

ANNUAL UPDATE


The SHA report is used as a tool to comprehensively assess the state of public health in Arizona. The SHA considers health data, environment, comparisons between rural and urban settings, and how Arizona is doing compared to the nation.

ARIZONA STATE HEALTH ASSESSMENT


2022

Annual Update

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ARIZONA STATE HEALTH ASSESSMENT

The State Health Assessment is a key component of ADHS' public health accreditation. A new SHA must be released every 5 years with updates published annually.

2020 LIFE EXPECTANCY - ARIZONA & US



Arizona
76.3 years

Life expectancy for the Arizona population in 2020 was 76.3 years, a **decrease of 2.5 years** from 2019.



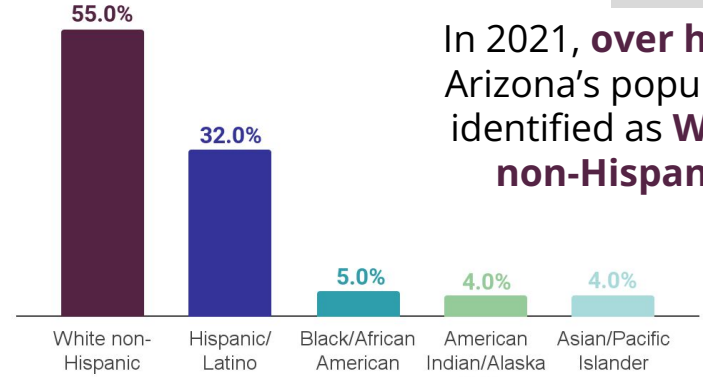
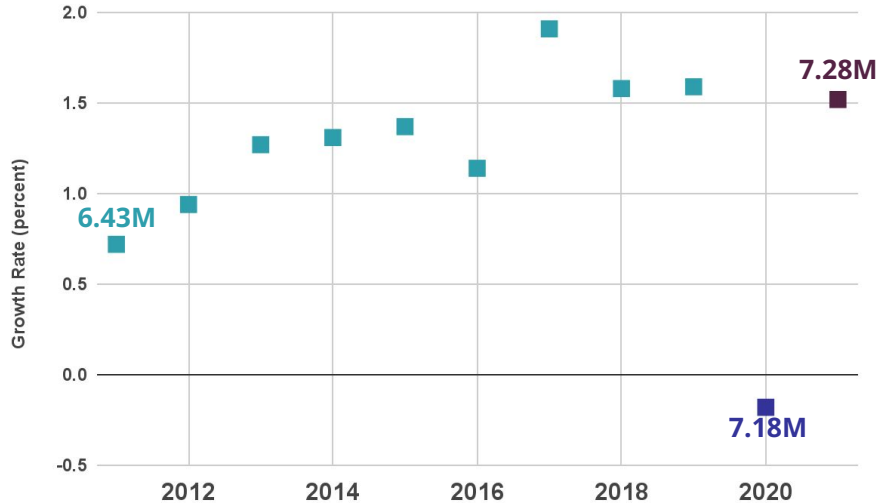
United States
77.0 years

Life expectancy for the U.S. population in 2020 was 77.0 years, a **decrease of 1.8 years** from 2019.

ARIZONA'S POPULATION IN 2021

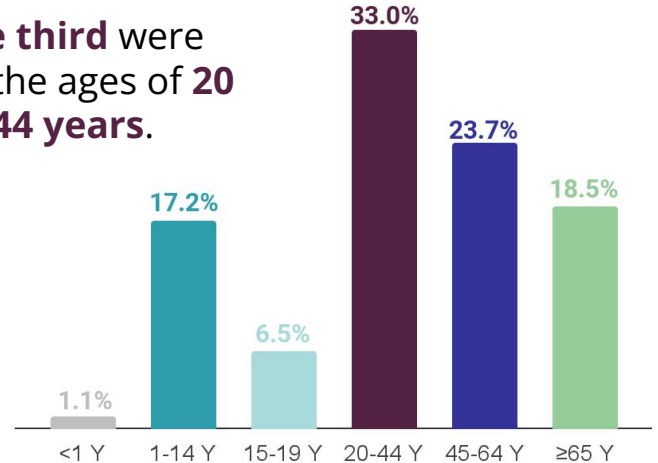
Over the past 10 years, Arizona has seen continued population growth with the exception of 2020.

According to the U.S. Census Bureau, the COVID-19 pandemic's impact on births and deaths resulted in a record number of counties experiencing a natural population decrease between 2020 and 2021.



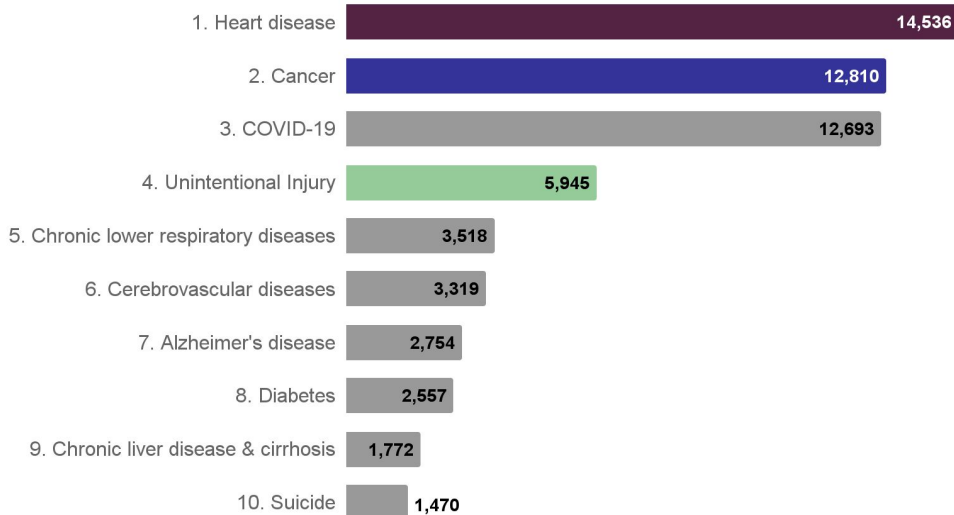
In 2021, **over half** of Arizona's population identified as **White, non-Hispanic,**

and **one third** were between the ages of **20 and 44 years.**



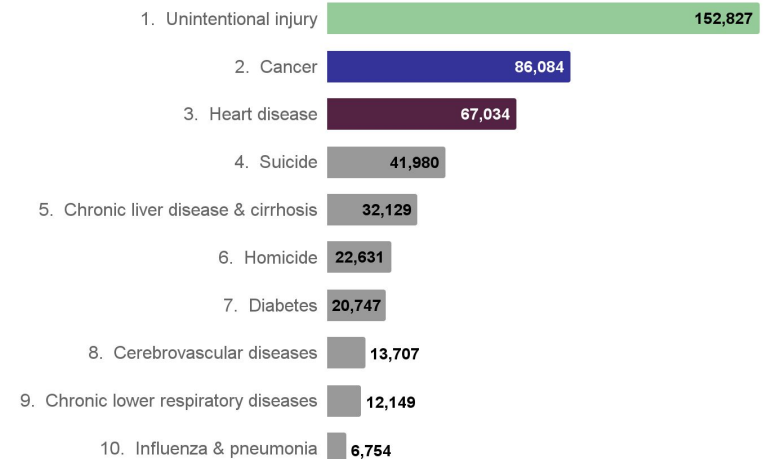
ARIZONA'S LEADING CAUSES OF DEATH IN 2021

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

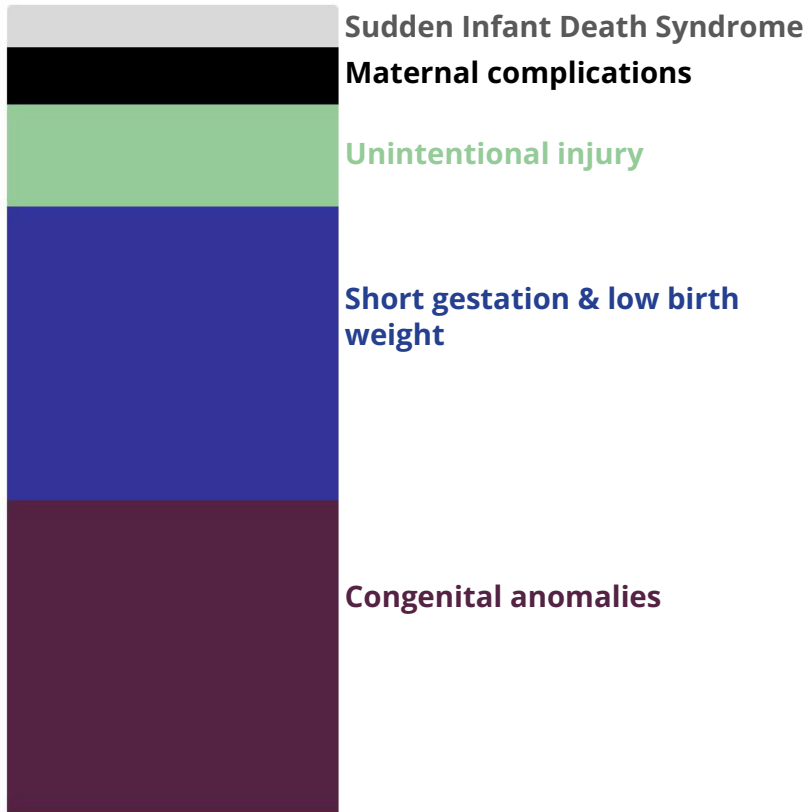


Years of potential life lost (YPLL) - a measure of premature mortality - estimates the average years a person would have lived if they had not died prematurely.

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



Infant Mortality



In 2021, **congenital malformations, deformations, and chromosomal abnormalities** were the leading cause of infant deaths.



Over the past 10 years, Arizona has experienced a **9.4% decrease** in birth rate.



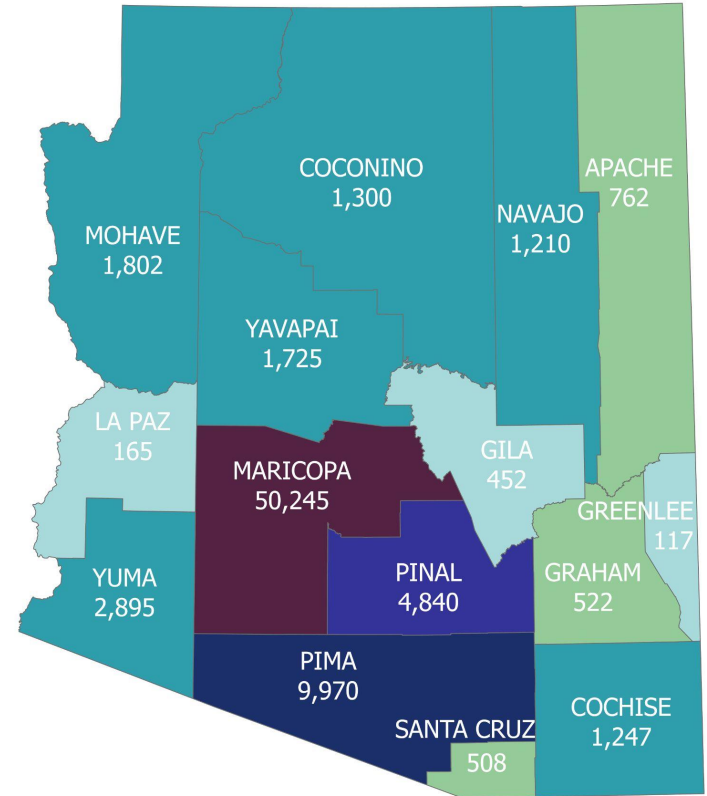
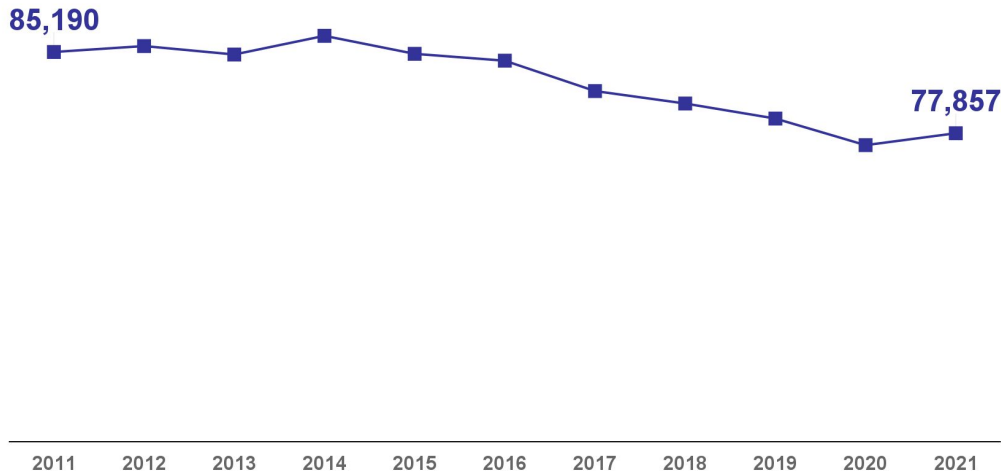
In 2020, 53 children died from Sudden Unexpected Infant Death.

100% of these deaths occurred in an unsafe sleep environment and were preventable.

BIRTHS IN ARIZONA

The number of births has declined 9.4% from over 85,000 in 2011 to over 77,000 in 2021 in Arizona.

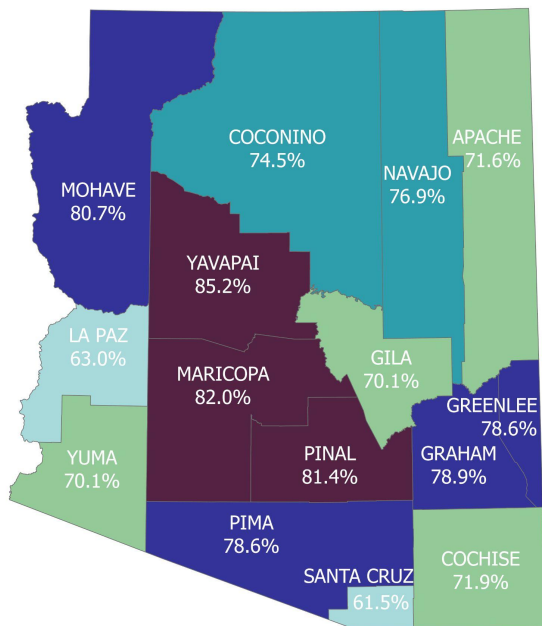
In 2021, approximately 65% of births in Arizona were reported from Maricopa County, 13% of births were reported from Pima County, 6% of births were reported from Pinal County, and 16% of births were reported from the remaining 12 counties.



Note: May include records with unknown county of residence.

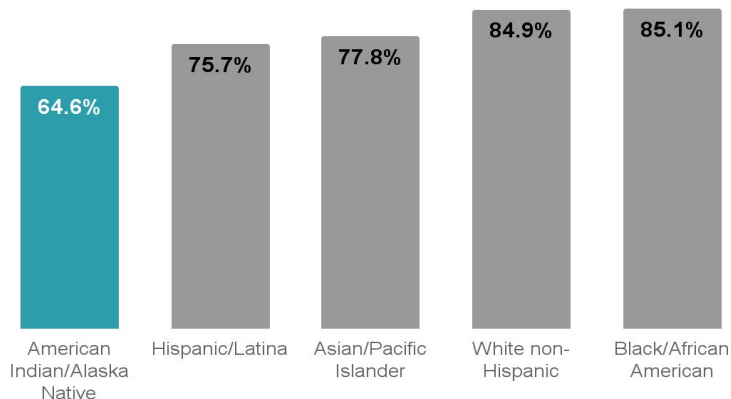
PRENATAL CARE IN ARIZONA

In 2021, **80.4%** of pregnant people in Arizona received intermediate, adequate, or adequate plus prenatal care; however, there are geographic differences statewide with Maricopa, Pinal, and Yavapai counties having the highest reports of 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.

