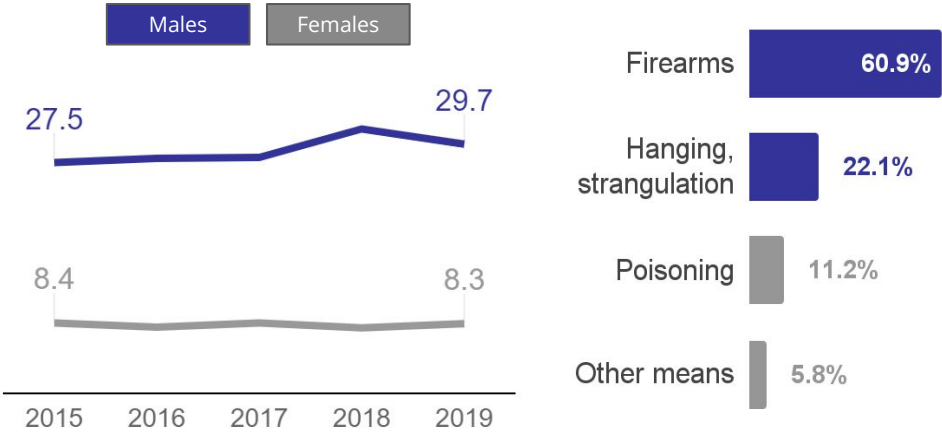


Opioid deaths in Arizona have continued to increase year over year. Most opioid deaths are unintentional overdoses.

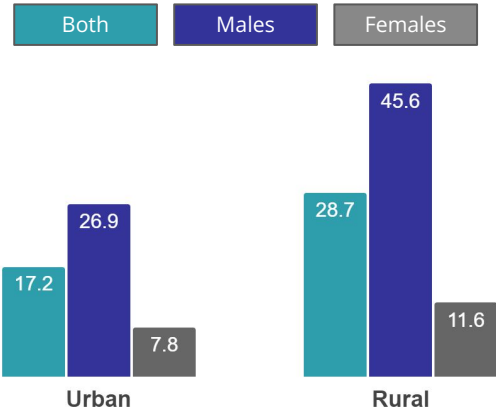


Suicide

Suicide mortality rates have been increasing in both Arizona and the U.S., with higher rates in Arizona over the past five years. Males in Arizona have an increased rate of suicides compared to females. Over 60% of suicides include firearms as an injury type.



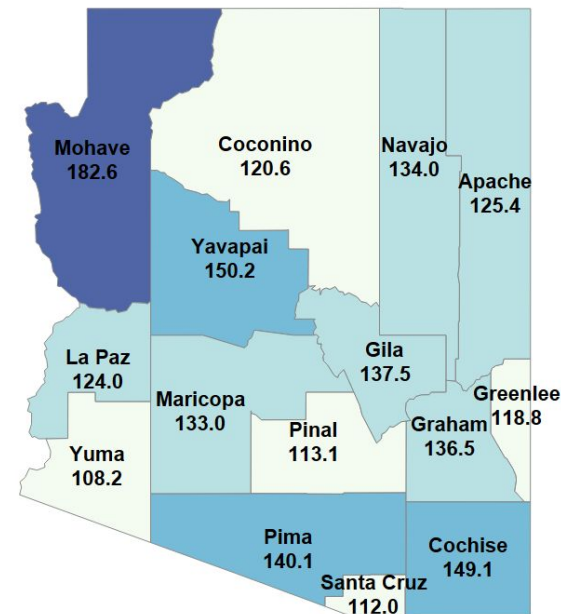
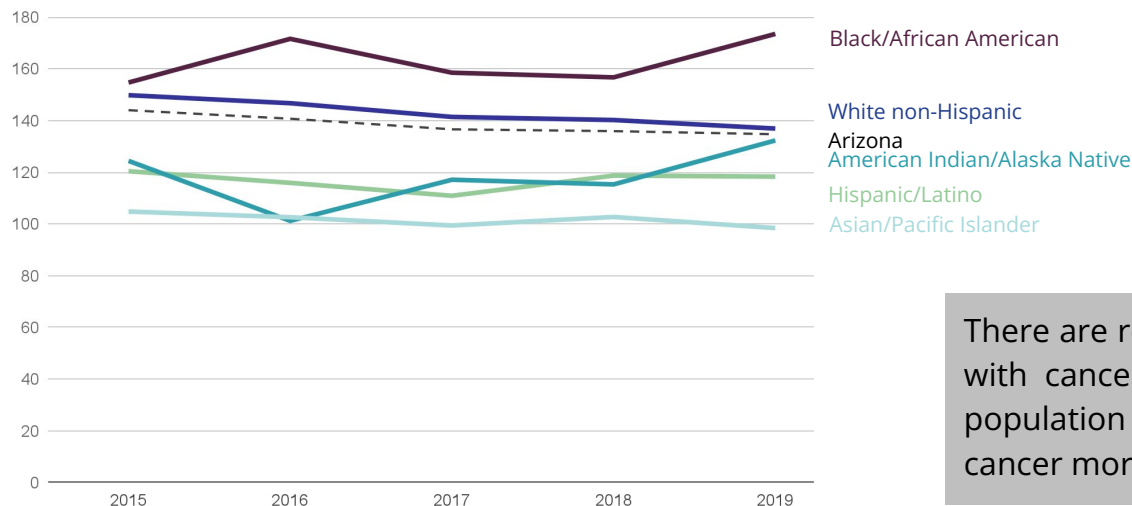
In 2019, rural residents died by suicide at increasingly higher rates, nearly two-fold greater, than their urban counterparts. Rural males experienced the highest rate of suicide death.



Cancer

The cancer mortality rate in Arizona has dropped from 144 in 2015 to 134.7 in 2019.

Lung and bronchus is the leading cancer mortality site in Arizona.

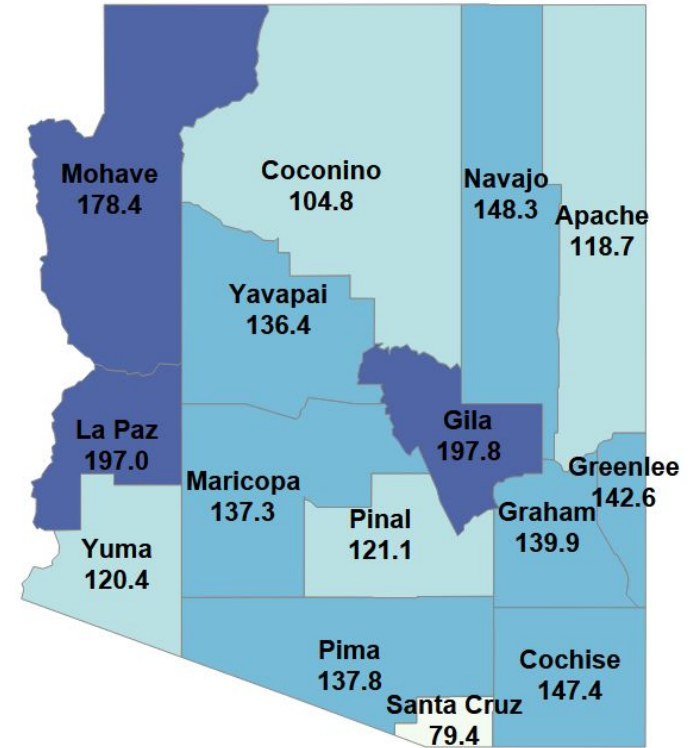
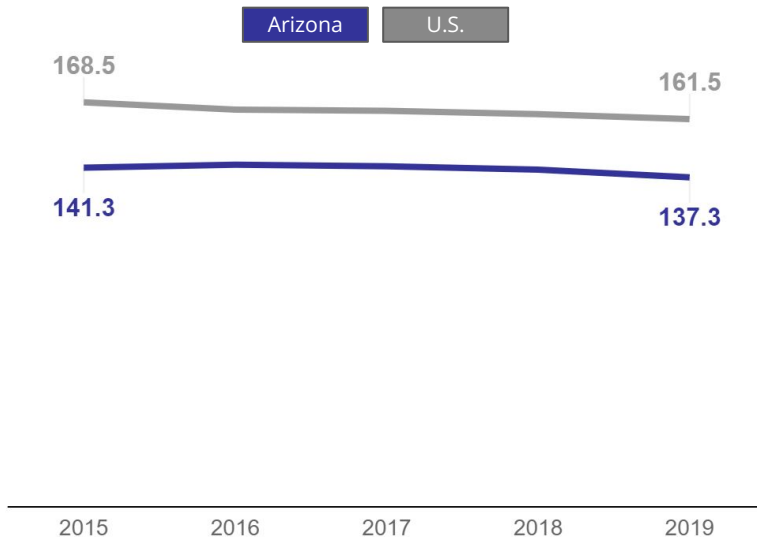


There are regional and demographic variations seen with cancer mortality. The Black/African American population and Mohave county have the highest cancer mortality rates in Arizona in 2019.

Heart Disease

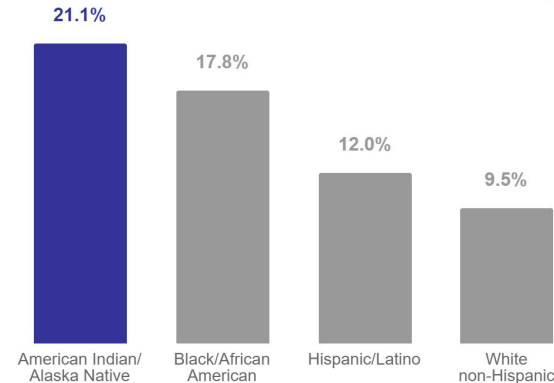
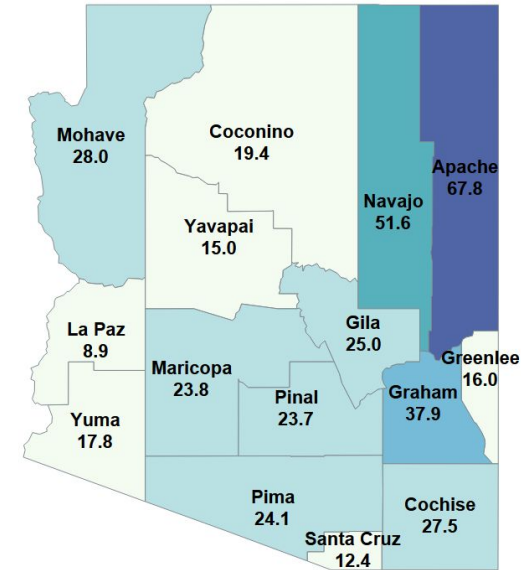
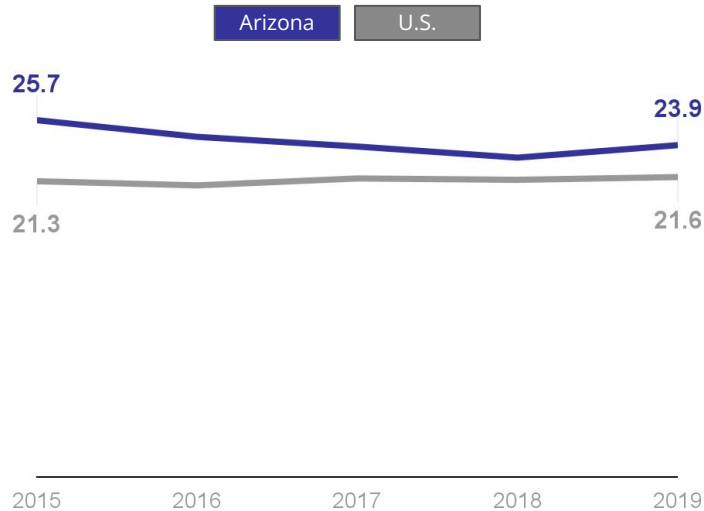
Heart disease is the leading cause of death in Arizona and nationally and the 2nd leading cause of death among adults 45-64 years.

