



CENTER
FOR THE FUTURE OF
ARIZONA

Health and Well-being Data Profile



Geography:
All Arizona Counties

Produced By
The Center for the Future of Arizona

The Arizona We Want Progress Meters

<https://www.arizonafuture.org/>

5/1/2020

Health and Well-being are essential to our quality of life and to the success of our communities.

What success looks like: Arizonans enjoy good health, live in healthy communities, and have access to affordable health care and wellness resources.



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The Arizona We Want Progress Meters

Health and Well-being

The Arizona We Want

The Arizona We Want is a shared vision of success around what matters most to Arizonans that expresses their highest aspirations and hopes for the future. It is derived from what the Center for the Future of Arizona (CFA) has learned through careful listening to what Arizonans say about what matters most to them and their highest priorities. CFA's findings and analyses can be found in the three The Arizona We Want reports which you can access here (<https://www.arizonafuture.org/reports/>).

The Arizona We Want Progress Meters

The Arizona We Want Progress Meters are an evolving, dynamic set of tools to measure the priorities that Arizonans identified of critical importance to the future of the state. The metrics were carefully considered and included with the criteria of being: easily understood; supported by publicly available, trusted, and regularly updated data; and, useful as a guidepost for assessing policy and practice. The Progress Meters may evolve over time with the input from Arizona's leaders, communities and technical experts. Learn more on our website at: <https://www.arizonafuture.org/az-progress-meters/overview/>

The Arizona We Want Progress Meters are defined by categories but in the real world none of these areas exist in isolation. Explore our data and feel free to connect with us at any time if you would like CFA to support you in identifying the best measures for advancing the priorities of your community.

Health and Well-being

How Progress Meters were selected

The Arizona We Want Progress Meters were developed through the following milestones:

- CFA partnered with leading education organizations, with Expect More Arizona as lead partner, to develop and launch the Education Progress Meter, which engaged over 40 partners in its launch and has now been formally adopted by 60 cities and towns.
- CFA partnered with the National Conference on Citizenship (NCoC) to use the nationally developed and recognized Civic Health Index to provide an array of metrics and data to track progress on two additional Progress Meters: Connected Communities and Civic Participation.
- CFA led an extensive process for developing metrics for the following Progress Meters: Jobs, Health & Well-being, Natural Resources, and Infrastructure. It engaged a Task Force, involved content experts, and held focus groups in using consensus-building around which metrics are most critical to track for each of the four meters. It followed this process with what has become a consistent practice in using critical readers statewide to provide feedback. Over 100 of 300+ critical readers rated metrics and provided feedback that culminated in the chosen measurements of each category.
- The Young Talent Progress Meter is still under development as it is being defined by Arizona's Young People. Learn more here! (<https://www.arizonafuture.org/az-progress-meters/young-talent/overview/>)

Throughout this process, careful consideration was given to the following criteria which must be met for metrics to be included in the Arizona We Want Progress Meters:

- They must be supported by publicly available, trusted, and regularly updated data;
- They must be understandable by most Arizonans;
- And they must be useful as a guidepost for assessing policy initiatives.

Many of our data sources do not provide data disaggregated to cities and counties, though some do. Because of this, in the event that data is not available, it will be provided at the most local level possible. Please reference the notes on each metric for details on how often data is updated, and at what geographic level the data is available.

Using this Report

This local report is intended to provide timely and trusted data that can be used by communities to better inform them on how they are doing on what matters most to them. The Arizona We Want Local Progress Meter Profiles are intended to support the following objectives:

- Allow communities to compare themselves with their peers, and the state as a whole (where data is available)
- Track progress over time by reporting the value of indicators in previous years
- Support in the identification of priorities that can be the subject of targeted actions to improve conditions
- Explore the interconnections between the categories of The Arizona We Want priorities in pursuit of holistic and well-designed solutions

The Center for the Future of Arizona is engaging with a select group of communities in Community Conversations that are intended to support in advancing the objectives above. Please connect with us if you would like us to bring this process to you!

We appreciate hearing feedback and responding to inquiries about Progress Meters data, website and/or reports. Feel free to reach out to Ian Dowdy, Director of Progress Meters at ian.dowdy@arizonafuture.org.

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Health and Well-being

Percentage of Arizonans Without Health Insurance

This metric is measured by the percentage of Arizonans who reported they do not have health insurance as compared to the national average.

When people need healthcare, it is important to them that it is accessible at an affordable cost. For decades, healthcare costs, the price of insurance, access to primary care and insurance plans have been under discussion. With the introduction of the Affordable Care Act and the expansion of the Arizona Health Care Cost Containment System (AHCCCS), the number of Arizonans with insurance has increased, raising access to healthcare and reducing the need to use hospital emergency rooms for primary care.

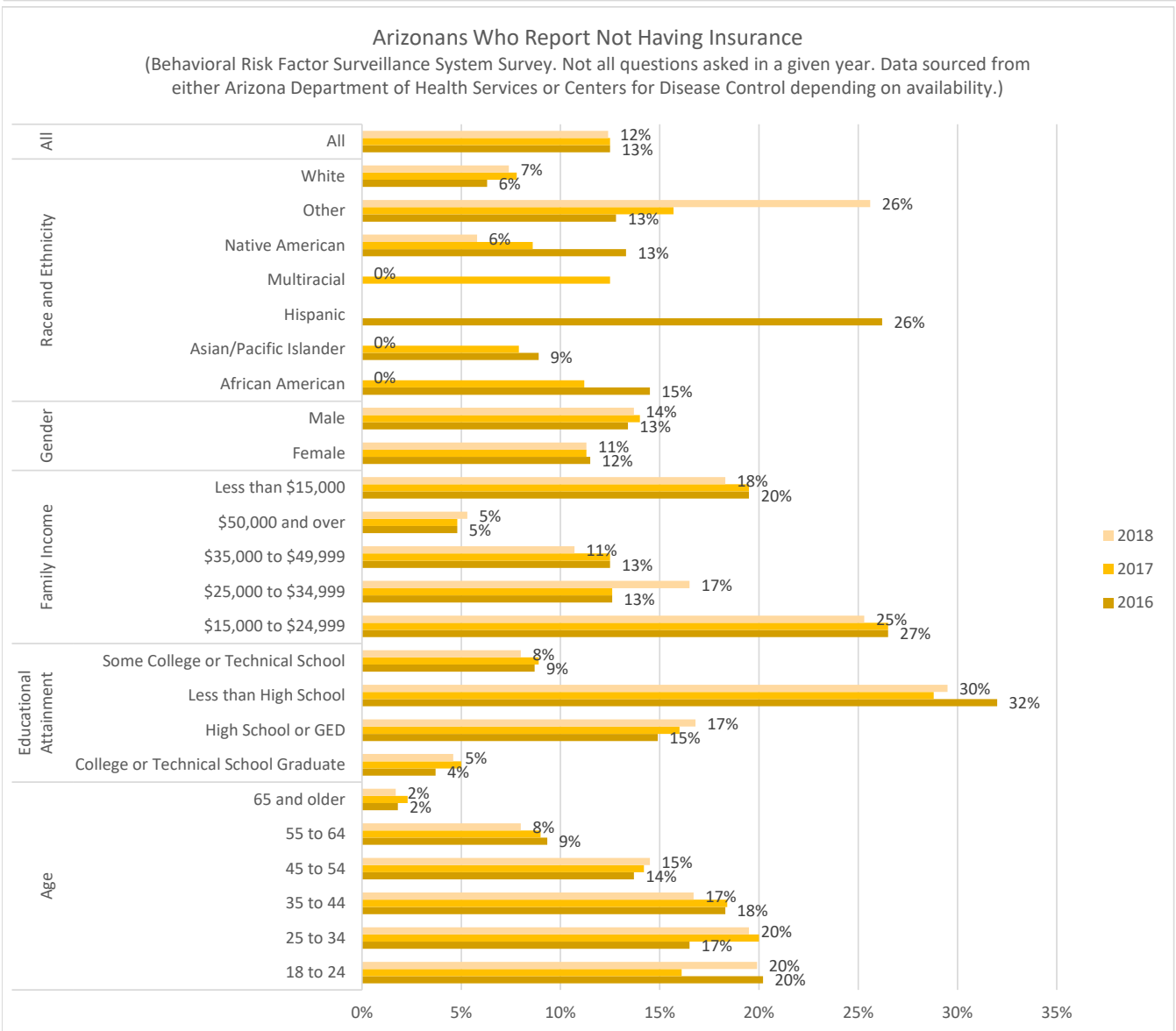
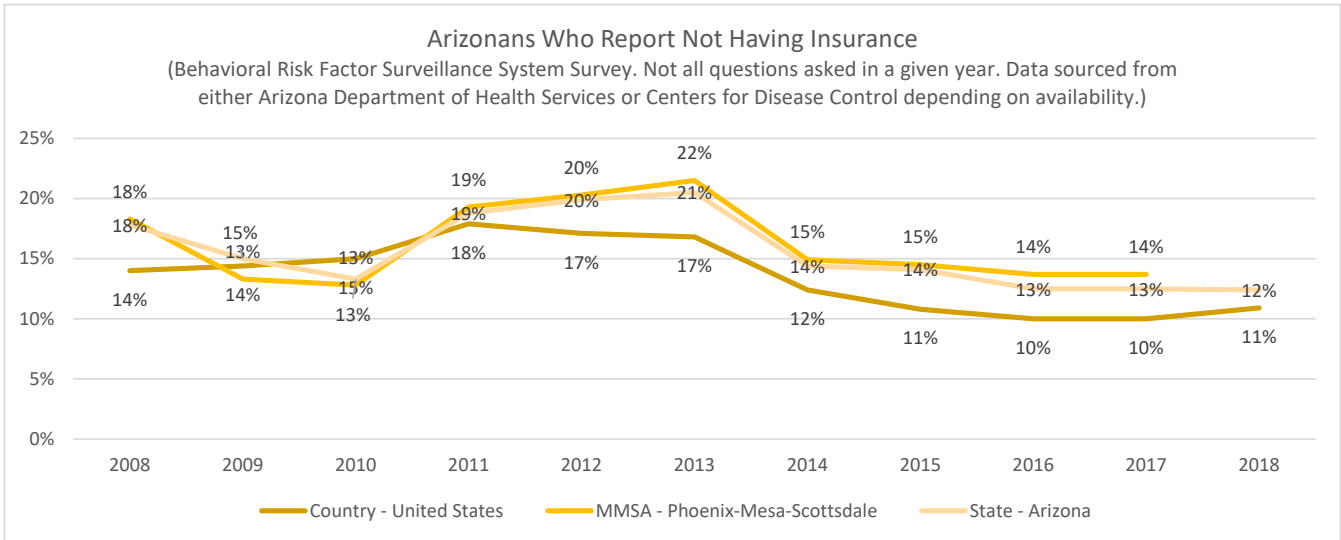
Updated annually and available for the following localities:

