

Arizona

Fact Book on Youth, Second Edition

Executive Summary

This fact book provides data on a variety of indicators associated with the health and well-being of children and adolescents in Arizona and the United States. The indicators are grouped under the categories of current population and projections, health, education, economic security, social development and behavioral health.

Current Population and Projections

While Arizona has a medium size population compared to other states, it grew by 1.4 million people between 1990 and 1999 giving it the fifth fastest growing population in the nation in terms of actual residents. During this same time period, Arizona ranked second in population rate increase with a forty percent increase in residents. In 2001, Arizona was projected to have 1.5 million children comprising 30 percent of the state's population. The rate of growth in the child and adolescent population in Arizona is more than four times greater than that of the United States. Arizona is projected to experience a 25.4 percent increase in the 0 to 19 year old population between 2000 and 2015 compared to a 4.8 percent increase for the nation in general.

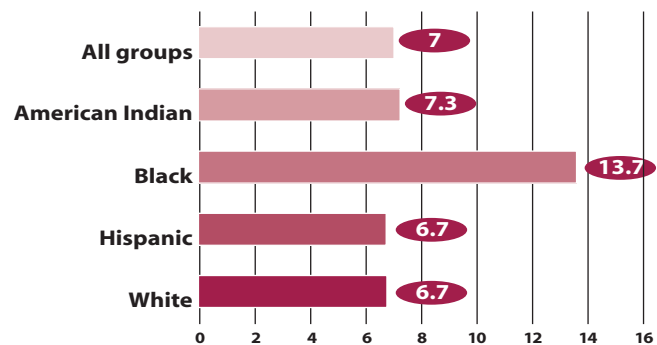
Health

General health perceptions: Since 1984, the percentage of parents in the U.S who think their children are in very good or excellent health has remained at about 80 percent. Differences in this perception are most notable for families of different race and income levels. In 1997, 77 percent of black children under age five were reported by their parents to be in very good or excellent health compared to 86 percent of white children. For children ages 5 to 17, 70 percent of black children were reported by their parents to be in very good or excellent health compared to 84 percent of white children. In 1997, 70 percent of children in poverty were reported by their parents to be in very good or excellent health while 87 percent of children at or above the poverty level were reported to be in very good or excellent health.

Weight and exercise: Children who are overweight are more likely to be overweight as adults -- placing them at risk for health conditions such as hypertension, coronary heart disease, gallbladder disease, and some cancers. While

a smaller percentage of students in the U.S. (29.2 percent) reported themselves as being slightly or very overweight in 2001, a greater portion of students (46.0 percent) reported trying to lose weight. In 2001, 53.4 percent of students in the U.S. reported exercising to strengthen muscles. In 1999, 65 percent of students in the U.S. reported exercising vigorously three or more times in the past seven days.

Figure 1: Low Birth Weight Rates by Racial/Ethnic Group, Arizona, 2001.



Source: Arizona Department of Health Services, 2002. *Arizona Health Status and Vital Statistics, 2001.*

Infant health: The weight of an infant at birth is an important indicator of the overall health of the child and can predict future problems such as disabilities and visual and hearing defects. In addition, low birth weight babies account for 80 percent of all deaths that occur before the age of 28 days and are 24 times more likely than heavier weight infants to die in the first year of life. Rates of low birth weight births in Arizona have increased steadily from 6.7 percent in 1991 to 7.0 percent in 2001. In 2001, Blacks had the highest rate of low birth weight infants, 13.7 percent. In 2000, Arizona had the 18th lowest percentage of low birth weight infants among all the states, up from 19th lowest in 1995.

Infant mortality: The infant mortality rate reflects the number of children per 1,000 that die before their first birthday. Arizona's infant mortality rate has improved from a rate of 8.8 in 1990 to 6.7 in 2000 and was ranked 22nd among all states in 2000. This is an improvement over the