The mortality rate from heart disease is lower in Arizona but has remained fairly steady over the last several years.



Diabetes

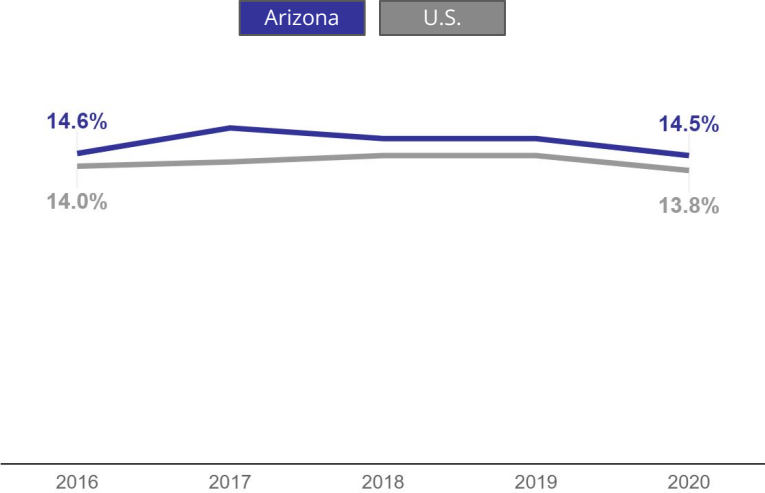
The mortality rate for diabetes has been slightly decreasing over the last five years in Arizona, yet we still see disparities across counties. In the state, 1 in 10 Arizonans have diabetes and an estimated 1 in 3 have pre-diabetes.



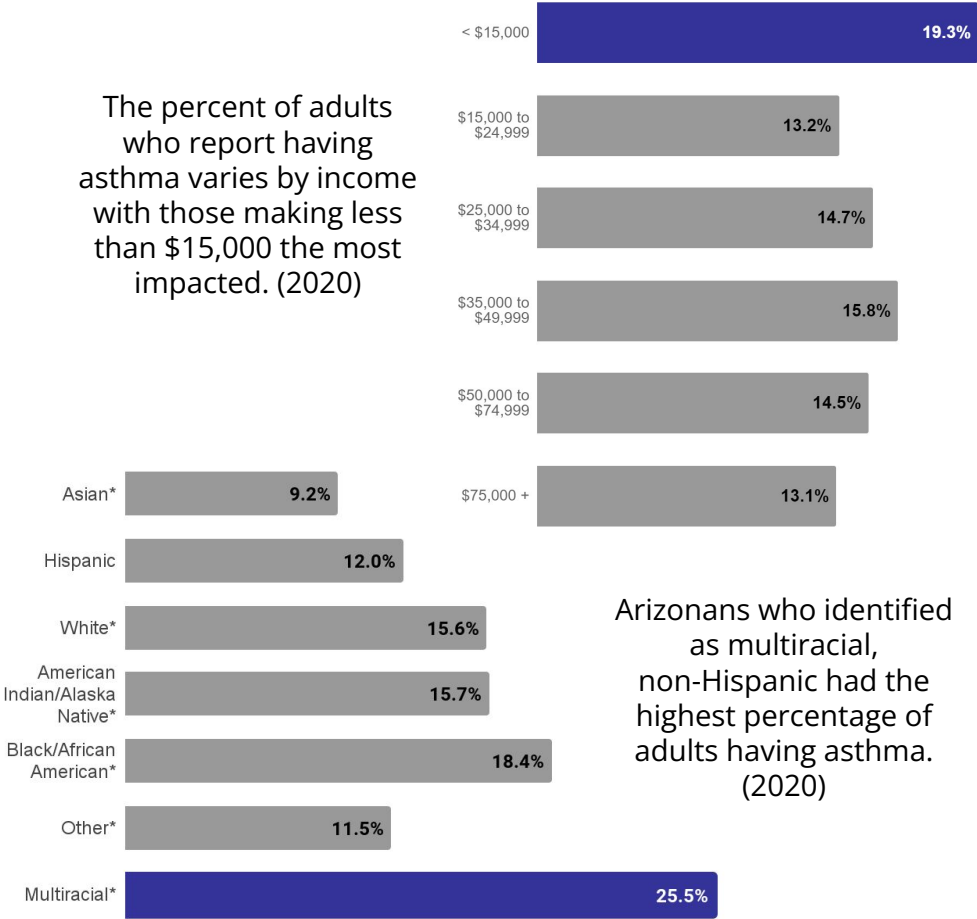
Arizona's American Indian/Alaska Natives are disproportionately burdened with over 1 in 5 **living with** diabetes.

Asthma

Although prevalence of asthma has remained generally stable in Arizona over the last five years.



The percent of adults who report having asthma varies by income with those making less than \$15,000 the most impacted. (2020)

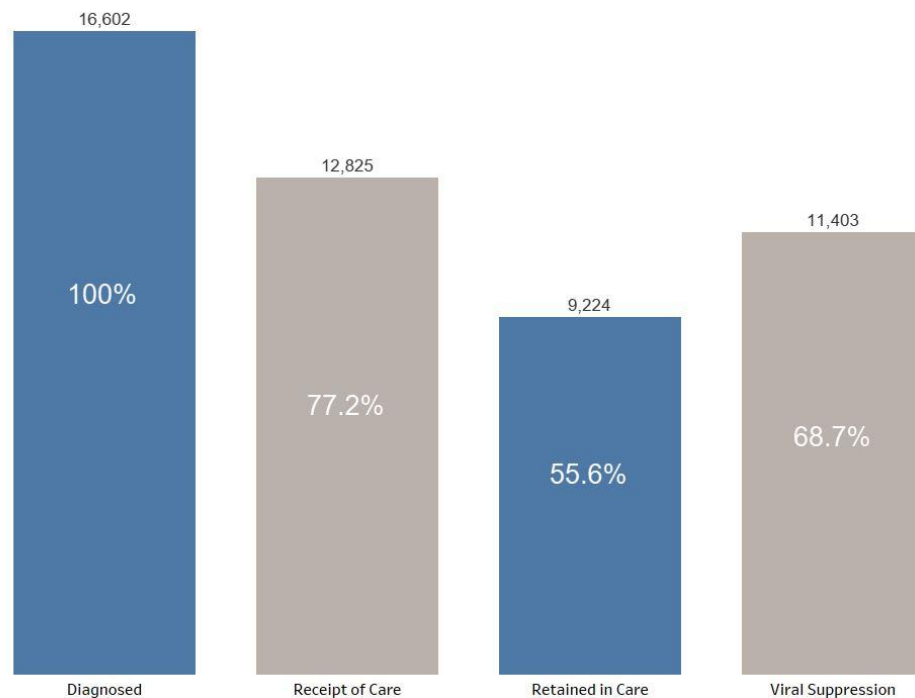


Arizonans who identified as multiracial, non-Hispanic had the highest percentage of adults having asthma. (2020)

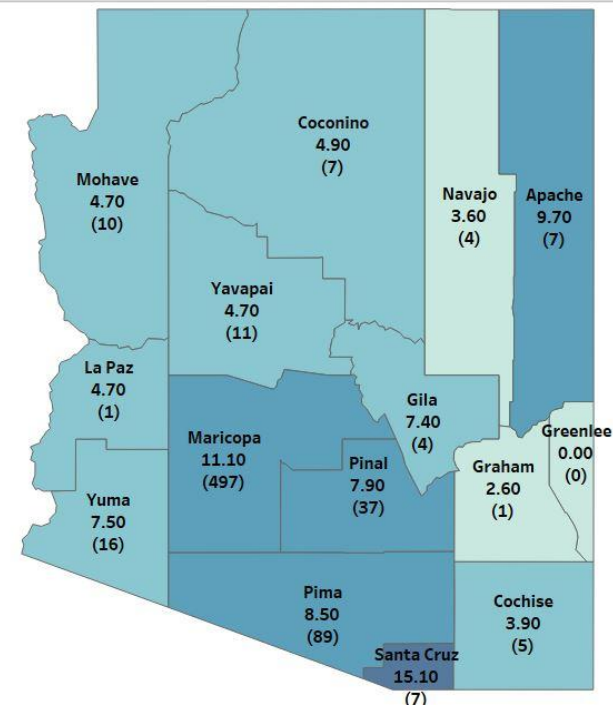
*non-Hispanic

HIV in Adults

80.7% of individuals newly diagnosed with HIV/AIDS in 2020 were **linked to care (LTC)** within 30 days of diagnoses.

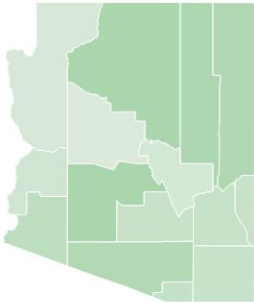


Arizona 2020 Incidence Rates (Counts)

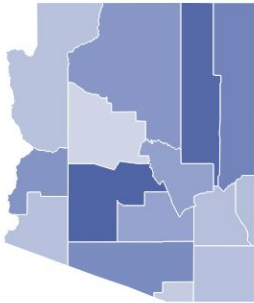


Sexually Transmitted Diseases (STDs)

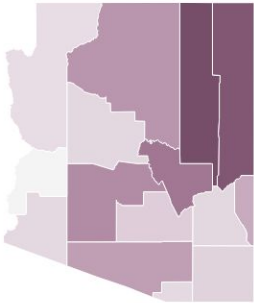
Chlamydia



Gonorrhea



Syphilis



2019 vs 2020 case counts:

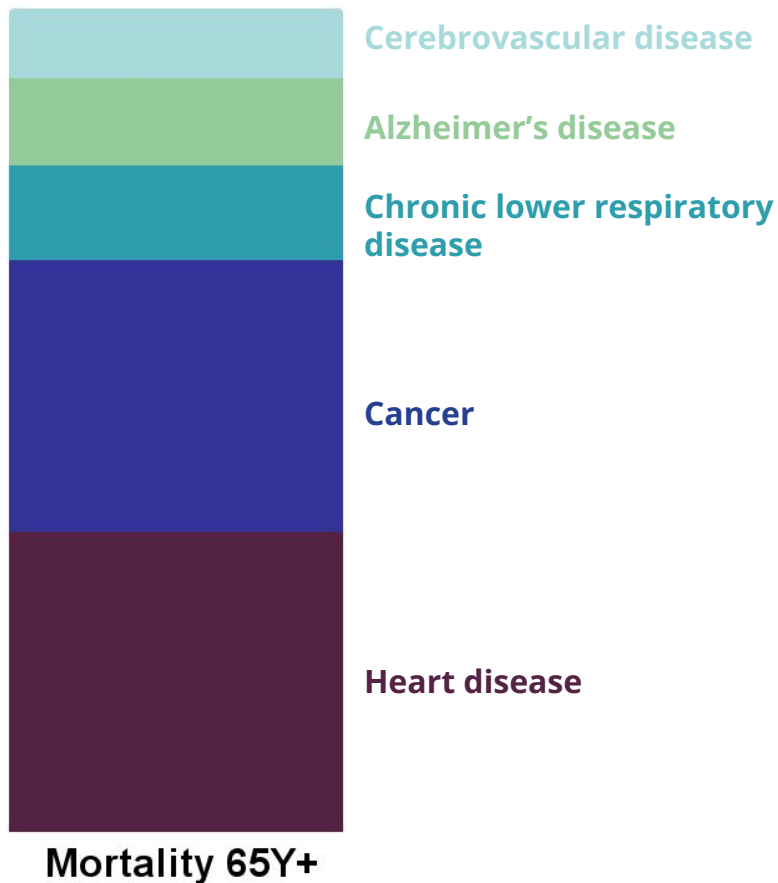
- Chlamydia: 14% decrease
- Gonorrhea: 6% increase
- Syphilis: 8% increase

Over half of STD cases occur in persons under the age of 25.