- The Nation
- States
- Counties

Source: Arizona Behavioral Risk Factor Surveillance System Survey, Arizona Department of Health Services. <https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/>

Health and Well-being

Percentage of Arizonans Without Health Insurance



Relative Cost of Arizona Healthcare

Relative Cost of Arizona Healthcare is measured in two ways: (1) Arizona's spending per capita on healthcare, i.e., the total amount of spending on healthcare in Arizona as divided by the total population and (2) the percentage of Arizonans who reported they did not seek medical treatment in the past year due to cost as compared with the national average.

Arizona is a state with relatively low per person healthcare costs when compared to the nation as a whole. Some sources indicate that, on average, 10% of Americans' incomes are spent on healthcare. For Arizona businesses, this means a lower cost for employee healthcare. While this is positive for business, it may also be an indicator of Arizonans' reluctance to pay for healthcare or their lack of sufficient income to easily afford it. Even for those with insurance, cost is a factor in whether people choose to seek medical treatment. Deductibles and other out-of-pocket costs impact people's decisions to live with or treat injuries, sickness, and other medical conditions.

The percentage of Arizonans who reported they did not seek medical treatment in the past year due to cost:

Updated annually and available for the following localities:

- The Nation
- States
- Counties

Source: Arizona Behavioral Risk Factor Surveillance System Survey, Arizona Department of Health Services. <https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/>

Arizonan's health spending per capita: The total amount of spending on healthcare in Arizona as divided by the total population.

Updated annually and available for the following localities:

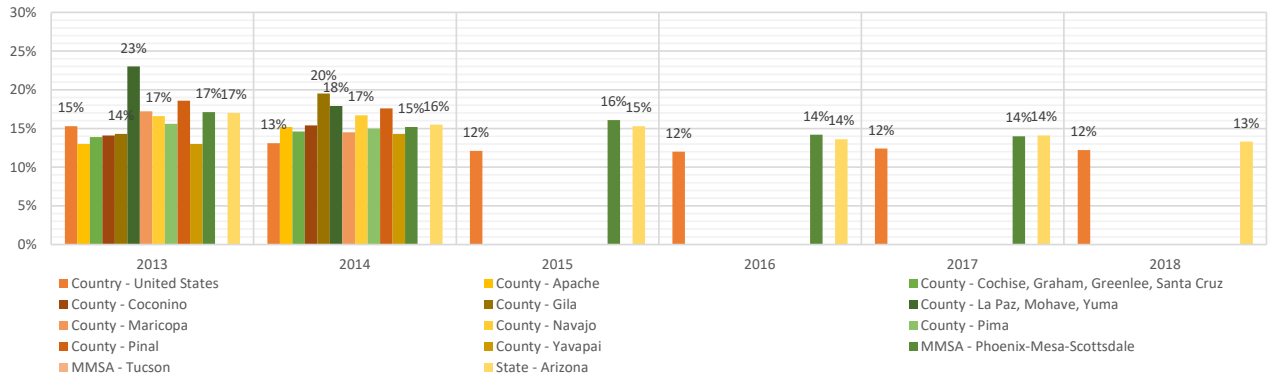
- The Nation
- States

Source: Henry J Kaiser Family Foundation. <https://www.kff.org/statedata/>

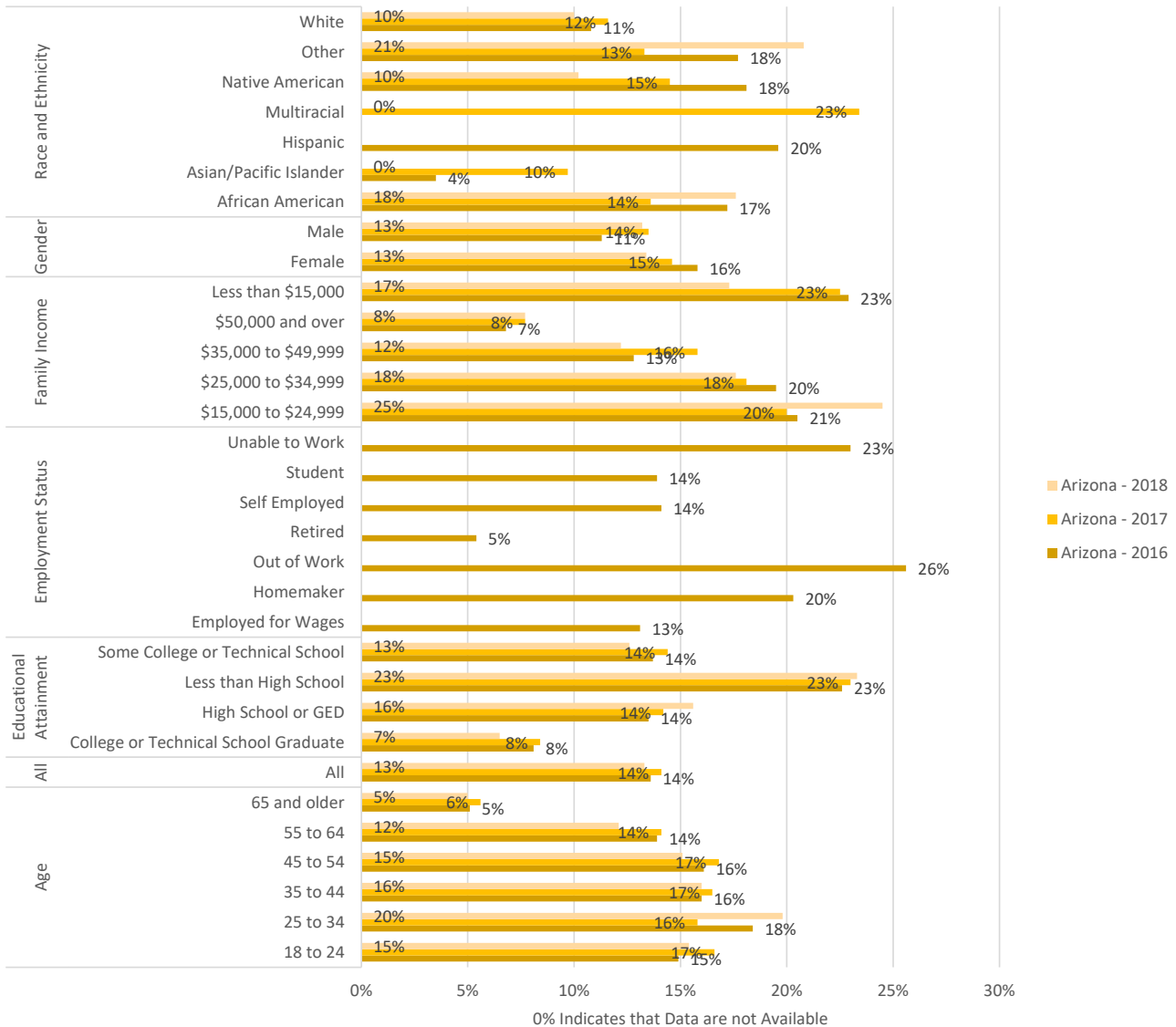
Health and Well-being

Not Seeking Medical Treatment Due to Cost

Percent of Arizonans Who Reported They Did Not Seek Medical Treatment Due To Cost
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)