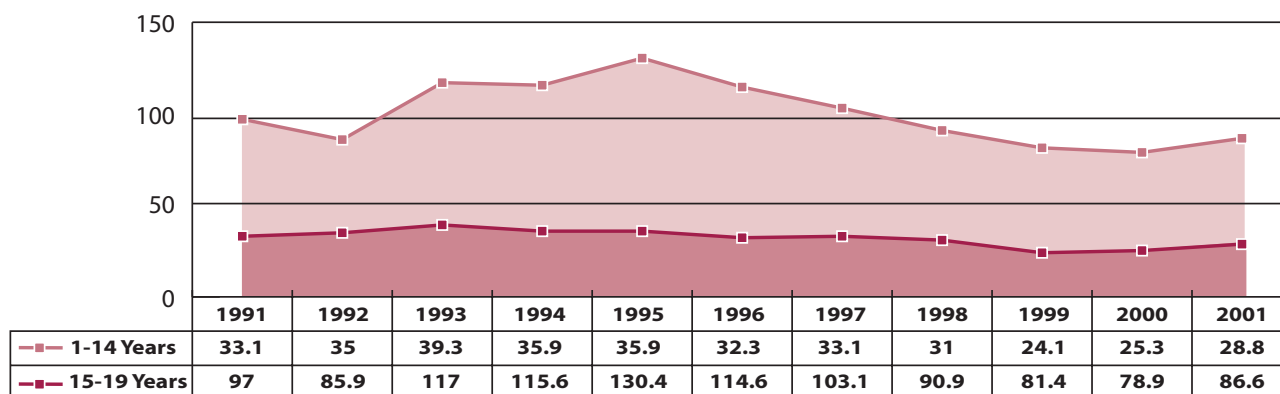
state's 25th ranking in 1995. Black infants continue to have the worst chance for survival with an infant mortality rate in 2001 of 22.7 percent -- almost four times as high as the White, non-Hispanic infant mortality rate of 5.7 percent.

Child abuse and neglect: Abuse of children becomes manifested in short-term psychological affects such as poor peer relations and violent behavior. In the longer term, abused and neglected children are at greater risk of delinquent behavior and of mistreating their own children. Arizona's rate for reports of child abuse and neglect in 1999 was 2.6 percent. This is lower than the 1997 rate of 3.1 percent reported in the first edition of the fact book but higher than the 1991 rate of 2.4 percent. In 1999, five deaths related to child battering or other mistreatment were reported in Arizona. The rate of foster care placement in 1998 was 5.6 percent -- an increase of 40 percent over the 1991 rate of 4.0 percent.

portion of those reported in the 20-29 year old range may have been infected as adolescents.

Causes of death: Mortality rates for children ages 1 to 14 in Arizona have increased from 24.1 in 1999 to 25.3 in 2000 to 28.8 in 2001. However, even with these increases, the state has realized a 13.5 percent decrease in mortality among children 1 to 14 years of age since 1991. Mortality rates for adolescents ages 15 to 19 years are much higher. An increase was noted from 2000 to 2001 -- 78.9 to 86.6. However, as with children, mortality rates for adolescents have decreased 10.7 percent since 1991. Injury continues to be the leading cause of death among children (except infants under one year of age) and adolescents both nationally and in Arizona. Between 1989 and 1999, injury accounted for 70 percent of deaths among youth ages 1 to 19 years old. Unintentional injuries accounted for 1.9 times as many deaths as homicides

Figure 2: Child and Adolescent Mortality Rates, Arizona.



Source: Arizona Department of Health Services, 2002. *Arizona Health Status and Vital Statistics, 2001.*

Sexually transmitted diseases and HIV/AIDS: Due to riskier sexual behaviors such as multiple partners and unprotected sex, adolescents are at greater risk for sexually transmitted diseases. Females are at even greater risk as some diseases are more readily spread from males to females and are more likely to remain undetected and untreated. In 2001, females ages 15 to 19 had the second highest rates for chlamydia infection (2,211 per 100,000 females ages 15 to 19) and gonorrhea infection (292.4 per 100,000 females ages 15 to 19). Females in the 10 to 14 and 15 to 19 year old age groups are at substantially greater risk for contracting gonorrhea and chlamydia than males in these same age groups. Between 1981 and 2001, children under the age of 20 accounted for approximately 1.6 percent of cumulative HIV and AIDS diagnoses in Arizona. However, given the length of time a person may be infected with HIV, it is predicted that a large

and suicides combined. For children aged 0 to 4 the highest mortality rates were for motor vehicle accidents and drowning. The highest mortality rates for adolescents aged 15 to 19 were the results of motor vehicle crashes, suicides, and homicides.

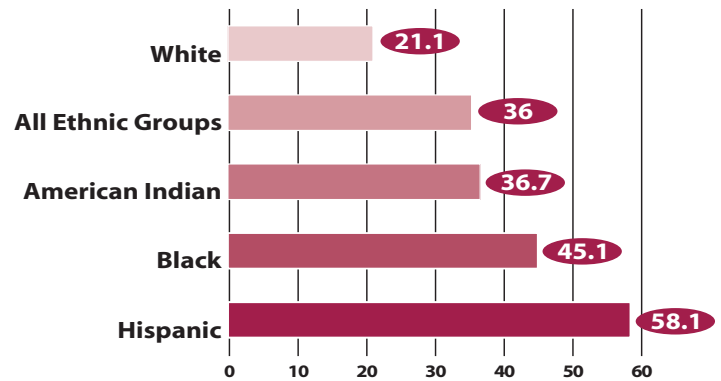
Firearm related deaths: In the period between 1991 and 2001, the firearm-related mortality rate for youth ages 1 to 19 has steadily decreased from a high of 24.1 in 1994 to a low of 15.3 in 2000. In 2001, firearms accounted for approximately one out of every six deaths among adolescents ages 15 to 19 years old. The majority of homicides and suicides are carried out with firearms. In 1999, Arizona's homicide by firearm rate among 15 to 19 year olds was 12.9, almost 50 percent higher than the national homicide by firearm rate of 8.7 among 15 to 19 year olds. Arizona's suicide by firearm rate of 8.2 was also higher than the national suicide by firearm rate of 4.9.