<25 | 25 - 39 | 40-64 | 65+



Healthy Aging



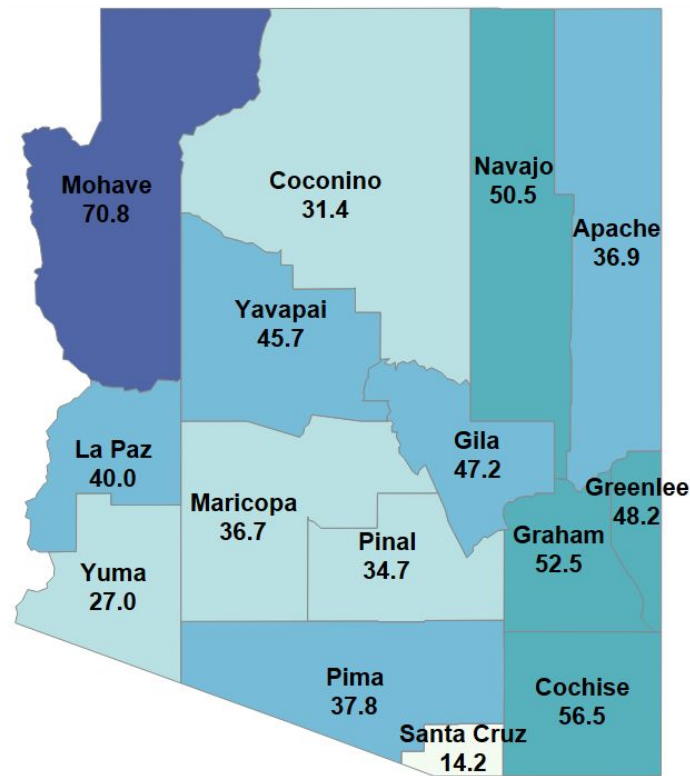
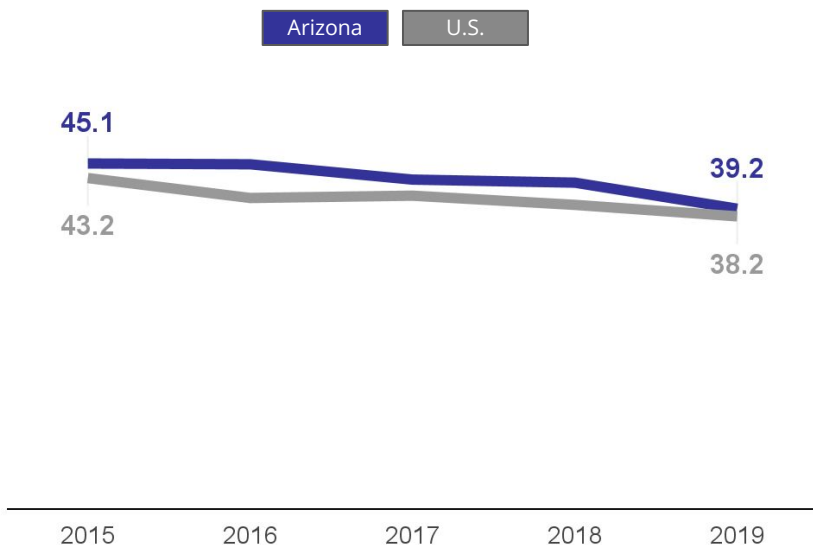
In 2019, **heart disease** was the leading cause of death among Arizonans ages 65 and older.

33.2

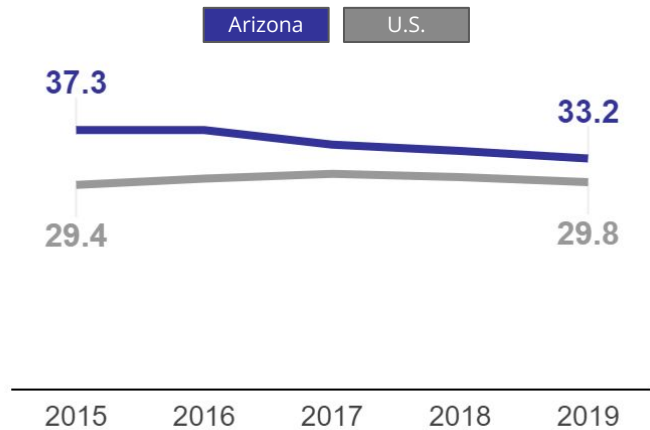
Alzheimer's mortality rate in Arizona remains **above** the national rate at **33.2** per 100,000 population.

Chronic Lower Respiratory Disease (CLRD) in Aging Adults

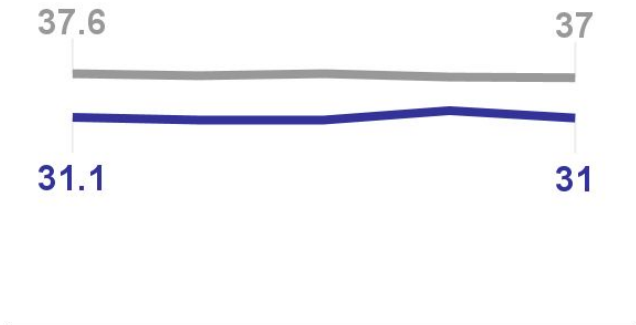
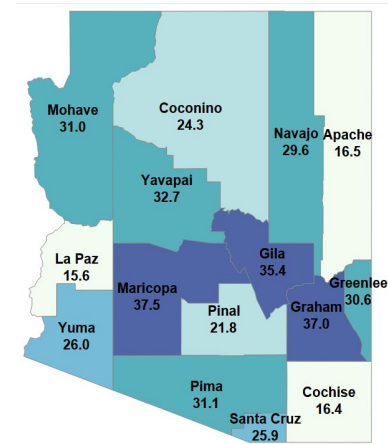
The rate of mortality from Chronic Lower Respiratory Disease (CLRD) has decreased over the past several years but it continues to be the 3rd leading cause of death for adults 65 years and older. CLRD includes COPD, emphysema, asthma chronic bronchitis, and bronchiectasis.



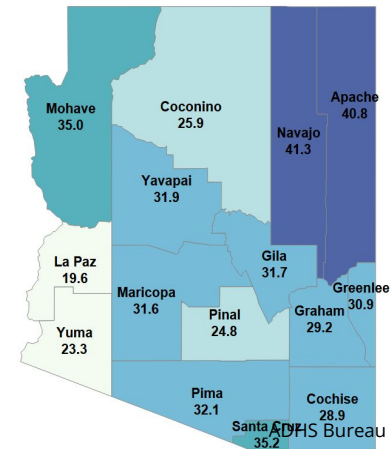
Alzheimer's Disease & Cerebrovascular Disease in Aging Adults



Alzheimer's is the 5th leading cause of death and among adults 65 years and older it is the 4th leading cause of death.

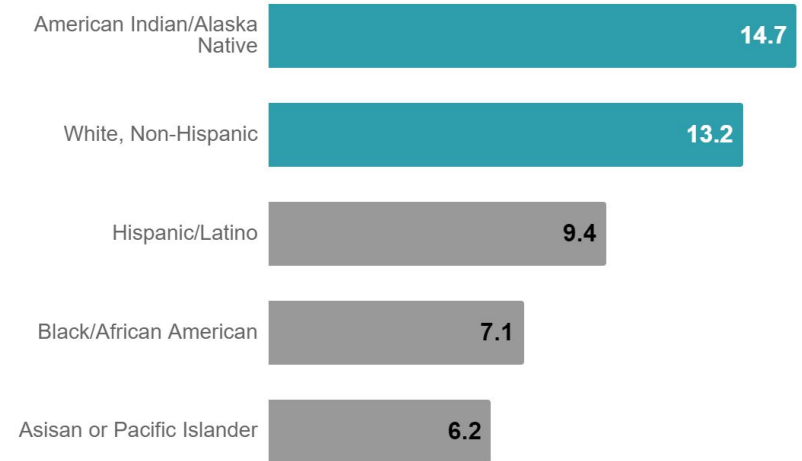
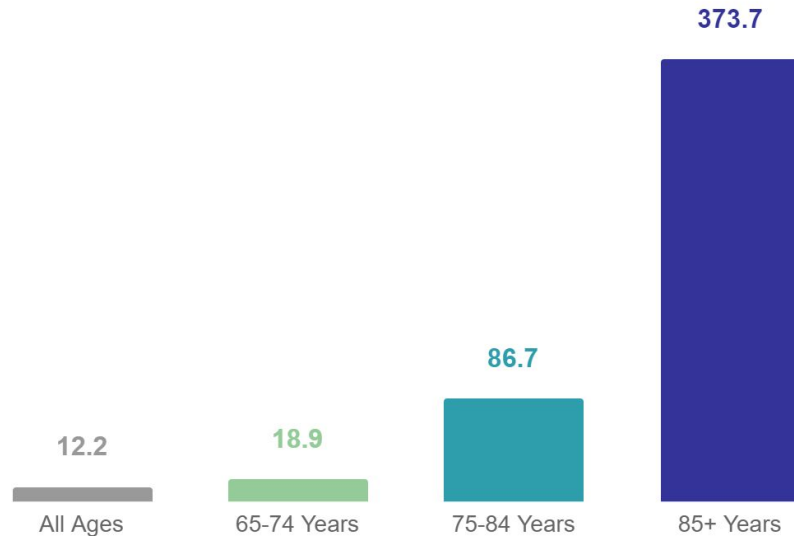


The rate of cerebrovascular disease (including strokes) mortality has remained steady both in Arizona and the US over the last several years.