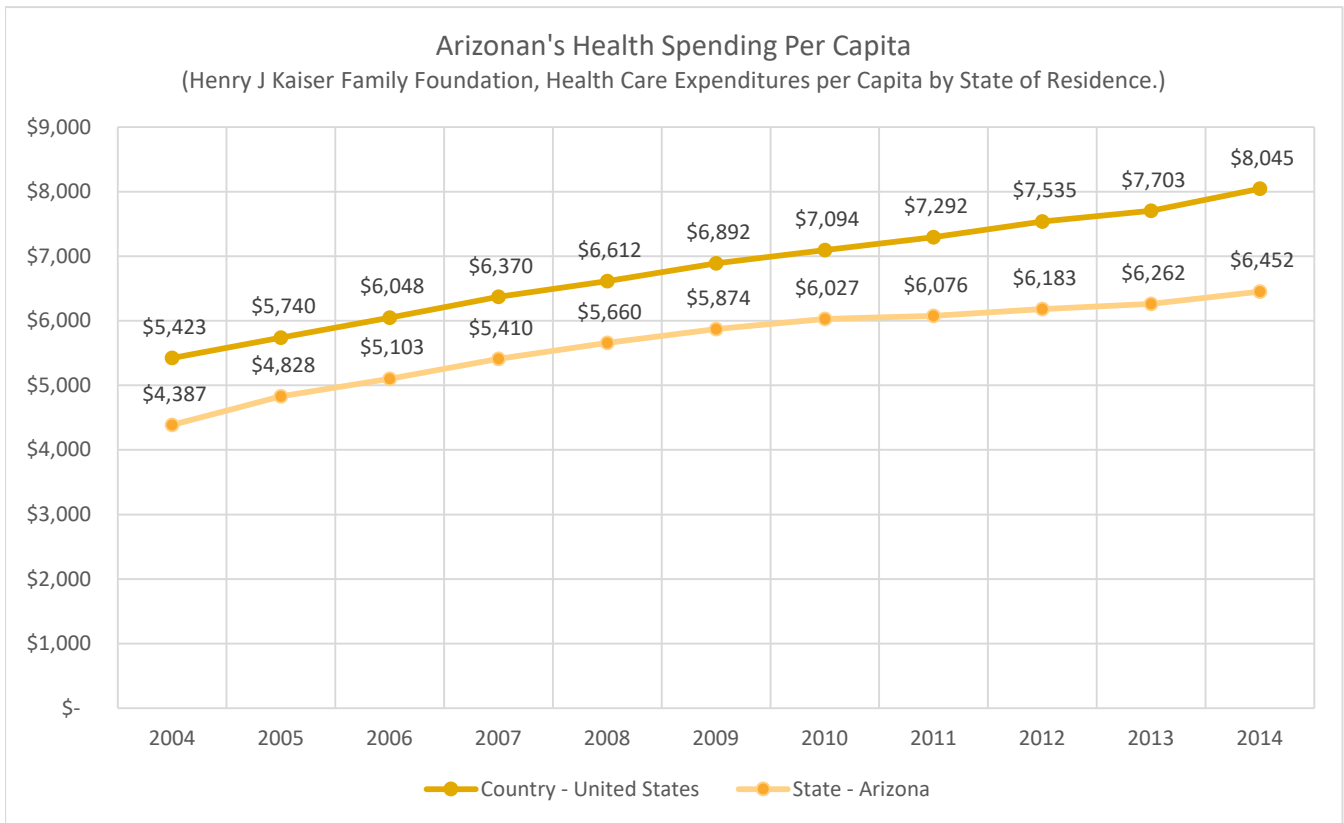


Percent of Arizonans Who Reported They Did Not Seek Medical Treatment Due To Cost
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Health and Well-being

Health Spending Per Capita



Obesity

Obesity rates are measured by percentage of Arizonans who report that their Body Mass Index is greater than 30.0.

Obesity is defined by a body mass index above 30.0, overweight rates are represented by a Body Mass Index between 25-29.9, and underweight rates are represented by a Body Mass Index between 12-18.4. Obesity is more generally described as a dietary disorder where the body has an excessive amount of body fat.¹ According to the US Centers for Disease Control, obesity reduces quality of life and life expectancy as it increases the risk of chronic diseases, including hypertension (high blood pressure), Type 2 diabetes, coronary disease, stroke, and osteoarthritis. In recent years, obesity rates have been skyrocketing, with an estimated 40% of adults in the US affected by this condition.²

Updated annually and available for the following localities:

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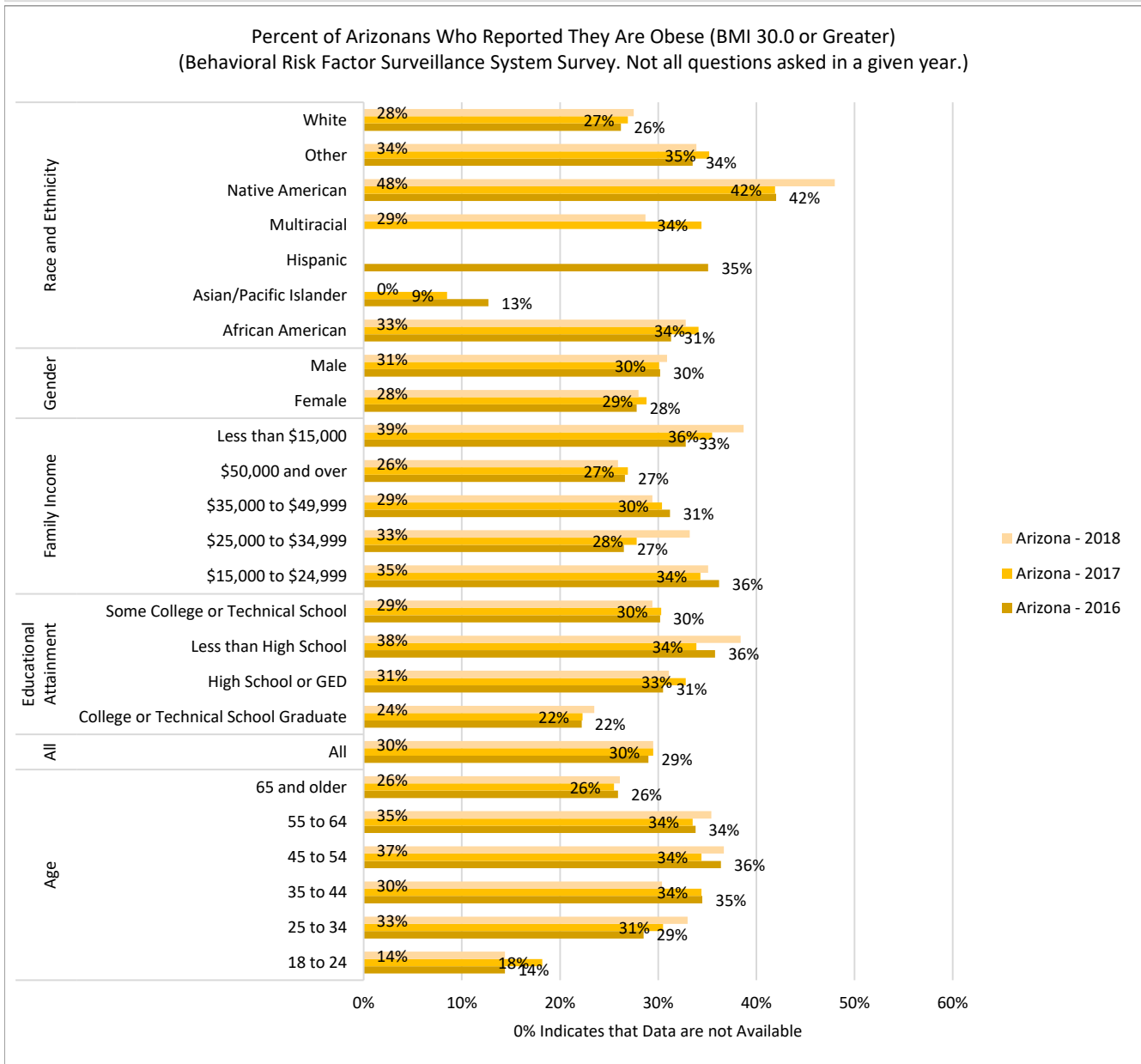
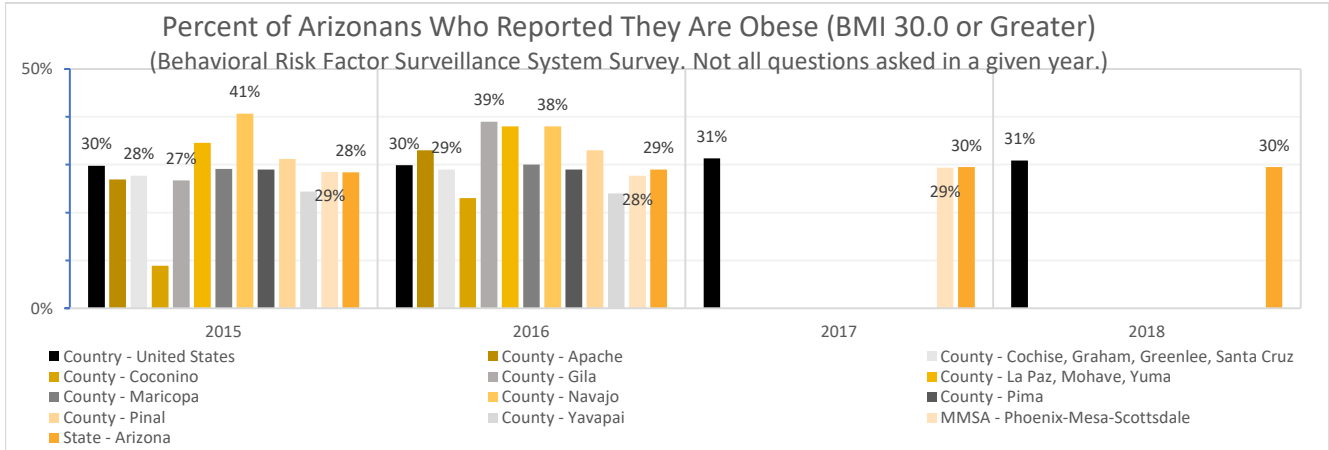
Source: Arizona Behavioral Risk Factor Surveillance System Survey, Arizona Department of Health Services. <https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/>

