



Pima County

Healthy People



Health Status
Report Card

2004





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Pima County Healthy People Health Status Report Card 2004

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January 2006

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Permission to quote from or reproduce materials from this publication is granted when due acknowledgment is made.

Introduction

This report describes the health and vitality of Pima County residents. There are a number of ways to look at and assess the health status of a community. Public health officials frequently do this by identifying health indicators of interest like the number of infant deaths in a specific population and then analyzing relevant data sources to determine the rate of infant mortality. By reviewing local, state and national data from various sources such as school districts, environmental agencies and local health programs, health officials are able to produce a “snapshot” of the community. In order to gain a better understanding of the “snapshot” and of what is happening in the community, data like these are often compared to previous years of data, to other communities or to the nation as a whole.

Since 2000, the Pima County Health Department has been using objectives (or indicators) outlined in the national framework of *Healthy People 2010* (published by the United States Department of Health and Human Services) as guidelines to assess and report on the health status of Pima County and the 16 individual primary care areas (PCA) comprising the County. Nationally, the two main goals of *Healthy People 2010* are to: (1) increase the quality and years of healthy life and (2) eliminate health disparities. Within these goals are 28 focus areas identified by clearly structured objectives. These goals, focus areas and objectives establish a framework within which state and local health promotion and surveillance strategies can be developed.

Because *Healthy People 2010* provides a national as well as a state and county framework for assessing health, this publication highlights data for select health indicators found within 10 of the 28 focuses areas of *Healthy People 2010* that the Arizona Department of Health Services determined as top priority (see list on following pages).

The Pima County Community

Over the past four years, Pima County has shown improvement in some of the health indicators selected for this publication. Overall, there were decreases in deaths due to diseases of the heart, chronic obstructive pulmonary disease and cerebrovascular disease. Similarly, deaths due to unintentional injuries, suicide and homicides also decreased. The following trends were also observed in Pima County:

- at least 90% of births were insured
- the number one cause of death was ischemic cardiovascular disease
- all environmental targets were reached
- oral health dental screening programs in schools declined
- access to health care continues to be an issue for rural communities

Data Limitations

Where possible, and in order to achieve a useful document for policy makers, program planners and evaluators, the data are reported and broken out for each of Pima County’s 16 PCAs. Where specific indicator data is unavailable we use relevant available data as proxies (indicated on data tables). Some PCA data was obtained from the Arizona Department of Health Services, Office of Health Systems Development (<http://www.azdhs.gov/hsd/index.htm>). However, due to the relatively small size of the primary care areas and data reporting limitations, the tables for the County and for individual PCAs are not intended for comparison. For example, the population for the Ajo PCA is small (4,259 persons in 2004) so one death can skew the rates a great deal, making it difficult to present a reliable rate or making an accurate comparison to another PCA that has a bigger population like that of the Tanque Verde PCA, which had a population of 135,651 in 2004.

Health Indicators

ACCESS TO CARE

These objectives address issues such as insurance coverage and geographic access to health care facilities and providers.

ENVIRONMENTAL HEALTH

Environmental health objectives seek to ensure a healthy environment that is free from hazardous exposures.

IMMUNIZATIONS AND INFECTIOUS DISEASES

A major goal of public health is to assure that community residents are protected against communicable diseases. The most effective tools of protection include immunizations and good hygiene. Targeted immunization goals include the reduction or elimination of measles, mumps, rubella, and congenital rubella syndrome. Hepatitis A, meningococcal disease, Haemophilus influenzae and tuberculosis are other diseases with specified objectives.

INJURY AND VIOLENCE PREVENTION

Too many deaths and serious injuries are caused by accidental and non-accidental violent acts. Objectives related to reducing these deaths and injuries include firearm-related deaths, unintentional injury, motor vehicle accidents (MVAs), homicides, suicides and drownings.

MATERNAL, INFANT AND CHILD HEALTH

The vitality of a community can be measured by its infant mortality and morbidity rates. These objectives seek to improve the rate of healthy pregnancies and the health of children.

MENTAL HEALTH AND MENTAL DISORDERS

Mental illness affects large numbers of members of the community. Objectives in this focus area aim to improve community knowledge of and response to mental illness.

NUTRITION AND OVERWEIGHT

This focus area includes objectives related to weight, obesity, nutrition and nutrition-related illness. The need for secure access to food and a regular diet to reduce hunger are also addressed.

ORAL HEALTH

Access to and improvement of oral health services for community residents is another focus area. Objectives targeting improved oral health status for children are included here.

PHYSICAL ACTIVITY AND FITNESS

Improved health, fitness, and weight management are attainable through adequate participation in physical activity. This focus area contains objectives for increasing physical activity among children, adolescents, and adults.

SUBSTANCE ABUSE

Alcohol and illegal drug use prevail in the community, contributing to premature death and disability. This focus area contains objectives aimed at decreasing alcohol and drug use.

TOBACCO USE

Although there have been decreases, many community residents still use tobacco. The objectives developed for this area include a major focus on tobacco use reduction among young people.

RESPONSIBLE SEXUAL BEHAVIOR

Early initiation of sexual activity and continued participation in unsafe sex practices both lead to serious unintended consequences including adolescent pregnancy and sexually transmitted diseases. Reduction in pregnancies of teens and sexual infection are addressed in these objectives.

Data sources used to assess the health of Pima County residents include:

Arizona Hospital Discharge Data
Arizona Population Statistics Unit, Research Administration, Department of Economic Security, June 15, 2005
Arizona Vital Records
Arizona Primary Care Area Data
Pima County Sexually Transmitted Disease Program Data
Pima County Law Enforcement Agency Crime Data
Pima County Department of Environmental Quality Data
Pima County School Districts' Data
Pima County Health Department Communicable Disease Data
United States 2000 Census

Definitions for terms used can be found on pages 35 and 36.

Reading the display columns:

Data indicators: Lists the major focus areas in bold. Health indicators or variables are measured under each priority.

Related 2010 objectives: Where applicable, lists the actual 2010 objectives from the Healthy People 2010 document.

PCA 2000: Documents the rate, proportion or numbers for the primary care area for the year 2000.

PCA 2004: Documents the rate, proportion or numbers for the primary care area for the year 2004.

ND: Data not available


0: No events occurred

Grading:

Right direction: a check in this field indicates progress towards the 2010 objective.

Wrong direction: a check in this field indicates the rate is not making progress to the 2010 objective.

No Change: a check in this field indicates that the rate is the same or within a percent.

 **Achieved Objective:** a check in this field indicates the 2010 objective was reached in 2004

Shading: in the rate field indicates the rate meets the 2010 objective.

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Pima County 2004

Table 1A. Select Demographic Indicators, Pima County, Arizona, 2000 and 2004

Demographics	2000	2004
Population	843,746	931,210
<15 years old	173,681	191,737
15-19 years old	62,199	68,292
20-44 years old	303,720	334,327
45-64 years old	184,659	204,587
65 years and older	119,487	132,271
Hispanic ethnicity	29.3%	31%
Single parent families	16.1%	25.3%
Population below 100% federal poverty level (FPL)	14.6%	14.7%
Median household income	\$36,758	\$40,004
Children <12 years old living in poverty	16.9%	21.2%
Number of births	12,532	13,024
Percent of population living in Az Medically Underserved Area (AzMUA)	33.4%	31.4%

Comments on County-wide Data:

The definition of ambulatory care sensitive conditions changed from the year 2000 to 2004 to include emergency room data with the 2004 inpatient hospital numbers. In comparing county-wide and PCA data from 2000 to 2004, one of the most striking and disappointing trends is the worsening of several key maternal and child health indicators. Specifically, infant deaths, very low birth rate births and very premature births met Healthy People 2010 objectives in 2000, but no longer did so in 2004.

Population Profile:

Pima County is located in Southern Arizona and encompasses 9,186 square miles. The 2004 population was estimated to be 931,210 by the Arizona Department of Economic Security. The population density of Pima County is 101.4 persons per square mile. The median household income in 2004 was \$40,004 and the rate of unemployment was 3.7%. The percentage of single parent families increased by 57.0% from 2000 to 2004. Pima County has 11 hospitals including one in Sells on the Tohono O'odham Reservation and ten others in Tucson. Fifty percent of the deaths in Pima County were premature in 2004. Pima County's culturally diverse region is home to two Native American Tribes, the Pascua Yaqui Tribe of Arizona and the Tohono O'odham Nation. Pascua Yaqui and Tohono O'odham statistics are included in the Pima County statistics.

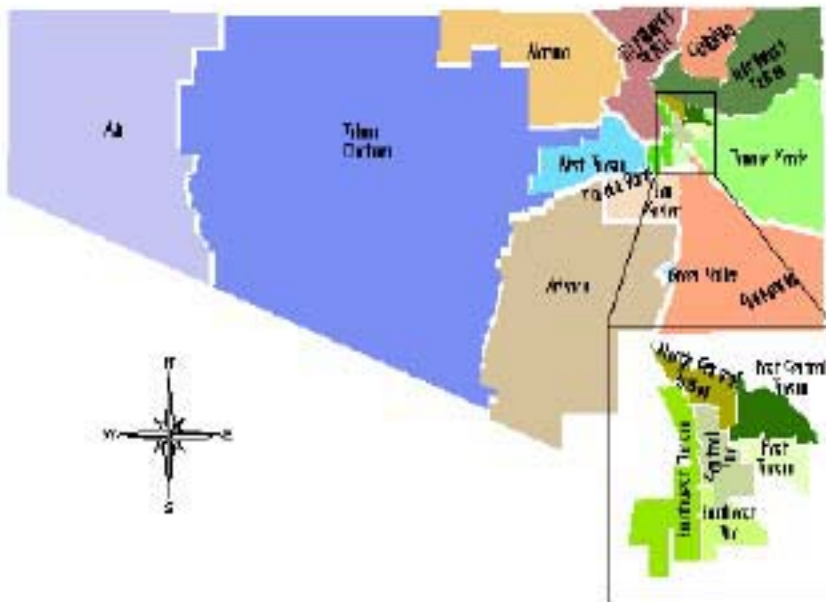


Table 1B. Select Health Indicators, Pima County, Arizona, 2000 and 2004

Data / Indicators	Related Healthy People 2010 Objectives	Pima 2000 Number	Pima 2000 Rate	Pima 2004 Number	Pima 2004 Rate	Right Direction	Wrong Direction	No Change	Achieved Objective
Maternal and Child Health									
Infant deaths	Reduce infant mortality to 6.0 per 1,000 live births	64	5.4%	99	7.6%		✓		
Fetal deaths	Reduce fetal deaths at 20 or more weeks of gestation to 4.1 per 1,000 live birth	72	5.7%	66	5.0%	✓			
Births to teen mothers (<19 years old)	Reduce pregnancy among adolescents to 25.0%	1,482	12.7%	1,668	12.8%			✓	✓
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	8,948	71.4%	9,090	69.7%		✓		
Low birth weight (1500-2499 grams)	Reduce low birth weight births to 5.0%	686	5.5%	830	6.4%		✓		
Very low birth weight (<1500 grams)	Reduce very low birth weight births to 0.9%	119	0.9%	139	1.1%		✓		
Premature births (32-37 weeks gestation)	Reduce 32-37 week gestation births to 6.4%	2,066	16.5%	2,397	18.4%		✓		
Very premature births (<32 weeks gestation)	Reduce <32 week gestation births to 1.1%	132	1.0%	182	1.4%		✓		
Mortality*									
Diseases of the heart	166 per 100,000 people	1,922	213.8	1,919	195.2		✓		
Malignant neoplasms	159 per 100,000 people	1,576	173.8	1,731	173.2			✓	
Chronic obstructive pulmonary disease	60 per 100,000 people	477	51.5	447	44.1	✓			✓
Cerebrovascular diseases	48 per 100,000 people	517	57.7	491	49.6	✓			
Unintentional injuries	17.5 per 100,000 people	329	49.5	463	49.1	✓			
Motor Vehicle accidents	9.2 per 100,000 people	128	15.0	153	16.1		✓		
Diabetes	45 per 100,000 people	183	20.3	216	21.8		✓		✓
Suicide	5.0 per 100,000 people	129	15.0	135	14.2	✓			
Homicide	3.0 per 100,000 people	90	11.4	88	9.4	✓			
Infectious Diseases									
Hepatitis A	4.5 new cases per 100,000 people	72	10.0	59	6.0	✓			
15-24 year olds testing positive for chlamydia in the STD clinic	3.0% positive testing in 15-24 year olds	274	6.3%	515**	9.5%**		✓		

* Mortality rates are age adjusted per 100,000 using the 2000 standard million

** The increase in numbers in part are from a new more sensitive test.

Ajo

Population Profile:

The Ajo Primary Care Area (PCA) is a part of the County that shares a border with Mexico. The population density of Ajo is 2.8 persons per square mile. There are many non-residents in this PCA including migrant, agricultural workers and seasonal travelers staying in RV parks. In 2004, the median household income was \$25,586. Ajo PCA is considered to be a medically under-served area (MUA). The leading hospital diagnosis for this PCA in 2004 was congestive heart failure. Chronic ischemic heart disease was the leading cause of death for those age 45 years and older. Fifty-seven percent of those who died in Ajo passed on prematurely. Access to care is a significant issue for this rural community which is over 164 miles from Tucson services and 111 miles from services in Phoenix.

Table 2A. Select Demographic Indicators, Ajo Primary Care Area, (PCA), Arizona, 2000 and 2004

Demographics	2000	2004
Population	3,907	4,259
< 15	677	738
15-19	197	215
20-44	787	858
45-64	989	1,078
65 and older	1,257	1,370
Hispanic Ethnicity	36.9%	37.8%
Single parent families	21.5%	21.5%
Population below 100% Federal Poverty Level (FPL)	27.4%	21.6%
Median household income	\$18,153	\$25,586
Children <12 years old living in poverty	48.1%	38.7%
Designated as Az Medically Underserved Area (AzMUA)	Yes	Yes

Comments on PCA Data:

The population for the Ajo PCA is very small so one death can skew the rates a great deal, making it difficult to obtain good rates. If there is a rate, it indicates that there was at least one death. The proportions or rates for the maternal and child health indicators are more relevant.