Suicide: The suicide rate for children under 15 years old has increased slightly from the 2.1 rate in 1997 reported in the first fact book to 2.3 in 2001. A greater than 50 percent decrease was realized in the suicide rate for adolescents ages 15 to 19 years old, from 23.7 in 1997 to 10.5 in 2001. In 2001, the 15 suicides among American Indians ages 15-19 year olds almost equaled the 17 suicides among White, non-Hispanic youth even though American Indians only comprise five percent of the population in Arizona.

Drowning: Children ages four and younger are at the highest risk of drowning in Arizona with a rate in 2001 (7.3 percent) that was over four times greater than the drowning rate for people of all ages, 1.7 percent. Drowning rates for Arizonans of all ages have declined every year since 1995. On the other hand, drowning rates for children four years and younger have increased from 5.2 in 1999 to 6.5 in 2000 to 7.3 in 2001.

Fertility: Births to teenage mothers continue to be problematic for a variety of reasons. Children born to unmarried teenage mothers who have dropped out of school are ten times as likely to be living in poverty as a child born to a mother without these characteristics. These children are more likely to drop out of school and become a teen parent themselves. In 2000, Arizona ranked 48th in the nation for births to teenage women. This represents a drop in its 1995 national ranking of 45 that was reported in the last fact book. Between 1991 and 2001 the pregnancy rate has decreased by 28 percent. Between the years 1991 and 2001, the number of pregnancies among White, non-Hispanic females who are 19 years old or younger declined 29 percent. Pregnancies to Hispanic females age 19 years old or younger increased almost 50 percent. Other ethnic groups experienced a decrease in teenage pregnancies in this same time period.

Figure 3: Pregnancy Rates by Ethnicity, Arizona, 2001.



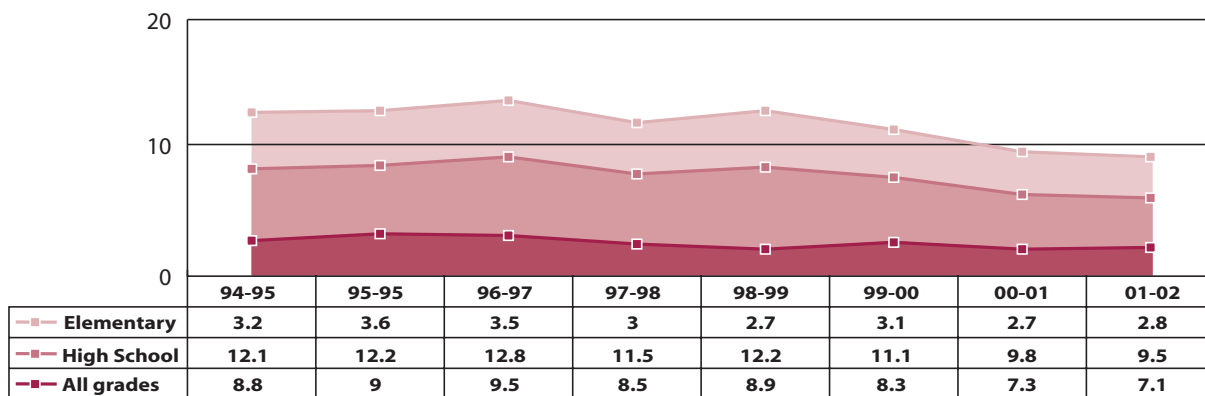
Source: Arizona Department of Health Services, 2002. *Teenage Pregnancy, Arizona, 1991-2001.*

Education

Source: Arizona Department of Education, 2002. Dropout Rate Study 2001-2002.

Drop out: Dropping out of school has important consequences for a person’s economic and social future. Dropouts are more likely to be unemployed and earn less money than high school graduates. Dropouts are also disproportionately represented in the nation’s prisons and death rows. In 2000, Arizona ranked 50th in the nation in teens, ages 16-19, who had dropped out of high school. This ranking is the same as the 1995 ranking that was reported in the last fact book. The 2001-02 dropout rate of 7.1 was a 25 percent improvement over the 1996-97 drop out rate of 9.5. In 2001-02, Native Americans had the highest dropout rate, 13.4 for Native American males and 11.1 for Native American females. The dropout rate for Native American males was more than double the rate for White males (5.3 percent) and four times the rate for Asian males (3.1 percent).