¹<https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>

²<https://www.cdc.gov/obesity/data/adult.html>

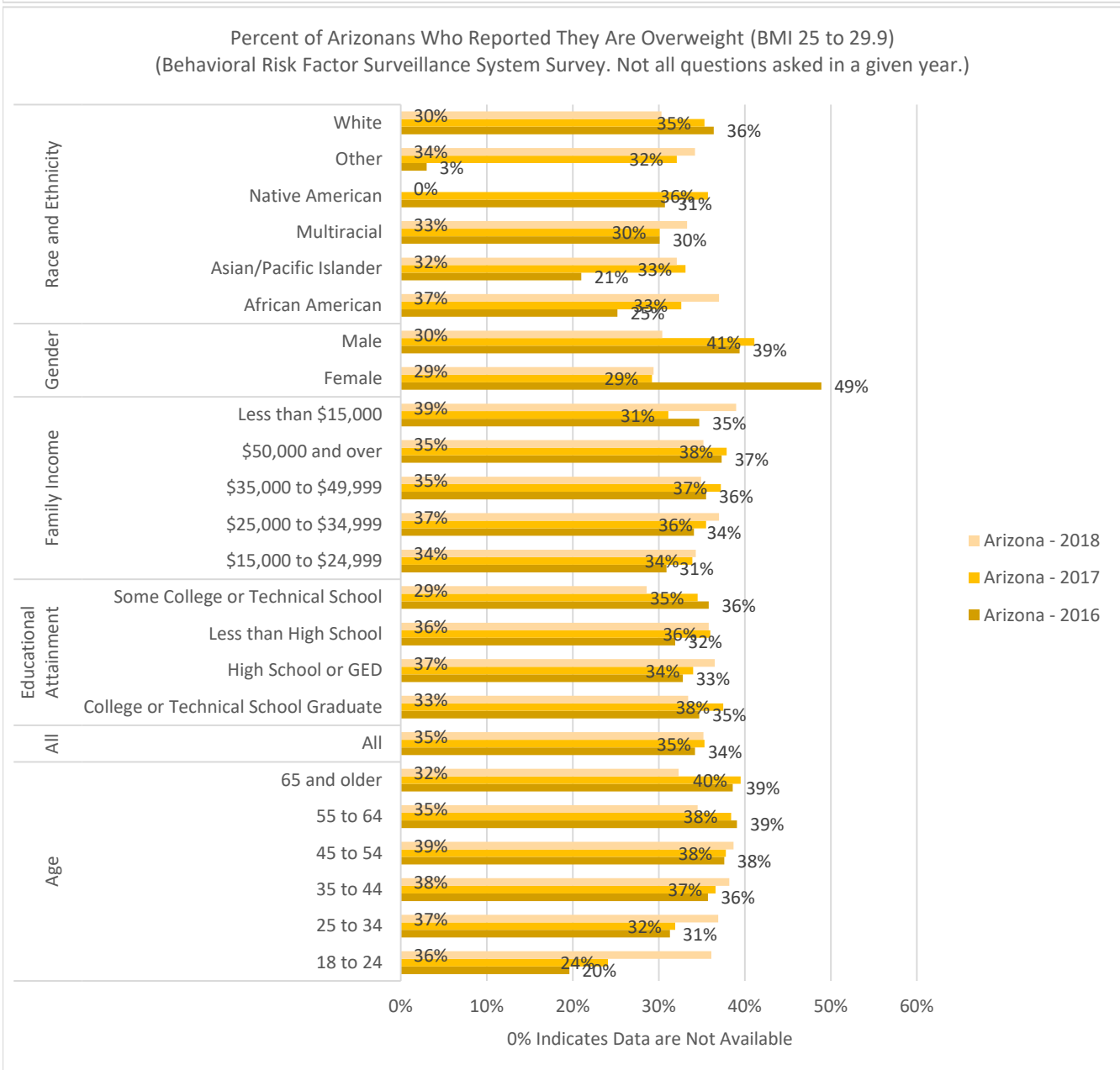
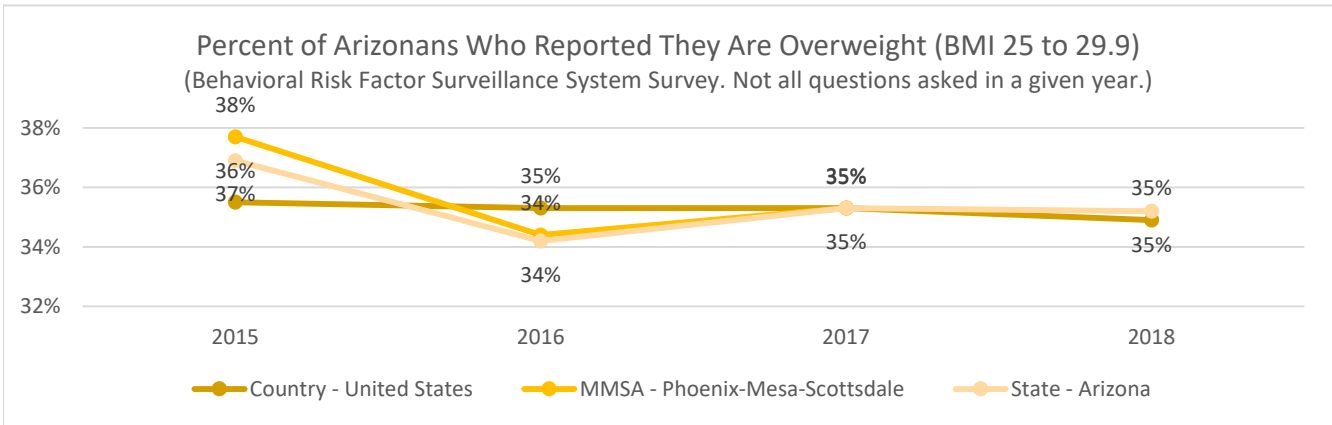
Health and Well-being

Obese



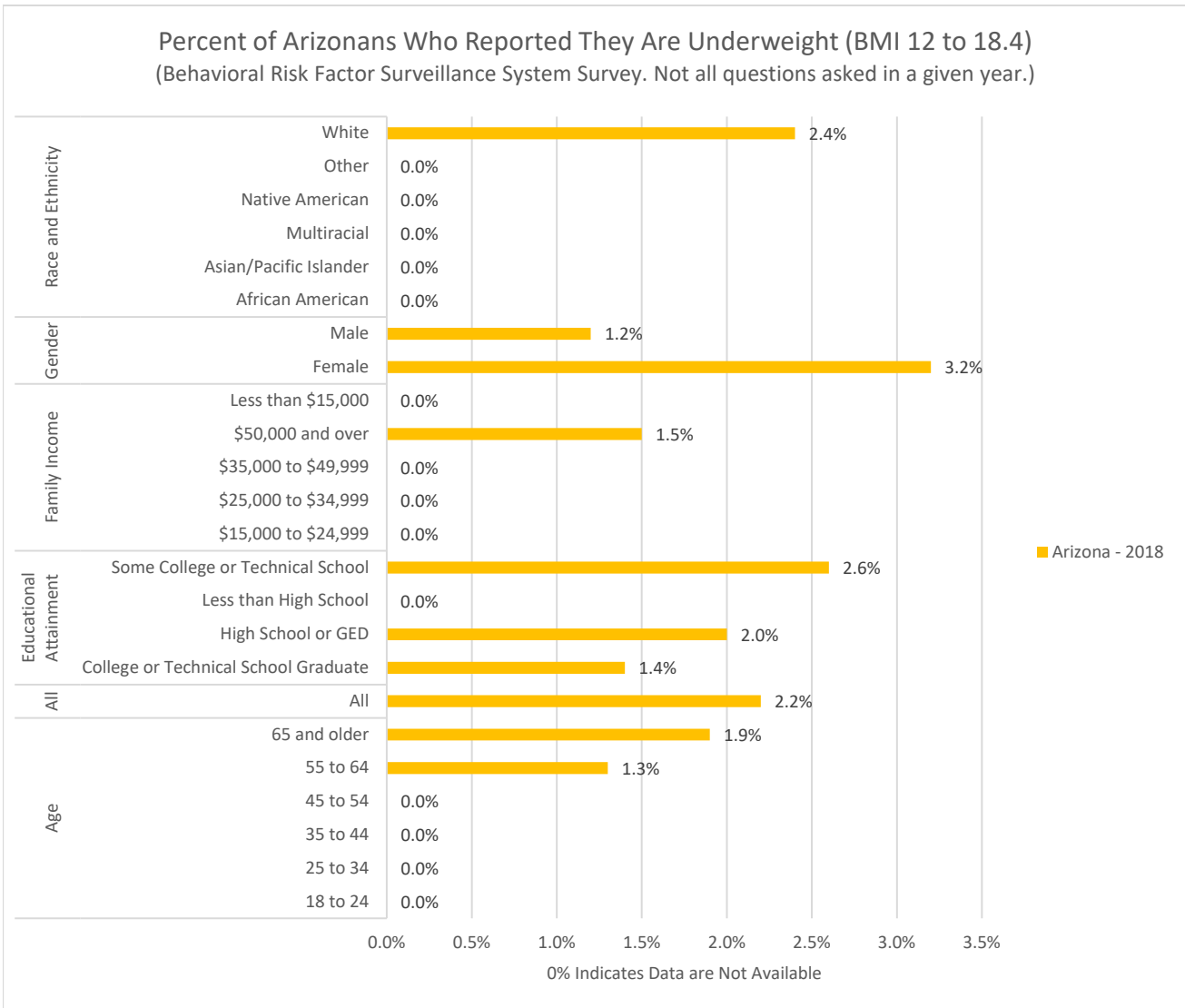
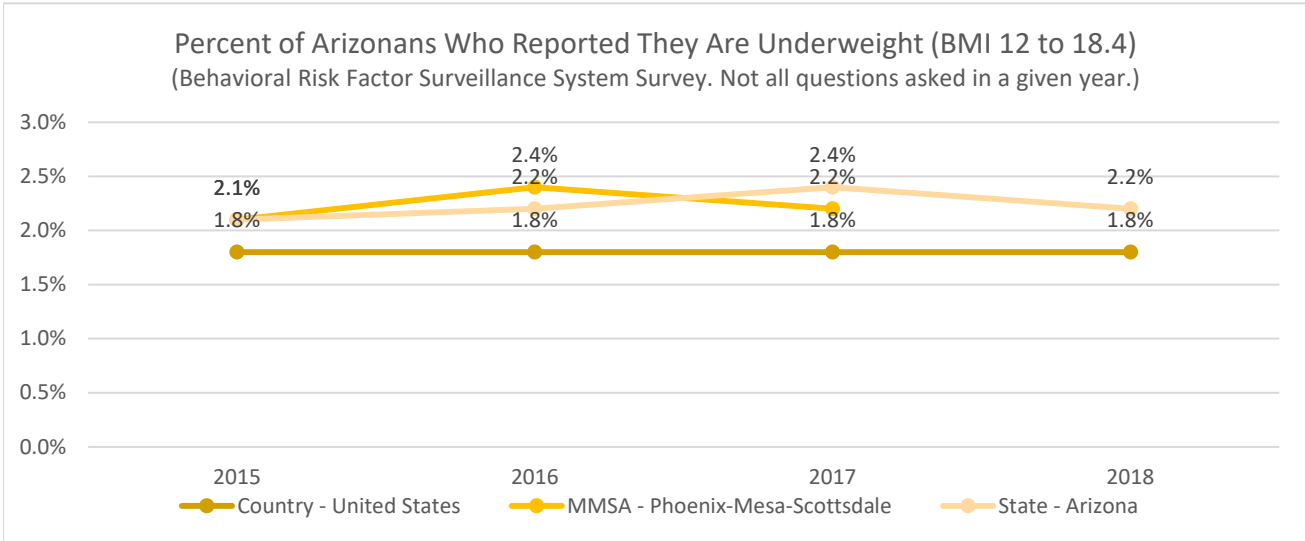
Health and Well-being