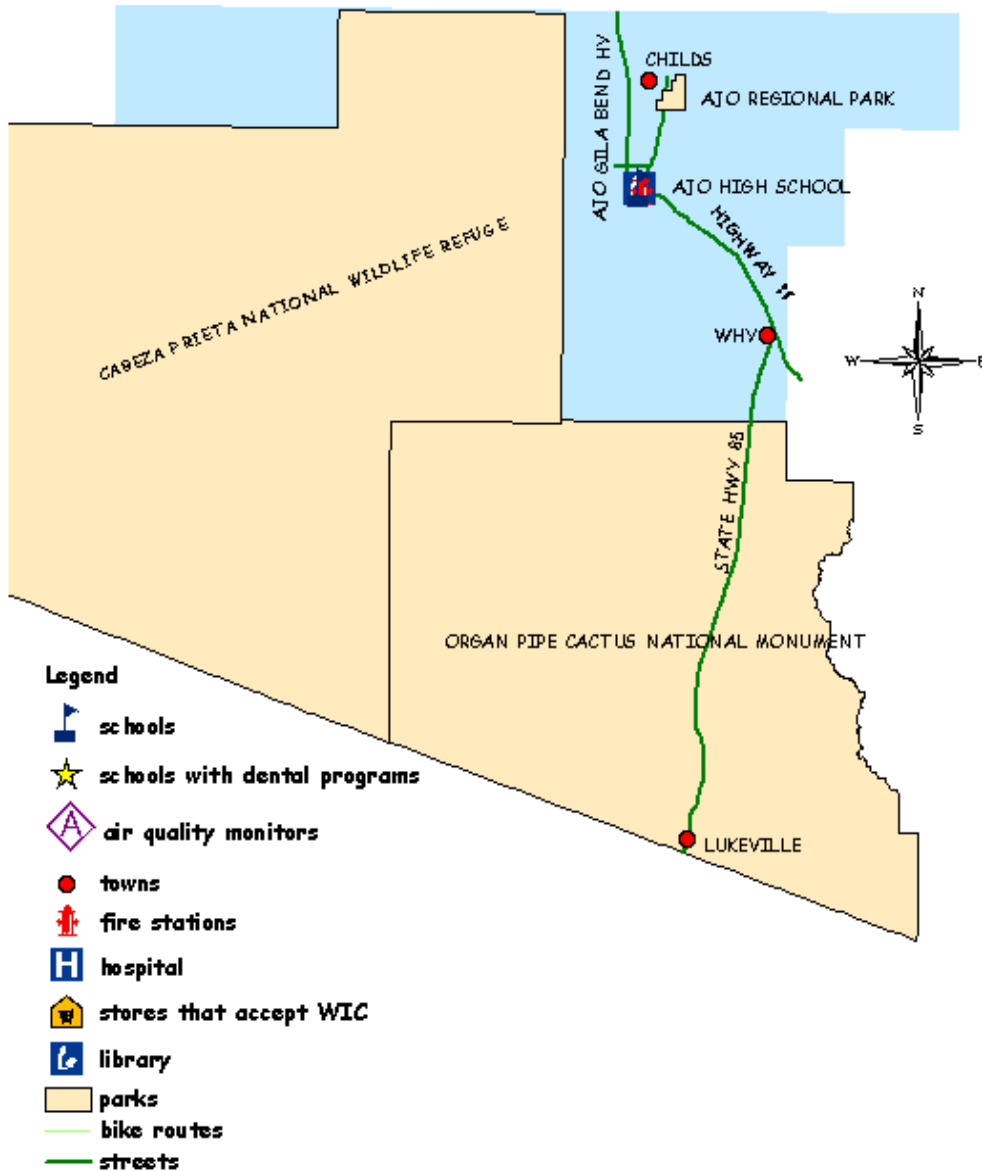


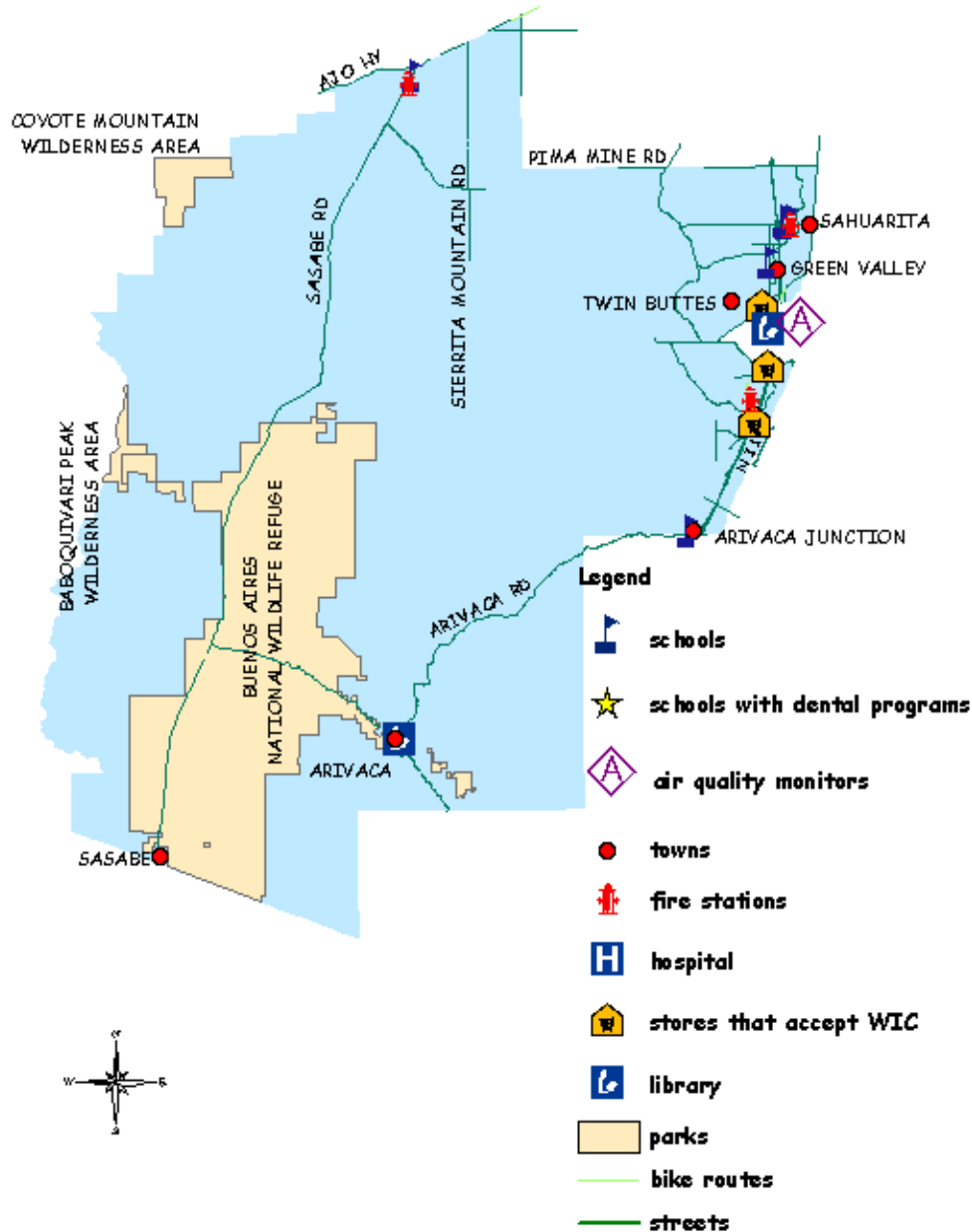
Table 2B. Select Health Indicators, Ajo PCA, Arizona, 2000 and 2004

Ajo Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Objective Achieved
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	0	25.9*		✓		
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	105.8*	0	✓			
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	0	41.5*		✓		
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	105.8*	0	✓			
Violent crime / 1,000 population	No related 2010 objective	2.7	2.2	✓			
Environmental Health							
Air quality monitoring : None		ND	ND				
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	44.8%	57.5%	✓			
Births to women <20 years old	No related 2010 objective	22.8%	21.2%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	5.3%	3.0%	✓			✓
Births to mothers with <12 years education	No related 2010 objective	40.3%	30.3%	✓			
Access to Care							
Percent of insured births	No related 2010 objective	89.0%	90.5%			✓	
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	0	0			✓	
Ratio of population to primary care providers	No related 2010 objective	1,302:1	687:1	✓			
Ratio of population to dentists	No related 2010 objective	1,954:1	4,259:1		✓		
Ratio of population to pharmacies	No related 2010 objective	3,907:1	4,259:1		✓		
Percent of admissions that are due to ambulatory care conditions in people <65 years of age**	25% improvement for ambulatory care sensitive conditions	15.9%	65.4%	NO SCORE			

* These mortality rates are not statistically significant as the numbers of events are too small

** The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Arivaca



Population Profile:

The Arivaca PCA is rural and hosted up to 446,439 tourists in 2004. The population density for Arivaca PCA in 2004 was 22 persons per square mile. The median household income for Arivaca PCA in 2004 was \$42,323 dollars. This rural PCA has a unemployment rate of 2.6%. It is considered to be a medically underserved area. The leading cause for hospitalization in the Arivaca PCA is chest pain. The leading hospital procedure in 2004 was total knee replacement. The leading cause of death for those age 45 and older was chronic ischemic heart disease. Premature mortality in 2004 was at 48.3%. In 2000, Arivaca PCA had at least one school providing dental screening to its students. These same services were not available in 2004. Although Tucson services are available, they can be as much as 70 miles away making access to care a significant issue for this rural community.

Table 3A. Select Demographic Indicators, Arivaca PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	18,167	25,875
< 15	2,958	4,505
15-19	1,008	1,526
20-44	4,093	6,414
45-64	4,578	6,490
65 and older	5,539	6,939
Hispanic Ethnicity	23.4%	35.2%
Single parent families	12.2%	12.2%
Population below 100% Federal Poverty Level (FPL)	12.7%	11.7%
Median household income	\$40,088	\$42,323
Children <12 years old living in poverty	32.2%	21.3%
Designated as Az Medically Underserved Area (AzMUA)	YES	YES

Comments on PCA Data:

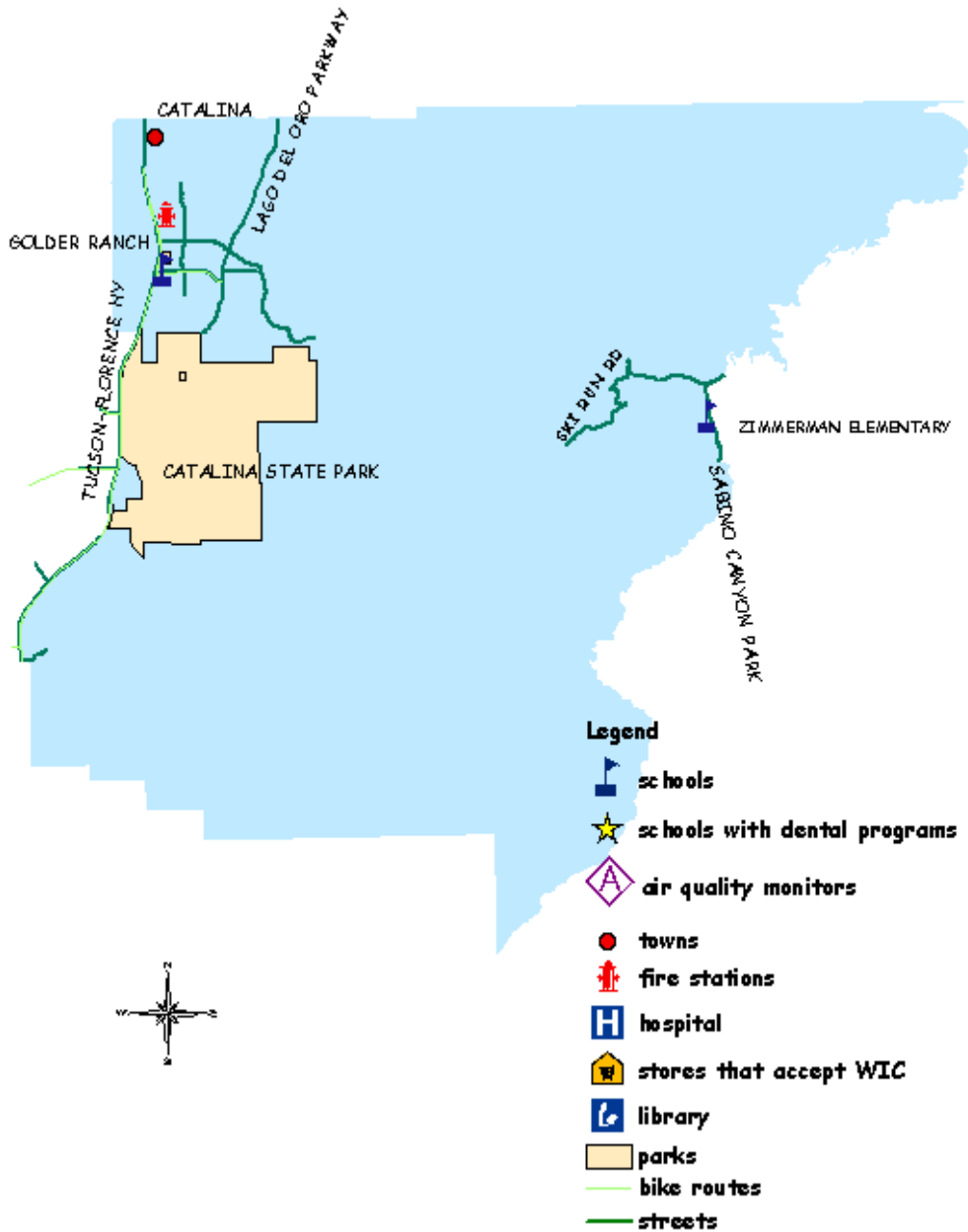
The number of deaths for the Arivaca PCA were few in number so the death rate may be somewhat skewed for a good comparison between 2000 and 2004.