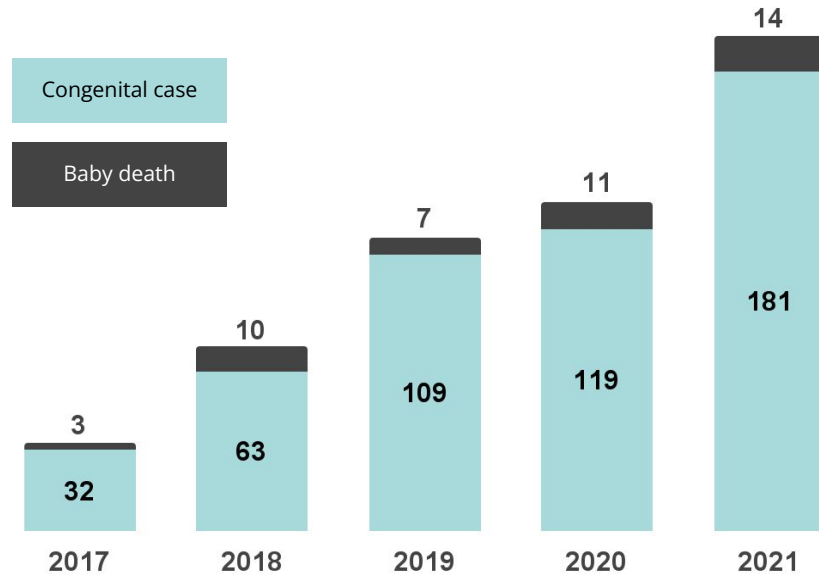


Pregnant people identified as **American Indian/Alaska Native** were more likely to receive inadequate or no prenatal care.

PRENATAL & MATERNAL SYPHILIS SCREENING

Of the 181 babies born with syphilis in 2021, 14 cases resulted in infant death.

In Arizona, pregnant people should receive syphilis testing at the first prenatal care visit, early in the third trimester, and at delivery.



If untreated, congenital syphilis can lead to problems with the skin, eyes, and brain, stillbirth, or infant death.

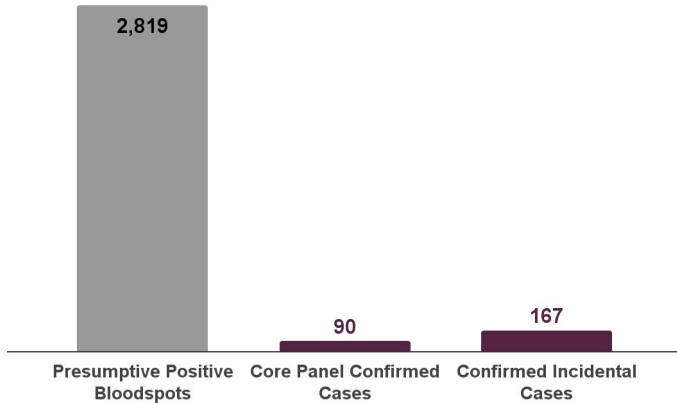


Since 2017, the monthly average of syphilis cases in women has increased 240%. Subsequently, the number of congenital syphilis cases has also continued to increase.

NEWBORN SCREENING IN ARIZONA

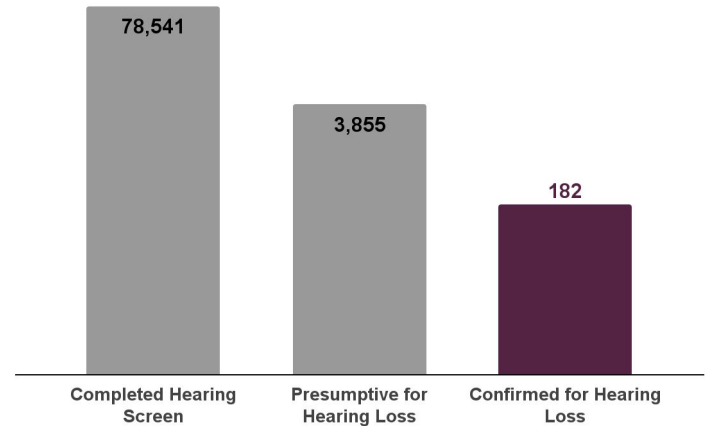
In 2021, **77,652** infants received newborn screening testing and 3.6% (2,819 infants) of which were presumptively positive requiring additional follow-up.

3.2% (90 infants) of infants with a presumptive positive result had confirmed disorders on the core panel while 5.9% (167 infants) of infants had confirmed findings for other disorders not on the core panel due to the screening (incidental cases).



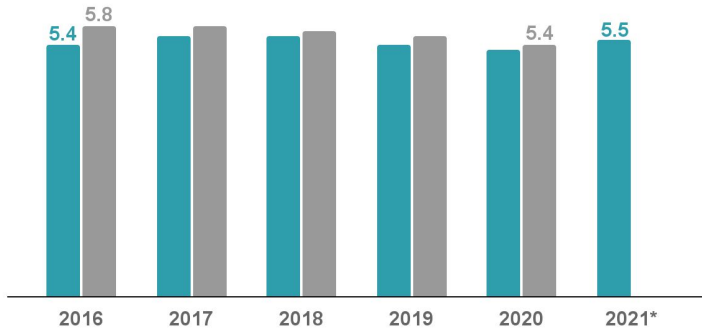
Currently, Arizona screens for [31 core disorders](#), including hearing loss and critical congenital heart defects from the Recommended Uniform Screening Panel from the U.S. Department of Health and Human Services (HHS).

78,541 infants received a newborn hearing screening and 0.3% of infants screened had confirmed hearing loss.

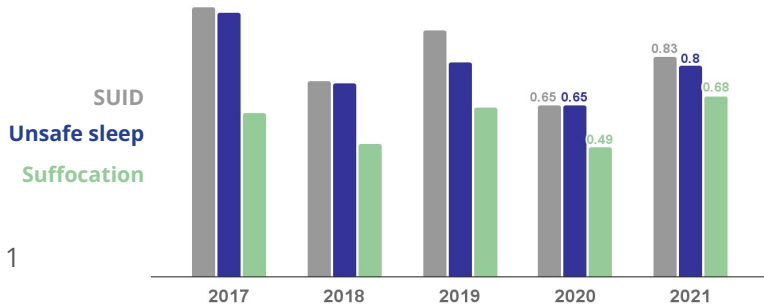


INFANT MORTALITY IN ARIZONA

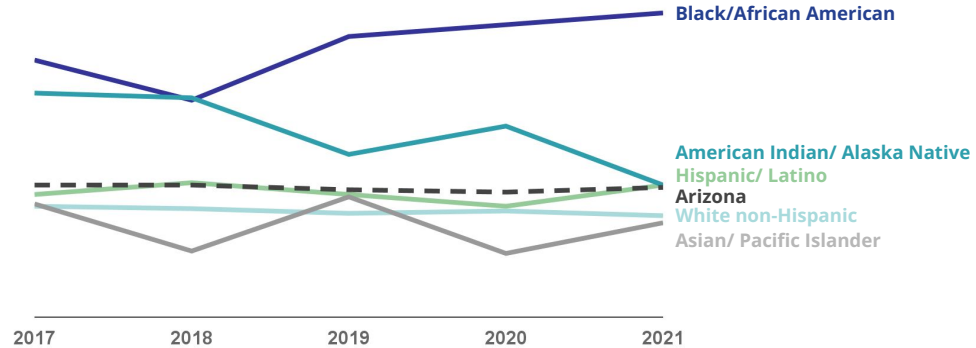
The rate of infant mortality for **Arizona** and the **U.S.** has remained fairly steady over the past 5 years at 5.5 and 5.4 per 1,000 live births, respectfully.



*2021 US data not yet available



Higher mortality rates are experienced by **Black/African American** and **American Indian/Alaska Native** infants in Arizona.

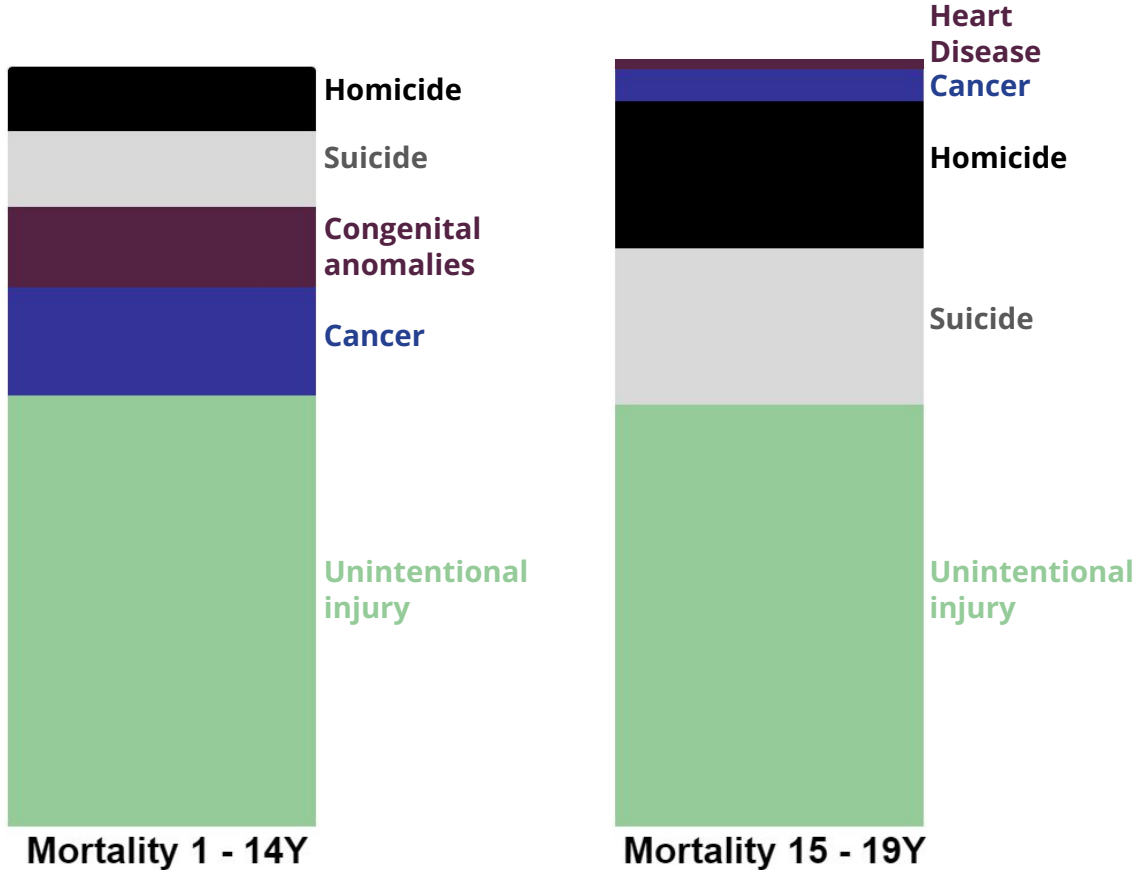


The rate of infant mortality from SUID, unsafe sleep, and suffocation all increased from 2020 to 2021.

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.

CHILD AND ADOLESCENT HEALTH



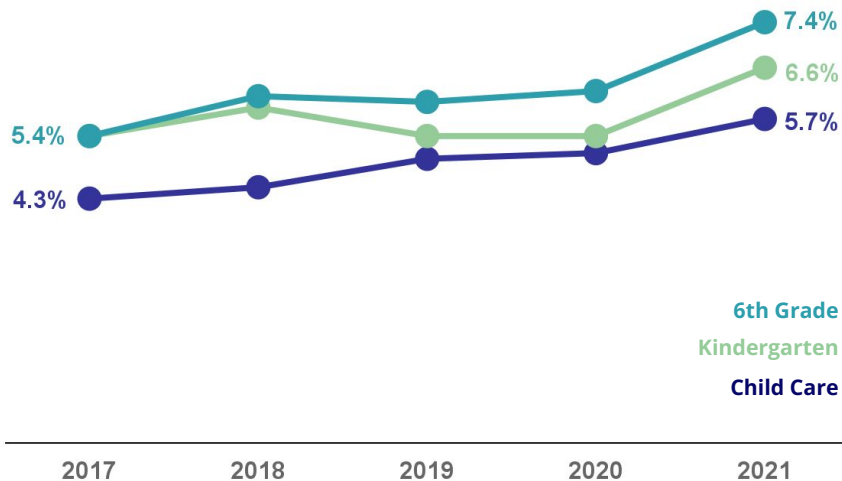
In 2021, **unintentional injury** continues to be the leading cause of death among children and adolescents.



2 in **5** Arizona teens have ever used an electronic vapor product in 2021.

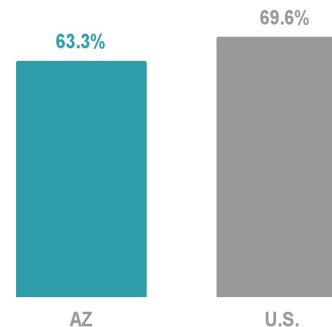
PREVENTATIVE HEALTH

Non-medical exemption rates for childhood immunizations have continued to increase for all age groups from 2017 - 2021.

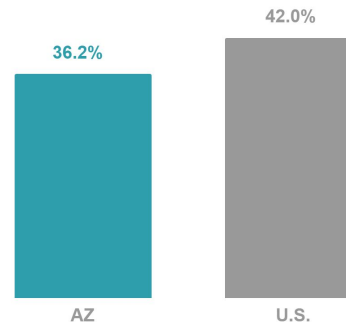


Non-medical exemptions refer to children who are not immunized due to parental religious (child care) or other personal (K-12) beliefs.

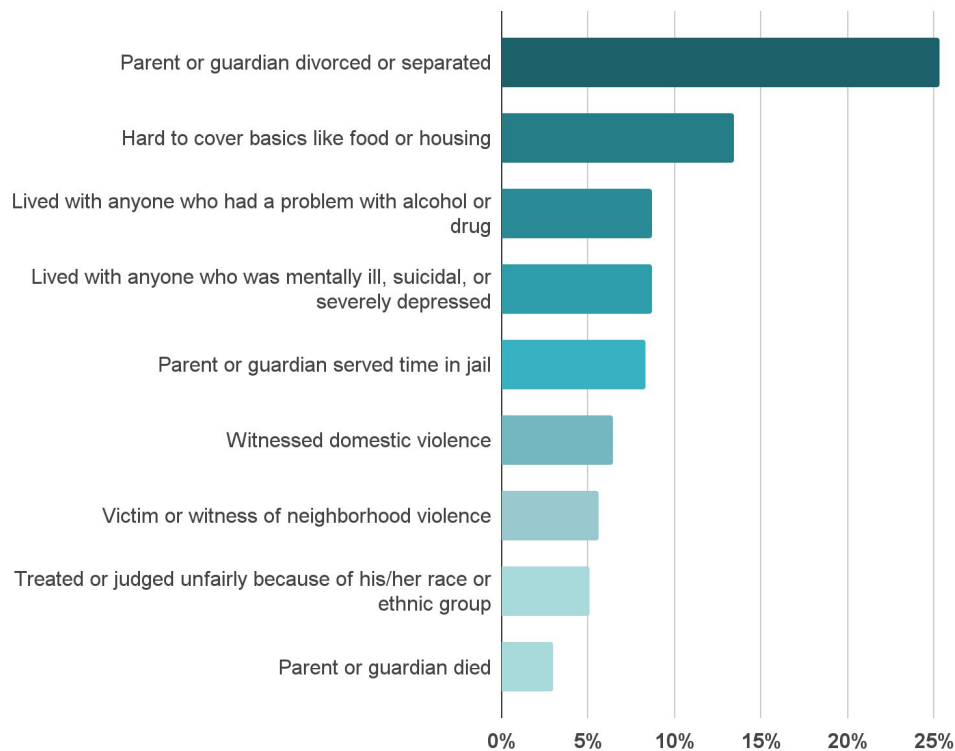
The percent of **Arizona** children (0 - 17 years) that have completed a well-child visit in the past year is 6.3%, lower than the **U.S.**



The percent of **Arizona** children (0 - 17 years) with a special healthcare need who have a medical home is 36.2%, also lower than the **U.S.**

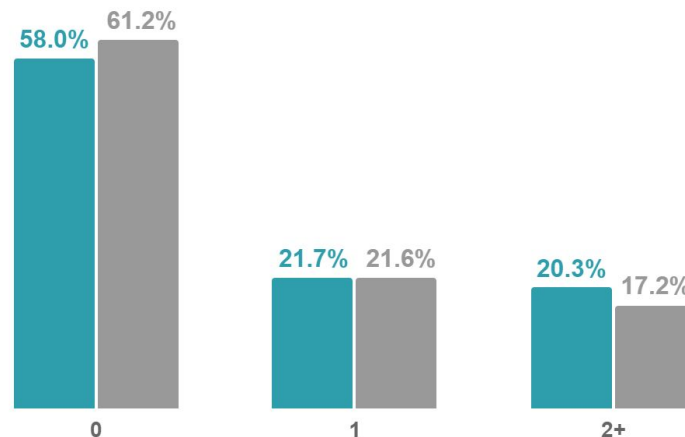


ADVERSE CHILDHOOD EXPERIENCE (ACEs)



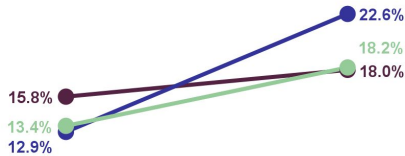
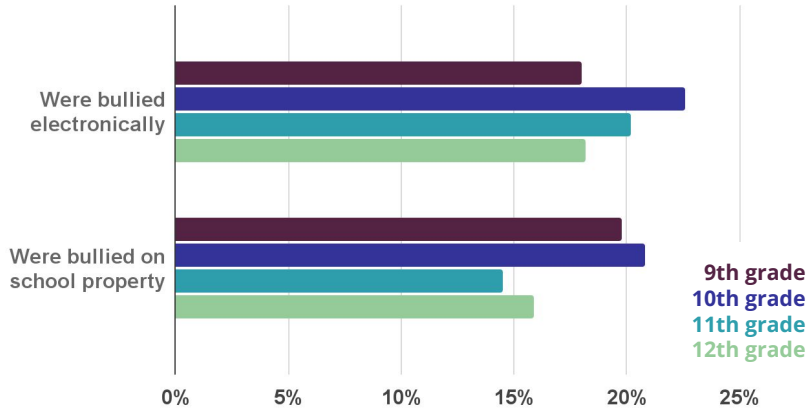
In Arizona, the most prevalent ACEs among children (0 - 17 years) was divorce or separated parents (25.3%) and having a lack of basics covered like food or housing (13.4%). The impact of ACEs can be mitigated by enhancing protective factors and positive environments.