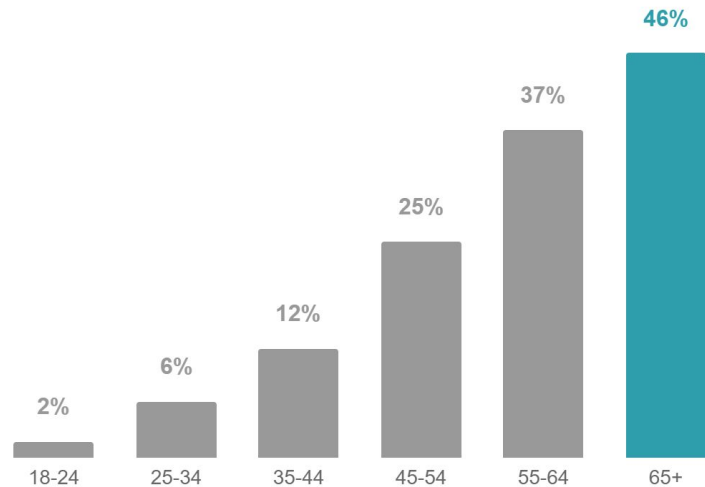
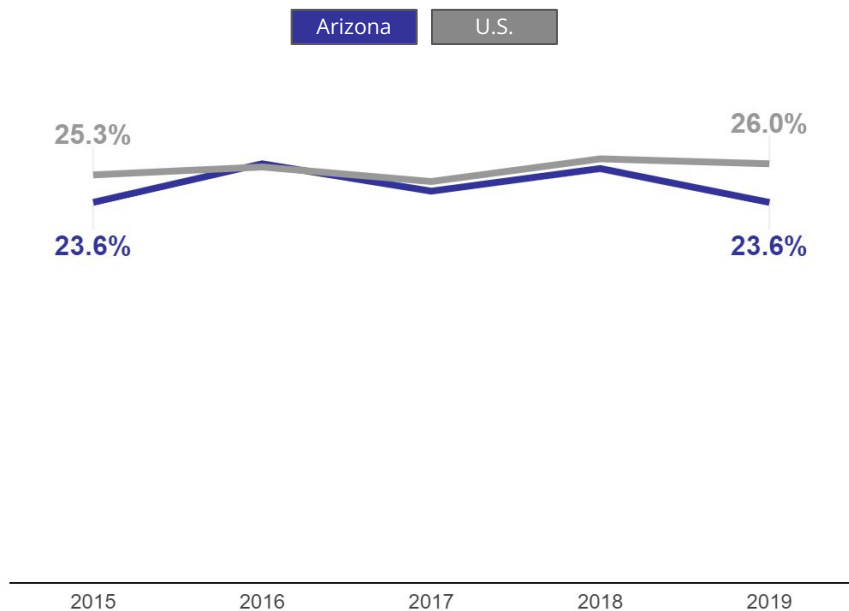
Fall-related Injury in Aging Adults

Fall-related injury mortality has the highest impact on the aging adults with the highest on those 85 years and older. Fall injury mortality rates are highest among American Indian/Alaska Native individuals followed by White, non-Hispanic individuals.



Arthritis in Aging Adults

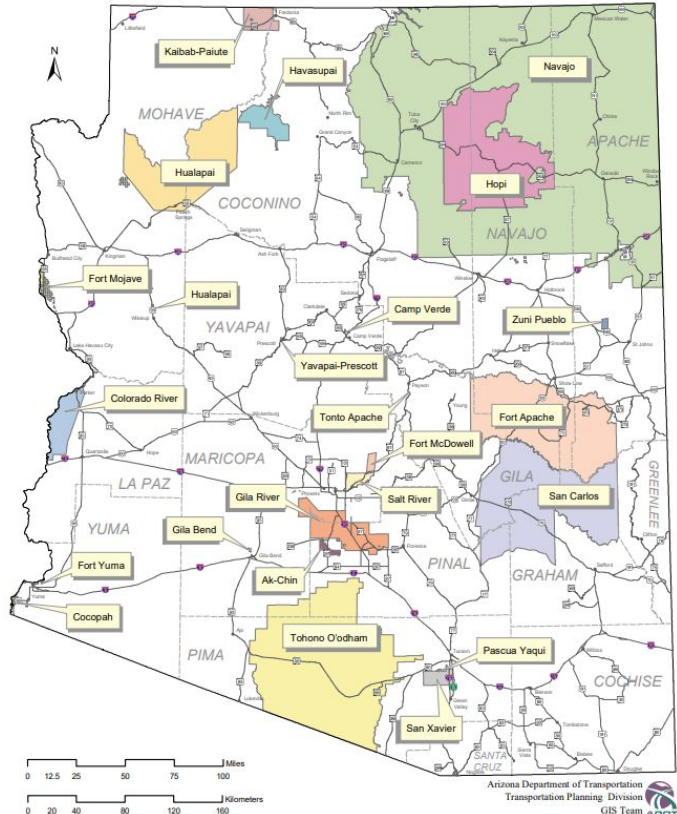
According to the BRFSS, almost 1 in 4 Arizonans report living with arthritis.



Among adults 65 years and older, this figure is almost 1 in 2.

Tribal Health in Arizona

American Indian Reservations



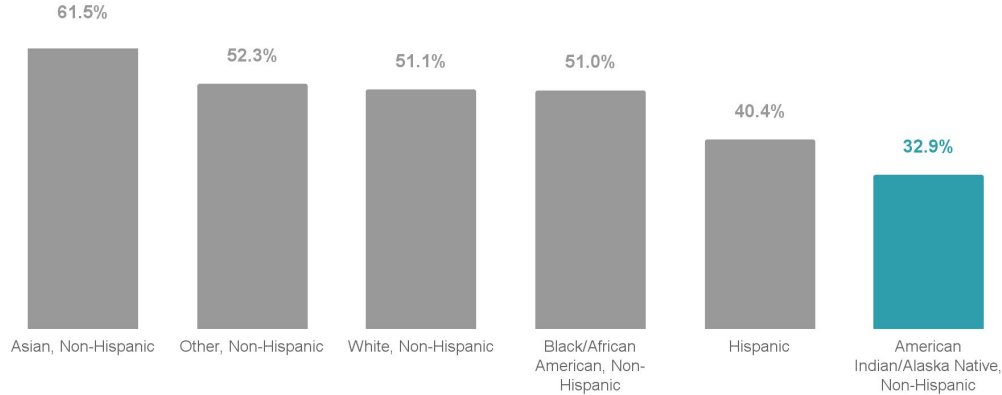
The state of Arizona is home to 22 sovereign American Indian Tribes. The American Indian/Alaska Native (AI/AN) community represents a vital and significant part of Arizona's population.

In 2019, 5.3% of residents in Arizona identified as AI/AN, representing nearly 386,000 persons. Tribal lands comprise 28% of Arizona's land base.

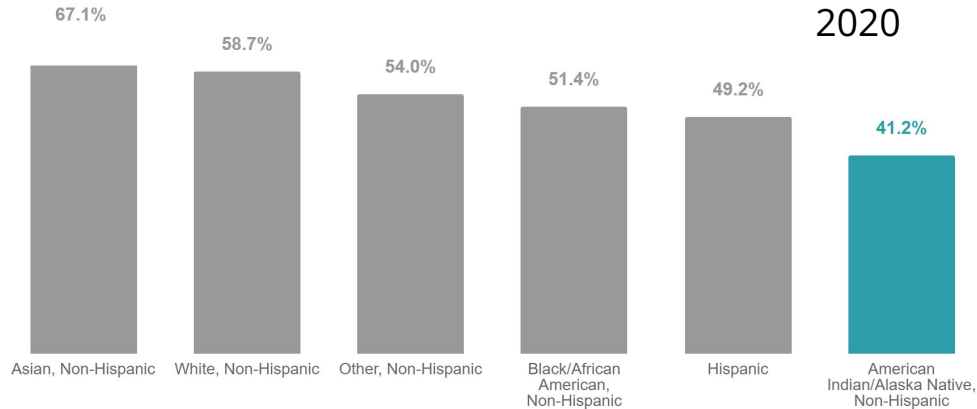
Tribal Health, Health Status

Very Good or Excellent Health

2019



2020

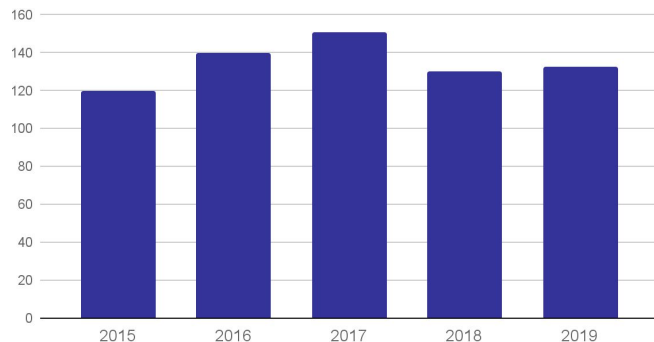


The BRFSS (Behavioral Risk Factor Surveillance System) is a yearly survey that asks participants questions about their health.

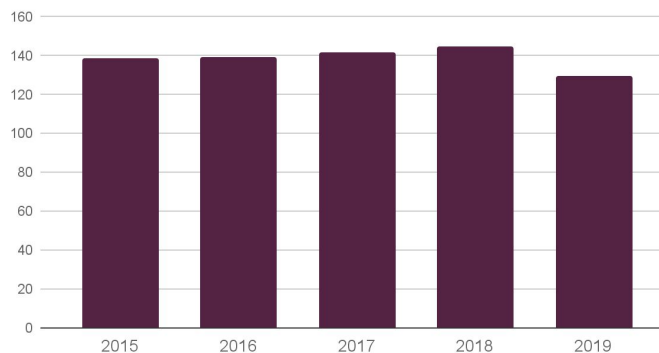
In Arizona, American Indian/Alaska Native individuals report having very good or excellent health the least. While there is still much work to do, there was an increase of 8.3% from those reporting very good or excellent health from 2019 to 2020.

Tribal Health Leading Cause of Death

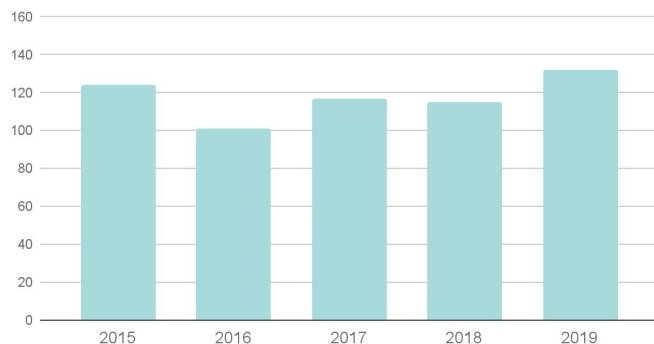
Heart Disease



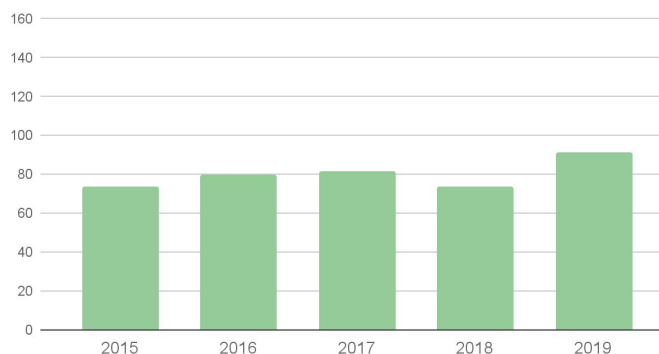
Unintentional Injury



Cancer



Diabetes



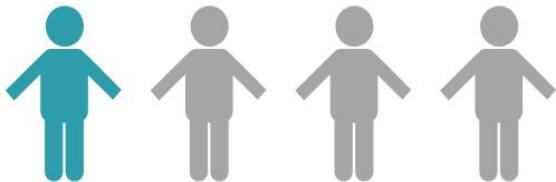
The top 4 leading causes of death for American Indian/Alaska Native populations differ from those of the statewide population.