Table 3B. Select Health Indicators, Arivaca PCA, Arizona, 2000 and 2004

Arivaca Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	47.5	19.3	✓			
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	14.6	10.2	✓			
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	0	4.8		✓		
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	3.5	3.0	✓			✓
Violent crime / 1,000 population	No related 2010 objective	2.7	2.2	✓			
Environmental Health							
Air quality monitoring: None		ND	ND				
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	71.7%	77.1%	✓			
Births to women <20 years old per 1,000	No related 2010 objective	18.1%	7.8%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	15.9%	7.8%	✓			
Births to mothers with <12 years education	No related 2010 objective	23.1%	18.2%	✓			
Access to Care							
Percent of insured births	No related 2010 objective	99%	93.9%		✓		
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	14%	0		✓		
Ratio of population to primary care providers	No related 2010 objective	2,591:1	1,903:1	✓			
Ratio of population to dentists	No related 2010 objective	18,176:1	25,875:1		✓		
Ratio of population to pharmacies	No related 2010 objective	0	8,625:1	✓			
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	8.2	62.1	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Catalina



Population Profile:

The Catalina PCA stretches from the town of Catalina on the Tucson-Florence highway eastward across the foothills of the Santa Catalina Mountain range. The population of this PCA is focused around the town of Catalina but geographically, a majority of the Catalina PCA is part of the Coronado National Forest. The population density is 78.7 persons per square mile. Catalina is one of the few PCAs that lost population over this time interval. The median household income, according to 2004 data, is \$43,950 with a 3.6% unemployment rate. College or professional degrees are held by 31.5% of the people living here. Catalina PCA is not designated as a MUA. The leading cause of hospitalization in the Catalina PCA in 2004 was Pneumonia (organism not specified) and the leading procedure was left heart cardiac catheter placement. The leading cause of death among those age 65 and older was chronic ischemic heart disease. The Catalina PCA had a premature mortality of 54.4%.

Table 4A. Select Demographic Indicators, Catalina PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Persons by age group	12,075	10,680
<15	2,150	1,898
15-19	855	845
20-44	3,447	3,205
45-64	3,401	2,920
65 and older	2,222	1,812
Hispanic Ethnicity	16.3%	20.2%
Single parent families	14.7%	18.7%
Population below 100% Federal Poverty Level (FPL)	10.5%	8.5%
Median household income	\$44,811	\$43,950
Children <12 years old living in poverty	15.6%	7.5%
Designated as Az Medically Underserved Area (AzMUA)	NO	NO

Comments on PCA Data:

Although small in scale, all of the maternal and child health indicators showed a trend toward improvement. None of the schools in the Catalina PCA had dental screening programs in 2000 or 2004.

Table 4B. Select Health Indicators, Catalina PCA, Arizona, 2000 and 2004

Catalina Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	10.4	31.2		✓		
Age adjusted mortality due to drug use / 100,000	1.0 per 100,000 population	0	33.4		✓		
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	5.0	5.6		✓		
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	30.9	16.9	✓			
Violent crime / 1,000 population	No related 2010 objective	2.7	2.2	✓			
Environmental Health							
Air quality monitoring: None		ND	ND				
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	69.2%	74.3%	✓			
Births to women <20 years old per 1000	No related 2010 objective	12%	11%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	6%	4%	✓			✓
Births to mothers with <12 years education	No related 2010 objective	22%	16%	✓			
Access to Care							
Percent of insured births	No related 2010 objective	98.4%	94.9%		✓		
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	0	0			✓	
Ratio of population to primary care providers	No related 2010 objective	1,435:1	752:1	✓			
Ratio of population to dentists	No related 2010 objective	1,675:1	822:1	✓			
Ratio of population to pharmacies	No related 2010 objective	2,512:1	3,560:1		✓		
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	13.0	52.3	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Continental

Population Profile:

The Santa Rita Mountains and Las Cienegas National Conservation Area are located in the southern portion of the Continental PCA. The population density of this rural PCA is 36 persons per square mile. The unemployment rate during 2004 was 3.2%. The median household income was \$40,769. This PCA is considered to be a MUA. One hospital, University Physicians Hospital at Kino, is located in the Continental PCA. The leading hospital diagnosis for Continental PCA was congestive heart failure. The leading hospital procedure was angioplasty. The leading cause of death for those age 45 years and older was chronic ischemic heart disease. There was 48% premature mortality in the Continental PCA in 2004.

Table 5A. Select Demographic Indicators, Continental PCA,

Demographics	2000	2004
Population	22,205	24,160
< 15	3,697	4,043
15-19	1,373	1,486
20-44	9,010	9,751
45-64	4,911	5,340
65 and older	3,247	3,541
Hispanic Ethnicity	33.3%	35.6%
Single parent families	15.7%	15.7%
Population below 100% Federal Poverty Level (FPL)	16.8%	11.9%
Median household income	\$35,278	\$40,769
Children <12 years old living in poverty	25.8%	22.4%
Designated as Az Medically Underserved Area (AzMUA)	YES	YES

Arizona, 2000 and 2004

Comments on PCA Data:

The ratios of primary care providers, dentists and pharmacies to the population improved between 2000 and 2004, perhaps reflecting the significant growth and development occurring in this PCA.

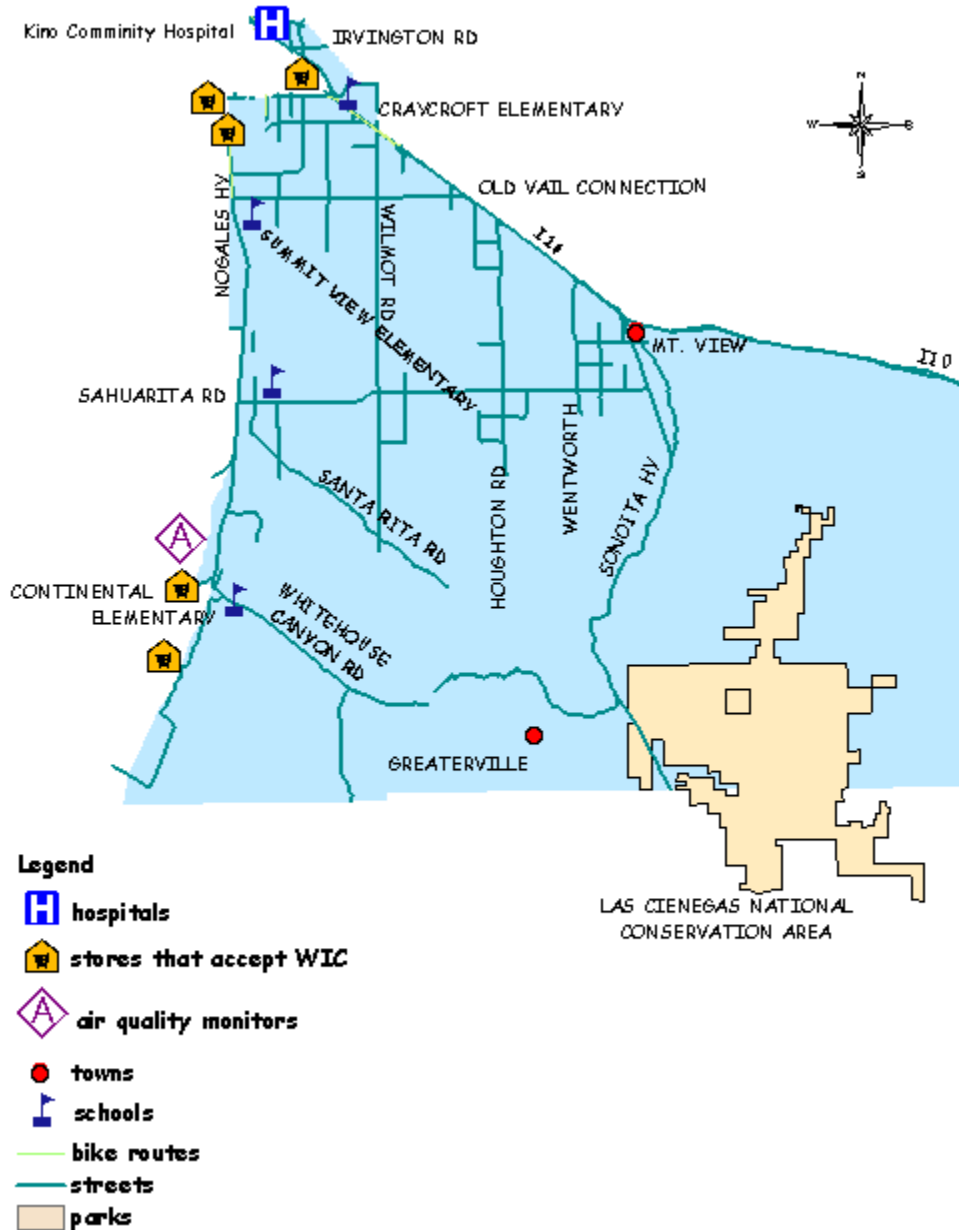


Table 5B. Select Health Indicators, Continental PCA, Arizona, 2000 and 2004

Continental Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	4.0	11.9		✓		
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	10.0	12.2		✓		
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	3.9	3.5		✓		
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	24.7	14.7	✓			
Violent crime / 1,000 population	No related 2010 objective	2.7	2.2	✓			
Environmental Health							
Air quality monitoring: Fairgrounds	Ozone/hour 0.12 ppm	0.083	0.078		✓		✓
Corona de Tucson	PM 10 50uq/m3	18.0	12.4	✓			✓
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	70.2%	66.2%	✓			
Births to women <20 years old	No related 2010 objective	16.2%	12.5%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	11.3%	7.7%	✓			
Births to mothers with <12 years education	No related 2010 objective	32.8%	30.3%	✓			
Access to Care							
Percent of insured births	No related 2010 objective	95%	93%		✓		
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	0	0			✓	
Ratio of population to primary care providers	No related 2010 objective	7,413:1	1,245:1	✓			
Ratio of population to dentists	No related 2010 objective	7,413:1	4,832:1	✓			
Ratio of population to pharmacies	No related 2010 objective	11,119:1	8,053:1	✓			
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	9.3	75.7	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Green Valley

Population Profile:

The Green Valley PCA is unique in Pima County as 72% of the population is 65 years of age and older and in general, the population is 98.7% white. The population density is 1,425 persons per square mile. Tourists are the largest influx of non-residents for this area. The unemployment rate is 2.5% with a median household income of \$35,525. Green Valley also has the lowest population living below 100% FPL. Green Valley is not considered a MUA. The leading cause of hospitalizations in 2004 was atrial fibrillation and left heart cardiac catheter placement was the leading hospital procedure. The leading cause of death among those age 45 year and older was chronic ischemic heart disease. There was a 30% premature mortality rate attributed to Green Valley PCA in 2004.

Table 6A. Select Demographic Indicators, Green Valley PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	11,117	12,169
< 15	218	238
15-19	62	68
20-44	491	535
45-64	2,334	2,555
65 and older	8,012	8,773
Hispanic Ethnicity	3.0%	3.1%
Single parent families	6.8%	6.8%
Population below 100% Federal Poverty Level (FPL)	2.6%	3.2%
Median household income	\$36,123	\$35,525
Children <12 years old living in poverty	5.3%	4.7%
Designated as Az Medically Underserved Area (AzMUA)	NO	NO

Comments on PCA Data:

The number of events for the selected death indicators are small for Green Valley PCA so the rates are not necessarily good indicators for comparison. Green Valley PCA enjoys the lowest rates of homicide and suicide in the county. Although there are relatively few women of reproductive age living in this PCA, maternal and child health indica-