While a majority of the children in **Arizona** do not have reported ACEs, the percentage of children with 2 or more ACEs continues to be above the **U.S.** average in 2020-2021.



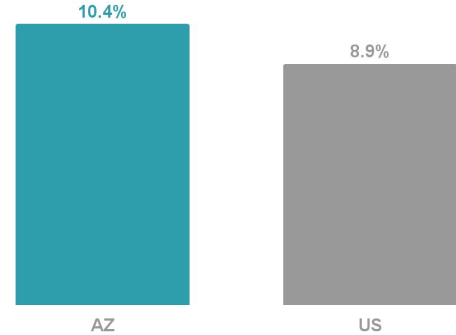
ADOLESCENT MENTAL HEALTH

In 2021, students in **10th grade** reported being bullied more than their peers,

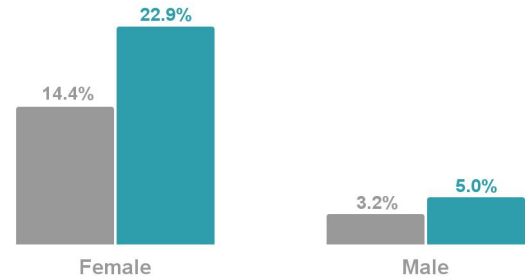


and electronic bullying increased for **9th, 10th, and 12th** graders from 2019.

In 2021, Arizona had a 1.5% increase in students who reported suicide attempts compared to the national percentage.

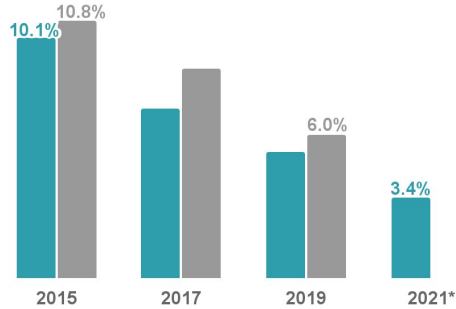


In **2021**, almost 23% of female high school students in Arizona reported experiencing sexual dating violence; which is an 8.5% increase from **2019**.

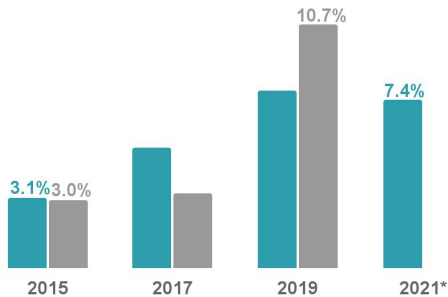


ADOLESCENT PHYSICAL HEALTH

While the number of **Arizona** high school students who currently use cigarettes continues to decrease,

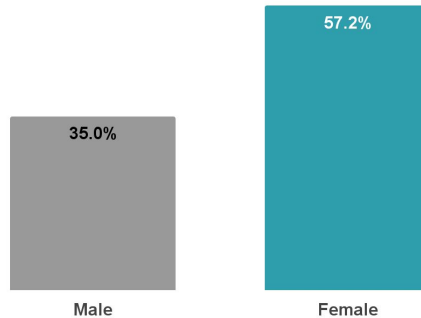


the number of students who reported frequent electronic vapor product use remained stable from 2019 to 2021.



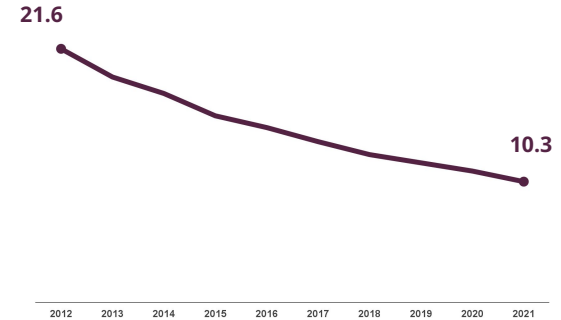
*2021 US data not yet available

In 2021, when high school students were asked if they were trying to lose weight, over 50% of females responded yes,

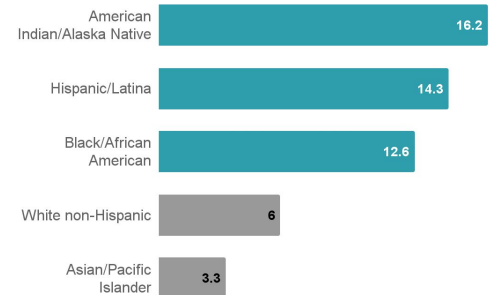


and 22% of reported having 60+ minutes of physical activity a day.

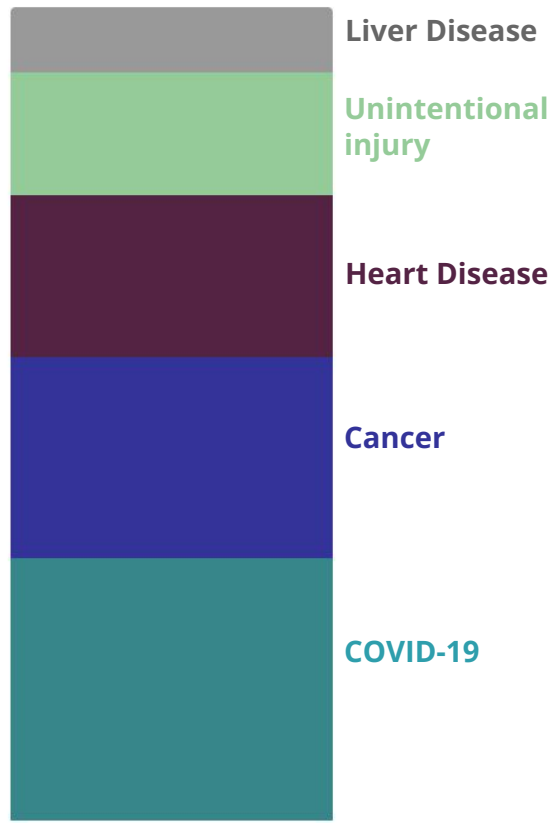
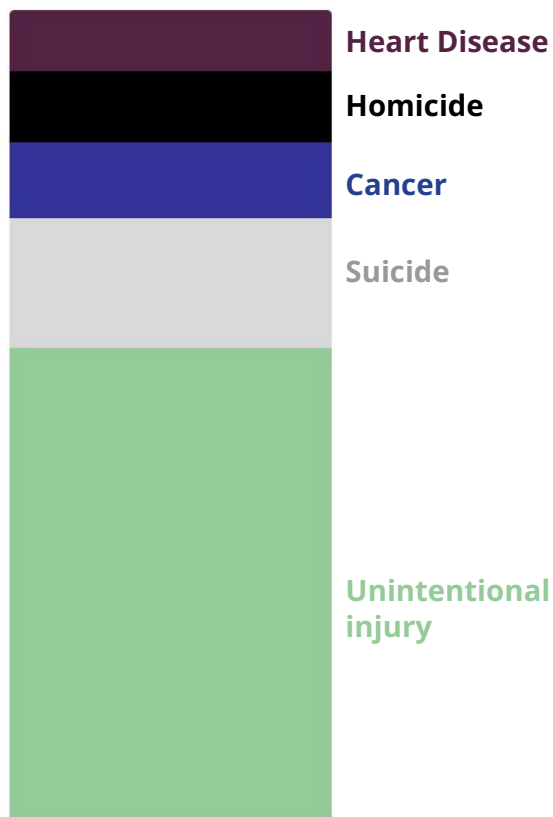
While the overall teen pregnancy rate has continued to decrease over the past 10 years,



there are still populations that are disproportionately affected.



HEALTHY ADULTS



Mortality 20 - 44Y

Mortality 45 - 64Y

In 2021, **unintentional injury** continued to be the leading cause of death among adults 20-44 years.

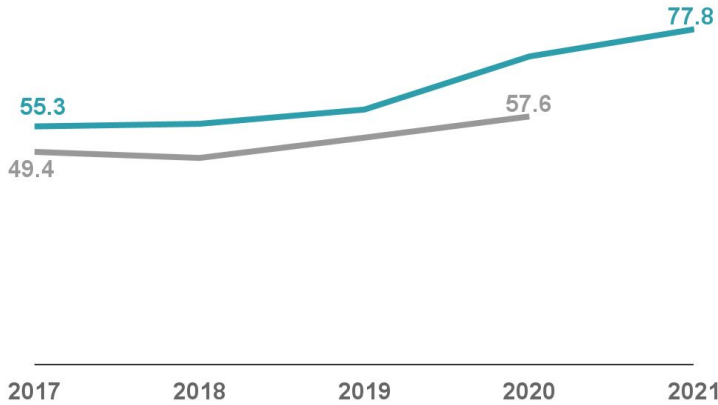


In 2021, almost 1 in 3 Arizonans who died aged 45-64 years died due to **COVID-19**.

UNINTENTIONAL INJURY

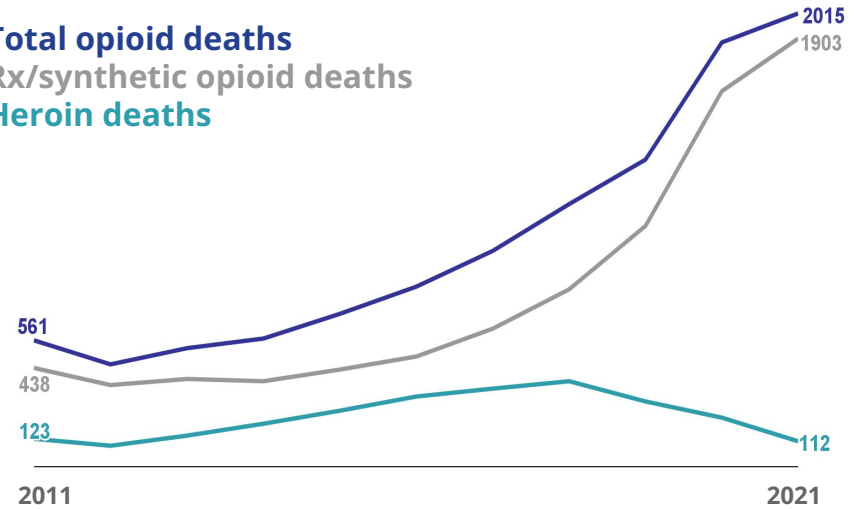
The rate of unintentional injury mortality has increased in **Arizona** over the last 5 years and continues to be above the **U.S.** rate.

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.

Total opioid deaths Rx/synthetic opioid deaths Heroin deaths

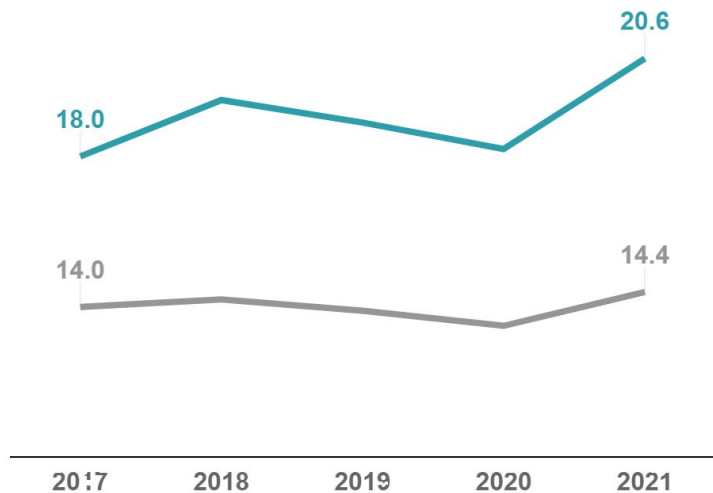


If you or someone you love is in crisis, please contact **988** or the Arizona Crisis Line:
1-844-534-HOPE (4673) (English/Español) or text **4HOPE (44673)**

SUICIDE

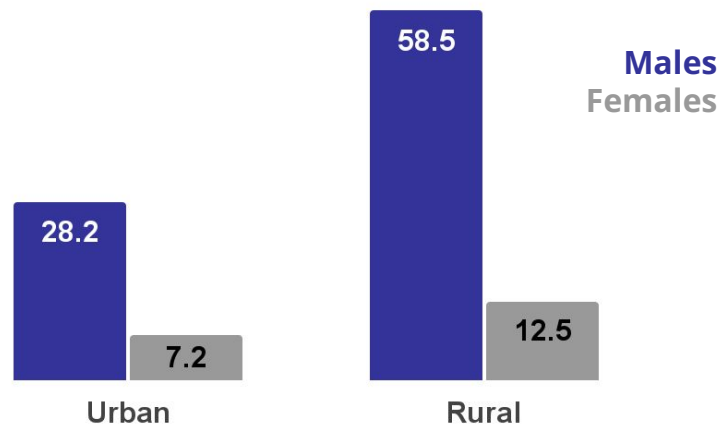
Suicide mortality rates have increased in both **Arizona** and the **U.S.**, after dropping slightly from 2019 to 2020.

In 2021, 60% of suicides in Arizona included firearms as an injury type. Hanging/strangulation and poisoning are the next highest reported injury types.



Males in Arizona continue to have an increased suicide mortality rate (32.8 per 100,000) compared to females (8.0 per 100,000).