Overweight and Underweight



Health and Well-being

Overweight and Underweight



Access to Primary Care Practitioners

Access to Primary Care Practitioners is measured by the percentage of Arizonans who report they do not have a primary care practitioner.

Primary care practitioners can be of a variety of professions including a family physician, pediatrician, physician assistant or nurse practitioner. People who have access to, and regularly consult a primary care practitioner on average report better health outcomes.¹ There are a variety of factors that limit access to these professionals, including an inability to get time off to attend appointments, no health insurance, cultural values, a lack of professionals in the community, and other issues.

Raising access to primary care practitioners can improve health outcomes by supporting the early detection of disease, managing long-term, chronic conditions, and providing preventive care.²

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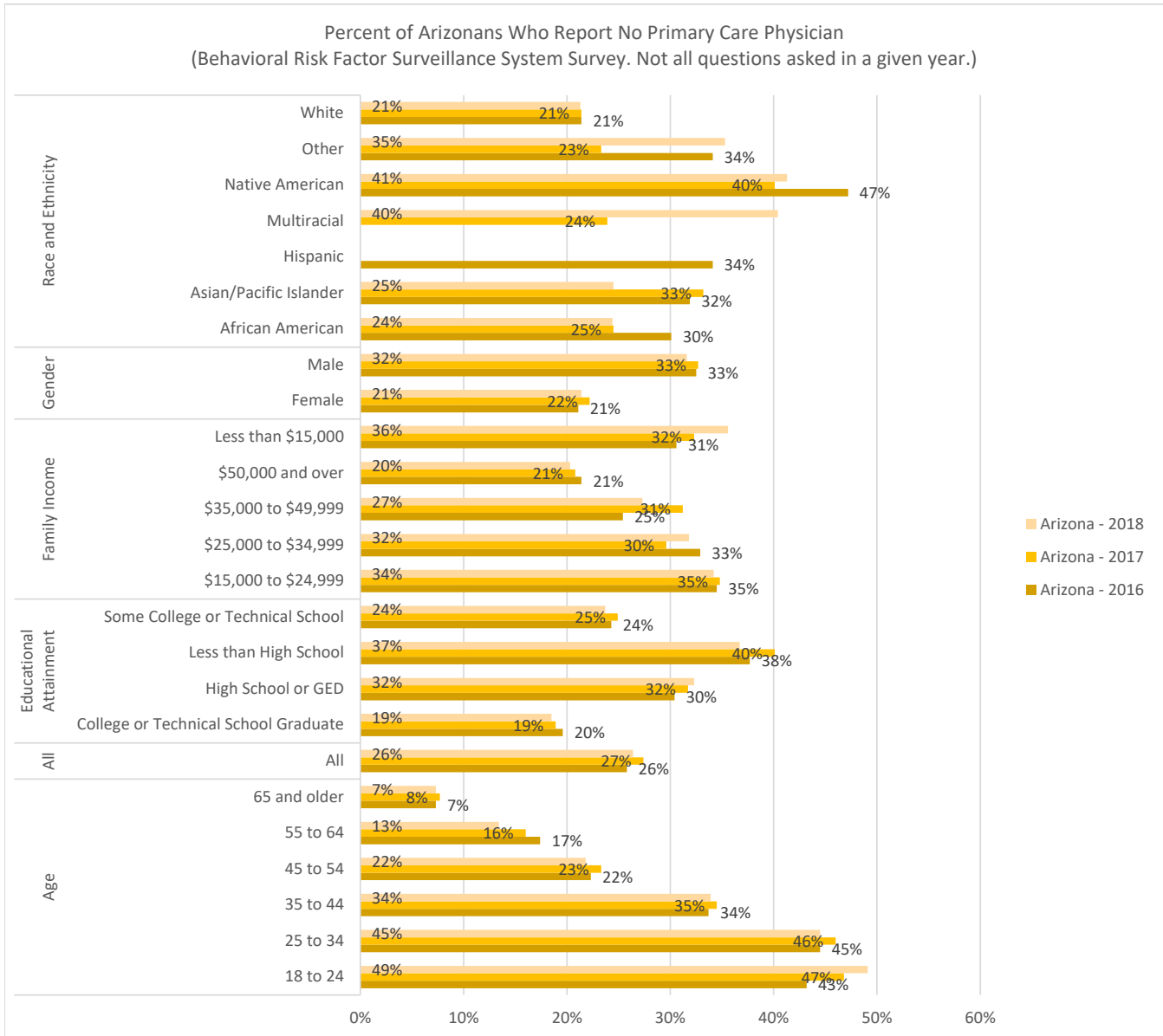
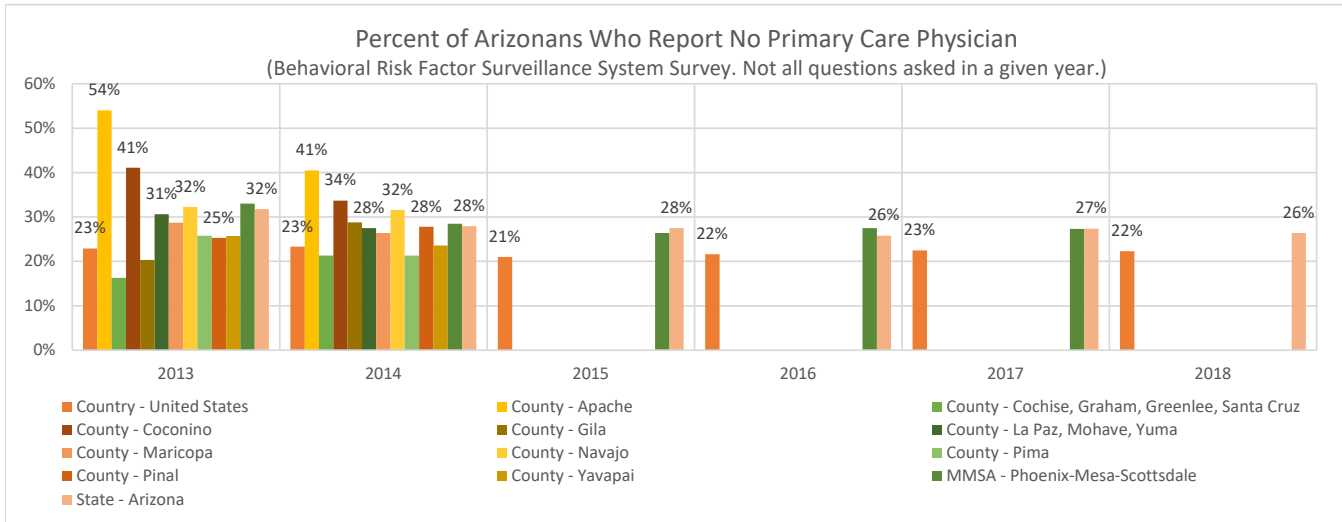
Source: Arizona Behavioral Risk Factor Surveillance System Survey, Arizona Department of Health Services. <https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/>

¹<https://www.cdc.gov/obesity/data/adult.html>

²<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary>

Health and Well-being

Access to Primary Care Practitioners



Air Quality

Air quality is measured by the daily Air Quality Index (AQI) number of days that exceed the federal Environmental Protection Area standard for maximum pollutant concentrations. Measures are only available in areas that are considered “Nonattainment Areas.” Depending on the area, ozone and particulate matter are measured.

Since the advent of environmental laws in the 1970's, including the Clean Air Act and National Environmental Policy Act, cities have made many efforts to improve air conditions. Air quality, especially the presence of particulates, is closely related to the incidence of respiratory diseases such as asthma. In addition to other sources of particulates and ozone, Arizona's natural environment contributes to air quality concerns. Arizona's intense sunlight reacts with organic compounds to create ground-level ozone while desert dust can contribute to particulate matter pollution. In general, urban areas including Yuma, Nogales, Tucson, and Phoenix are challenged to address poor air quality to improve health conditions and quality-of-life.