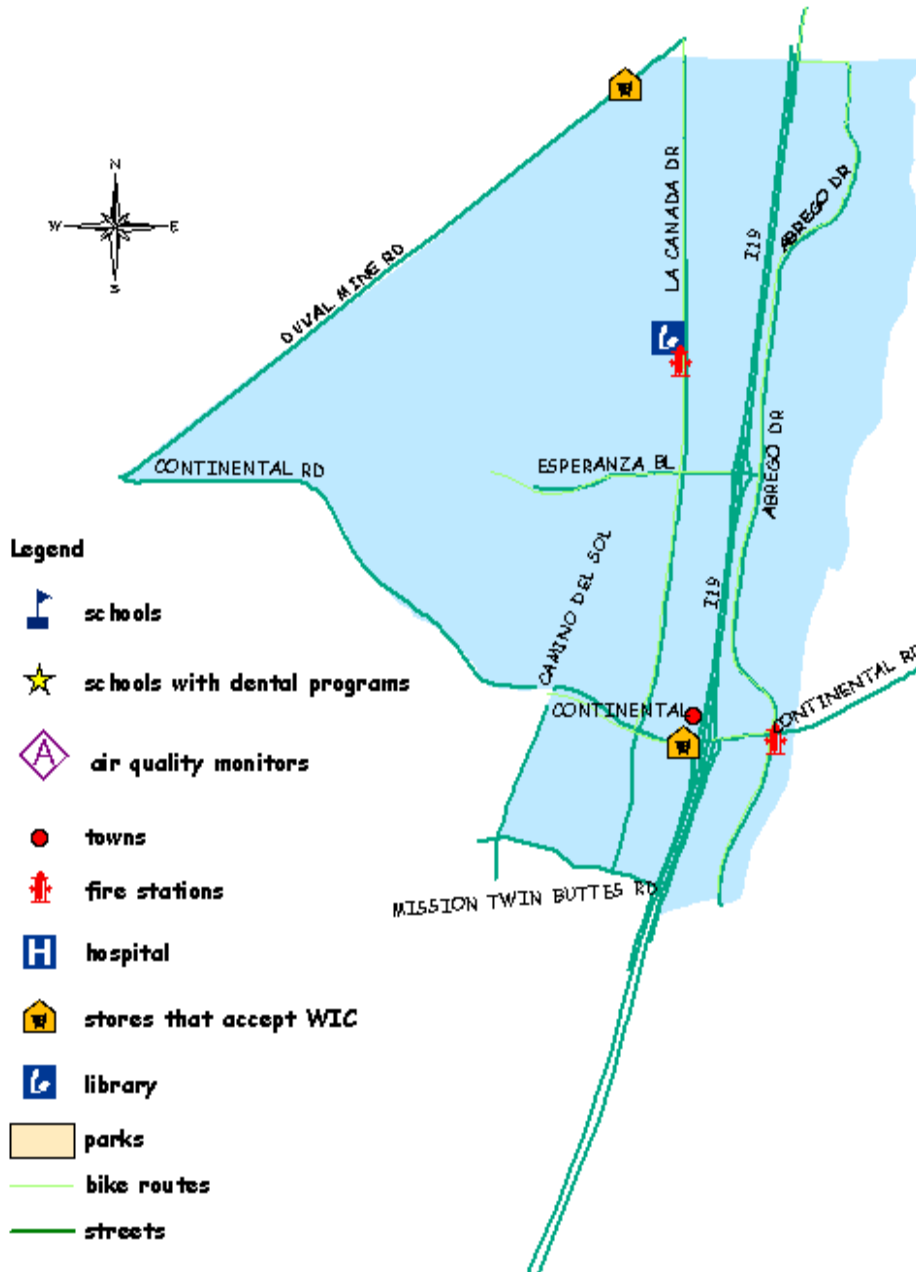


Table 6B. Select Health Indicators, Green Valley PCA, Arizona, 2000 and 2004

Green Valley Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	0	1.7		✓		✓
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	1.3	0	✓			✓
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	1.3	0	✓			
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	1.3	2.9		✓		✓
Violent crime / 1,000 population	No related 2010 objective	2.7	2.2	✓			
Environmental Health							
Air quality monitoring: Green Valley	PM 2.5 15ug/m3	8.0	3.5	✓			✓
Green Valley	PM 10 50ug/m3	17.0	13.6	✓			✓
Green Valley	Ozone/hour 0.12 ppm	ND	0.075				✓
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	58.3%	55.5%		✓		
Births to women <20 years old per 1,000 births	No related 2010 objective	24%	16%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	6%	6%			✓	
Births to mothers with <12 years education	No related 2010 objective	12%	17%		✓		
Access to Care							
Percent of insured births	No related 2010 objective	100%	100%			✓	✓
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	0	0			✓	
Ratio of population to primary care providers	No related 2010 objective	2,571:1	676:1	✓			
Ratio of population to dentists	No related 2010 objective	11,117:1	1,521:1	✓			
Ratio of population to pharmacies	No related 2010 objective	3,705:1	3,042:1	✓			
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	8.2	56.3	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Marana

Population Profile:

Marana PCA contains the majority of two large national parks; the Saguaro National Park West and the Ironwood Forest National Monument which brought in 44,441 tourists in 2004. The population density of this rural PCA is 42 persons per square mile. Sixty percent of the Marana PCA population had a 12th grade or better education level. The median household income for Marana PCA was \$38,013 in 2004 and the unemployment rate was 3.9%. This PCA qualifies as a MUA. The leading cause of hospitalization in Marana PCA is chronic obstructive pulmonary disease with acute exacerbation. The leading hospital procedure was total knee replacement. The leading cause of death for those age 45-84 years was chronic ischemic heart disease and for those over age 85 was unspecified dementia. Marana PCA had a premature mortality rate of 68%.

Table 7A. Select Demographic Indicators, Marana PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	17,394	20,186
< 15	4,204	4,798
15-19	1,369	1,582
20-44	6,254	7,356
45-64	4,075	4,674
65 and older	1,511	1,776
Hispanic Ethnicity	19.6%	24.2%
Single parent families	23.4%	23.5%
Population below 100% Federal Poverty Level (FPL)	17.3%	10%
Median household income	\$31,604	\$38,013
Children <12 years old living in poverty	26.9%	10.6%
Designated as Az Medically Underserved Area (AzMUA)	YES	YES

Comments on PCA Data:

In 2000, 25% of the schools in Marana PCA had dental screening programs. In 2004, none of the schools had this service. The Marana PCA has the least access to pharmacies in the county. However, access to care indicators should improve as this is among the fastest growing PCAs in Pima County.

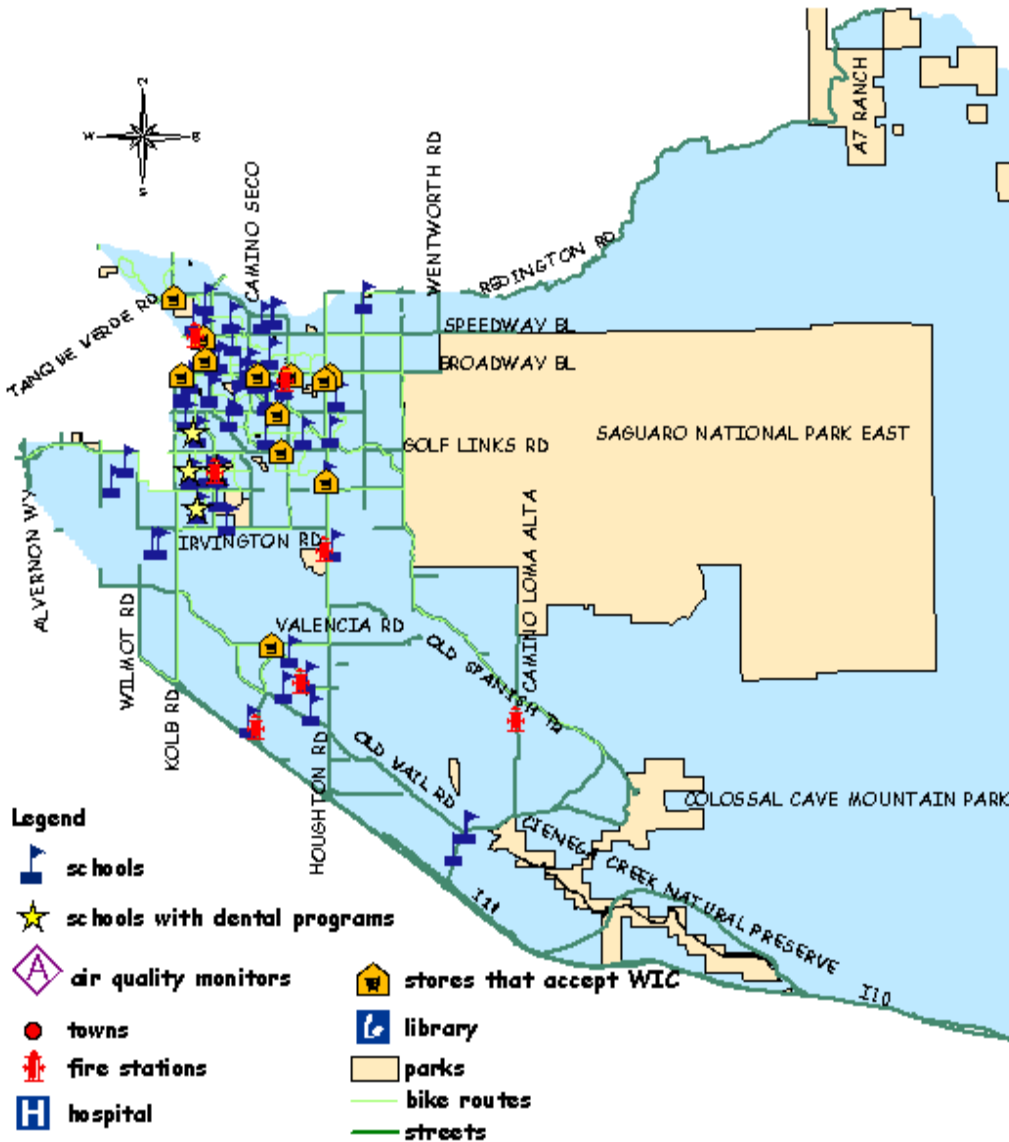


Table 7B. Select Health Indicators, Marana PCA, Arizona, 2000 and 2004

Marana Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVA's / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	12.1	27.2		✓		
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	15.9	10.0	✓			
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	22.9	0	✓			
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	5.2	10.2		✓		
Violent crime / 1,000 population	No related 2010 objective	13.2	13.5		✓		
Environmental Health							
Air quality monitoring: Coachline	Ozone/hour 0.12 ppm	0.078	0.074	✓			✓
Coachline	PM 2.5 15ug/m3	11	6.3	✓			✓
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	69.2%	65.5%		✓		
Births to women <20 years old	No related 2010 objective	22.3%	13.6%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	7.3%	12.7%		✓		
Births to mothers with <12 years education	No related 2010 objective	26.0%	25.9%			✓	
Access to Care							
Percent of insured births	No related 2010 objective	97%	95.0%		✓		
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	25%	0		✓		
Ratio of population to primary care providers	No related 2010 objective	1,435:1	2,523:1		✓		
Ratio of population to dentists	No related 2010 objective	17,394:1	6,729:1	✓			
Ratio of population to pharmacies	No related 2010 objective	0	20,186:1	✓			
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	11.0	62.7	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Tanque Verde



Population Profile:

Saharo National Park East, Colossal Cave Mountain Park, Cienega Creek Natural Preserve and Coronado National Forest are all located in the Tanque Verde PCA. The population density was 303 persons per square mile and this PCA saw 322,958 tourists in 2004. It had the largest population of all of the county PCAs in both 2000 and 2004. The unemployment rate was 4.0% with a median household income of \$45,151 in 2004. Tanque Verde PCA is not considered a MUA. The leading cause of hospitalization was localized osteoarthritis of the lower leg and the leading hospital procedure was angioplasty. The leading cause of death for those age 65 and older was chronic ischemic heart disease.

Table 8A. Select Demographic Indicators, Tanque Verde PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	126,404	135,651
< 15	26,959	28,956
15-19	8,307	8,924
20-44	45,407	48,745
45-64	28,417	30,507
65 and older	17,253	18,519
Hispanic Ethnicity	14.8%	15.3%
Single parent families	20.2%	20.2%
Population below 100% Federal Poverty Level (FPL)	6.8%	6.1%
Median household income	\$49,319	\$45,151
Children <12 years old living in poverty	8.6%	8.4%
Designated as Az Medically Underserved Area (AzMUA)	NO	NO

Comments on PCA Data:

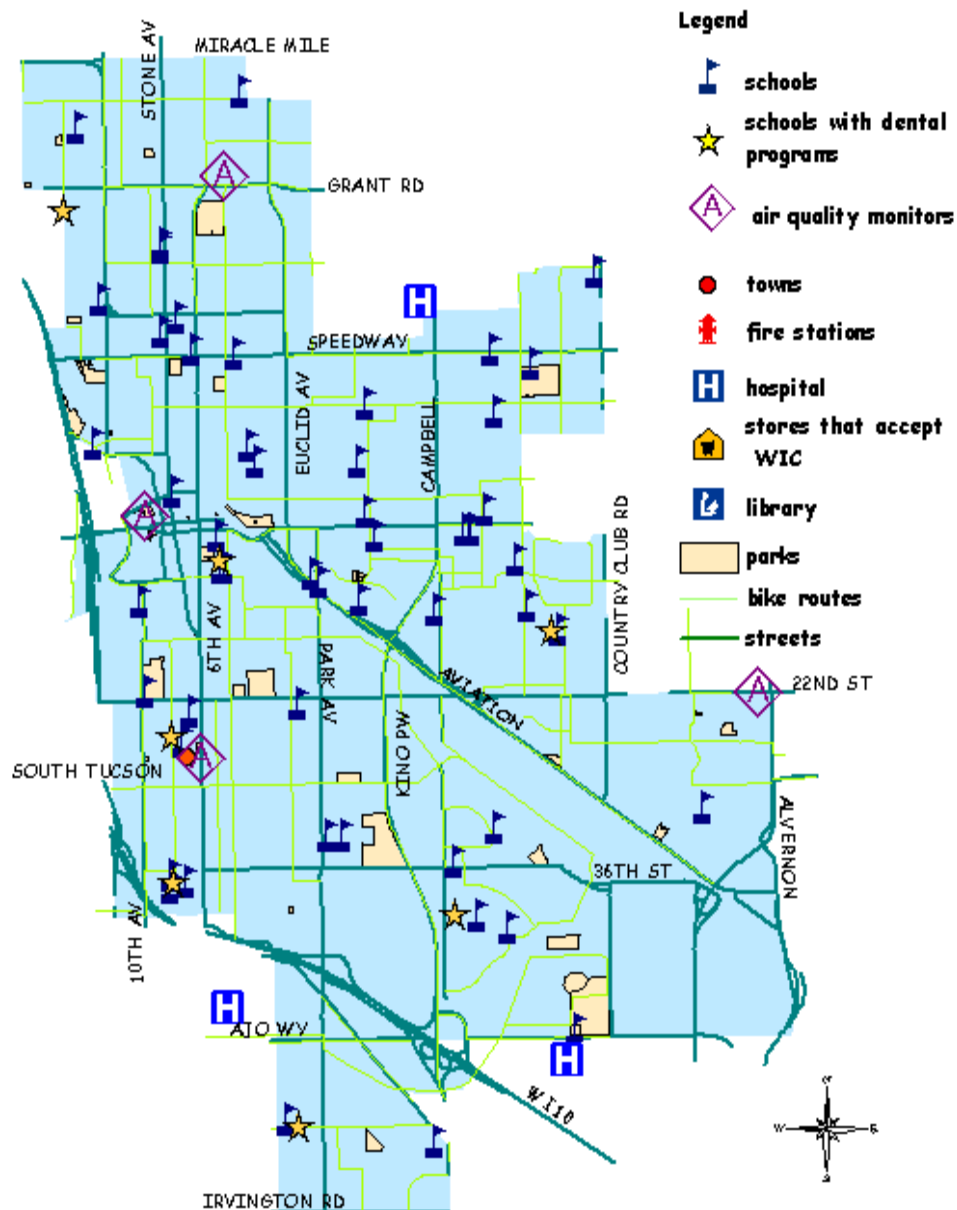
Tanque Verde PCA was the only PCA increasing of the number of schools with dental screening programs from 4% in 2000 to 7% in 2004. As seen by the ratios of primary care providers, dentists and pharmacies to the population, residents of this PCA had improved access to these services in 2004.