Unintentional injury rises to the second leading cause of death with diabetes as the fourth leading cause of death for American Indian/Alaska Natives.

Healthy Communities in Arizona

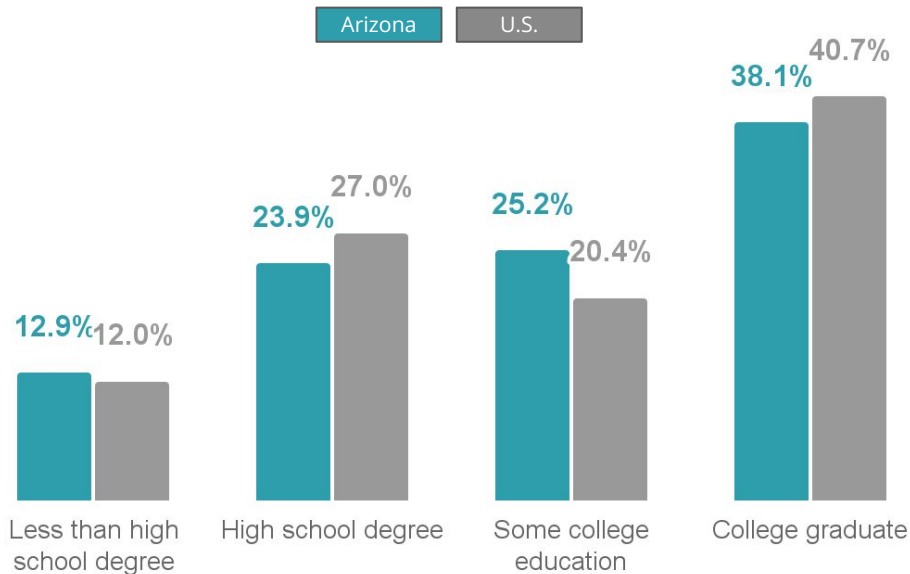


The number of **unsheltered** homeless Arizonans increased **21%** from 2019 to 2020.



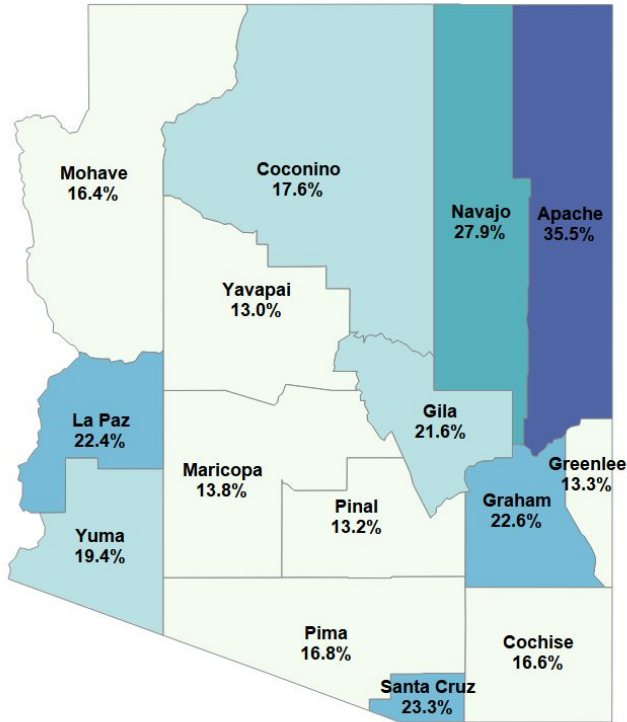
Almost **1** in **4** of Arizona's children are living below the federal poverty level.

Arizona is slightly higher than the national estimate of Americans with less than a high school degree.

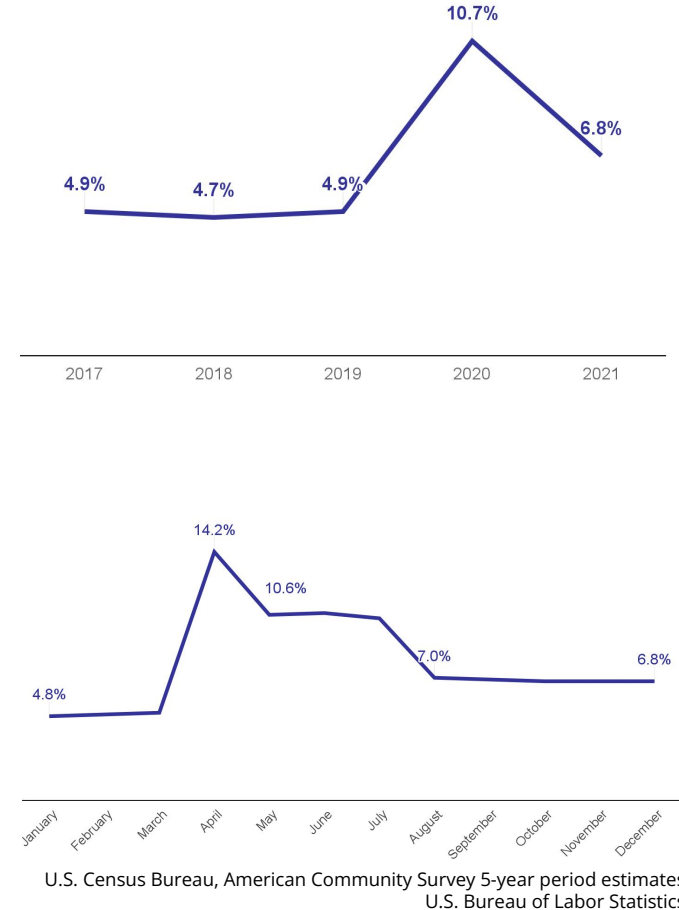


Poverty Levels and Unemployment in Arizona

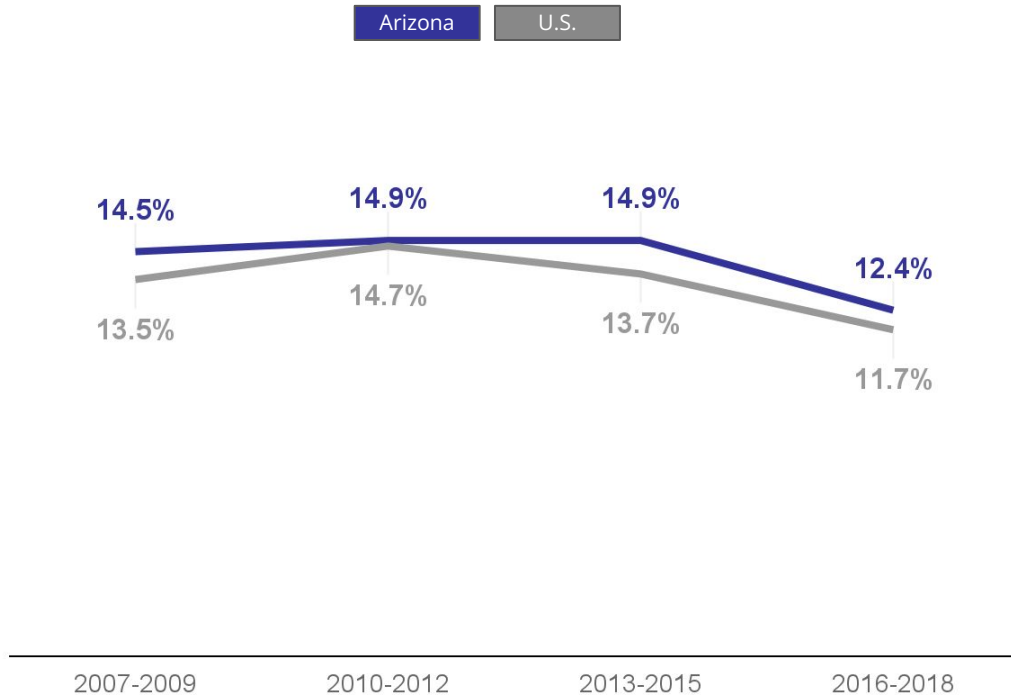
In Arizona, 15.1% of adults are living below the federal poverty level. This varies at a county and community level with some areas with higher rates.



The COVID-19 pandemic has played a critical role in increasing the unemployment rate in Arizona. In March 2020, states throughout the nation implemented stay-at-home orders which affected many resident's employment status.



Food Insecurity in Arizona

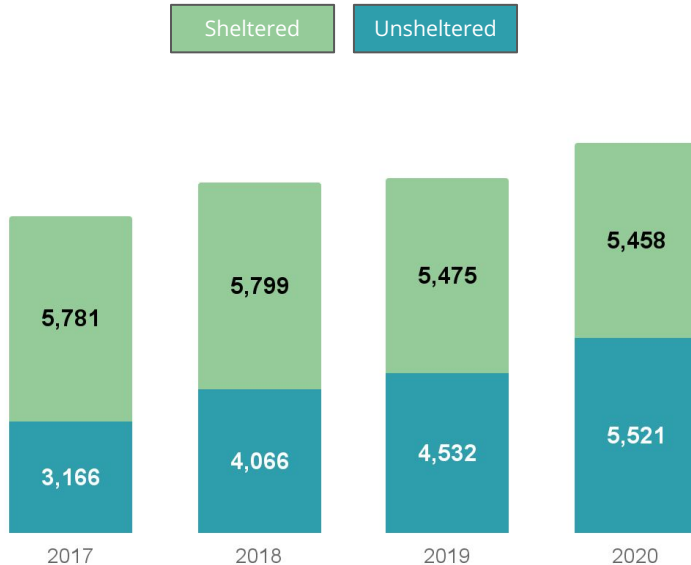


While the prevalence of household-level food insecurity in Arizona has decreased, this issue can increase the risk for chronic diseases associated with poor nutrition.

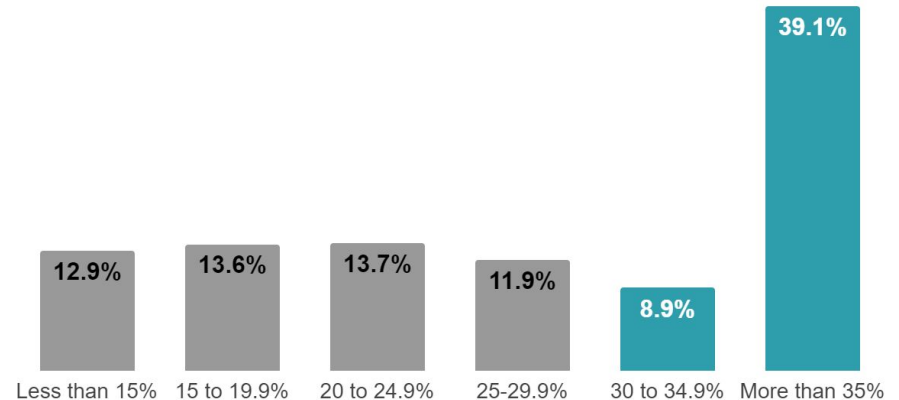
Check out the USDA Economic Research Service [food insecurity interactive maps](#).