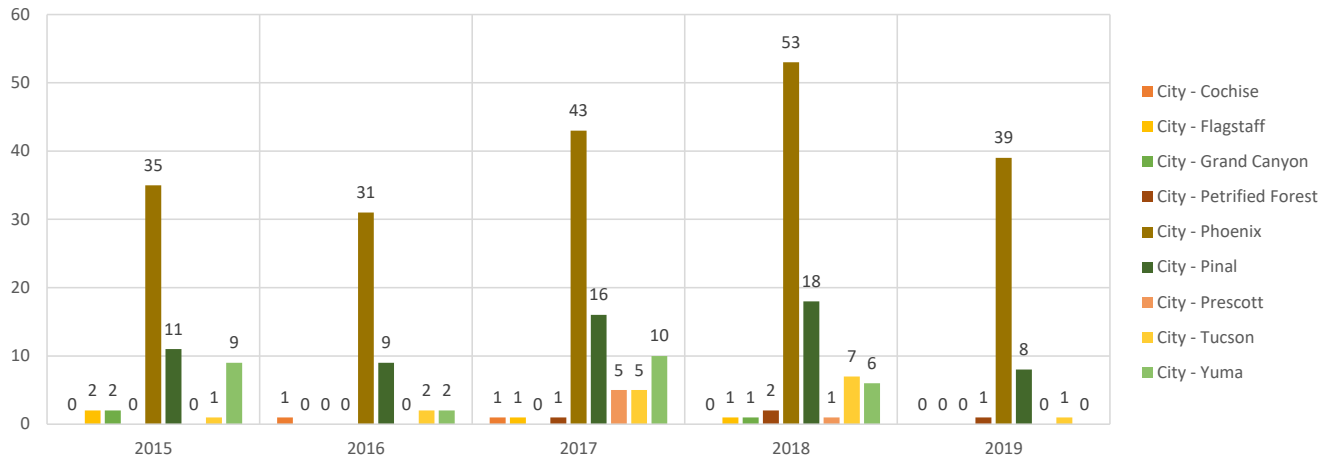
Updated annually and available for nonattainment areas.

Source: Arizona Department of Environmental Quality. <https://azdeq.gov/AQ/monitoring>

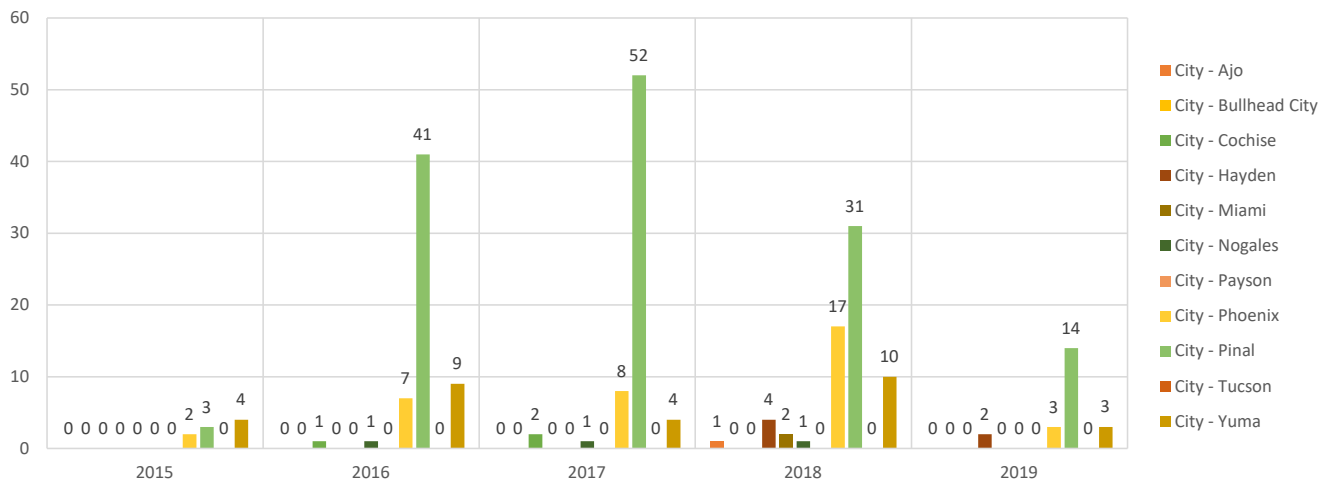
Health and Well-being

Air Quality

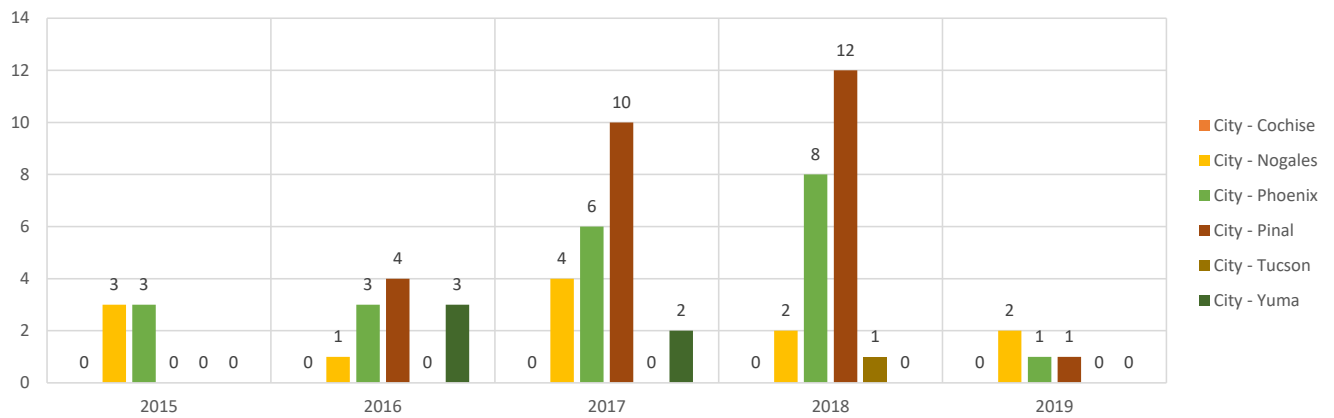
Number of Days that Exceed the Federal Environmental Protection Area Standard for Maximum Pollutant Concentrations: Ozone
(Arizona Department of Environmental Quality, Observed Air Quality Report. Number of Days that Exceed Regulatory Limits)



Number of Days that Exceed the Federal Environmental Protection Area Standard for Maximum Pollutant Concentrations: PM 10
(Arizona Department of Environmental Quality, Observed Air Quality Report. Number of Days that Exceed Regulatory Limits)



Number of Days that Exceed the Federal Environmental Protection Area Standard for Maximum Pollutant Concentrations: PM 2.5
(Arizona Department of Environmental Quality, Observed Air Quality Report. Number of Days that Exceed Regulatory Limits)



Physical Activity

Physical activity is measured by three indicators: (1) percentage of Arizonans who report exercising for at least 30 minutes three or more days per week; (2) percentage of Arizonans who report they meet both recommended aerobic and strength physical activity guidelines; and (3) percentage of Arizona youth who are active at least five days of the week.

Physical activity is another factor or determinant of the quality of one's health. The benefits of physical activity include enhancing cardiovascular health, reducing the likelihood of obesity, and improving strength and stamina.

- **Percentage of Arizonans who report they meet both recommended aerobic and strength physical activity guidelines which are defined as:** Aerobic Guideline=150+ Minutes/Week, Strength Guideline=2+ Sessions/Week. Data available for nation, state, and county.

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2011-2017. Updated annually. <https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/>

- **Percentage of Arizonans who report exercising for at least 30 minutes three or more days per week.** Data available for nation and state.

Source: Gallup Sharecare Well-being Index. Updated annually. <https://news.gallup.com/poll/125066/State-States.aspx>

- **Percentage of Arizona youth who are active at least five days of the week.** Data available for nation and state.

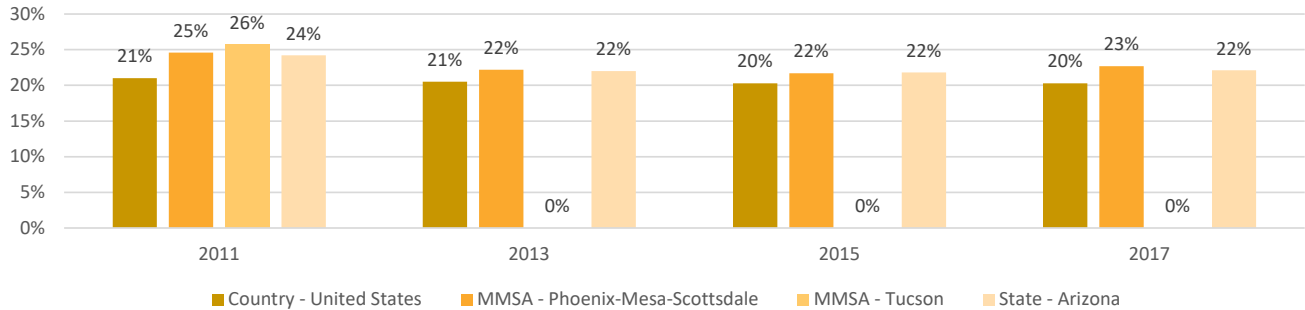
Source: National Physical Activity Plan Alliance. The 2018 United States Report Card on Physical Activity for Children and Youth. Updated annually. <http://www.physicalactivityplan.org/projects/reportcard.html>