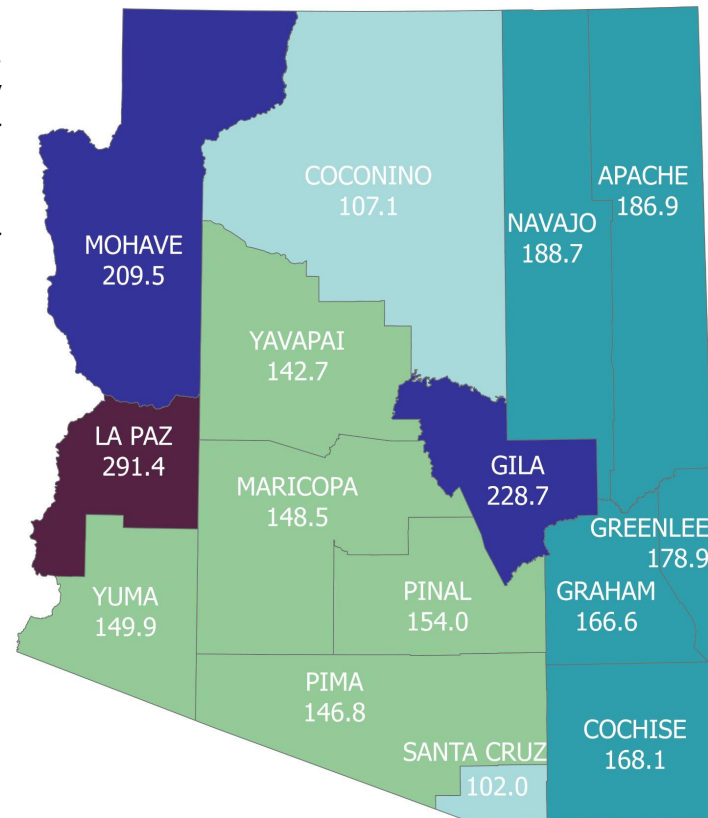
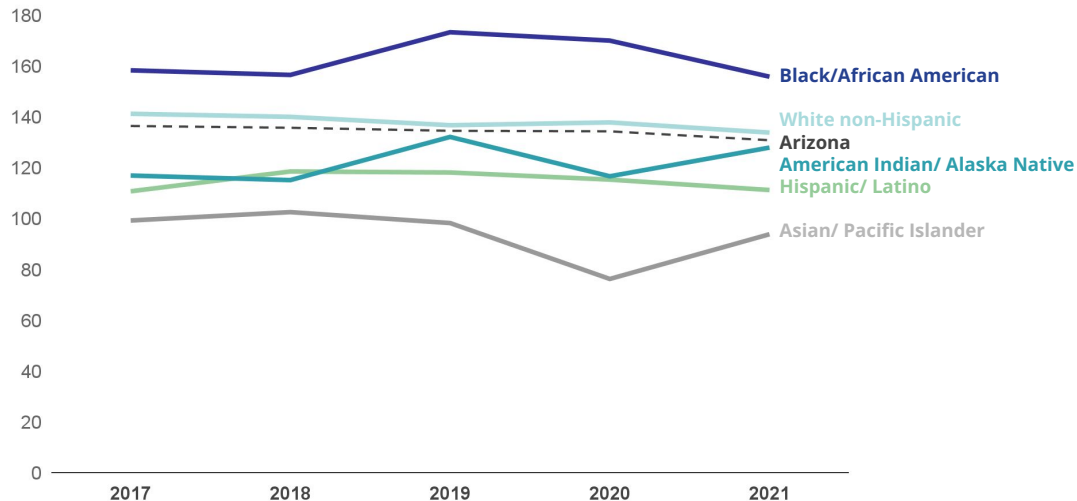
Rural Arizonans died by suicide at increasingly higher rates, nearly two-fold greater, than their urban counterparts. Rural **males** experienced the highest rate of suicide death.



CANCER

The cancer mortality rate in Arizona continues to decrease. Since 2016, the rate has decreased from 140 per 100,000 people to approximately 131 per 100,000 people. Males continued to see a higher cancer mortality rate than females through 2021.

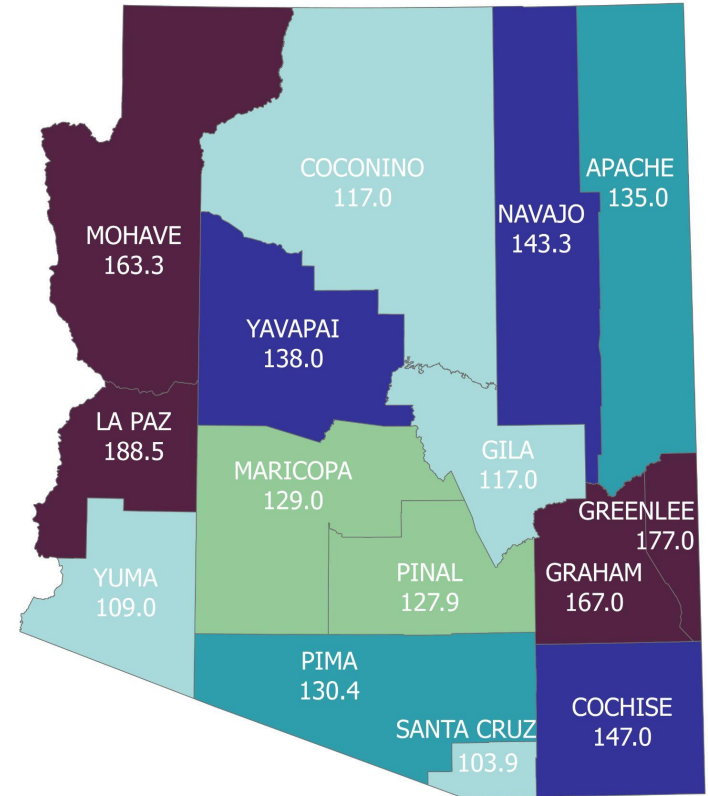
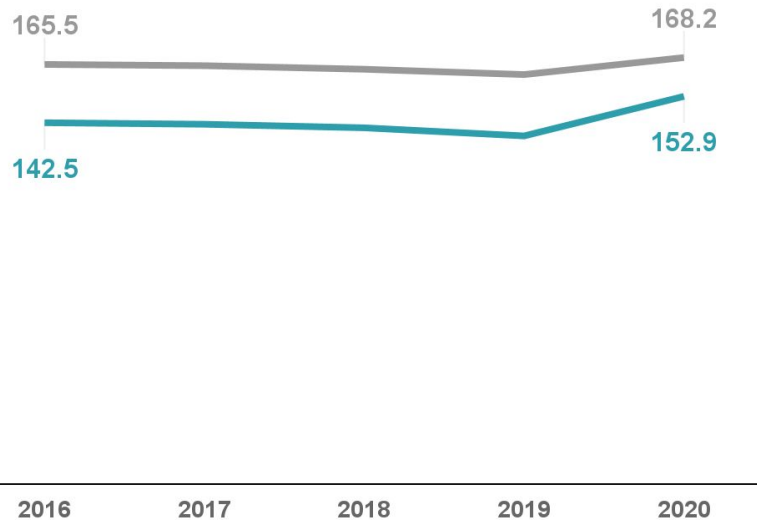
There are regional and demographic variations seen with cancer mortality. In 2021, the Black/African American population as well as La Paz county have the highest reported cancer mortality rates in Arizona.



HEART DISEASE

Heart disease is the 3rd leading cause of death in Arizona among adults 45-64 years.

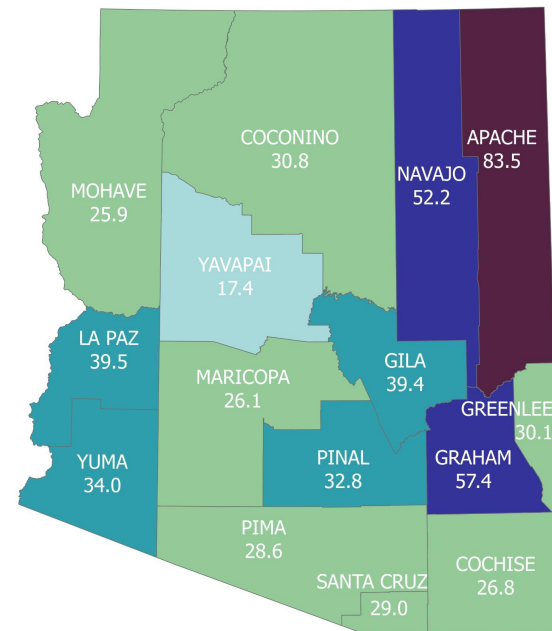
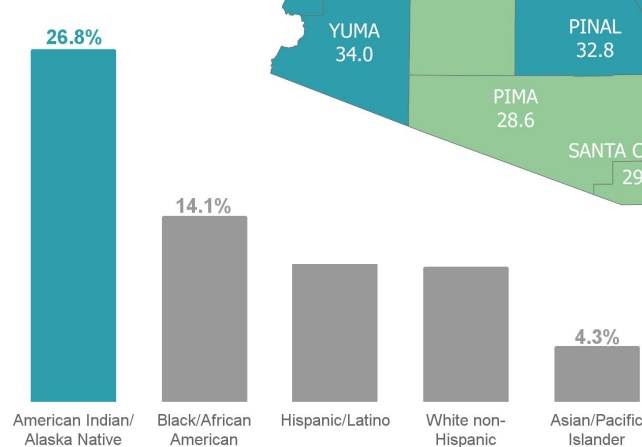
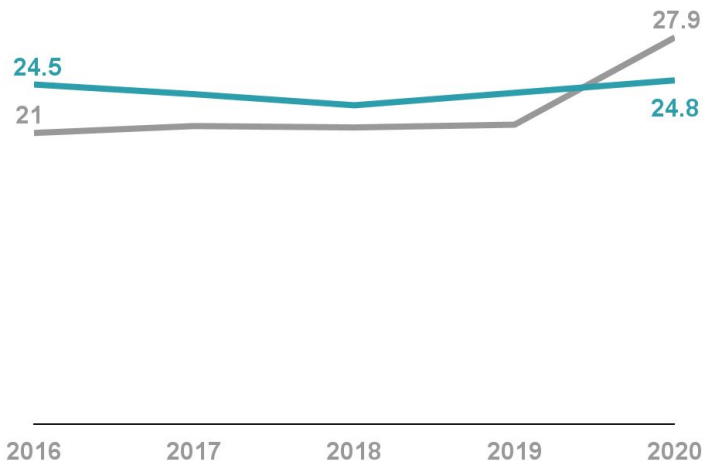
In 2020, the **Arizona** heart disease mortality rate remained lower than the **U.S.** rate, but started to increase after years of remaining stable.



DIABETES

The mortality rate for diabetes has been stable over the last five years in **Arizona**. In 2020, there was an increase; however, not as drastic as the **U.S.** diabetes mortality rate increase. 1 in 10 Arizonans are living with diabetes and an estimated 1 in 3 have pre-diabetes.

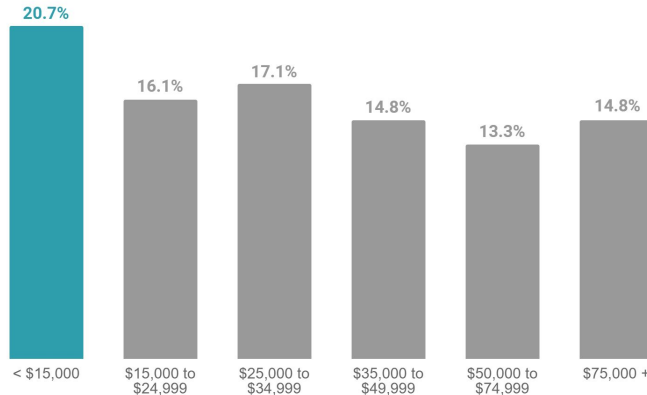
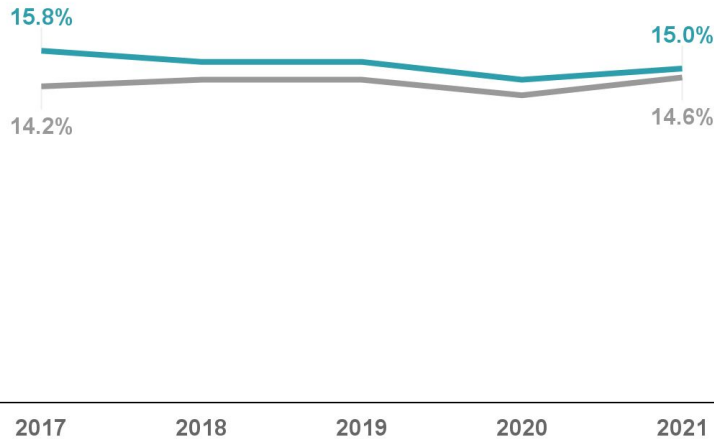
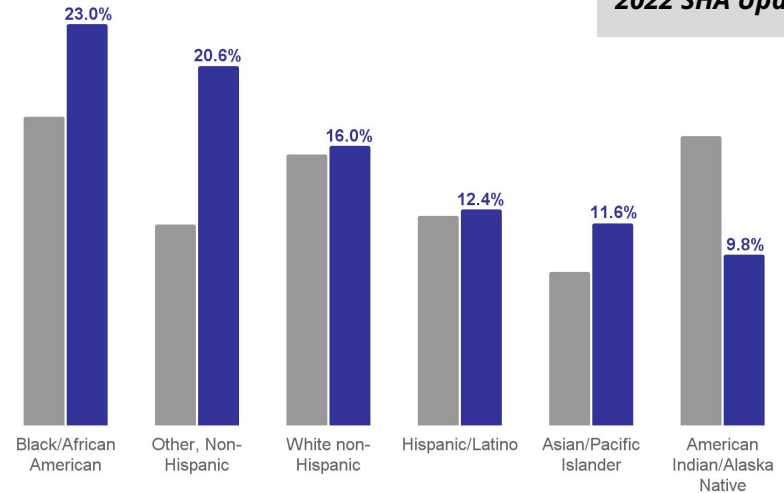
American Indian/Alaska Natives in Arizona are disproportionately burdened with over 1 in 5 reported as having ever lived with diabetes in 2021.



ASTHMA

Although the prevalence of asthma in **Arizona** has remained relatively stable, it continues to be above the **national average**.

From **2020** to **2021**, American Indian/Alaska Native was the only population that saw a decrease in the percent of adults reporting ever having asthma.

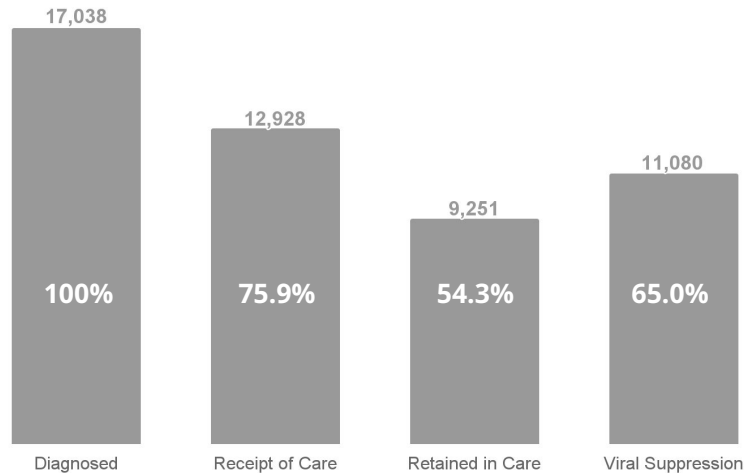


Arizonans who report making less than \$15,000 continue to be the most impacted by asthma.

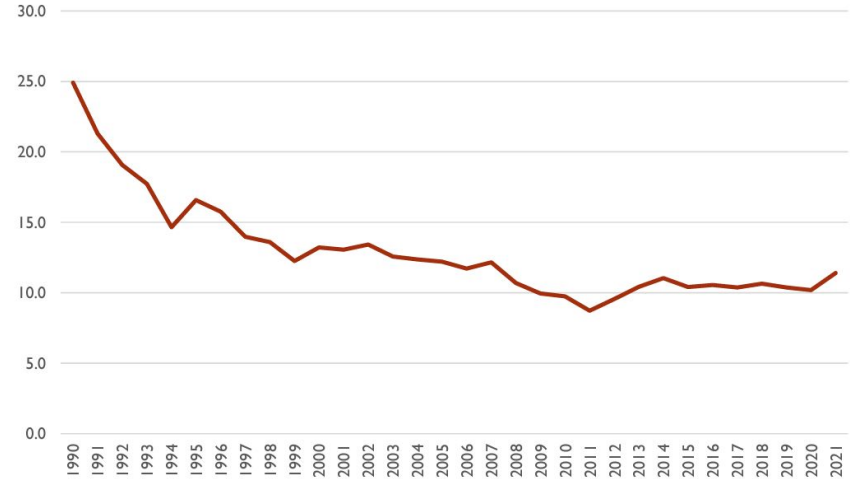
HIV IN ADULTS

From 2020 to 2021, the number of HIV/AIDS incident (new) cases reported in Arizonans over the age of 13 increased by 19%.

In 2021, **80.7%** of individuals newly diagnosed with HIV/AIDS in Arizona were **linked to care (LTC)** within 30 days of diagnoses and **65%** of individuals reached **viral suppression**.