Healthy Households and Communities

The estimated number of homeless individuals, sheltered and unsheltered has seen an increase for the last several years with the greatest increase among unsheltered individuals.



Housing expenditures measured as exceeding 30% of a family's income have historically been viewed as an indicator of a lack of housing affordability (GRAPI). Almost 1 in 2 households in Arizona are estimated to exceed this burden. When families have to spend a large portion of their income on housing, they may not have enough money to pay for things like food and healthcare.

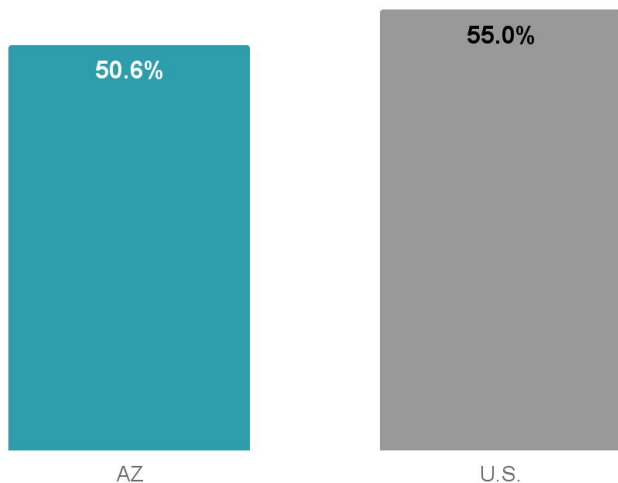


Healthy Neighborhoods and Communities

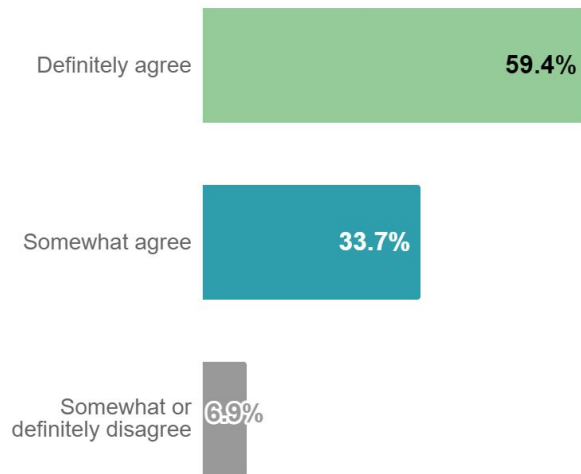
Supportive Neighborhood is a measure that is referred to in various contexts as “neighborhood support,” “neighborhood cohesion,” and “social capital” and is derived from responses to three statements:

- 1) People in my neighborhood help each other out;
- 2) We watch out for each other's children in this neighborhood; and
- 3) When we encounter difficulties, we know where to go for help in our community.

In Arizona, 6.9% of adults do not believe that their children live in a safe neighborhood.

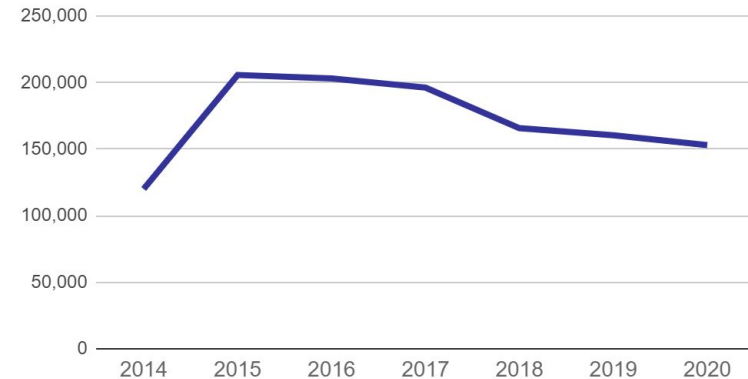
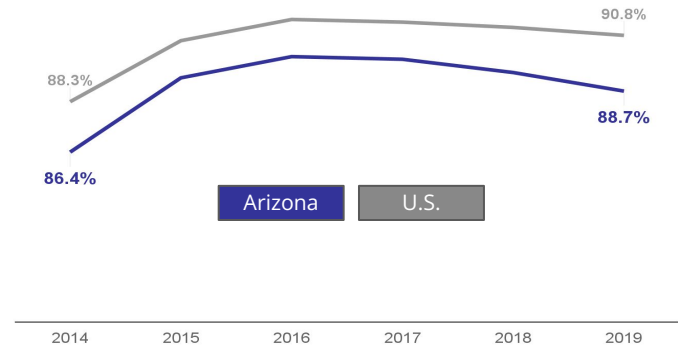


In Arizona, 50.6% of adults believe their children live in a supportive neighborhood.



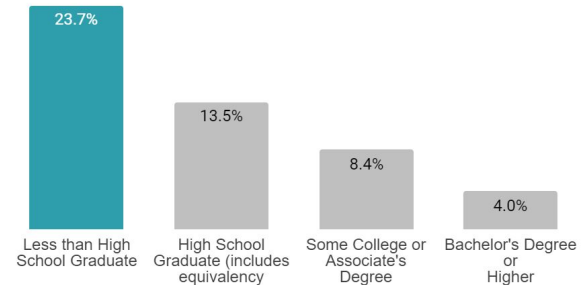
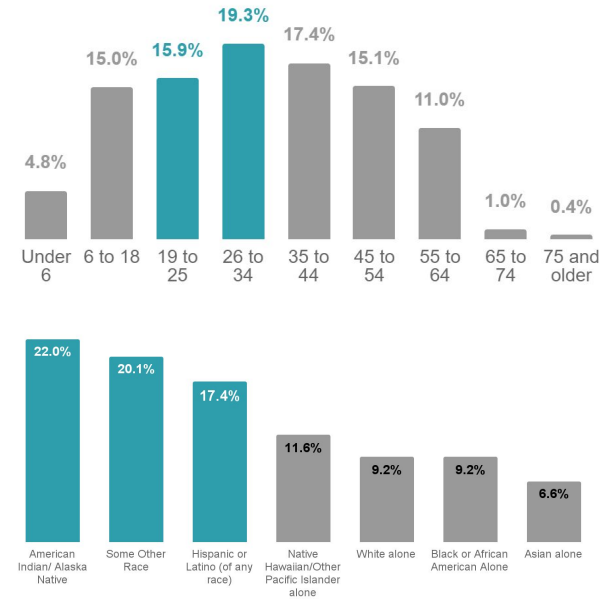
Health Insurance in the Community

The percentage of adults with health insurance is lower than the national levels and saw a slight decrease in 2019.



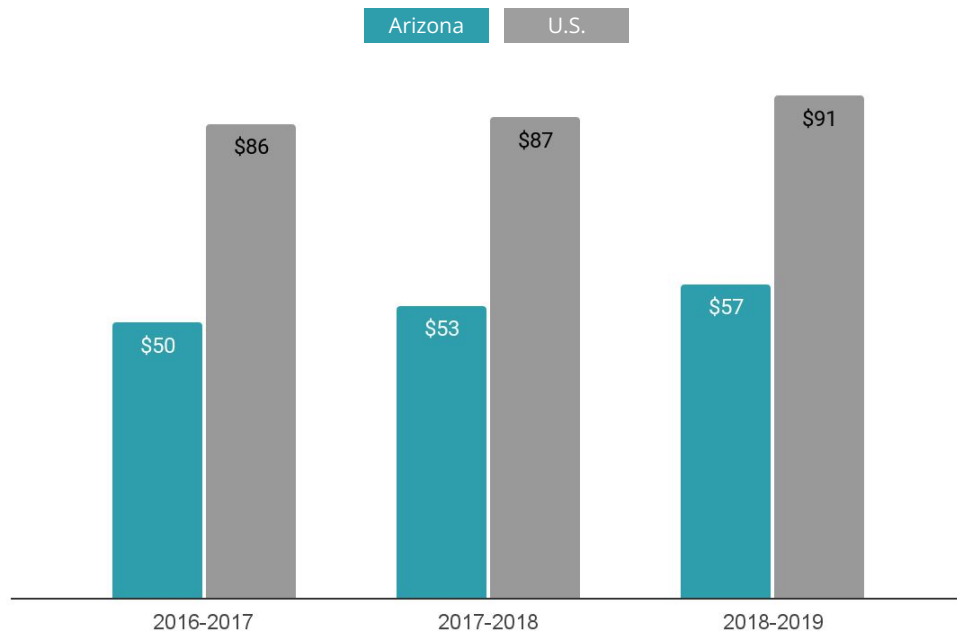
There are populations in Arizona who have a greater percentage of individuals who are uninsured.

Arizona Marketplace enrollment saw increase from 2014 to 2015 but has been on the decline for the last several years.



Capacity to Address Health Issues

In Arizona, there are less dollars dedicated for public health per person from State and Federal dollars directed by the CDC and HRSA in the 2018 - 2019 time frame compared to the U.S.



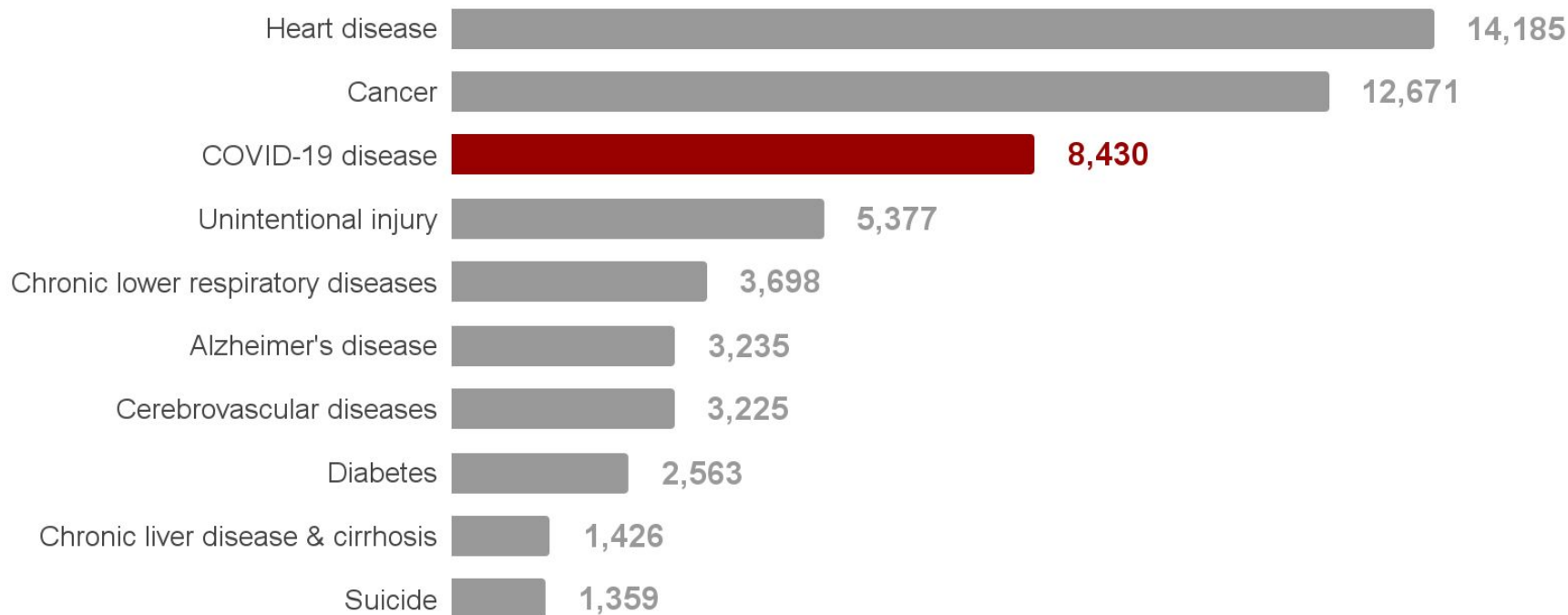
Over the last several years, there has been an increase in dollars dedicated for public health per person in Arizona.