Table 8B. Select Health Indicators, Tanque Verde PCA, Arizona, 2000 and 2004

Tanque Verde Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	9.4	8.2	✓			✓
Age adjusted mortality MVAs / 100,000	1.0 per 100,000 population	15.2	16.0			✓	
Safety and Survival							
Age adjusted mortality MVAs / 100,000	3.2 per 100,000 population	8.8	5.3	✓			
Age adjusted mortality MVAs / 100,000	5.0 per 100,000 population	15.0	14.6		✓		
Violent crime per 1,000 population	No related 2010 objective	11.5	11.8		✓		
Environmental Health							
Air quality monitoring: Sahuaro Natl Park East	Ozone/hour 0.12 ppm	ND	0.085				
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	78.6%	78.5%			✓	
Births to women <20 years old	No related 2010 objective	8.1%	7.3%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	8.4%	7.2%	✓			
Births to mothers with <12 years education	No related 2010 objective	9.9%	9.0%	✓			
Access to Care							
Percent of insured births	No related 2010 objective	98%	97%		✓		
Percent of schools with dental programs	Increase the proportion of school-based health centers with an oral health component.	4%	7%	✓			
Ratio of population to primary care providers	No related 2010 objective	2,632:1	1,121:1	✓			
Ratio of population to dentists	No related 2010 objective	4,511:1	4,111:1	✓			
Ratio of population to pharmacies	No related 2010 objective	8,422:1	6,783:1	✓			
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	8.6	83.5	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Tucson-Central



Population Profile:

The PCA of Tucson-Central has a population density of 4,378 people per square mile. This PCA is one of the few in the county to loose population during this time interval. The median household income in Tucson-Central PCA is \$22,502 with an unemployment rate of 4.5%. Tucson-Central PCA is significant in that 41.4% of children under age 12 live below 100% of the federal poverty level (FPL). This PCA is considered to be a MUA. University Medical Center is located on the boarder of Tucson-Central PCA and Tucson North-Central PCA. The leading cause of hospitalization for Tucson-Central in 2004 was congestive heart failure and the leading hospital procedure was left heart cardiac catheter placement. The leading cause of death in those age 45 and older was chronic ischemic heart disease. Tucson-Central PCA had a premature mortality rate of 61.8% in 2004.

Table 9A. Select Demographic Indicators, Tucson-Central PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	76,231	72,029
< 15	15,072	13,614
15-19	10,258	10,307
20-44	31,450	30,409
45-64	12,649	11,676
65 and older	6,752	6,024
Hispanic Ethnicity	49.5%	50.2%
Single parent families	38.3%	40.3%
Population below 100% Federal Poverty Level (FPL)	35.6%	32.4%
Median household income	\$19,684	\$22,502
Children <12 years old living in poverty	47.5%	41.4%
Designated as Az Medically Underserved Area (AzMUA)	YES	YES

Comments on PCA Data:

Like many of the PCAs with dental screenings in schools, Tucson-Central saw a decrease in this indicator from 2000 to 2004. Tucson-Central has the highest mortality rate due to drug use, and among the highest violent crime rates in the County.

Table 9B. Select Health Indicators, Tucson-Central PCA, Arizona, 2000 and 2004

Tucson-Central Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	23.9	15.3	✓			
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	46.3	56.5		✓		
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	25.8	22.6	✓			
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	23.7	15.9	✓			
Violent crime / 1,000 population	No related 2010 objective	30.6	34.0		✓		
Environmental Health							
Air quality monitoring: South Tucson	PM 10 50ug/m3	38	29	✓			✓
22nd and Alvernon	CO/hour 35 ppm	8.9	4.0	✓			✓
Downtown	CO/hour 35 ppm	6.7	5.5	✓			✓
Downtown	Ozone/hour 0.12 ppm	0.077	0.076			✓	✓
Cherry and Glenn	CO/hour 35 ppm	5.3	4.0	✓			✓
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	64.3%	63.9%			✓	
Births to women <20 years old per 1,000	No related 2010 objective	20.7%	17.3%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	9.8%	8.6%	✓			
Births to mothers with <12 years education	No related 2010 objective	43.9%	40.8%	✓			
Access to Care							
Percent of insured births	No related 2010 objective	91%	91%			✓	
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	20%	11%		✓		
Ratio of population to primary care providers	No related 2010 objective	504:1	510:1			✓	
Ratio of population to dentists	No related 2010 objective	3,972:1	5,145:1		✓		
Ratio of population to pharmacies	No related 2010 objective	5,628:1	14,406:1		✓		
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	15.8	102.3	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Tucson-East

Population Profile:

The population density of Tucson-East is 5,068 persons per square mile. Unemployment was 4.1% and the median household income was \$34,583 in 2004. Tucson-East PCA is not designated as a MUA. The leading cause of hospitalization in Tucson-East was chest pain and the leading hospital procedure was left heart cardiac catheterization in 2004. The leading cause of death among those age 45 and older in this PCA was chronic ischemic heart disease. The 2004 premature mortality rate was 50.4%.

Table 10A. Select Demographic Indicators, Tucson-East PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	55,548	59,425
< 15	12,240	13,089
15-19	3,987	4,264
20-44	20,992	22,456
45-64	10,888	11,655
65 and older	7,441	7,961
Hispanic Ethnicity	28.1%	29.2%
Single parent families	33.4%	33.4%
Population below 100% Federal Poverty Level (FPL)	15.0%	15.4%
Median household income	\$32,959	\$34,583
Children <12 years old living in poverty	21.4%	23.3%
Designated as Az Medically Underserved Area (AzMUA)	NO	NO

Comments on PCA Data:

Tucson-East is one of the few PCAs to reach the Healthy People 2010 target for reduced suicide mortality rates.

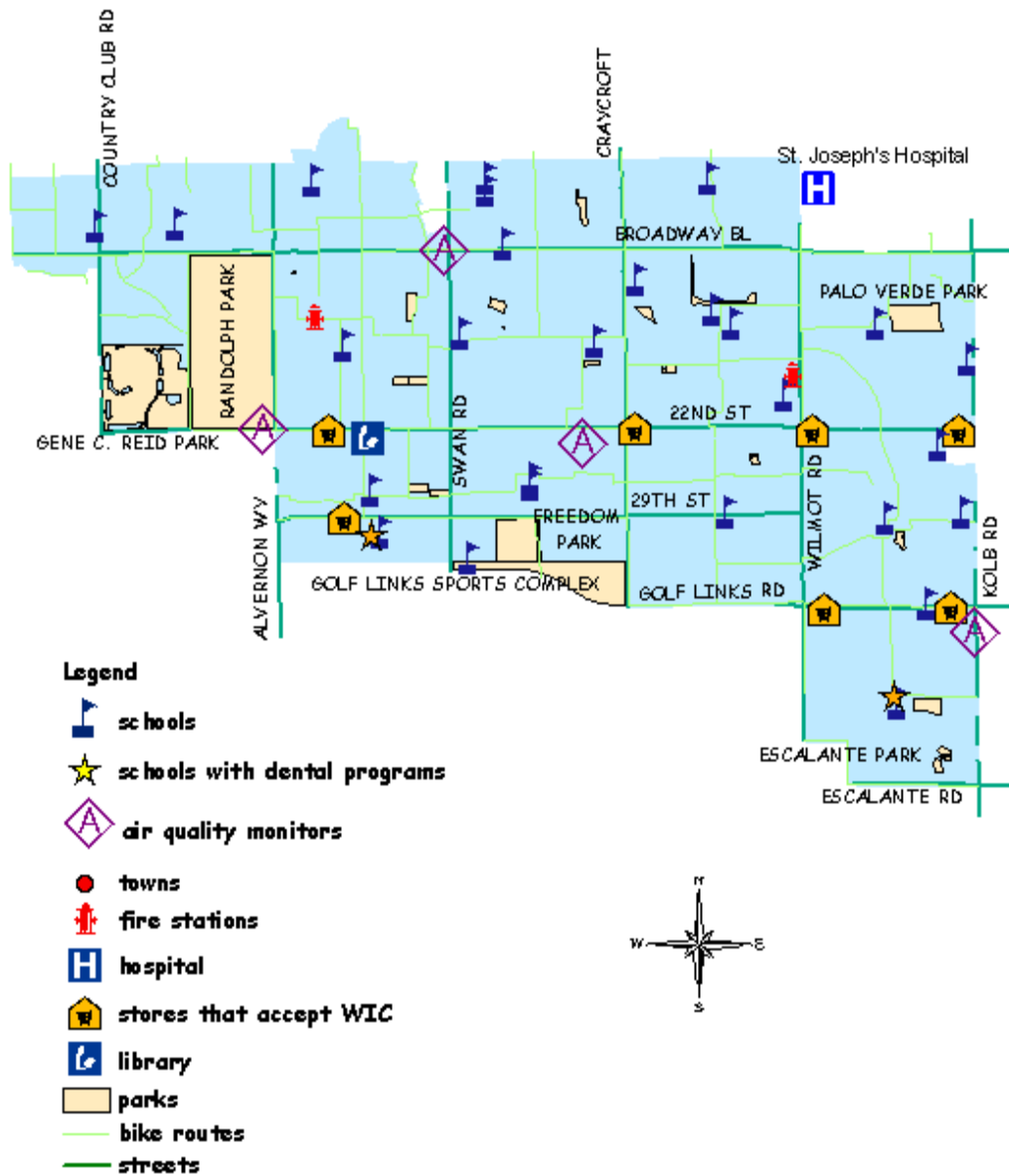
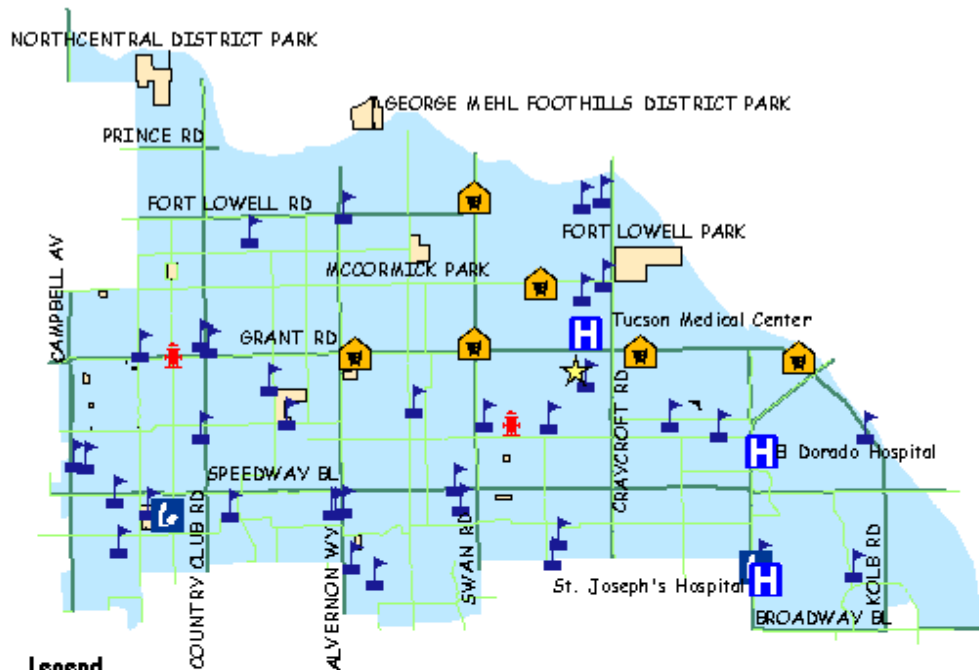


Table 10B. Select Health Indicators, Tucson-East PCA, Arizona, 2000 and 2004

Tucson-East Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	8.9	13.3		✓		
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	18.9	21.2		✓		
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	10.6	11.7		✓		
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	15.1	5.1	✓			
Violent crime / 1,000 population	No related 2010 objective	28.1	30.4		✓		
Environmental Health							
Air quality monitoring: Broadway/Swan	PM 10 50ug/m3	30	21	✓			✓
22nd/Craycroft	CO/hour 35 ppm	5.4	3.6	✓			✓
22nd/Craycroft	Ozone/hour 0.12 ppm	.089	.079	✓			✓
22nd/Craycroft	NO 2 0.053 ppm	0.017	0.015	✓			✓
22nd/Craycroft	SO 2 0.03 ppm	0.002	0.001	✓			✓
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	67.1%	67.5%			✓	
Births to women <20 years old	No related 2010 objective	18.5%	15.7%	✓			
Low birth weight births (<2,500 grams) per 1,000 live births	Reduce the number of low birth weight births to 5%	8.6%	8.3%	✓			
Births to mothers with <12 years education	No related 2010 objective	26.5%	26.4%			✓	
Access to Care							
Percent of insured births	No related 2010 objective	96%	95%		✓		
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	16%	7%		✓		
Ratio of population to primary care providers	No related 2010 objective	2,315:1	1,698:1	✓			
Ratio of population to dentists	No related 2010 objective	3,268:1	2,122:1	✓			
Ratio of population to pharmacies	No related 2010 objective	5,555:1	4,952:1	✓			
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	9.3	110.7	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Tucson-East Central



Population Profile:

The population density in the Tucson-East Central PCA is 5,084 persons per square mile. Of the population found in this PCA in 2004, 39.9% had a college or professional degree yet the median household income was \$29,460 (\$10,000 below the County median household income). The rate of unemployment was 4.1%. Tucson-East Central is not a MUA. Three of Pima County's 11 hospitals and nine of Pima County's 19 home health care agencies are located within this PCA. The leading cause of hospitalization was congestive heart failure and the leading hospitalization procedure was left heart cardiac catheterization during 2004. The leading cause of death among those age 45 years and older was chronic ischemic heart disease. The rate of premature mortality in Tucson-East Central PCA was 40%.