Health and Well-being

Meeting Physical Activity Guidelines

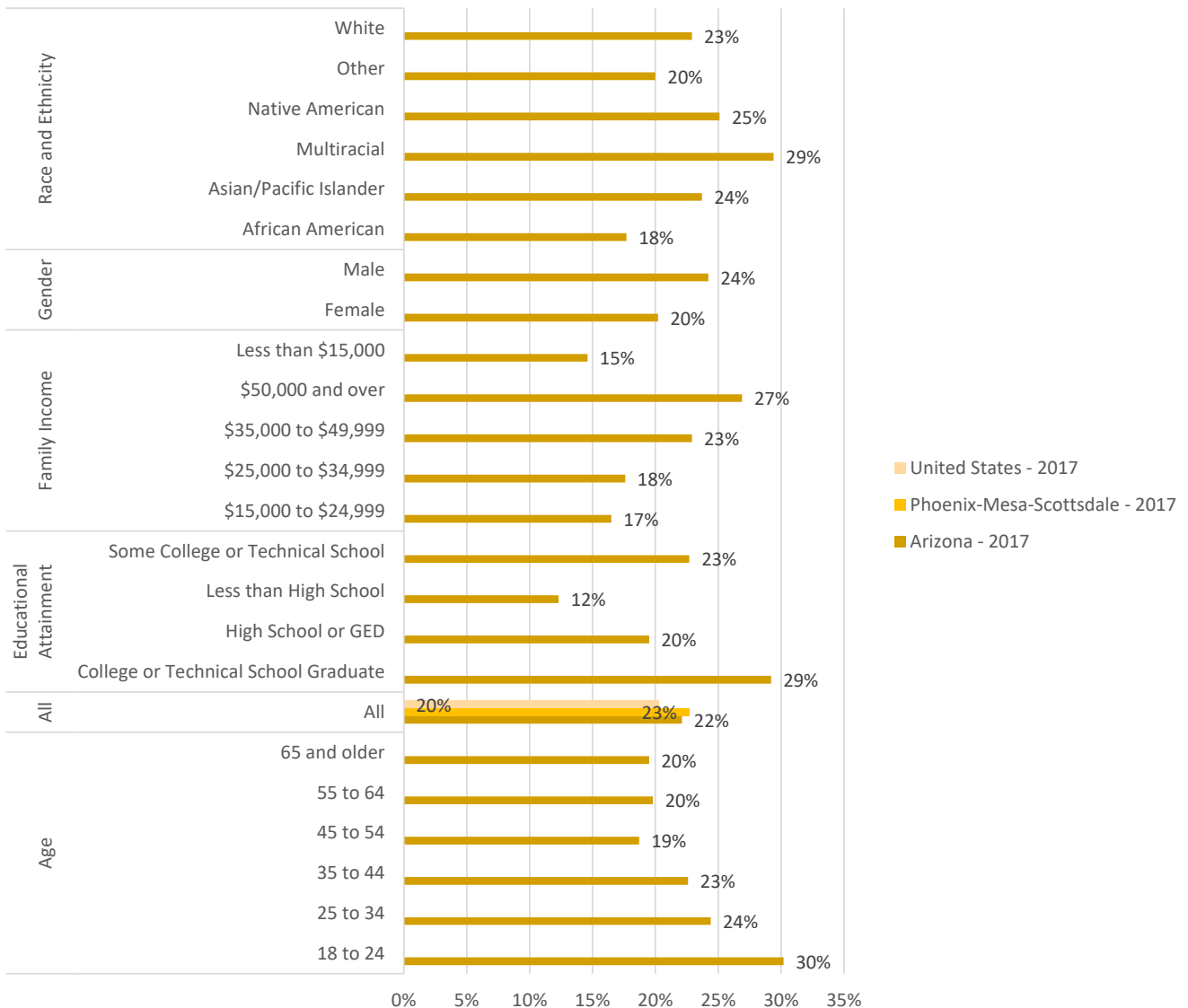
Arizonans Who Report They Meet Both Recommended Aerobic and Strength Physical Activity Guidelines

(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



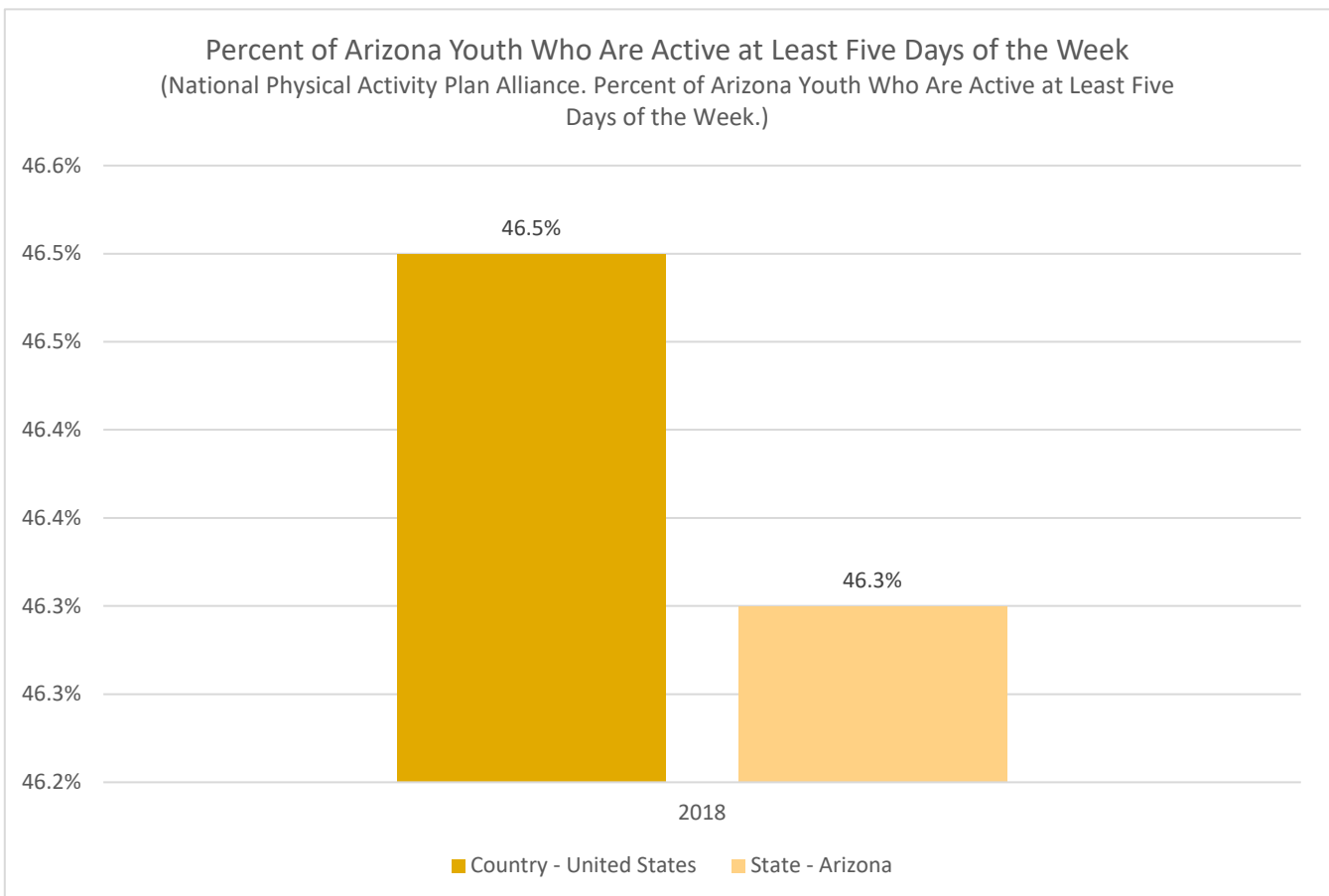
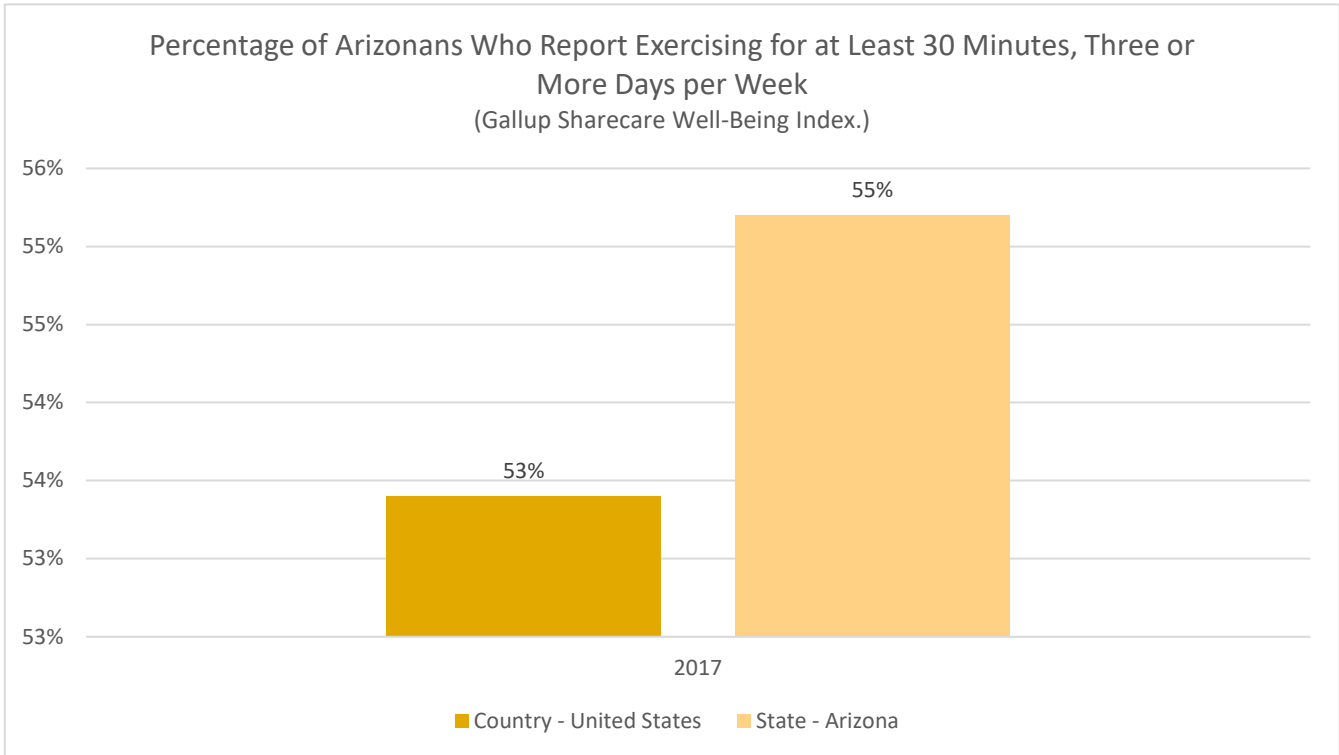
Arizonans Who Report They Meet Both Recommended Aerobic and Strength Physical Activity Guidelines

(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Health and Well-being

Physical Activity Participation



Infant Mortality

Infant Mortality (rate) is measured as the number of children who die before their first birthday, per 1,000 live births.