Impact of COVID-19 on AZ Health

The COVID-19 pandemic caused an increase in mortality, disrupted family structures, placed a new barrier to accessing health care, highlighted disparities, and greatly challenged the public health workforce. This sample of national and state studies reveals areas where increased energy and resources may be needed to protect the health and wellness of Arizona residents most impacted by the pandemic.

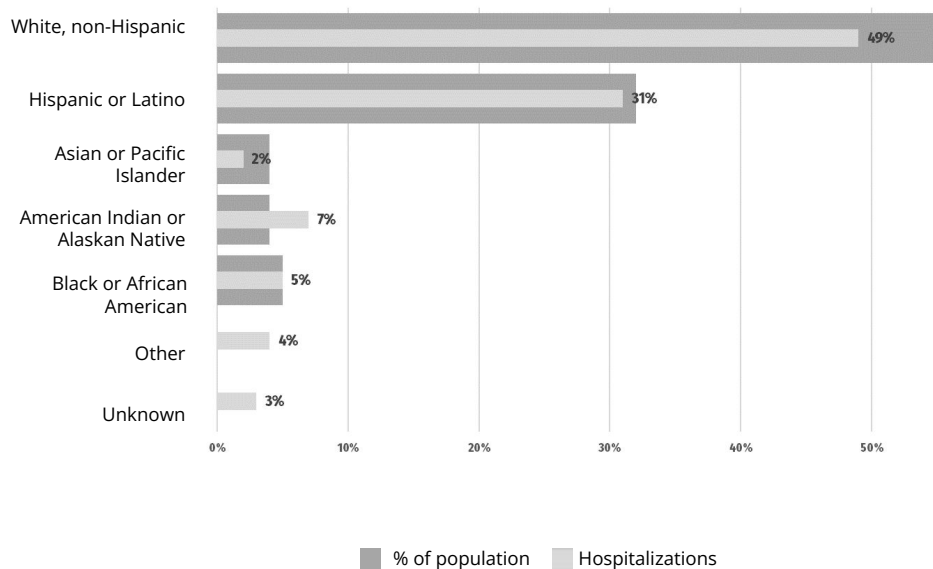
See the [ADHS Dashboard](#) for COVID-19 data updates.

In 2020, COVID-19 disease was the third leading cause of death in Arizona.

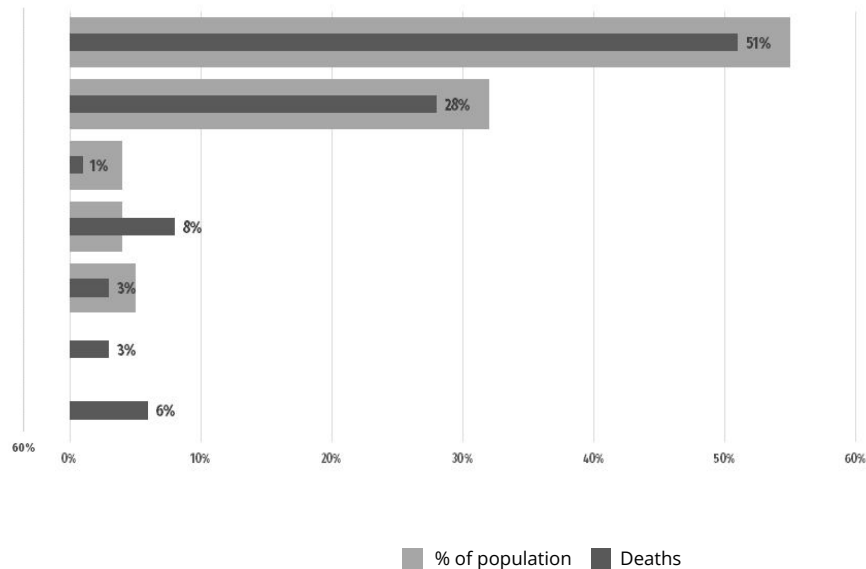


COVID-19 hospitalizations and deaths have disproportionately affected minority populations in Arizona.

Although American Indian or Alaskan Natives make up 4% of the population in Arizona, they comprise approximately 7% and 8% of COVID-19 hospitalizations and deaths, respectively.

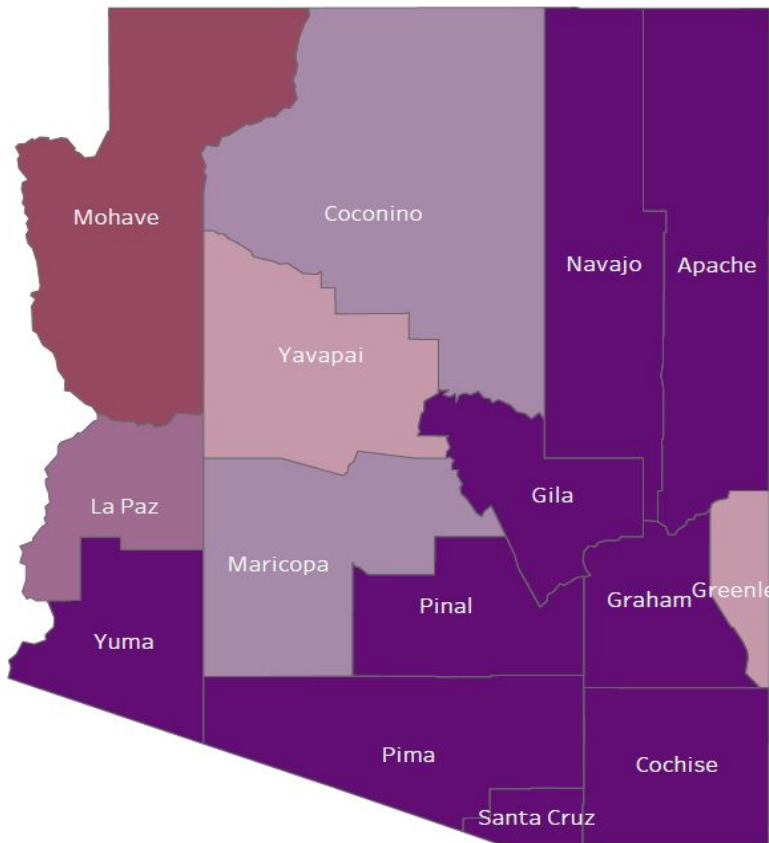


COVID-19 Hospitalizations



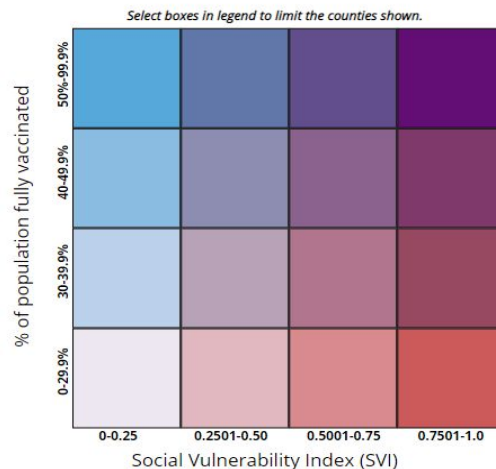
COVID-19 Deaths

COVID-19 Vaccine Equity



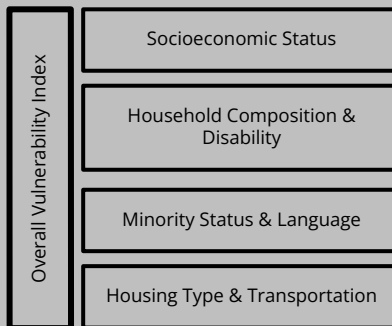
All 15 counties within Arizona are in the moderately high to high SVI category.

While many of our counties with the highest SVI score have over 50% of the population 12 years and older vaccinated, there are still many opportunities across the state.



Social Vulnerability Index (SVI)

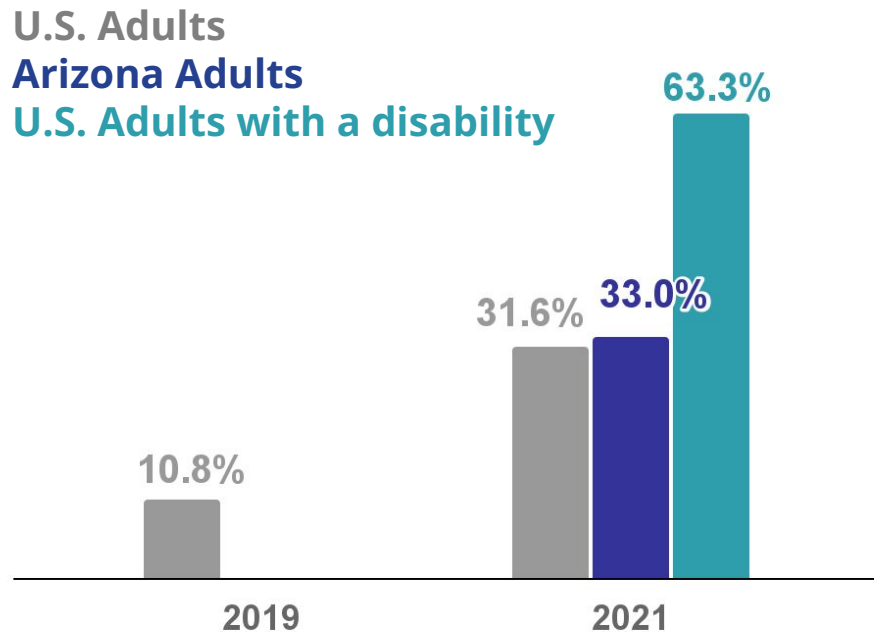
SVI provides specific socially and spatially relevant information to help public health officials and local planners better prepare communities to respond to emergency events.