Arizona HIV/AIDS Incidence Rate, 1990 – 2021



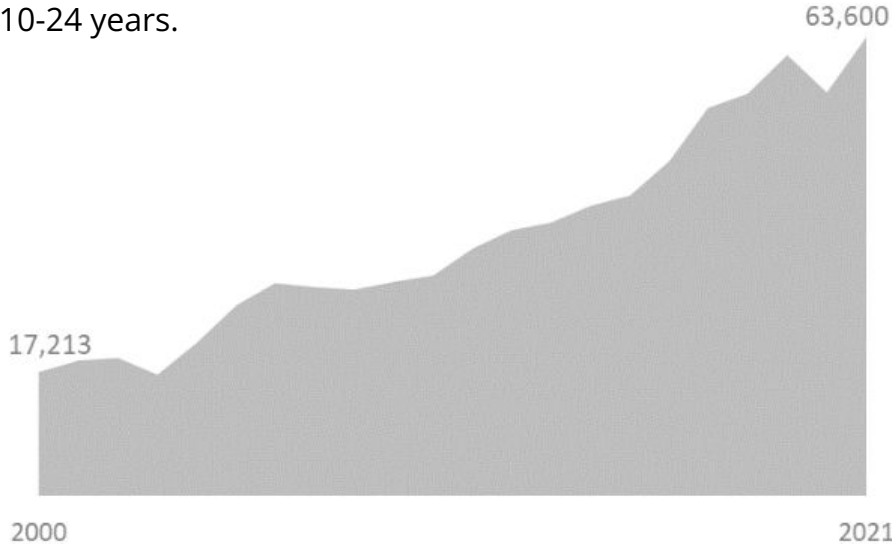
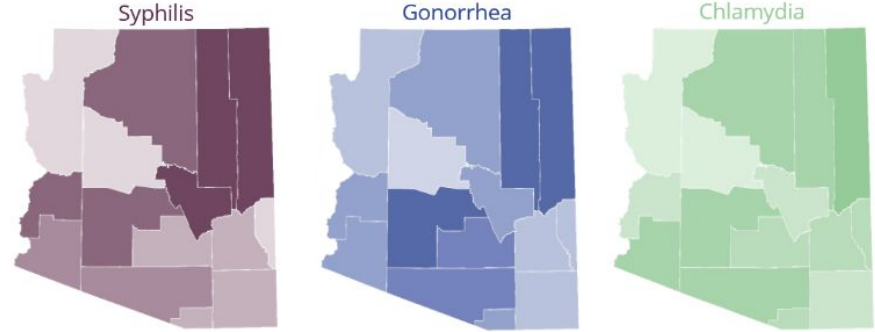
Notably, the COVID-19 pandemic may have affected HIV/AIDS testing measures in 2020 by projecting a lower number of HIV/AIDS incident cases. Over the last ten years of the HIV epidemic (2011-2021), an average of 727 incident (new) cases per year have been recorded.



SEXUALLY TRANSMITTED INFECTIONS (STIs)

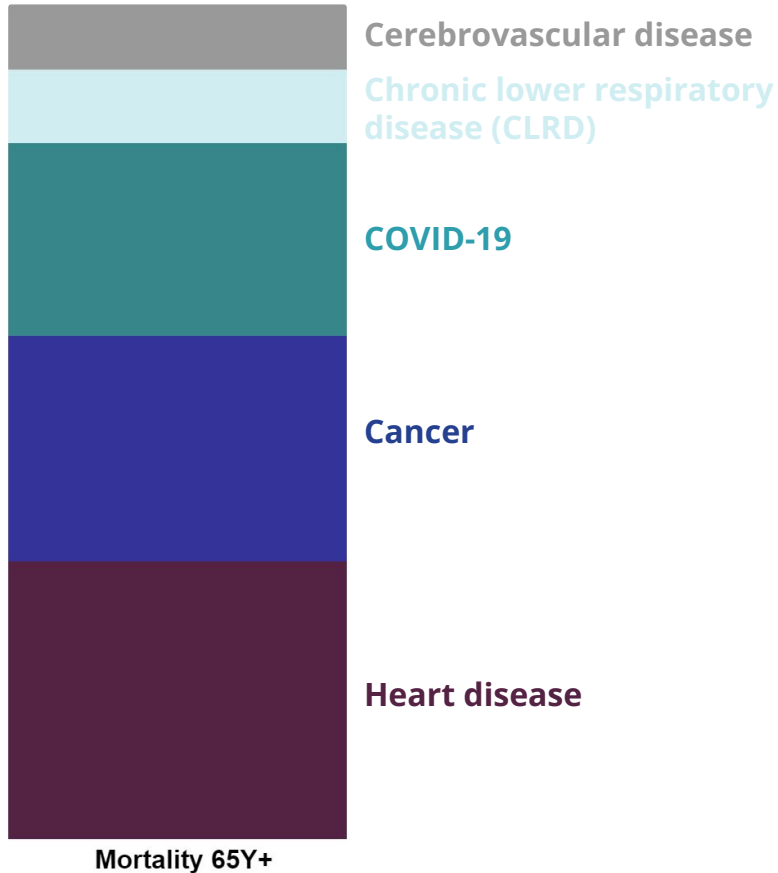
STIs in Arizona continue to increase statewide, with the number of reported cases (**syphilis**, **gonorrhea**, **chlamydia**) reaching over 63,000 in 2021.

The majority of **syphilis** (53%) and **gonorrhea** (47%) cases are reported in Arizonans aged 25-39 years, whereas the majority of **chlamydia** cases are reported in those aged 10-24 years.



In 2021, 2 out of 3 STI cases were reported in Arizonans younger than 30 years old.

HEALTHY AGING



In 2020 and 2021, **heart disease**, **cancer**, and **COVID-19** were the top 3 leading causes of death among Arizonans ages 65 and older.

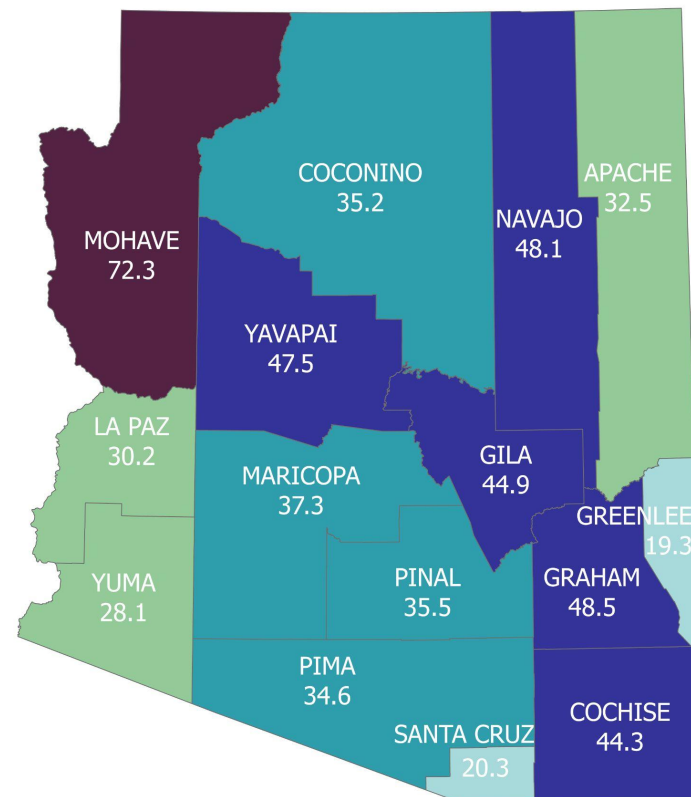
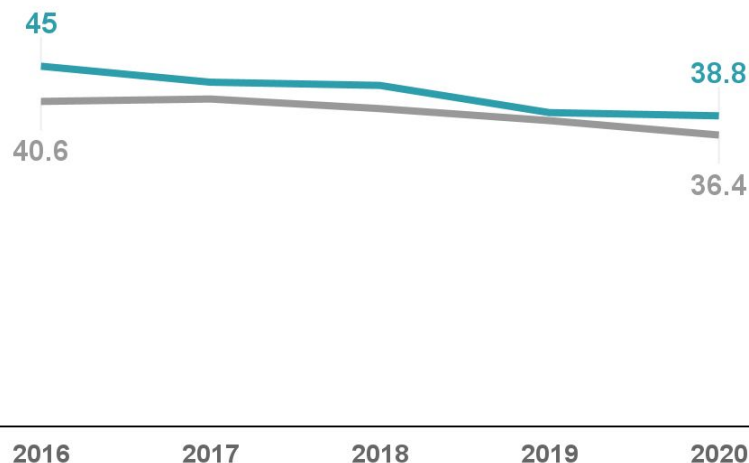


In 2021, 1 in 3 deaths in older Arizonans was due to **heart disease**.

CHRONIC LOWER RESPIRATORY DISEASE (CLRD) IN AGING ADULTS

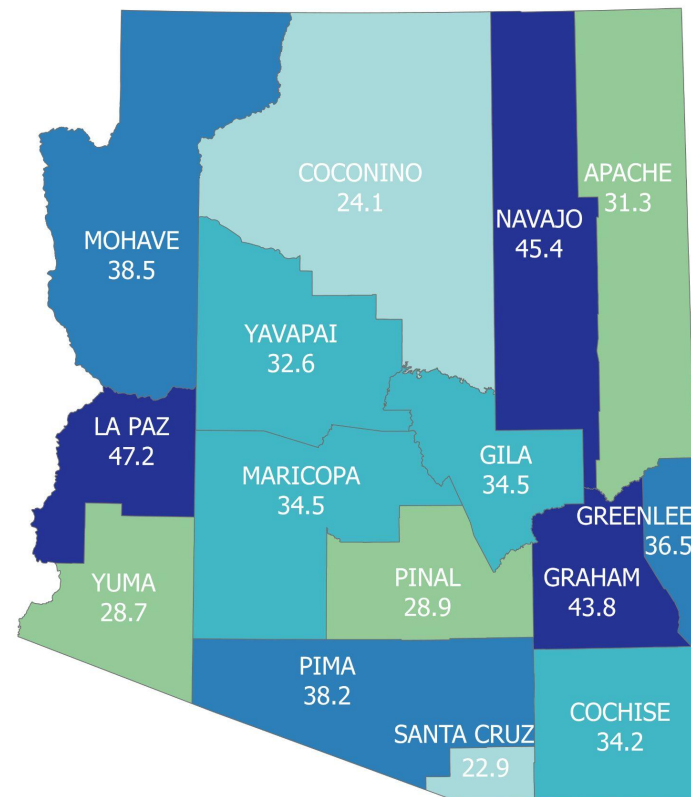
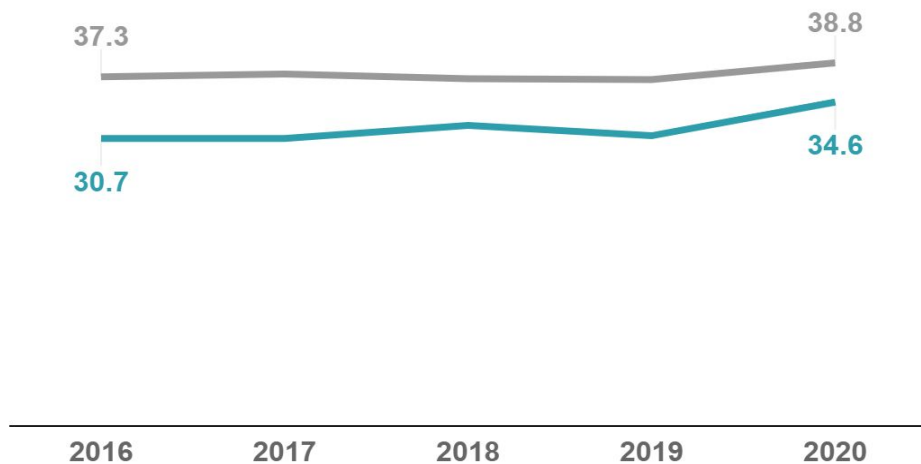
The rate of mortality from Chronic Lower Respiratory Disease (CLRD) has decreased over the past several years but in **Arizona** it continues to be above the **U.S.**

CLRD includes chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, and asthma.



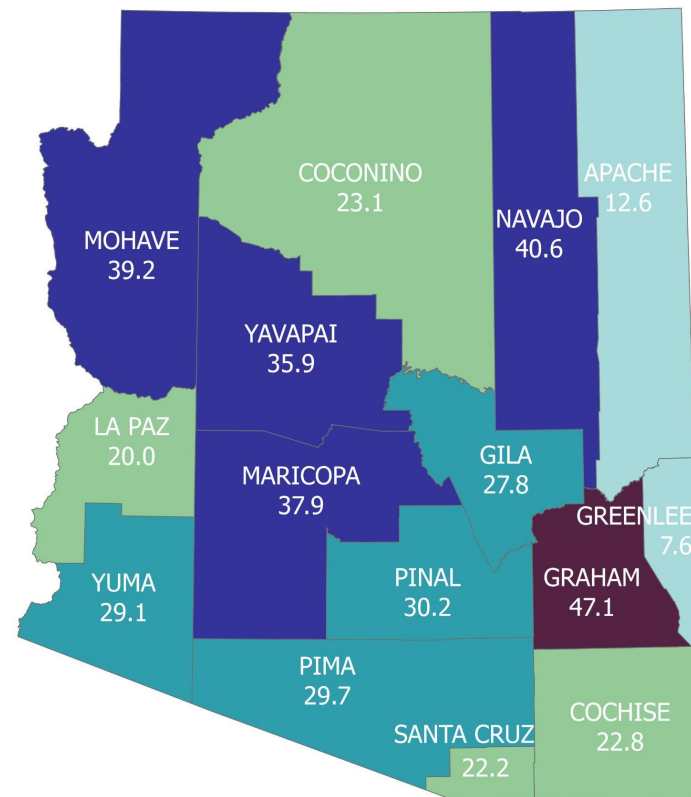
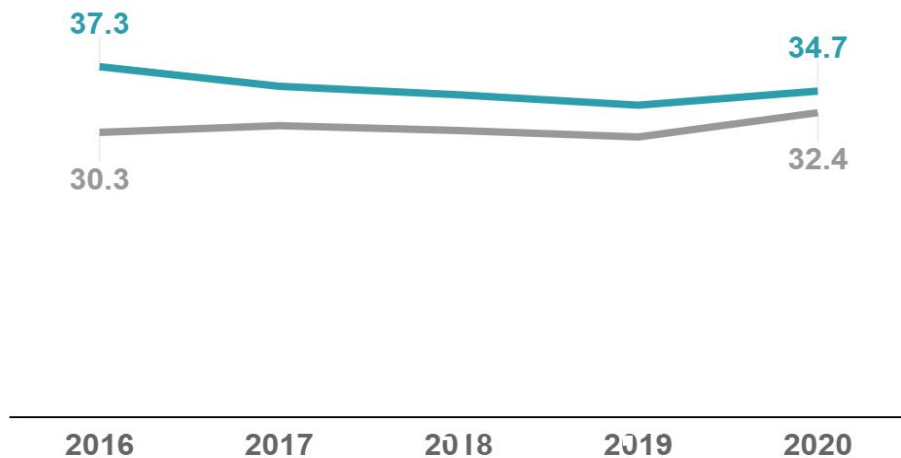
CEREBROVASCULAR DISEASE IN AGING ADULTS

The **Arizona** cerebrovascular disease (including strokes) mortality rate (34.6 per 100,000) increased from 2019 to 2020 but remained below the **U.S.** rate (38.8 per 100,000).



ALZHEIMER'S DISEASE IN AGING ADULTS

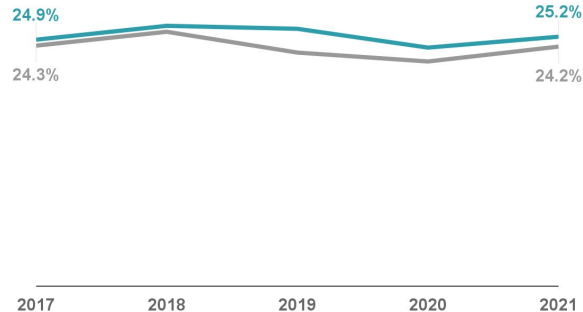
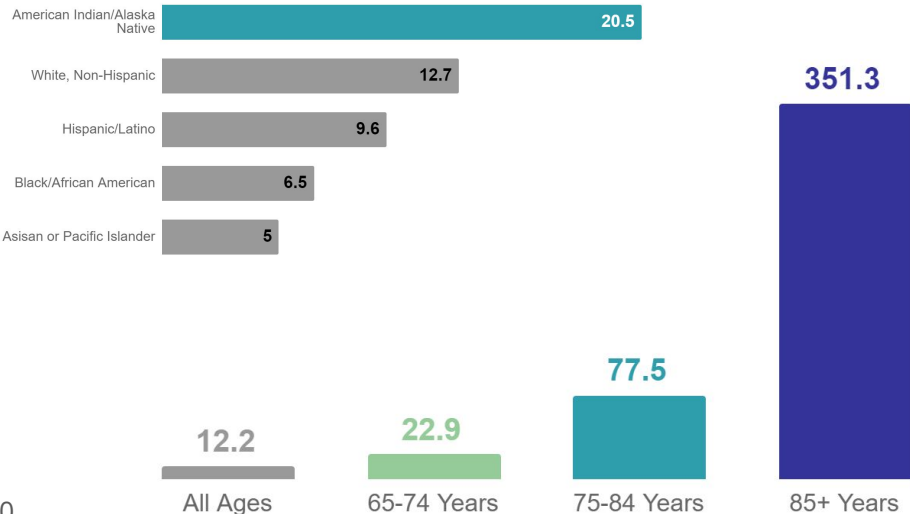
The **Arizona** alzheimer's mortality rate (34.7 per 100,000) increased from 2019 to 2020 and remained above the **U.S.** rate (32.4 per 100,000).