Table 11A. Select Demographic Indicators, Tucson-East Central PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	76,369	81,853
< 15	12,385	13,274
15-19	3,918	4,195
20-44	32,766	35,114
45-64	15,821	16,957
65 and older	11,486	12,314
Hispanic Ethnicity	18.5%	19.2%
Single parent families	35.0%	35.0%
Population below 100% Federal Poverty Level (FPL)	17.7%	18.4%
Median household income	\$29,411	\$29,460
Children <12 years old living in poverty	25.6%	24.4%
Designated as Az Medically Underserved Area (AzMUA)	NO	NO

Comments on PCA Data:

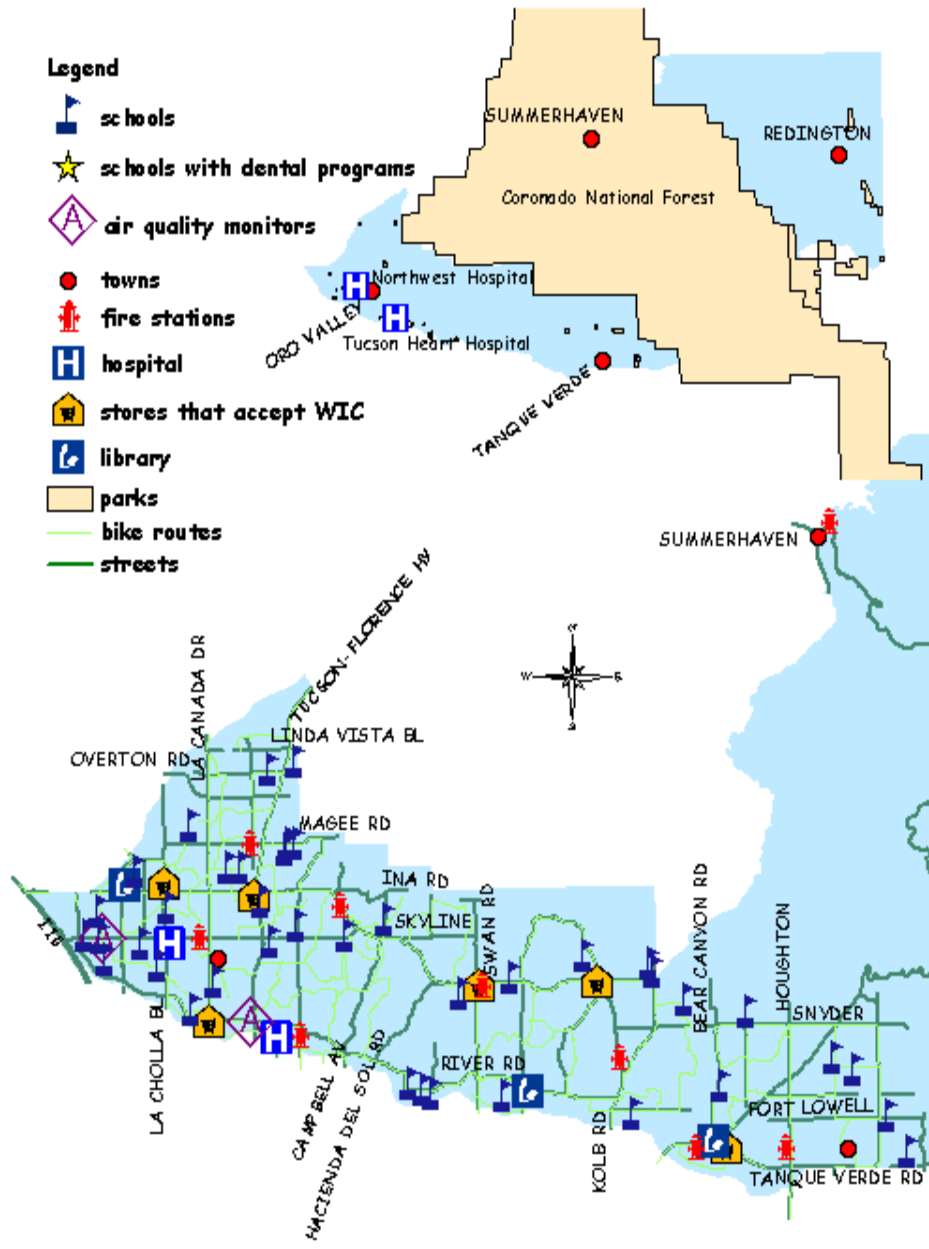
We again hardly see a decline to any level of oral health programming in the schools for this PCA. However, this area has a relatively lower ratio of population to dentists than do most PCAs.

Table 11B. Select Health Indicators, Tucson-East Central PCA, Arizona, 2000 and 2004

Tucson-East-Central Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVA's / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	9.3	21.8		✓		
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	28.1	22.4	✓			
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	4.3	7.3		✓		
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	21.8	21.8			✓	
Violent crime / 1,000 population	No related 2010 objective	21.7	24.9		✓		
Environmental Health							
Air quality monitoring: None		ND	ND				
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	72.6%	69.3%		✓		
Births to women <20 years old per 1,000	No related 2010 objective	12.2%	11.2%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	6.8%	7.2%		✓		
Births to mothers with <12 years education	No related 2010 objective	20.1%	21.9%		✓		
Access to Care							
Percent of insured births	No related 2010 objective	95%	95%			✓	
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	19%	3%		✓		
Ratio of population to primary care providers	No related 2010 objective	302:1	148:1	✓			
Ratio of population to dentists	No related 2010 objective	463:1	473:1		✓		
Ratio of population to pharmacies	No related 2010 objective	2,634:1	2,212:1	✓			
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	8.5	100.7	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Tucson-Northeast



Population Profile:

A large portion of Tucson-Northeast is in the Coronado National Forest in the Santa Catalina Mountain Range. Tucson-Northeast PCA has the 2nd largest population of all the PCAs and a population density of 377 persons per square mile. Over 300,000 tourists visited Tucson-Northeast PCA in 2004. The unemployment rate in 2004 for this PCA was 2.9% and \$59,537 was the median household income. Fifty-four percent of Tucson-Northeast's population had a college or professional degree in 2004. Tucson-Northeast is not considered a MUA. Two of Pima County's 11 hospitals, Northwest Hospital and Tucson Heart Hospital, fall within this area. The leading cause of hospitalization was congestive heart failure and the leading hospital procedure was angioplasty. The leading cause of death for those age 45 years and older was chronic ischemic heart disease. Tucson-Northeast had a premature mortality rate of 39.9% in 2004.

Table 12A. Select Demographic Indicators, Tucson-Northeast PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	119,247	131,566
< 15	19,945	22,014
15-19	7,732	8,531
20-44	36,243	40,056
45-64	34,201	37,668
65 and older	21,131	23,298
Hispanic Ethnicity	10.2%	10.9%
Single parent families	15.4%	15.4%
Population below 100% Federal Poverty Level (FPL)	5.9%	5.5%
Median household income	\$58,622	\$59,537
Children <12 years old living in poverty	7.1%	6.5%
Designated as Az Medically Underserved Area (AzMUA)	NO	NO

Comments on PCA Data:

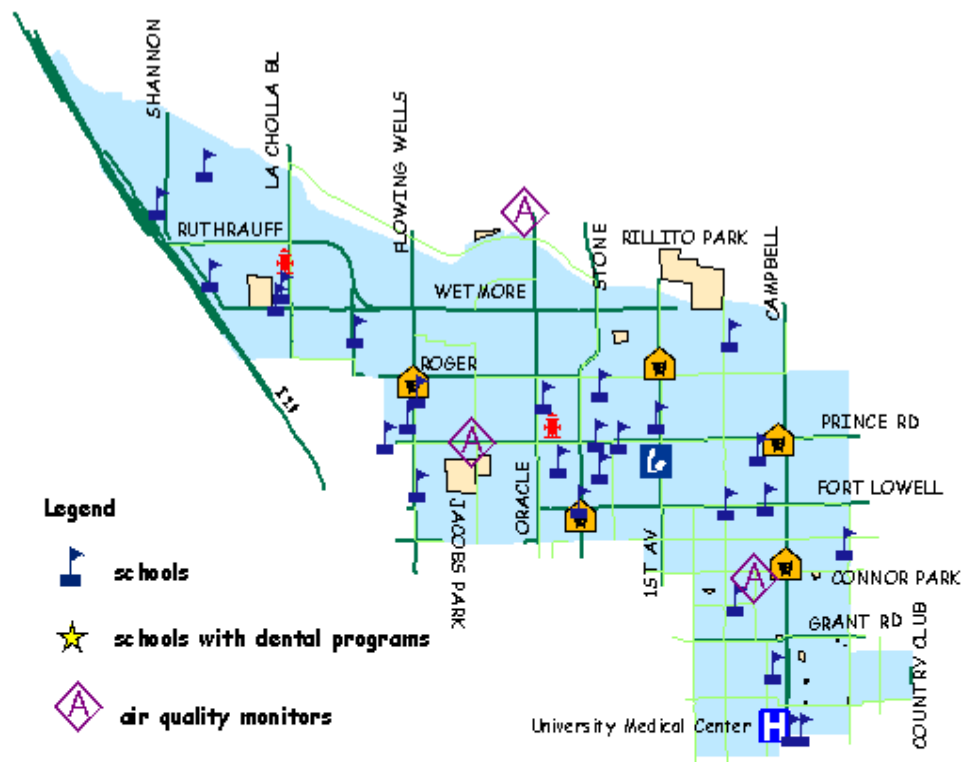
Tucson-Northeast is one of the few PCAs to meet Health People 2010 targets for death by homicide and is very close to reaching the targets for suicide deaths and deaths caused by MVAs.

Table 12B. Select Health Indicators, Tucson-Northeast PCA, Arizona, 2000 and 2004

Tucson-North-East Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	9.0	10.3		✓		
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	12.2	7.1	✓			
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	6.3	2.9	✓			✓
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	13.7	5.8	✓			
Violent crime / 1,000 population	No related 2010 objective	.6	.9		✓		
Environmental Health							
Air quality monitoring: Orange Grove	PM 10 50ug/m3	39.0	26.8	✓			✓
Orange Grove	PM 2.5 15ug/m3	7.7	5.7	✓			✓
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	79.9%	77.9%		✓		
Births to women <20 years old	No related 2010 objective	6.9%	7.2%		✓		
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	6.1%	7.5%		✓		
Births to mothers with <12 years education	No related 2010 objective	7.6%	7.4%	✓			
Access to Care							
Percent of insured births	No related 2010 objective	95.4	95%			✓	
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	0	0			✓	
Ratio of population to primary care providers	No related 2010 objective	631:1	285:1	✓			
Ratio of population to dentists	No related 2010 objective	1,703:1	1,316:1	✓			
Ratio of population to pharmacies	No related 2010 objective	5,182:1	5,265:1		✓		
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	7.3	48.0	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Tucson-North Central



Population Profile:

The population density for Tucson-North Central is 5,094 persons per square mile. Almost half (43%) of Tucson-North Central's population is in the 20-44 year old age group. In 2004, the unemployment rate was 3.9% and the median household income was \$25,496. Seventy-four percent of the population has a high school or higher education. The 30.4% rate of children under age 12 below 100% of the FPL is significantly higher than Pima County (21.2%) as a whole. Tucson-North Central is not designated to be a MUA. The leading cause of hospitalization was chest pain and the leading hospital procedure was angioplasty. The leading cause of death among those age 45 years and older was chronic ischemic heart disease. According to the Arizona Department of Health Services, infant deaths in 2004 were significant for sudden infant death syndrome (SIDS). The premature mortality of Tucson-North Central PCA was 51% in 2004.

Table 13A. Select Demographic Indicators, Tucson-North Central PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	57,091	61,460
< 15	10,404	11,209
15-19	4,046	4,354
20-44	25,019	26,904
45-64	10,362	11,163
65 and older	7,260	7,831
Hispanic Ethnicity	24.2%	25.3%
Single parent families	37.8%	37.8%
Population below 100% Federal Poverty Level (FPL)	22.8%	23.6%
Median household income	24,356	\$25,496
Children <12 years old living in poverty	32.2%	30.4%
Designated as Az Medically Underserved Area (AzMUA)	NO	NO

Comments on PCA Data:

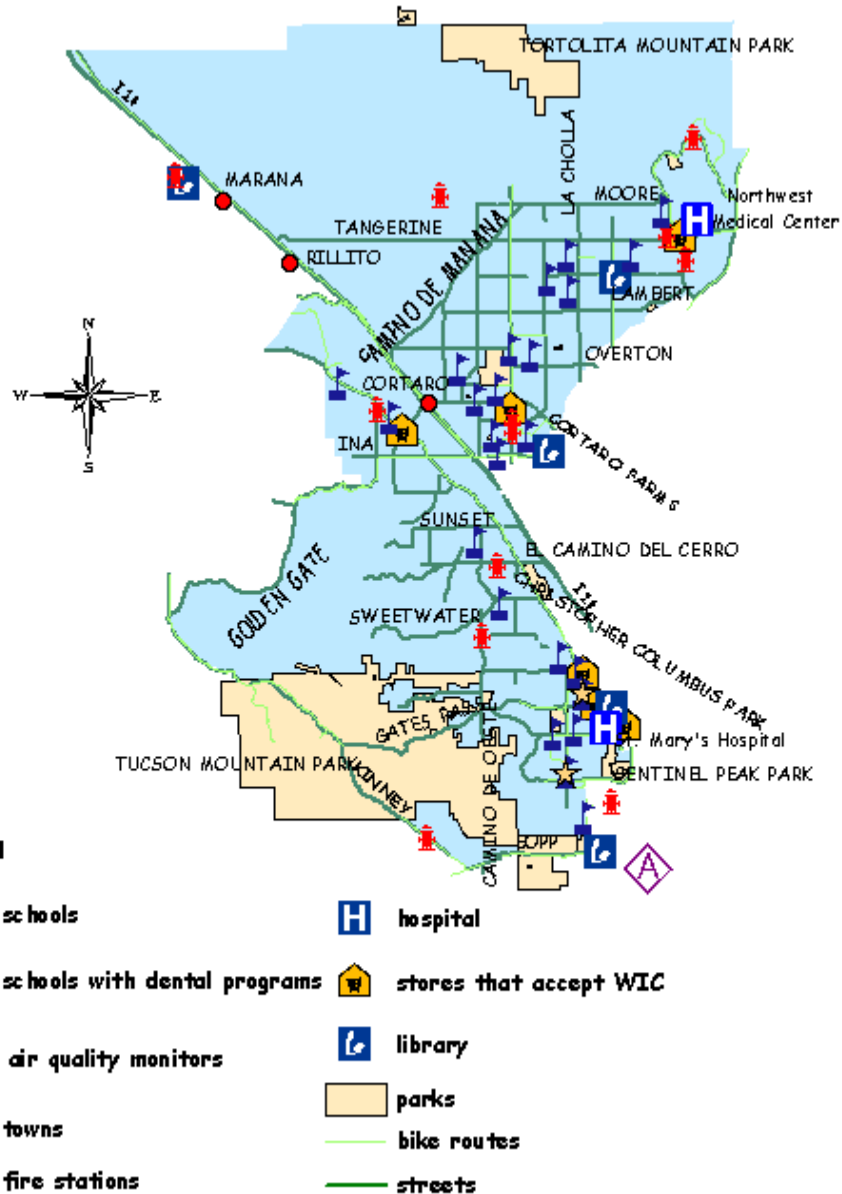
Tucson-North Central met the Healthy People 2010 target for MVA and homicide mortality rates in 2004.