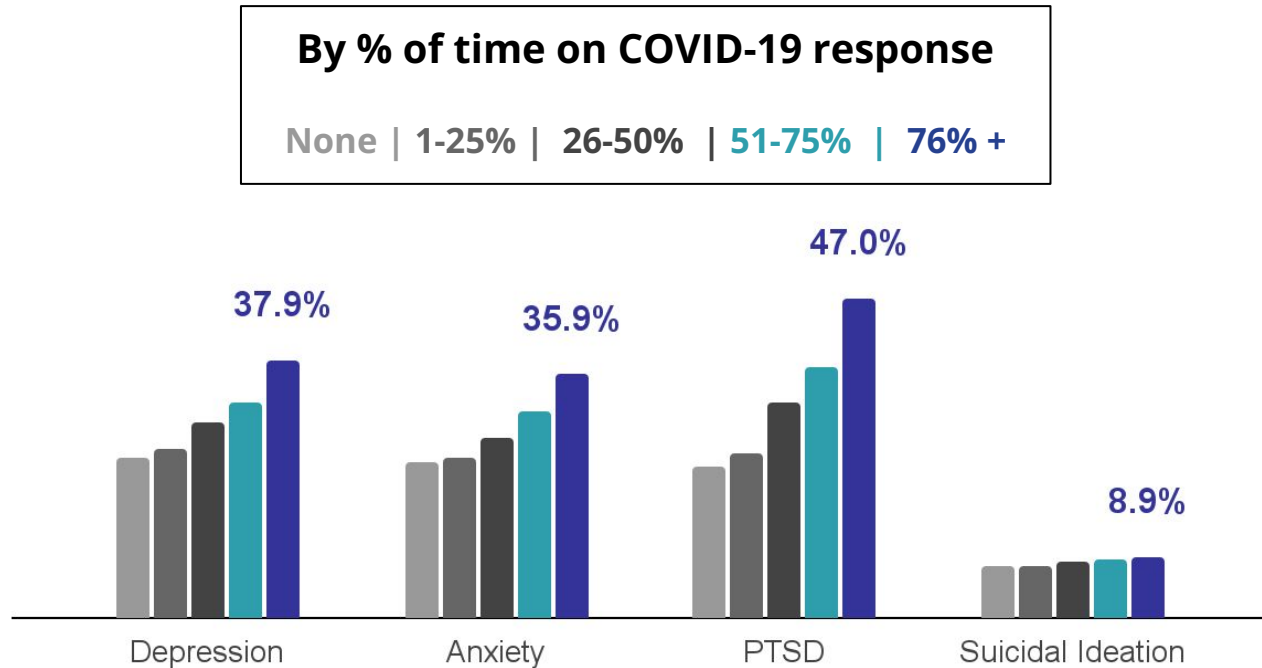
1 in 3 Arizona adults reported experiencing symptoms of anxiety disorder or depressive disorder.

Since the pandemic began, rates of symptoms of anxiety or depression have increased threefold for U.S. adults.

Almost 2 in 3 U.S. adults living with a disability reported symptoms of anxiety or depression in the most recent Household Pulse Survey.

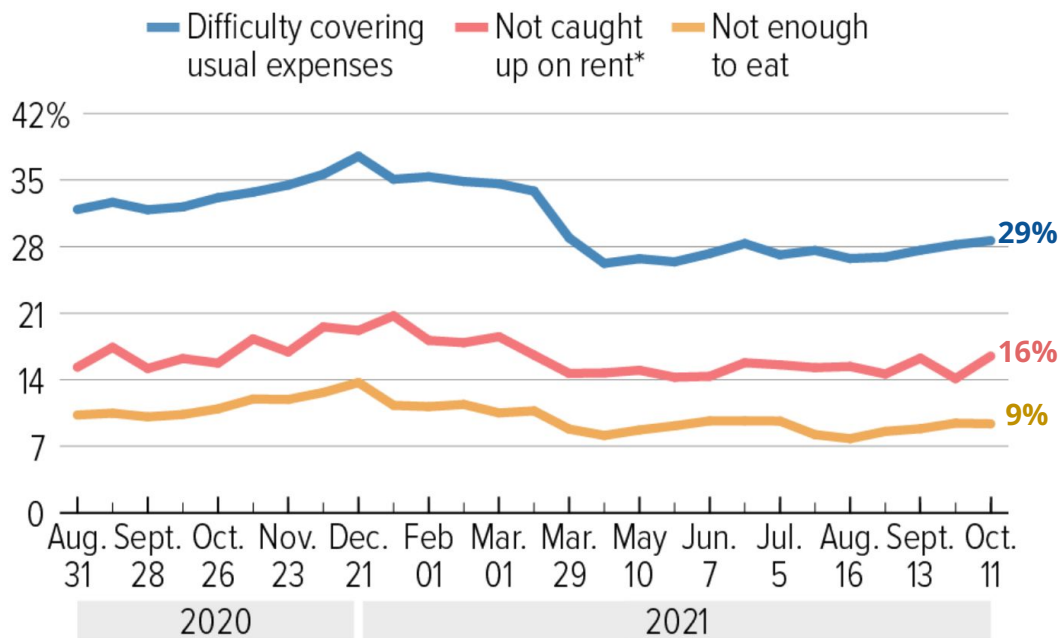


Symptoms of depression, anxiety, PTSD and suicidal ideation increased with hours spent on COVID-19 response for public health workers in 2020.



Impact on Food, Housing, and Economic Hardships

U.S. adults in the last 7 days



*Percent of adults in renter households.

AZ adults in the last 7 days

(Sept 15, 2021 - Oct 11, 2021 average)

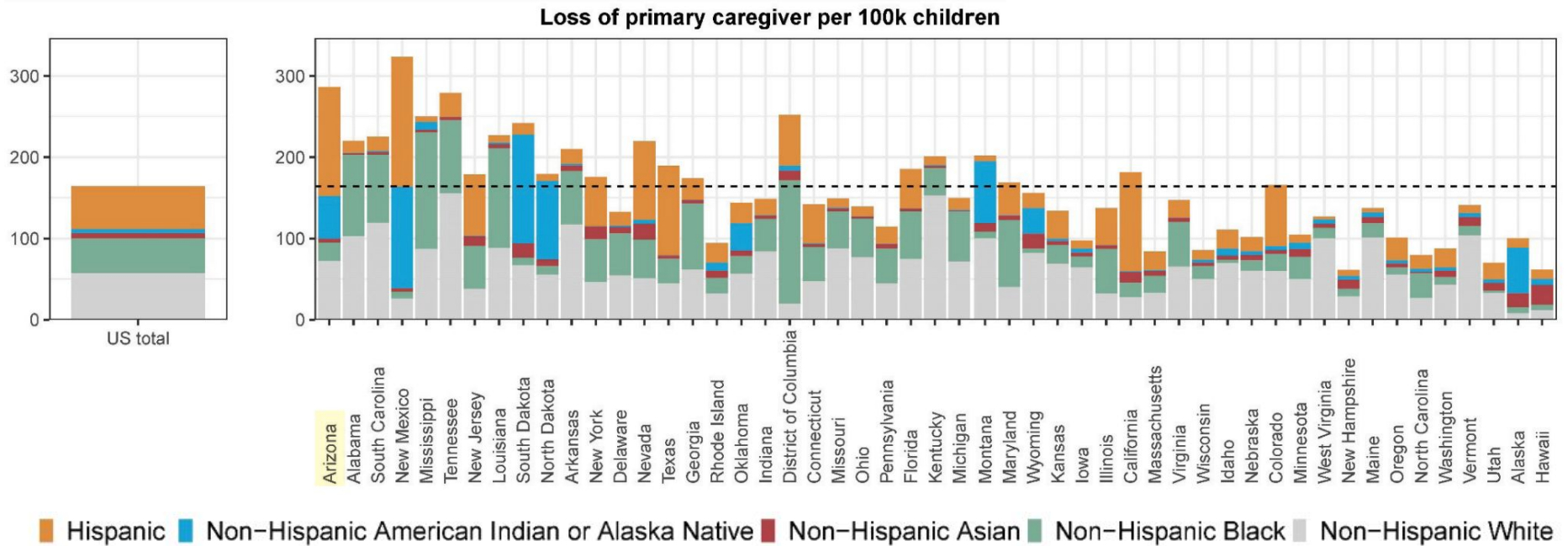
Difficulty covering usual expenses
1,476,000 (29%)

Not caught up on rent
159,000 (9%)

Not enough to eat
410,000 (8%)

Over 140,000 children nationwide experienced the loss of a parent or caregiver due to COVID-19, with great racial and ethnic disparities.

Loss of a parent or guardian is among the list of Adverse Childhood Experiences (ACEs) linked to mental health problems; shorter schooling; lower self-esteem; sexual risk behaviors; and increased risk of substance abuse, suicide, violence, sexual abuse, and exploitation.



County Health Assessment and Improvement Plans

Apache: [Assessment](#) | [Improvement Plan](#)

Coconino: [Assessment](#) | [Improvement Plan](#)

Graham: [Assessment](#) | [Improvement Plan](#)

La Paz: [Assessment](#) | [Improvement Plan](#)

Mohave: [Assessment](#) | [Improvement Plan](#)

Pima: [Assessment](#) | [Improvement Plan](#)

Santa Cruz: [Assessment](#) | [Improvement Plan](#)

Yuma: [Assessment](#) | [Improvement Plan](#)

Cochise: [Assessment](#) | [Improvement Plan](#)

Gila: [Assessment](#) | [Improvement Plan](#)

Greenlee: [Assessment](#) | [Improvement Plan](#)

Maricopa: [Assessment](#) | [Improvement Plan](#)

Navajo: [Assessment](#) | [Improvement Plan](#)

Pinal: [Assessment](#) | [Improvement Plan](#)

Yavapai: [Assessment](#) | [Improvement Plan](#) (Quad Cities) and [Improvement Plan](#) (Verde Valley)

Data Sources

1. [CDC, National Center for Health Statistics](#)
2. [Virginia Commonwealth University, Center on Society and Health](#)
3. [U.S. Census Bureau, National Population by Characteristics](#)
4. [ADHS Bureau of Vital Records](#)
5. [ADHS Bureau of Epidemiology and Disease Control](#)
6. [PRAMS](#)
7. [Bureau of State Laboratory Services](#)
8. [National Survey of Children's Health](#)
9. [YRBSS](#)
10. [BRFSS](#)
11. [U.S. Census Bureau, 2015 - 2019 American Community Survey 5-year period estimates](#)
12. [USDA, Economic Research Service, using Current Population Survey Food Security Supplement data](#)
13. [AZ Department of Economic Security Annual Homeless Report](#)
14. Trust For America's Health, U.S. Department of Health and Human Services (HHS), U.S. Census Bureau,
15. Annual Estimates of the Resident Population
16. [Henry J. Kaiser Family Foundation, State Health Facts](#)
17. 2019 data: Terlizzi EP, Schiller JS. Estimates of mental health symptomatology, by month of interview: United States, 2019. National Center for Health Statistics. March 2021.
18. [2021 data: Household Pulse Survey, Sept 29 - Oct 11.](#)
19. [Bryant-Genevieve J, Rao CY, Lopes-Cardozo B, et al. Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, March–April 2021. MMWR Morb Mortal Wkly Rep 2021;70:947–952. DOI: <http://dx.doi.org/10.15585/mmwr.mm7026e1>](#)
20. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7026e1.htm>Household Pulse Survey, CBPP analysis:
<https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-economys-effects-on-food-housing-and>
21. [Hillis SD, Blenkinsop A, Villaveces A, et al. COVID-19-associated orphanhood and caregiver death in the United States. Pediatrics. 2021; doi: 10.1542/peds.2021-053760](#)