FALL-RELATED INJURY & ARTHRITIS IN AGING ADULTS

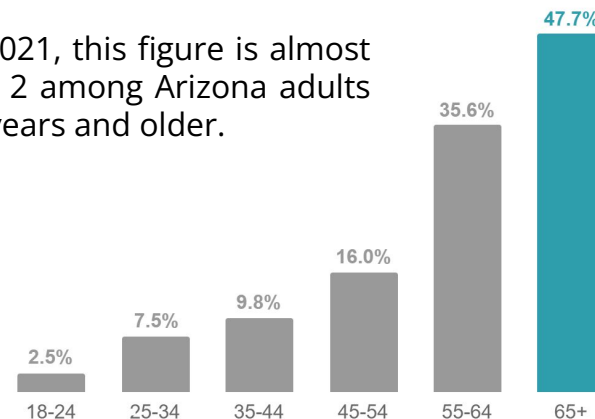
In 2021, fall-related injury mortality has the highest impact on the aging adults with the highest on those **85 years and older**.

Fall injury mortality rates are highest among American Indian/Alaska Native Arizonans followed by White, non-Hispanic Arizonans.



Approximately 1 in 4 **Arizona** adults reported having ever been told they have arthritis, similar to the **U.S.**

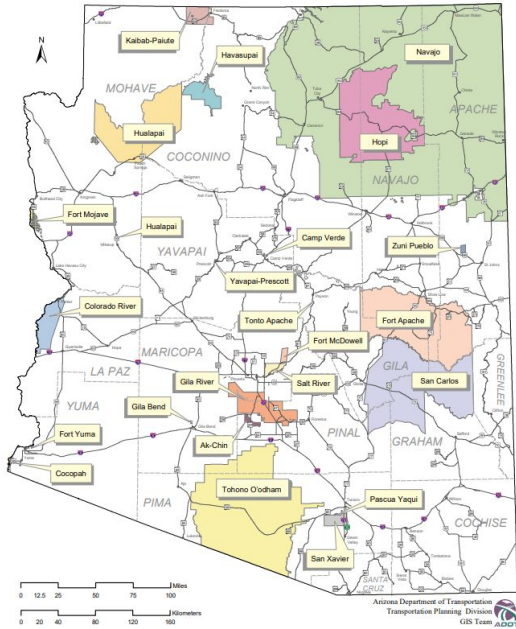
In 2021, this figure is almost 1 in 2 among Arizona adults 65 years and older.



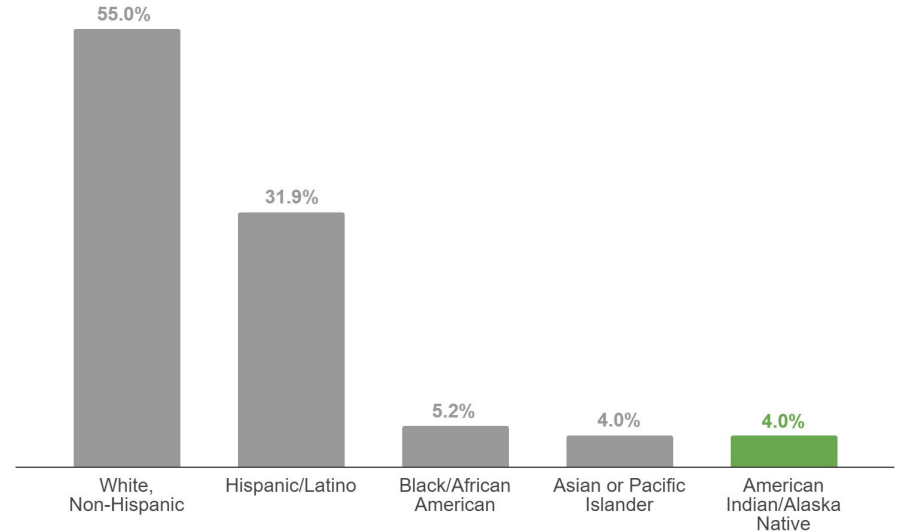
TRIBAL HEALTH IN ARIZONA

The state of Arizona is home to 22 sovereign American Indian Tribes and tribal lands make up approximately 28% of Arizona’s land base.

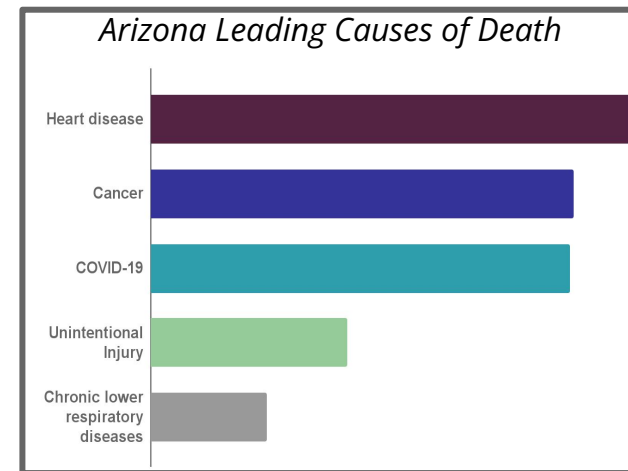
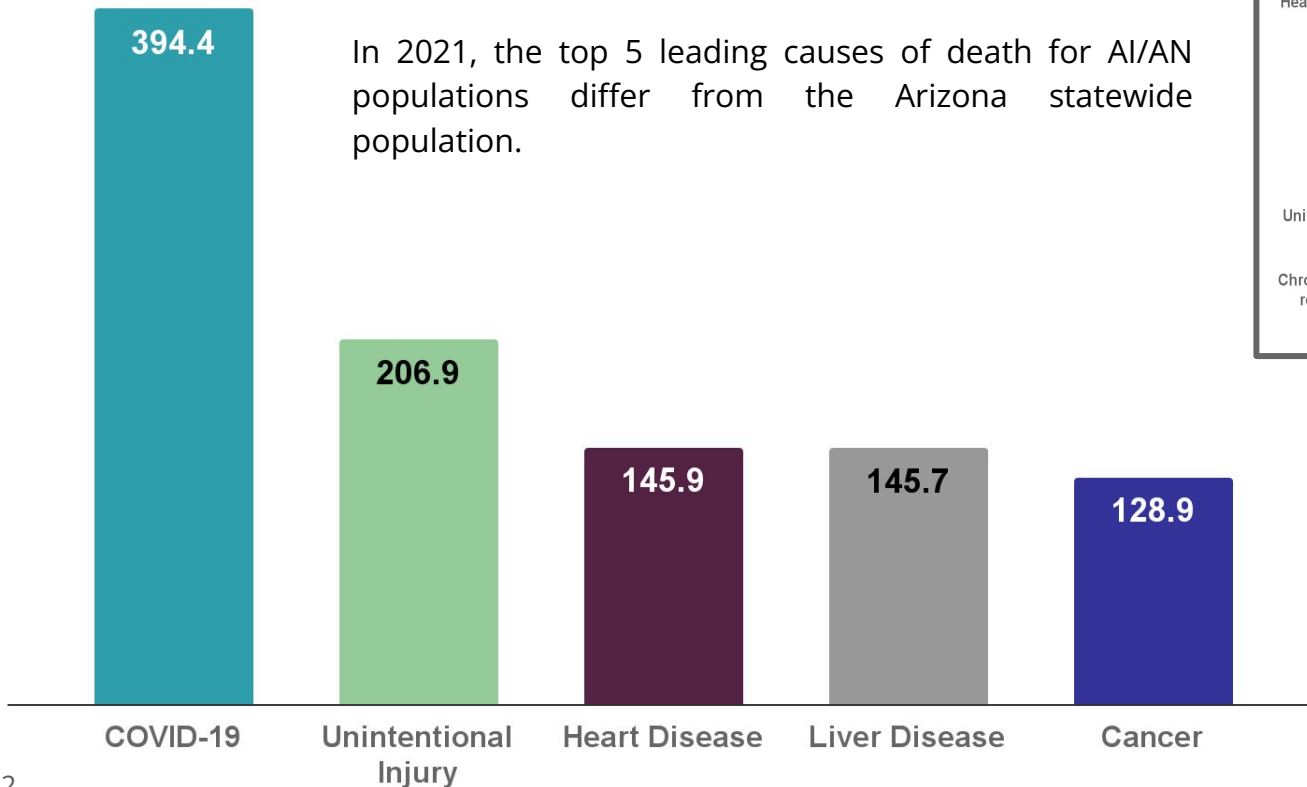
American Indian Reservations



In 2021, approximately 4% of Arizona residents identified as **American Indian/Alaska Native (AI/AN)**, representing over 290,000 persons.



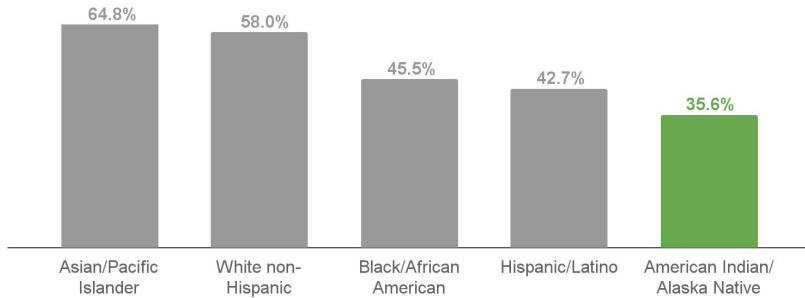
TRIBAL HEALTH - LEADING CAUSES OF DEATH



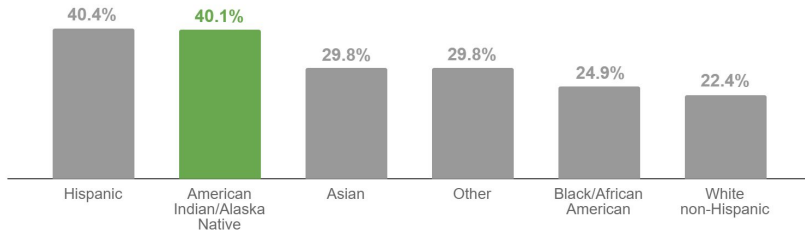
This is the second consecutive year COVID-19 and unintentional injury have been the first and second leading causes of death for Arizona AI/AN populations.

TRIBAL HEALTH - HEALTH STATUS & UNINTENTIONAL INJURY

In 2021, **AI/AN** populations continued to be the least likely to report having very good or excellent health,

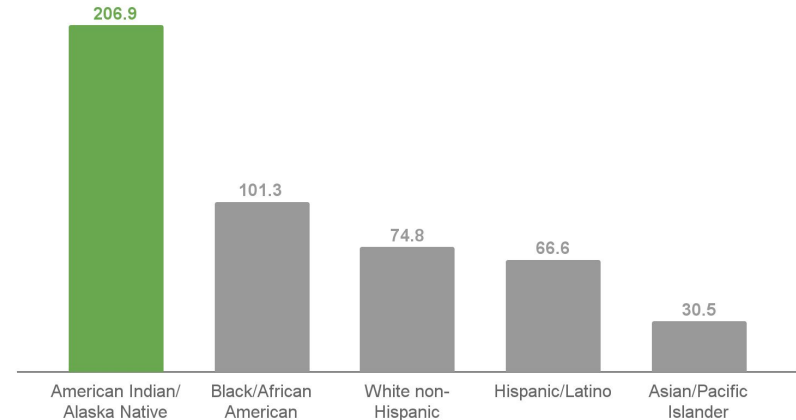


and 40% of **AI/AN** Arizonans reported not having a personal doctor or healthcare provider.



As the second leading cause of death in **AI/AN** populations, the AI/AN unintentional injury mortality rate is 2 times higher than the next population (Black/African American).

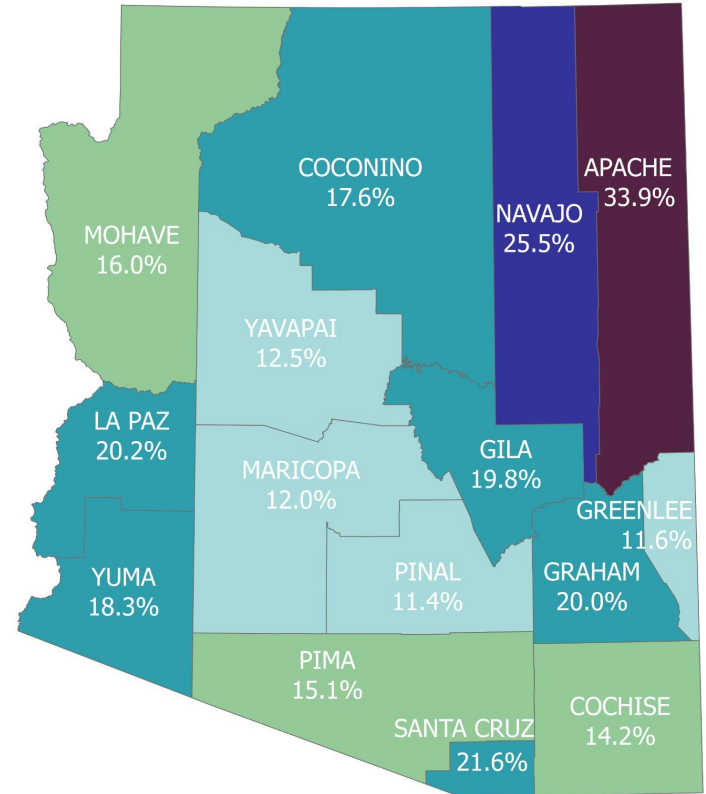
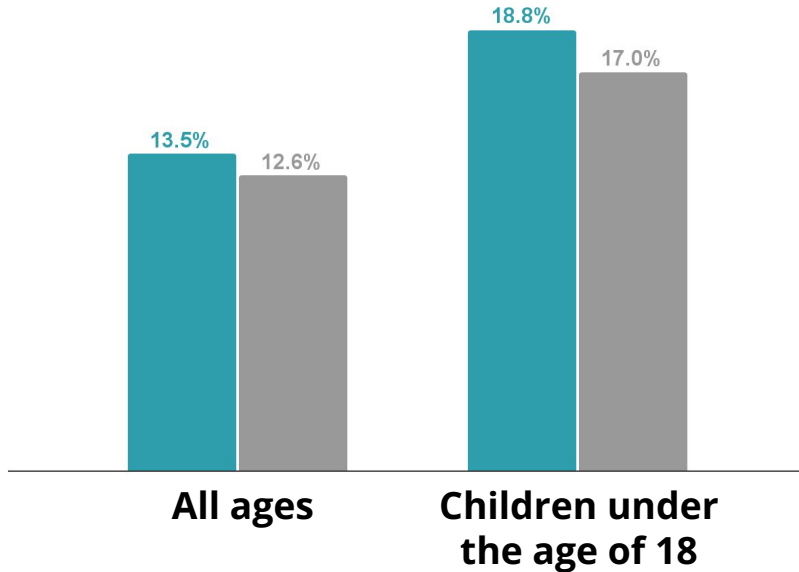
Unintentional injuries may include motor vehicle crashes, falls, drowning, poisonings, etc.



HEALTH COMMUNITIES - POVERTY LEVELS & UNEMPLOYMENT

Arizona has seen an overall decreasing unemployment rate from 7.1% in 2017 to 5.6% in 2021 (which is still above the 2021 national rate of 5.5%).