Table 13B. Select Health Indicators, Tucson-North Central PCA, Arizona, 2000 and 2004

Tucson-North-Central Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVA's / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	15.9	2.4	✓			✓
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	26.7	39.4		✓		
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	7.8	2.4	✓			✓
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	26.0	25.7	✓			
Violent crime / 1,000 population	No related 2010 objective	30.2	21.6	✓			
Environmental Health							
Air quality monitoring: Prince	PM 10 50ug/m3	38.0	28.0	✓			✓
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	68.8%	66.0%		✓		
Births to women <20 years old	No related 2010 objective	16.5%	14.2%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	8.9%	7.7%	✓			
Births to mothers with <12 years education	No related 2010 objective	32.9%	27.7%	✓			
Access to Care							
Percent of insured births	No related 2010 objective	95%	94%		✓		
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	31%	0		✓		
Ratio of population to primary care providers	No related 2010 objective	951:1	416:1	✓			
Ratio of population to dentists	No related 2010 objective	1,297:1	1,983:1		✓		
Ratio of population to pharmacies	No related 2010 objective	6,340:1	4,728:1	✓			
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	11.0	101.4	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Tucson-Northwest



Population Profile:

Tucson-Northwest PCA has a young population as 60% are less than 45 years of age. The population density of Tucson-Northwest is 481 persons per square mile. Over 243,394 tourists visited Tucson-Northwest in 2004. The unemployment rate for Tucson-Northwest is 3.0% with a median household income of \$56,992. Almost five percent of children under age 12 live at 100% of the FPL. Two hospitals are located within the Tucson-Northwest PCA, Saint Mary's and the recently built Northwest Medical Center located on Tangerine road. The leading cause of hospitalization in 2004 was chest pain. The most common hospital procedure was total knee replacement. The leading cause of death among those age 65 years and older was chronic ischemic heart disease. Tucson-Northwest had a premature mortality rate of 53% in 2004.

Table 14A. Select Demographic Indicators, Tucson-Northwest PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	92,576	114,830
< 15	19,104	23,785
15-19	5,912	7,110
20-44	30,566	37,636
45-64	24,026	29,828
65 and older	12,968	16,471
Hispanic	18.1%	19.5%
Single parent families	13.7%	13.4%
Population below 100% Federal Poverty Level (FPL)	4.9%	4.7%
Median household income	\$59,771	\$56,992
Children <12 years old living in poverty	4.7%	4.6%
Designated as Az Medically Underserved Area (AzMUA)	NO	NO

Comments on PCA Data:

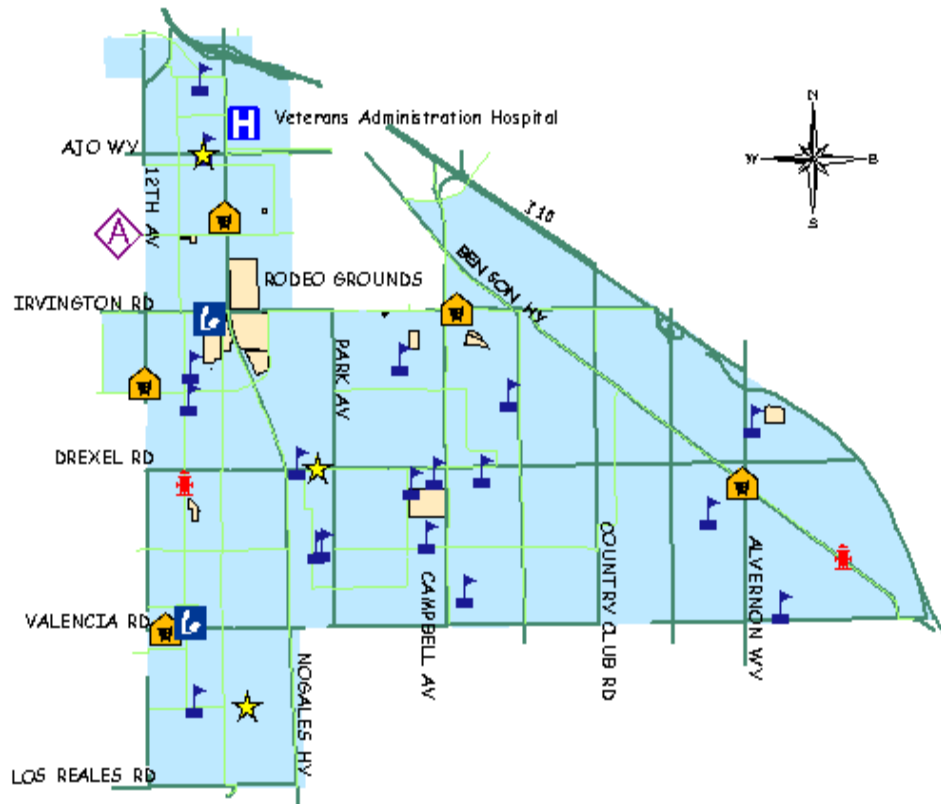
Despite rapid growth and development, two hospitals and a low ratio of medical providers to population, access to dentists or pharmacies within this PCA is relatively restricted.

Table 14B. Select Health Indicators, Tucson-Northwest PCA, Arizona, 2000 and 2004

Tucson-Northwest Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	10.7	22.0		✓		
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	8.8	14.4		✓		
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	7.5	6.3	✓			
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	12.2	19.9		✓		
Violent crime / 1,000 population	No related 2010 objective	1.7	1.6			✓	
Environmental Health							
Air quality monitoring : Tangerine	PM 10 50ug/m3	18	15	✓			✓
Tangerine	Ozone/hour 0.12ppm	.037	.037			✓	✓
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	78.4%	80.2%	✓			
Births to women <20 years old	No related 2010 objective	6.0%	3.7%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	7.6%	5.4%	✓			
Births to mothers with <12 years education	No related 2010 objective	7.1%	6.1%	✓			
Access to Care							
Percent of insured births	No related 2010 objective	96%	97%	✓			
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	8%	8%			✓	
Ratio of population to primary care providers	No related 2010 objective	1,603:1	589:1	✓			
Ratio of population to dentists	No related 2010 objective	5,255:1	6,755:1		✓		
Ratio of population to pharmacies	No related 2010 objective	5,912:1	6,044:1		✓		
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	7.4	57.8	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Tucson-Southeast



Legend

- schools
- schools with dental programs
- air quality monitors
- towns
- fire stations
- hospital
- stores that accept WIC
- library
- parks
- bike routes
- streets

Population Profile:

Tucson-Southeast PCA is the home of the Tucson Rodeo Grounds and the annual Fiesta de los Vaqueros Rodeo every February. The population density of Tucson-Southeast is 5,055 persons per square mile. A total of 153,181 tourists visited this PCA in 2004. The unemployment rate is 3.9% with a median household income of \$25,431. Almost a third of the population lives below the federal poverty level and 30% are under age 15. This PCA contains the largest percent of Hispanics in Pima County. Tucson-Southeast is considered a MUA. The Veterans Administration Hospital is located within the Tucson-Southeast PCA. In 2004, the leading cause of hospitalization was chest pain and the leading hospital procedure was laparoscopic cholecystectomy. The leading cause of death for those age 45 and older in 2004 was chronic ischemic heart disease. For infants, sudden infant death syndrome (SIDS) was the leading cause of death in 2004. Tucson-Southeast had a premature mortality of 66.8% in 2004.

Table 15A. Select Demographic Indicators, Tucson-Southeast PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	59,954	64,425
< 15	18,169	19,523
15-19	5,383	5,784
20-44	22,413	24,085
45-64	9,768	10,499
65 and older	4,221	4,535
Hispanic Ethnicity	78.8%	83%
Single parent families	39.9%	39.9%
Population below 100% Federal Poverty Level (FPL)	31.3%	30.1%
Median household income	\$26,615	\$25,431
Children <12 years old living in poverty	41.3%	41.2%
Designated as Az Medically Underserved Area (AzMUA)	YES	YES

Comments on PCA Data:

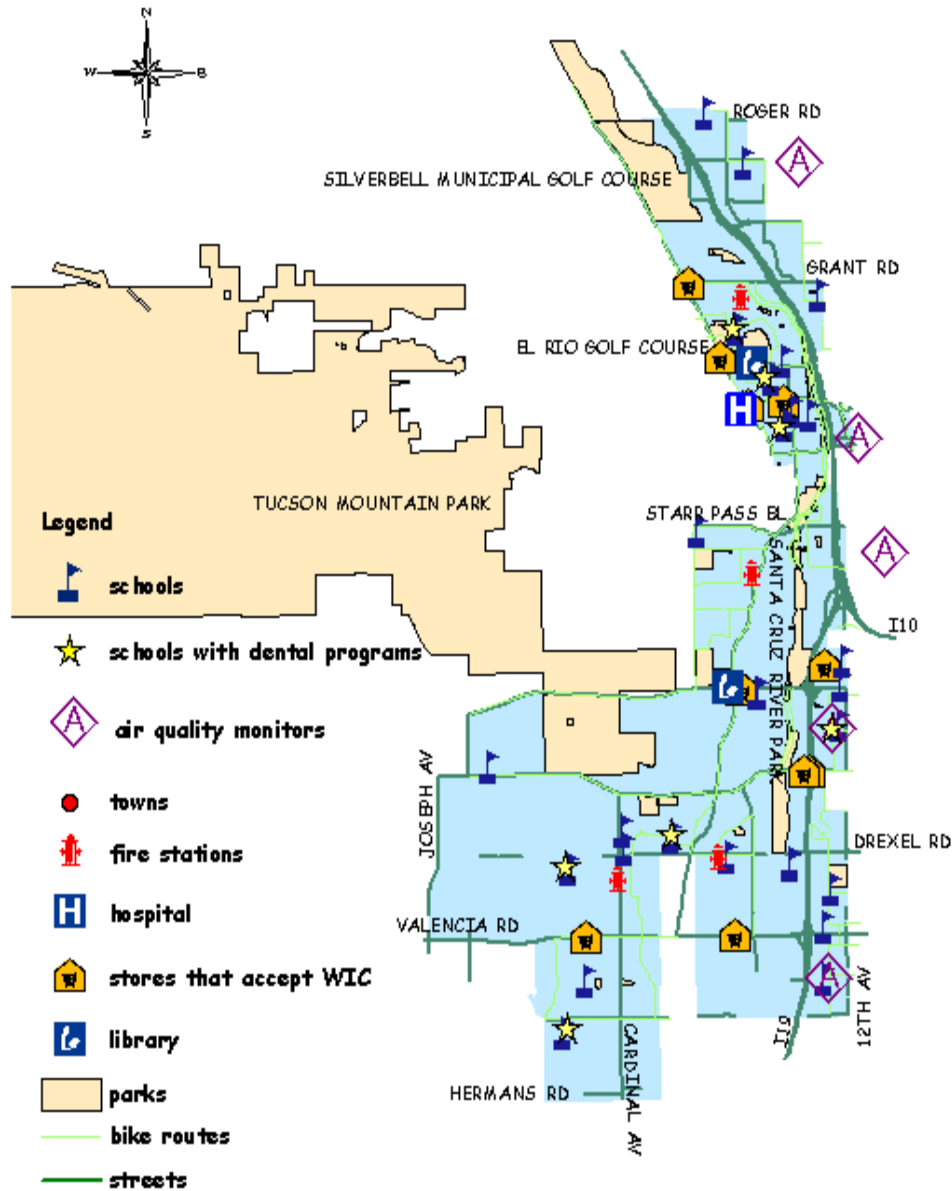
Rates of births to women under age 20 and the percent of mothers with less than a high school education are among the highest in the County.

Table 15B. Select Health Indicators, Tucson-Southeast PCA, Arizona, 2000 and 2004

Tucson-Southeast Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	20.6	28.7		✓		
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	31.3	18.2	✓			
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	20.0	23.0		✓		
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	11.9	13.8		✓		
Violent crime / 1,000 population	No related 2010 objective	31.5	25.1	✓			
Environmental Health							
Air quality monitoring: Rose Elementary	Ozone/hour 0.12 ppm	0.024	0.025		✓		✓
Rose Elementary	PM 2.5 15ug/m3	14	6.32	✓			✓
Santa Clara Elementary	PM 10 50ug/m3	31	20	✓			✓
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	65.3%	59.2%		✓		
Births to women <20 years old	No related 2010 objective	19.9%	19.7%			✓	
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	7.6%	7.0%	✓			
Births to mothers with <12 years education	No related 2010 objective	42.0%	44.6%		✓		
Access to Care							
Percent of insured births	No related 2010 objective	96%	92%		✓		
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	72%	17%		✓		
Ratio of population to primary care providers	No related 2010 objective	631:1	1,150:1		✓		
Ratio of population to dentists	No related 2010 objective	1,703:1	5,857:1		✓		
Ratio of population to pharmacies	No related 2010 objective	5,182:1	10,737:1		✓		
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	7.3	106.5	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Tucson-Southwest



Population Profile:

Tucson-Southwest has a population density of 2,656 persons per square mile and an unemployment rate of 3.8%. In 2004, the median household income was \$32,791. Tucson-Southwest is considered to be a MUA. Tucson-Southwest's population was hospitalized most often in 2004 for chest pain and the leading procedure performed was laparoscopic cholecystectomy. The leading cause of death among those age 45 and older was chronic ischemic heart disease. Tucson-Southwest had a premature mortality of 58%. Dental screening among schools in this PCA decreased by 50% in 2004 from the year 2000.