Figure 4: Drop Out Rates, Arizona



Source: Arizona Department of Education, 2002. Dropout Rate Study 2001-2002.

Academic achievement: Skills and knowledge gained through education provide a variety of benefits to the individual and society including higher earnings, better job opportunities, reduced reliance on welfare subsidies, and greater productivity. In Arizona two of the most important means for measuring student academic achievement are the Arizona Instrument to Measure Standards (AIMS) and the Stanford Achievement Test, Ninth Edition (Stanford 9). The 2002 administration of the AIMS test resulted in 62 percent of tenth grade students meeting or exceeding Arizona's standard in reading, 60 percent meeting or exceeding the standard in writing, and 32 percent meeting or exceeding the standard in math. The 2002 administration of the Stanford 9 resulted in ninth grade percentile ranks of 43 for reading, 62 for math, and 42 for language.

Economic Security

Poverty: Children who grow up at or near the poverty level are more likely to experience difficulties in school, become a teen parent, and to earn less and experience greater unemployment as an adult. In 1999, Arizona's median family income of \$46,723 was approximately 6 percent lower than the national family median income of \$50,046. This marks an improvement over 1989 data presented in the last fact book when Arizona's median family income was 9 percent lower than the national family median income. In 1999, 18.8 percent of Arizona's children were living in poverty. In 2000, Arizona's child poverty rate ranked 36th in the nation, an improvement over its 41st ranking in 1995.

Childcare: Recent brain research suggests that 90 percent of the brain's development occurs in the first three years of life. The care and education provided a child during this period is critical for lifetime learning and behavior. High quality childcare has been shown to reduce behavioral problems, improve the acquisition of language skills, and better prepare children for school. Arizona's state regulated childcare spaces rate of 16.7 in 1998 was a 50 percent improvement over the 1990 rate of 11.0.

An increasing number of mothers with children under the age of 18 have been moving into the work force over the past decade making childcare an essential part of family life. In the United States, the percentage of mothers with children under 18 who were employed full-time or part-time has steadily increased from 63 percent in 1990 to 70 percent in 2000. In this same time period, the number of mothers with children under the age of three who were working increased by 16 percent, the largest increase among all the child age groups. Black mothers were the most likely to be working (72 percent) followed by White mothers (69 percent) and Hispanic mothers (57 percent).

Parental employment: Children in families that do not have a parent that works full-time, year round are more likely to be poor and not have access to health care and other benefits of a family with a parent who works full-time. In 2000, Arizona was ranked 32nd among states for the percentage of children living in families where no parent has full-time, year-round employment. In 2000, 26 percent of Arizona's children lived in families where no parent had full-time, year-round employment compared to 30 percent in 1990.

Social Development and Behavioral Health

Juvenile crime: According to the Federal Bureau of Investigation's arrest statistics, the total Arizona arrest rate for persons under age 18 decreased by 32 percent in the period between 1996 and 2000. Arizona's violent crime arrest rate for juveniles decreased by 34 percent and property crime arrest rate decreased by 38 percent during this same time. Arizona's arrest rate was 25 percent lower than the national arrest rate for murder, 79 percent lower than the national arrest rate for rape, and 45 percent lower than the national arrest rate for robbery.

Drugs: The Arizona Youth Survey polls students in the schools across the state on a variety of behaviors. In 2002, 69.2 percent of students in the eighth, tenth, and twelfth grade reported ever drinking alcohol, 49.3 percent reported ever smoking cigarettes, and 38.8 percent reported ever using marijuana. Eight percent of these students reported using cocaine and 8.3 percent reported ecstasy use. According to the 2000 National Household Survey on Drug Abuse, 11 percent of Arizona youth ages 12 to 17 reported using an illicit drug in the past month and 17 percent reported using alcohol in the past month. Eight percent of youth ages 12 to 17 met the criteria for dependence or abuse of illicit drugs or alcohol.

Sexual activity: The percent of students in the U.S. who report having had sexual intercourse has decreased 16 percent between 1991, when 54.1 percent of students reported sexual intercourse, and 2001 when 45.6 percent of students reported sexual intercourse. Condom use, important for its role in preventing pregnancy and sexually transmitted diseases including HIV/AIDS has increased by 25 percent, from 46.2 percent of students reporting condom use during last sexual intercourse in 1991 to 57.9 percent reporting condom use in 2001. Unfortunately, drug and alcohol use before sex -- which places the individuals at greater risk for pregnancy and disease due to lapses in judgment or birth control use -- increased 19 percent from 21.6 percent in 1991 to 25.6 percent in 2001.