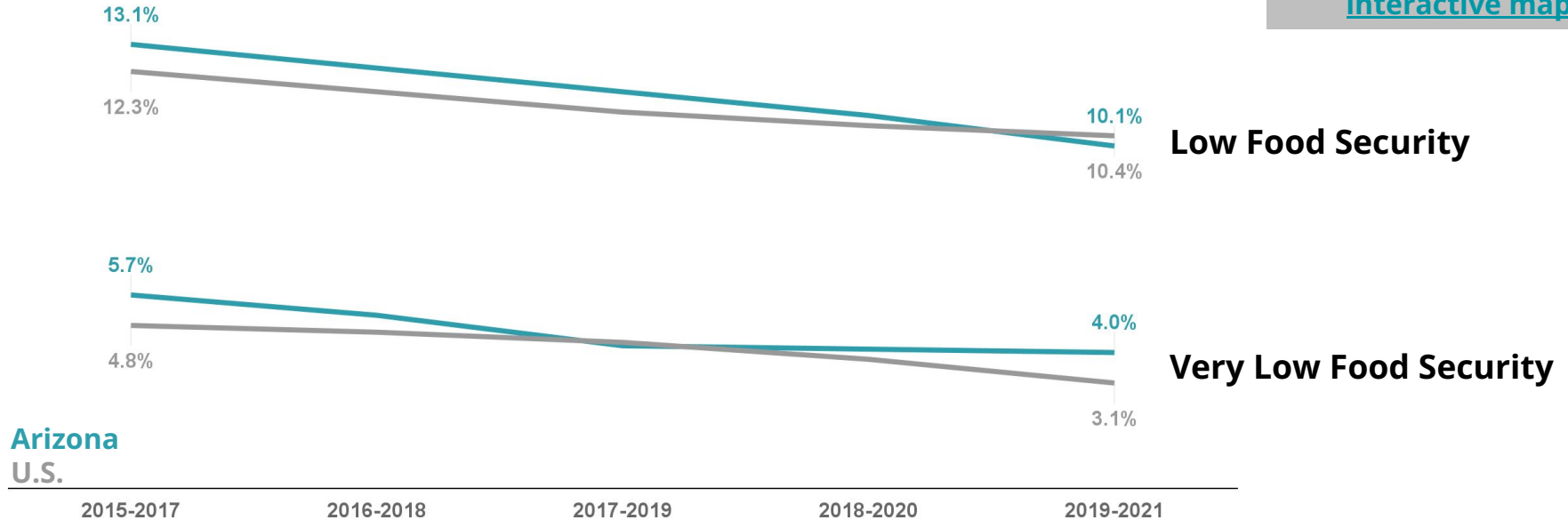
Approximately 13.5% of **Arizonans**, including 18.8% of **children under the age of 18**, are living below the federal poverty level. Arizona continues have higher rates of poverty than the **U.S.**



HEALTHY COMMUNITIES - FOOD INSECURITY IN ARIZONA

The prevalence of household-level food insecurity in **Arizona**, both low food security and very low food security, continue to decline.

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



Arizona
U.S.

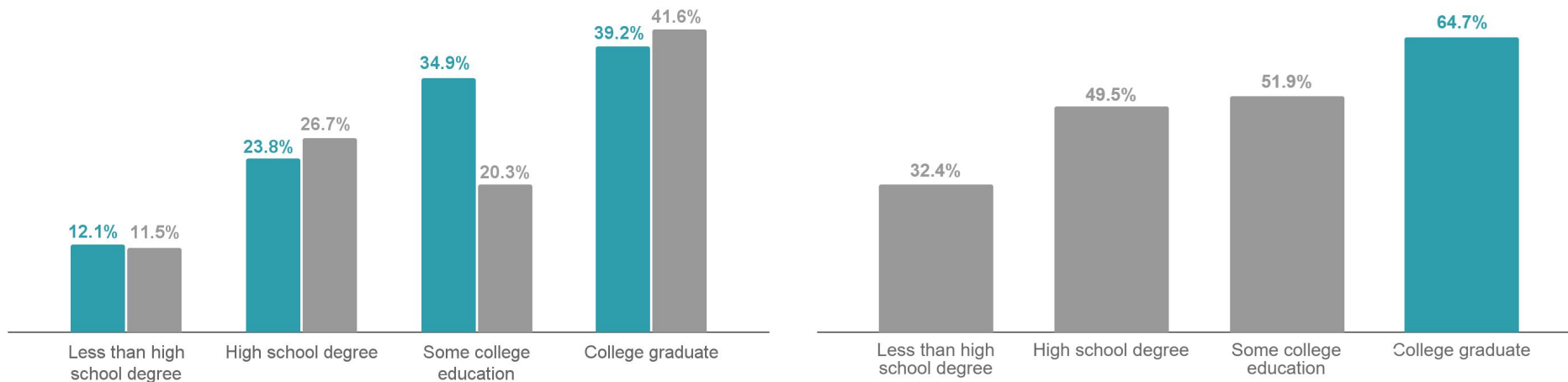
Low Food Security

Very Low Food Security

HEALTHY COMMUNITIES - EDUCATIONAL ATTAINMENT

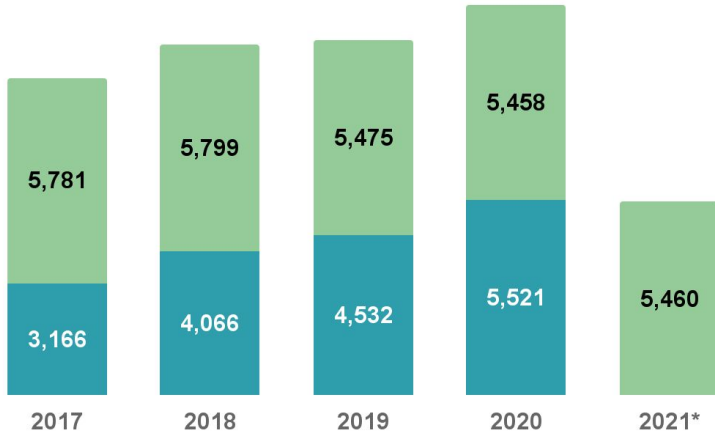
From 2016 to 2021, **Arizona** continued to be slightly above the **U.S.** estimate of adults with less than a high school degree.

In 2021, as the highest level of education completed increases, the percentage of adults reporting being in very good or excellent health also increases.



HEALTHY COMMUNITIES - HOUSEHOLDS

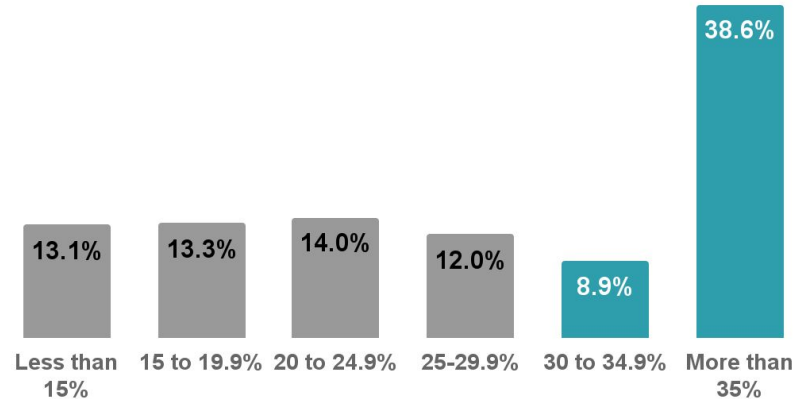
The estimated number of homeless individuals, **sheltered** and **unsheltered**, has seen an increase for the last several years with the greatest increase among unsheltered individuals.



*In 2021, the annual unsheltered point in time (PIT) count was waived by the Department of Housing and Urban Development (HUD) due to COVID-19; therefore, this data is unavailable.

Housing expenditures measured as **exceeding 30% of a family's income** have historically been viewed as an indicator of a lack of housing affordability. 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 COMMUNITIES - NEIGHBORHOODS

In **Arizona**, over half of adults surveyed reported that they believe their children live in a safe (60%) and supportive (50.7%) neighborhood which is slightly lower than the **U.S.**

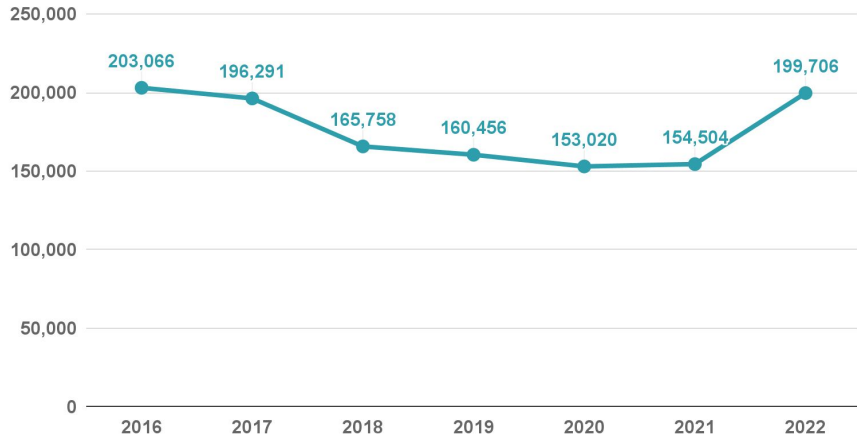


Supportive Neighborhood is a measurement that is referred to in various contexts as “neighborhood support,” “neighborhood cohesion,” and “social capital” and is derived from responses to three statements:

- 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.

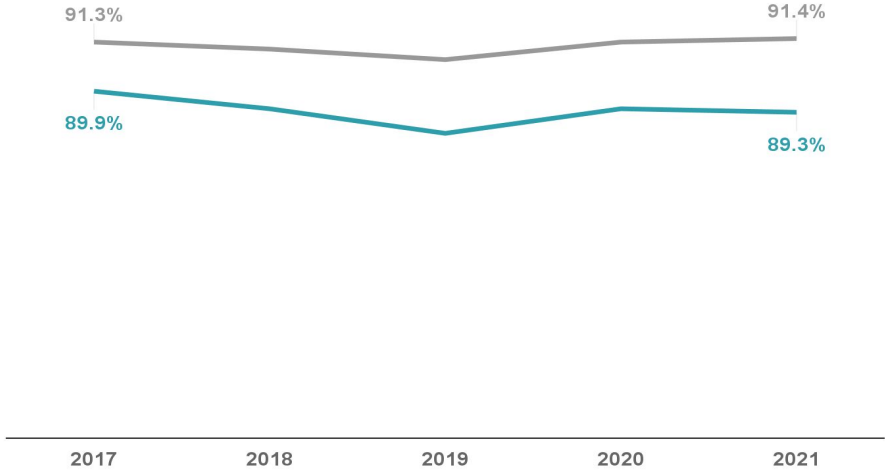
HEALTHY COMMUNITIES - HEALTH INSURANCE COVERAGE

2022 was **Arizona's** highest Marketplace enrollment since 2016!



The number of Arizonans enrolled in the Health Insurance Marketplace increased by over 46,000 people from 2020 to 2022.

Over 89% of **Arizona** adults had health insurance coverage in 2021!

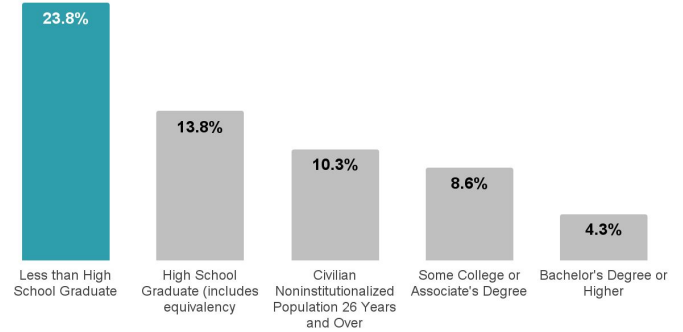
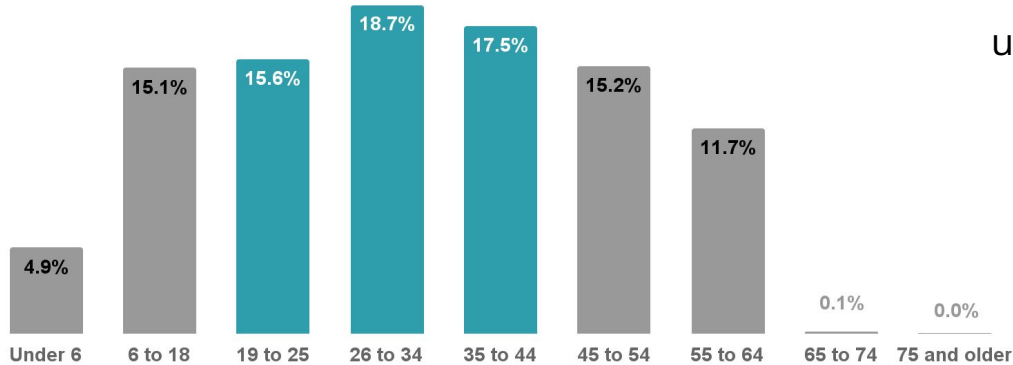


The percentage of **Arizona** adults who have health insurance coverage is still below the **U.S.** average.

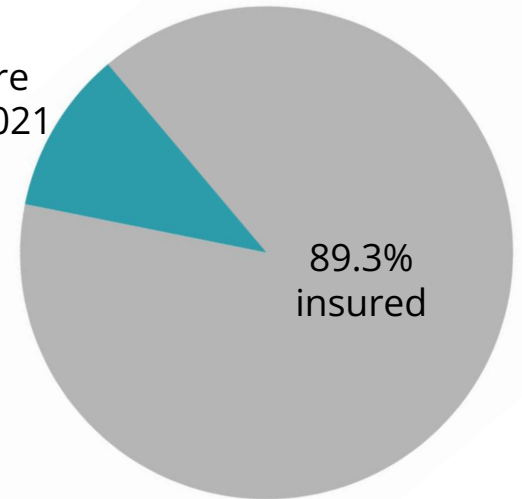
HEALTHY COMMUNITIES - HEALTH INSURANCE COVERAGE

While almost 90% of **Arizonans** had health insurance coverage on 2021, approximately 10% of Arizonans lacked health insurance coverage.

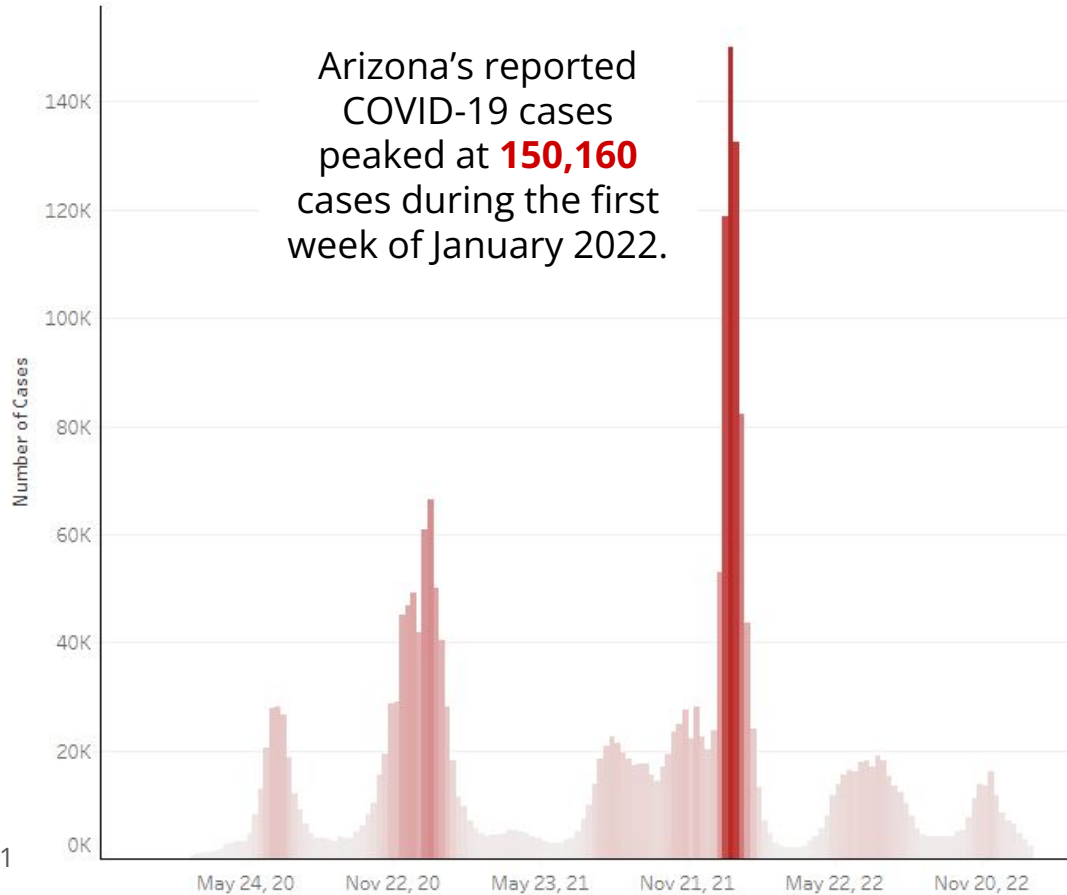
In 2021, Arizonans who were between the ages of 19 to 44 or Arizonans who had less than a high school diploma were more likely to be uninsured.