Table 16A. Select Demographic Indicators, Tucson-Southeast PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	70,233	82,137
< 15	18,269	21,121
15-19	5,512	6,360
20-44	26,509	30,529
45-64	12,953	15,533
65 and older	6,990	8,594
Hispanic	64.9%	67.2%
Single parent families	34.7%	33.4%
Population below 100% Federal Poverty Level (FPL)	19.6%	17.7%
Median household income	\$33,772	\$32,791
Children <12 years old living in poverty	29.4%	25%
Designated as Az Medically Underserved Area (AzMUA)	YES	YES

Comments on PCA Data:

Although oral health programs in schools decreased as they did in most all of the County's PCAs, Tucson-Southwest PCA has the highest percent of schools offering oral health programs.

Table 16B. Select Health Indicators, Tucson-Southeast PCA, Arizona, 2000 and 2004

Tucson-Southwest Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	30.0	15.7	✓			
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	21.1	28.9		✓		
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	11.7	12.0		✓		
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	6.3	11.7		✓		
Violent crime / 1,000 population	No related 2010 objective	19.8	18.8	✓			
Environmental Health							
Air quality monitoring: None		ND	ND				
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	71.3%	66.8%		✓		
Births to women <20 years old	No related 2010 objective	19.0%	17.2%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	8.9%	7.8%	✓			
Births to mothers with <12 years education	No related 2010 objective	34.0%	33.0%	✓			
Access to Care							
Percent of insured births	No related 2010 objective	94%	94%			✓	
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	48%	28%		✓		
Ratio of population to primary care providers	No related 2010 objective	1,695:1	1,194:1	✓			
Ratio of population to dentists	No related 2010 objective	522:1	3,571:1		✓		
Ratio of population to pharmacies	No related 2010 objective	0	4,832:1	✓			
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	12.5	109.1	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

Tucson-West

Population Profile:

The population density of Tucson-West is 98 persons per square mile. The unemployment rate of Tucson-West PCA is 3.4%. The median household income was \$34,594. In 2004, the leading cause of hospitalization for Tucson-West PCA was chest pain and the leading hospital procedure was left heart cardiac catheterization. The leading cause of death for those age 45 - 64 or older plus those age 85 and older was chronic ischemic heart disease. This PCA had a premature mortality of 68.1%.

Table 17A. Select Demographic Indicators, Tucson-West PCA, Arizona, 2000 and 2004

Demographics	2000	2004
Population	14,174	16,488
< 15	3,704	4,329
15-19	1,097	1,284
20-44	4,729	5,523
45-64	3,196	3,696
65 and older	1,448	1,655
Hispanic Ethnicity	46.8%	50.3%
Single parent families	23.2%	23.6%
Population below 100% Federal Poverty Level (FPL)	19.4%	15.3%
Median household income	\$36,039	\$34,594
Children <12 years old living in poverty	29.8	23%
Designated as Az Medically Underserved Area (AzMUA)	YES	NO

Comments on PCA Data:

The population and numbers of deaths within the Tucson-West area are not sufficient to compare across the years nor with other PCAs. Similarly, the low population density may correspond to the relatively poor access to medical providers, dentists and pharmacies.

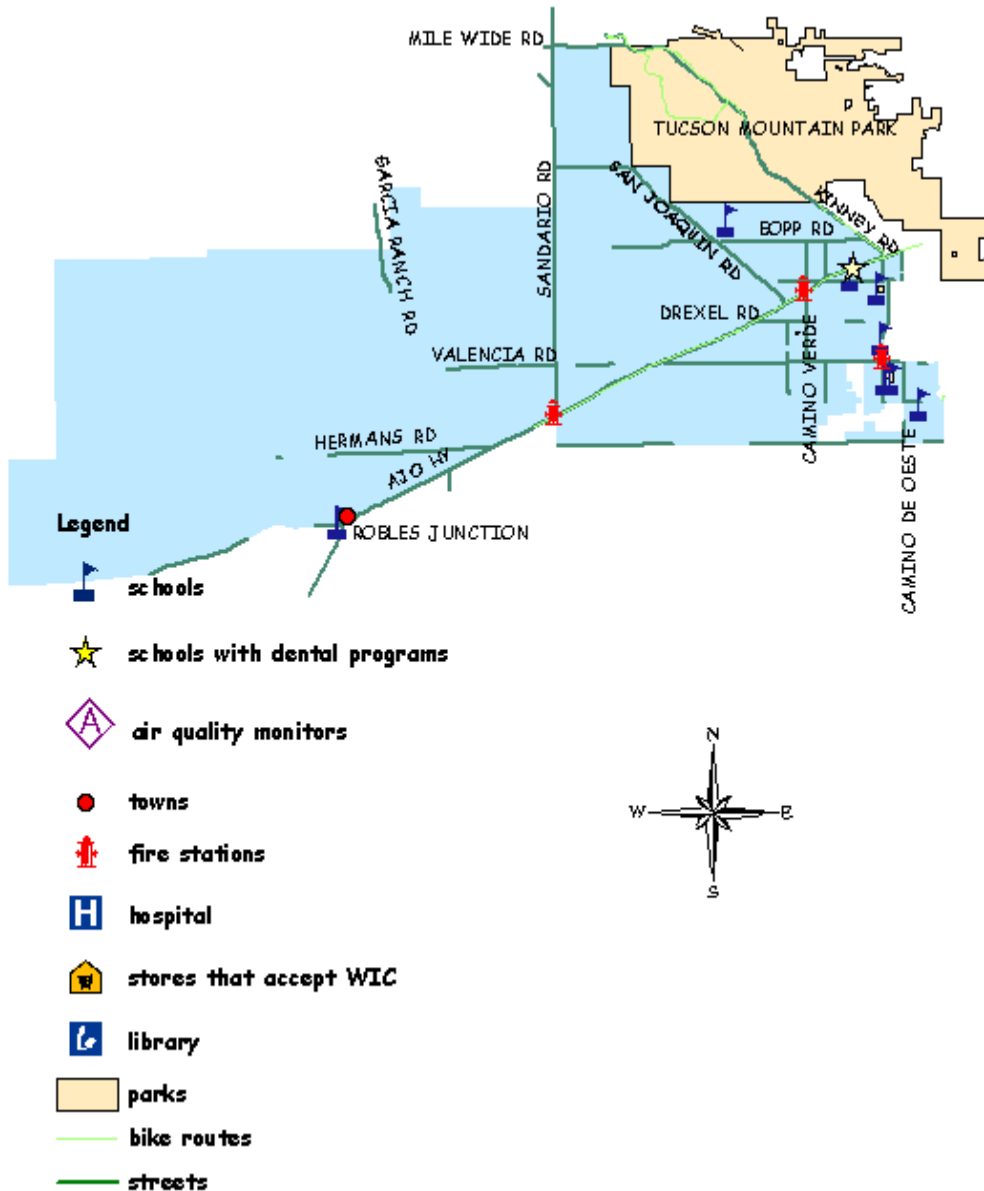


Table 17B. Select Health Indicators, Tucson-West PCA, Arizona, 2000 and 2004

Tucson-West Data / Indicators	Related 2010 Objectives	PCA 2000	PCA 2004	Right Direction	Wrong Direction	No Change	Achieved Objective
Healthy Lifestyles							
Age adjusted mortality MVAs / 100,000	Reduce deaths caused by Motor Vehicle Crashes to 9.0 deaths per 100,000 population	23.9	48.3		✓		
Age adjusted mortality from drug use / 100,000	1.0 per 100,000 population	15.0	6.5	✓			
Safety and Survival							
Age adjusted homicide rates / 100,000	3.2 per 100,000 population	6.6	13.6		✓		
Age adjusted suicide rates / 100,000	5.0 per 100,000 population	25.5	12.5	✓			
Violent crime / 1,000 population	No related 2010 objective	2.7	2.2	✓			
Environmental Health							
Air quality monitoring: None		0	0				
Maternal and Child Health							
First trimester prenatal care	Increase the proportion of pregnant women who receive prenatal care in 1st trimester to 90%	74.5%	65.6%		✓		
Births to women <20 years old	No related 2010 objective	17.5%	13.4%	✓			
Low birth weight births (<2,500 grams) per 1,000 births	Reduce the number of low birth weight births to 5%	9.6%	7.0%	✓			
Births to mothers with <12 years education	No related 2010 objective	24.5%	24.1%	✓			
Access to Care							
Percent of insured births	No related 2010 objective	95%	95%			✓	
Percent of schools with dental screening	Increase the proportion of school-based health centers with an oral health component.	30%	14%		✓		
Ratio of population to primary care providers	No related 2010 objective	0	5,153:1	✓			
Ratio of population to dentists	No related 2010 objective	0	8,244:1	✓			
Ratio of population to pharmacies	No related 2010 objective	0	0			✓	
Percent of admissions that are due to ambulatory care conditions in people <65 years of age*	25% improvement for ambulatory care sensitive conditions	16.8	101.6	NO SCORE			

* The definition for ambulatory care conditions changed between 2000 and 2004. The 2004 data includes the emergency room data.

DEFINITIONS

Age-adjusted Mortality Rates: The “age-adjustment” adjusts for differences in age distribution between populations. The US 2000 standard million was selected to age-adjust the data in this report.

Age-specific Mortality: Number of deaths in a specific age group during a calendar year.

Ambulatory Care Sensitive Conditions: Those conditions that if properly addressed would not result in a hospitalization. Defined in the Ambulatory Care Access Project of the United Hospital Fund of New York, July 30, 1991.

AzMUA (Arizona Medically Underserved Area): AzMUA may be described as a designated area in the state in which medical needs are not being met. The area is deemed medically underserved if: a health professional shortage exists in the area, the population exceeds availability of providers in the area, the area does not have access to health care services due to geographical location, or the area’s population may be at or below federal poverty level. This designation is determined by the state government of Arizona per Arizona Revised Statute §36-2352.

Birth or Live Birth: A human being who shows evidence of life after the process of birth, irrespective of the duration of pregnancy.

Birth Weight: The weight of a neonate determined immediately after delivery or as soon thereafter as possible.

Cause of Death: For the purpose of national mortality statistics, every death is attributed to one underlying condition, based on information reported on the death certificate and utilizing the international rules for selecting the underlying cause of death from the reported conditions.

Classification of Causes of Death: The cause of death used in this report is the underlying cause classified according to the *International Classification of Diseases, Injuries and Causes of Death*, 10th Edition (ICD-10).

Federal Poverty Level (FPL): This term refers to the federal poverty guidelines applied administratively as a national measure of poverty and commonly used for determining eligibility for some state and federal health programs like the Arizona Health Care Cost Containment System (AHCCCS).

FPL 2000 = yearly income at or below \$17,050 for a family of 4 people
FPL 2004 = yearly income at or below \$18,850 for a family of 4 people

Fetal Death: A human being who has died prior to the process of birth, irrespective of the duration of pregnancy.

Infant Death: Any death at any time from birth up to, but not including, the first year of age (364 days, 23 hours, 59 minutes from the moment of birth).

Infant Mortality Rate: Number of infant deaths during a calendar year per 1,000 live births.

Low Birth Weight: Any neonate weighing less than 2,500 grams at birth (less than 5 pounds 8 ounces).

MVA: Motor vehicle accident.

National Ambient Air Quality Standards (NAAQS): Are pursuant to the Federal Clean Air Act established by the Environmental Protection Agency, (EPA). The information for the Air Monitors and reported levels come from the Annual Data Summary published by Pima County Department of Environmental Quality (PDEQ). The air pollutants in this report are:

PM10: Particulate matter measuring 10 micrometers or less in diameter. Particles of this size pose some health risks.

PM2.5: Particulate matter measuring 2.5 micrometers or less in diameter. These particles are small enough to be inhaled and pose greater risk to public health.

O₃: Ozone forms when nitrogen oxides(NOx) and volatile organic compounds (VOCs) in the atmosphere react in the presence of sunlight. Motor vehicle emissions are a major source of NOx and VOCs.

CO: Carbon Monoxide is an odorless, invisible, poisonous gas that replaces oxygen in the blood when inhaled. Motor vehicle exhaust represents the largest source of CO in metropolitan Tucson.

Premature Birth: Any infant whose birth occurs through the end of the last day of the 37th week (259th day) following onset of the last menstrual period.

Premature Mortality: Percent of deaths below the 2003 United States Life Expectancy of 76.66 years of age.

Primary Care Area (PCA): A primary care area is a geographic area in which most residents seek primary health services from the same place(s). The PCA is meant to depict the “primary care service seeking patterns” of the residents.

Race and Ethnicity: Designations used in this report are white non-Hispanic, white Hispanic, Black (or African American), Native American, Asian and Other. Hispanic’s with races other than white were left in their race categories.

Rate: Defined as the number of cases of a particular outcome of interest that occurs over a given time period divided by a population that is specified during that time period. Rates express the likelihood (or risk) of the event in the specified population during a particular time and are generally expressed as units of population in the denominator (per 1,000; per 100,000, etc.).

***Note:** Many rates shown in this report are based on a small population, a small number of events, or both. Rates based on small numbers are unreliable and thus should be viewed with caution. Rates for many census tracts or Pima County’s ethnic minorities also vary considerably from year to year due to small populations and few events.

Very Low Birth Weight: Any neonate whose weight at birth is 1,500 grams or less (less than 3 pounds 5 ounces).

Violent Crime: Statistics for the purpose of this report include the following crimes:

- Homicides
- Rapes
- Robberies
- Agravated Assaults
- Domestic Violence
- Child Molestation
- Burglaries
- Sexual Assault

WIC: Special Supplemental Nutrition Program for Women, Infant, and Children Program.