10.7% of Arizonans were uninsured in 2021



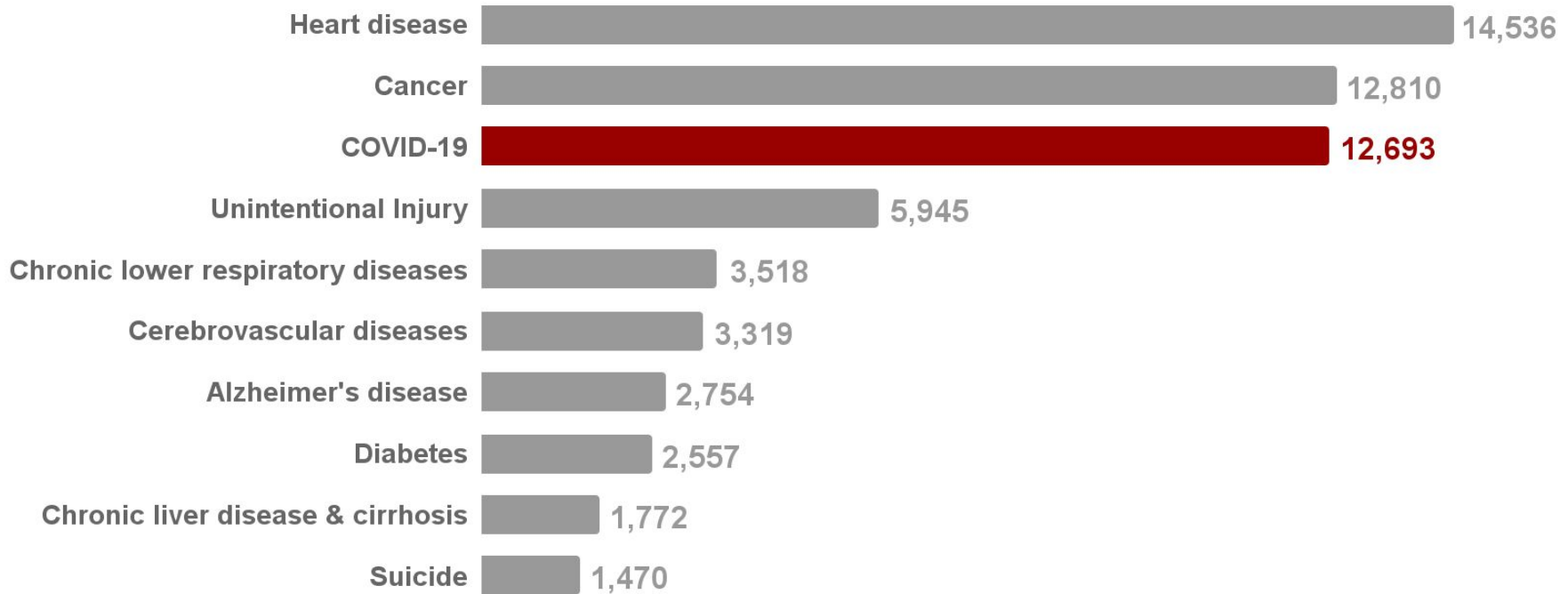
IMPACT OF COVID-19 ON ARIZONA'S HEALTH



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 COVID-19 Dashboard](#) for additional data updates.

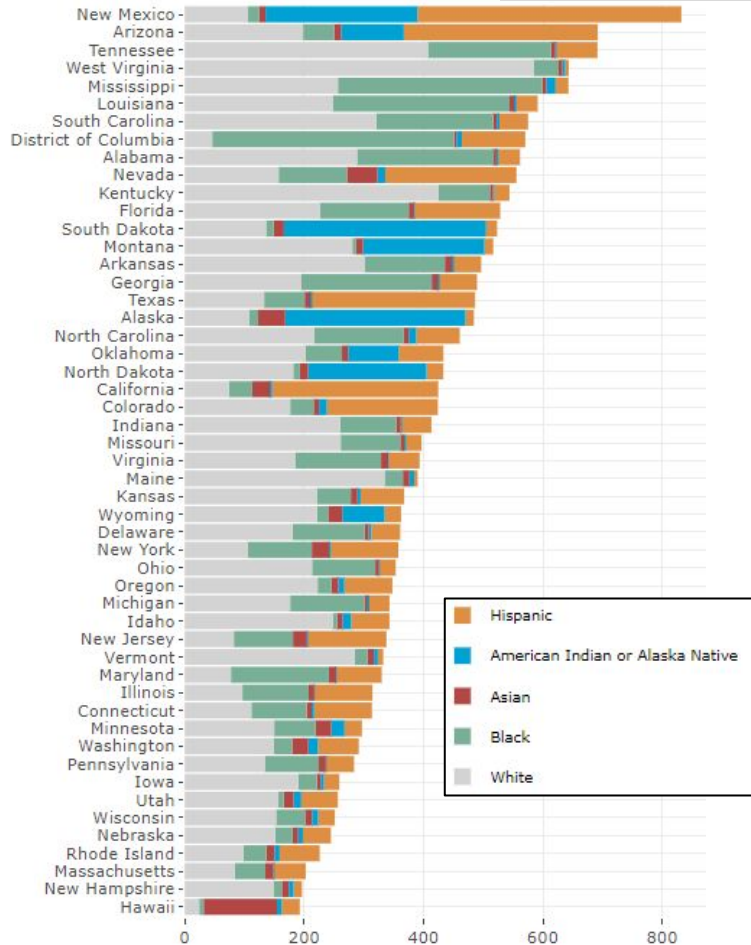
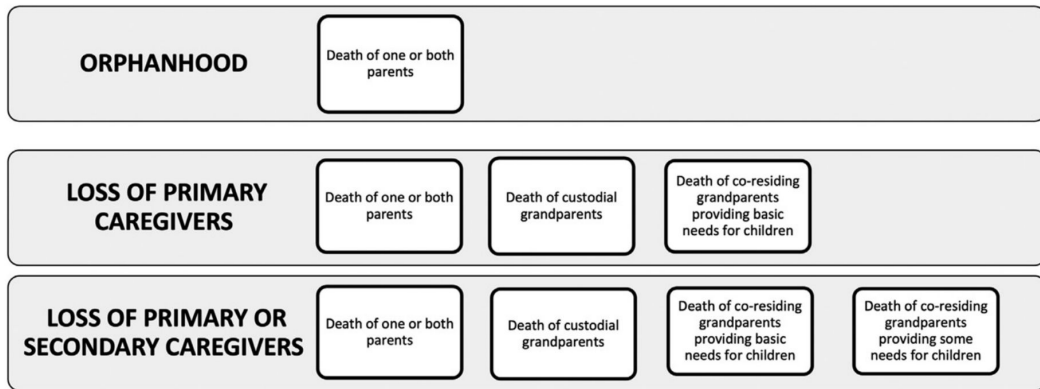
IN 2021, COVID-19 CONTINUED TO BE THE THIRD LEADING CAUSE OF DEATH IN ARIZONA.



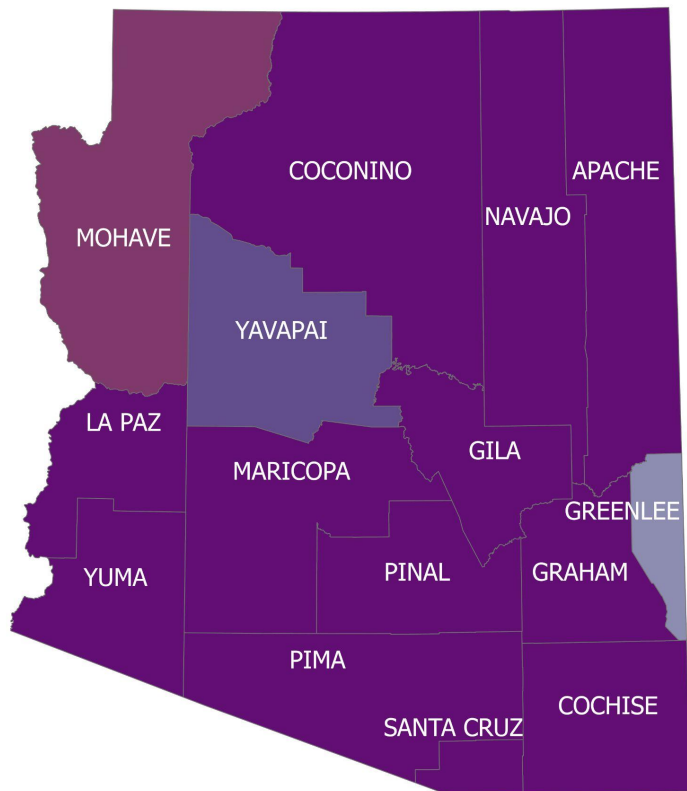
LOSS OF CAREGIVER DUE TO COVID-19

Between April 1, 2020 and September 30, 2022, over **11,000 children in Arizona** experienced the loss of a primary or secondary caregiver due to COVID-19 (nationally over 310,000 children).

Arizona ranked second in the nation for the rate of children losing a primary or secondary caregiver relative to the total child population size in the state, with great racial and ethnic disparities. Hispanic and American Indian/Alaska Native children in Arizona were the most impacted.

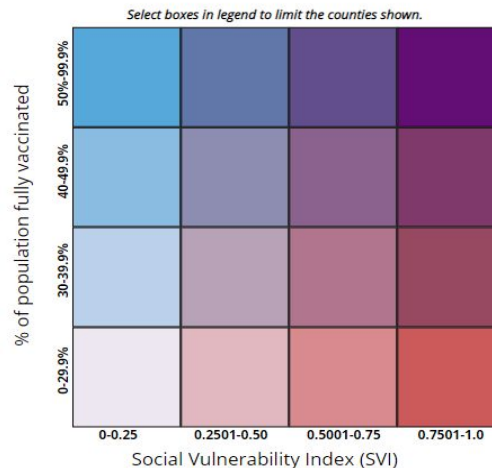


COVID-19 VACCINE EQUITY



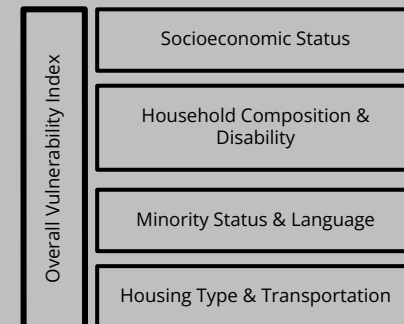
All but one county within Arizona are in the moderately high to high SVI category (SVI >0.5) with Greenlee County being in the low to medium SVI category (SVI between 0.25 - 0.5).

While many counties with the highest SVI scores have over 50% of their population fully vaccinated against COVID-19, Mohave County has reported only 40% - 49.9% of their population is fully vaccinated. Yavapai County has reported over 50% of their population fully vaccinated; however, they are identified as moderately high SVI (0.5 - 0.75).



Social Vulnerability Index (SVI)

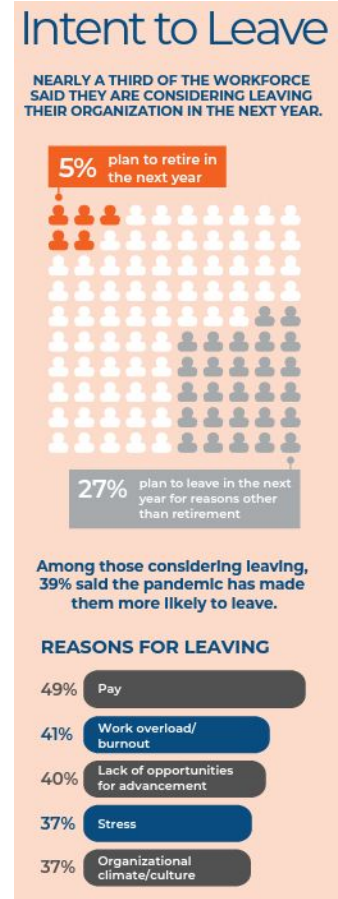
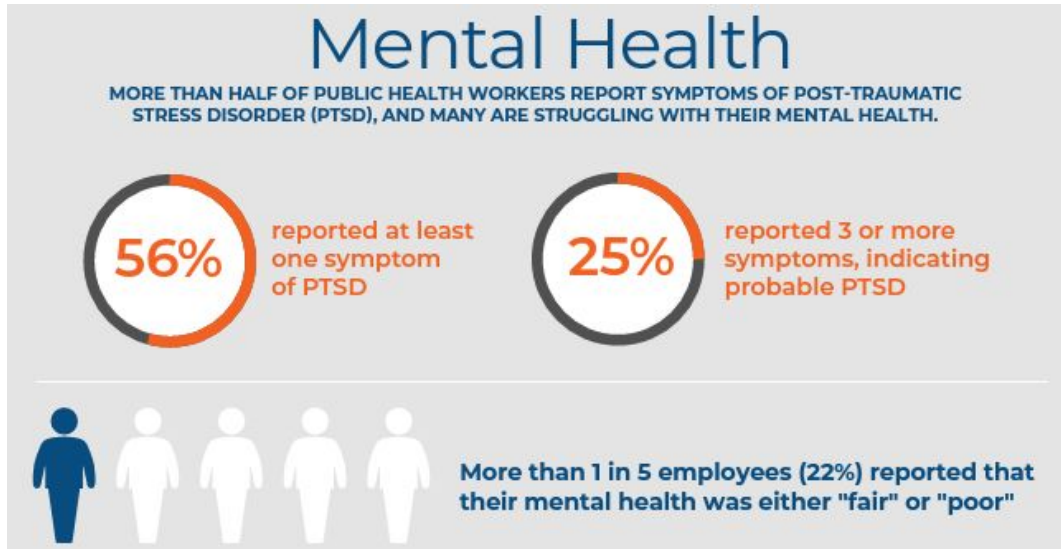
SVI provides specific socially and spatially relevant information to help public health officials and local planners better prepare communities to respond to emergency events.



PUBLIC HEALTH WORKFORCE

Between September 2021 and January 2022, over half of state and local governmental public health employees surveyed continue to experience at least one symptom of PTSD while many continue to report their mental health as “fair” or “poor”.

Burnout and stress are major contributing factors leading to workers intending to leave their organization within the next year.



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. [ADHS Health Status and Vital Statistics Program](#)
3. [U.S. Census Bureau: Growth in U.S. Population Shows Early Indication of Recovery Amid COVID-19 Pandemic](#)
4. [ADHS Safe Sleep Program](#)
5. [ADHS STI Surveillance Program](#)
6. [ADHS Bureau of State Laboratory Services](#)
7. [Youth Risk Behavior Surveillance System \(YRBSS\)](#)
8. [ADHS Bureau of Immunization Services](#)
9. [National Survey of Children's Health](#)
10. [Behavioral Risk Factor Surveillance System \(BRFSS\)](#)
11. [ADHS HIV Surveillance Program](#)
12. [U.S. Census Bureau, 2017-2021 American Community Survey 5-year period estimate](#)
 - a. [S1701: Poverty Status in the Last 12 Months](#)
 - b. [S1501: Educational Attainment](#)
 - c. [S2701: Health Insurance Coverage in the United States](#)
13. [USDA, Economic Research Service](#)
14. [AZ Department of Economic Security Annual Homeless Report](#)
15. [ADHS COVID-19 Dashboard](#)
16. [Global Reference Group for Children Affected by COVID-19](#)
17. [de Beaumont Foundation and Association of State and Territorial Health Officials, Public Health Workforce Interests and Needs Survey](#)