According to the Centers for Disease Control, Infant Mortality may be caused by many circumstances, including birth defects, preterm birth, low birth weight, maternal pregnancy complications, sudden infant death syndrome and injuries like those due to suffocation.¹ There is a strong correlation between race and infant mortality. African Americans have disproportionately high rates of infant mortality when compared with whites, and lower income individuals have higher infant mortality rates.

Updated annually and available for the following localities:

- The Nation
- States
- Counties

Sources: Annual Arizona Health Status and Vital Statistics 2016 Annual Report, US Rate: Centers for Disease Control and Prevention. <https://pub.azdhs.gov/health-stats/report/ahs/index.php>

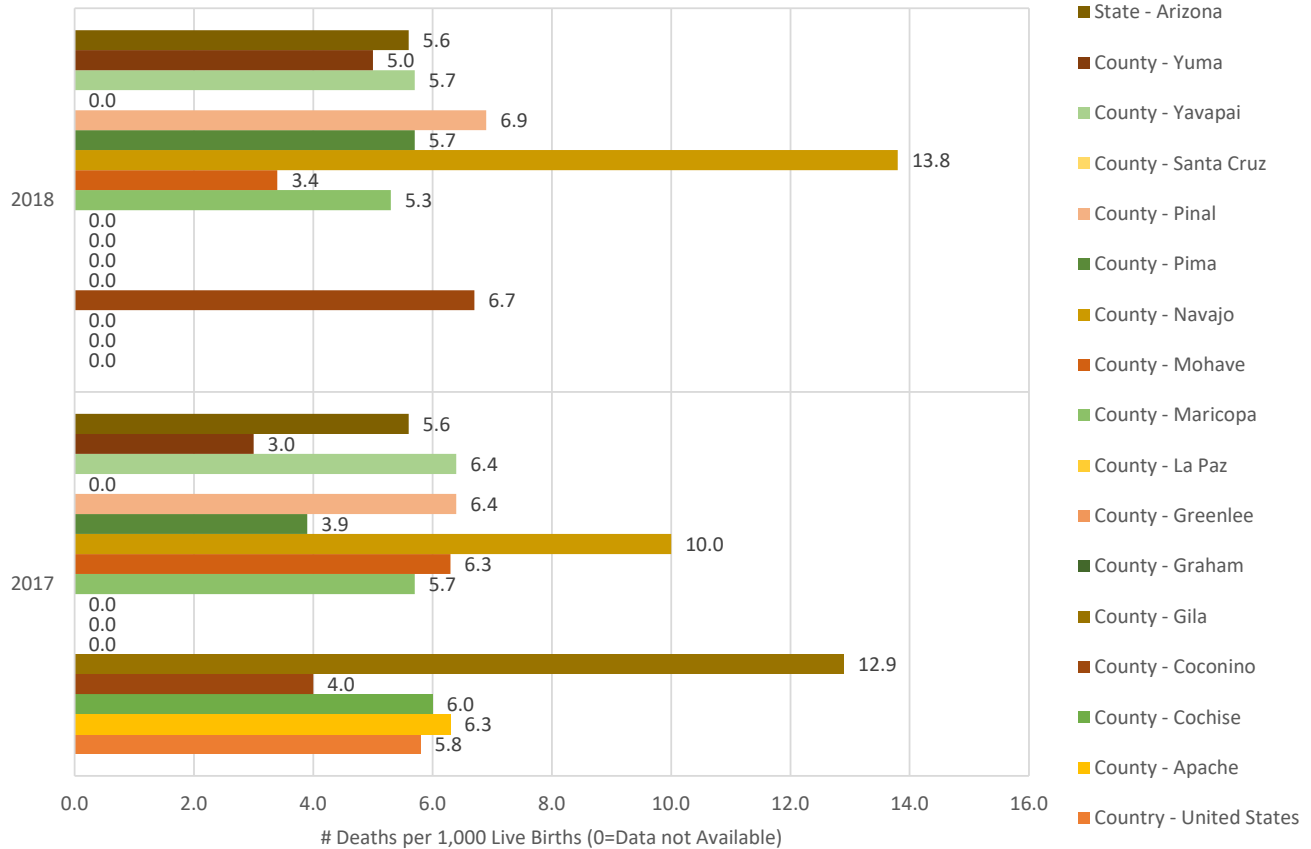
¹<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

Health and Well-being

Infant Mortality

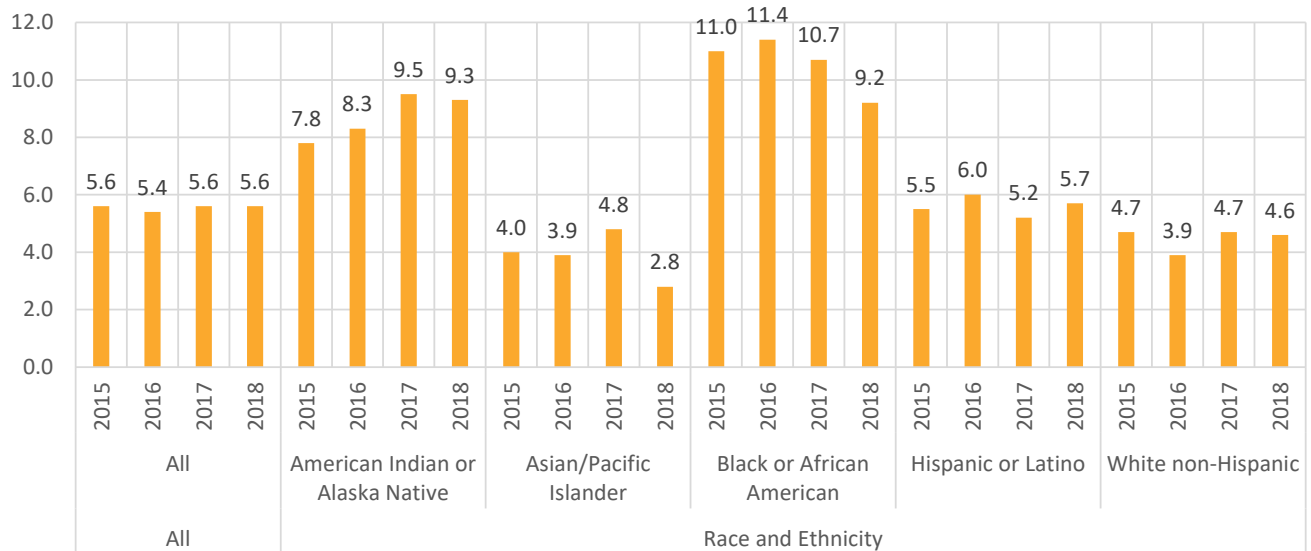
Rate of Arizona Children Who Die Before Their First Birthday

Annual Arizona Health Status and Vital Statistics Annual Report. Rate of Arizonan Infant Deaths (Number Per 1,000 Live Births).



Rate of Arizona Children Who Die Before Their First Birthday

Annual Arizona Health Status and Vital Statistics Annual Report. Rate of Arizonan Infant Deaths (Number Per 1,000 Live Births).



Incidence of Diabetes

Incidence of Diabetes is measured by the percent of Arizonans who reported they have been told by a health care professional that they have diabetes.

The Centers for Disease Control (CDC) report that over 30 million Americans have diabetes, and it is the seventh leading cause of death in the USA. In the past 20 years, the CDC reports that the number of adults diagnosed with diabetes has tripled.¹ Over the past decade, public health officials have increased their focus on the role that physical activity and obesity play in their strong correlation with diabetes among youth.² While Type 1 diabetes is most often an inherited condition related to a defect of the pancreas, Type 2 accounts for 90% of diagnosed diabetes in the USA.³ Generally, Type 2 diabetes is preventable and, in some cases, can be reversed with a change in lifestyle, including changing diet and increasing physical activity.⁴ Rates tend to be higher for African American, Hispanic/Latino American, American Indian, or Alaska Native (some Pacific Islanders and Asian Americans are also at higher risk).⁵

Updated annually and available for the following localities:

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Source: Arizona Behavioral Risk Factor Surveillance System Survey, Arizona Department of Health Services. <https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/>

¹<https://www.cdc.gov/diabetes/basics/diabetes.html>

²<https://www.cdc.gov/diabetes/prevent-type-2/type-2-kids.html>

³<https://www.cdc.gov/diabetes/basics/diabetes.html>

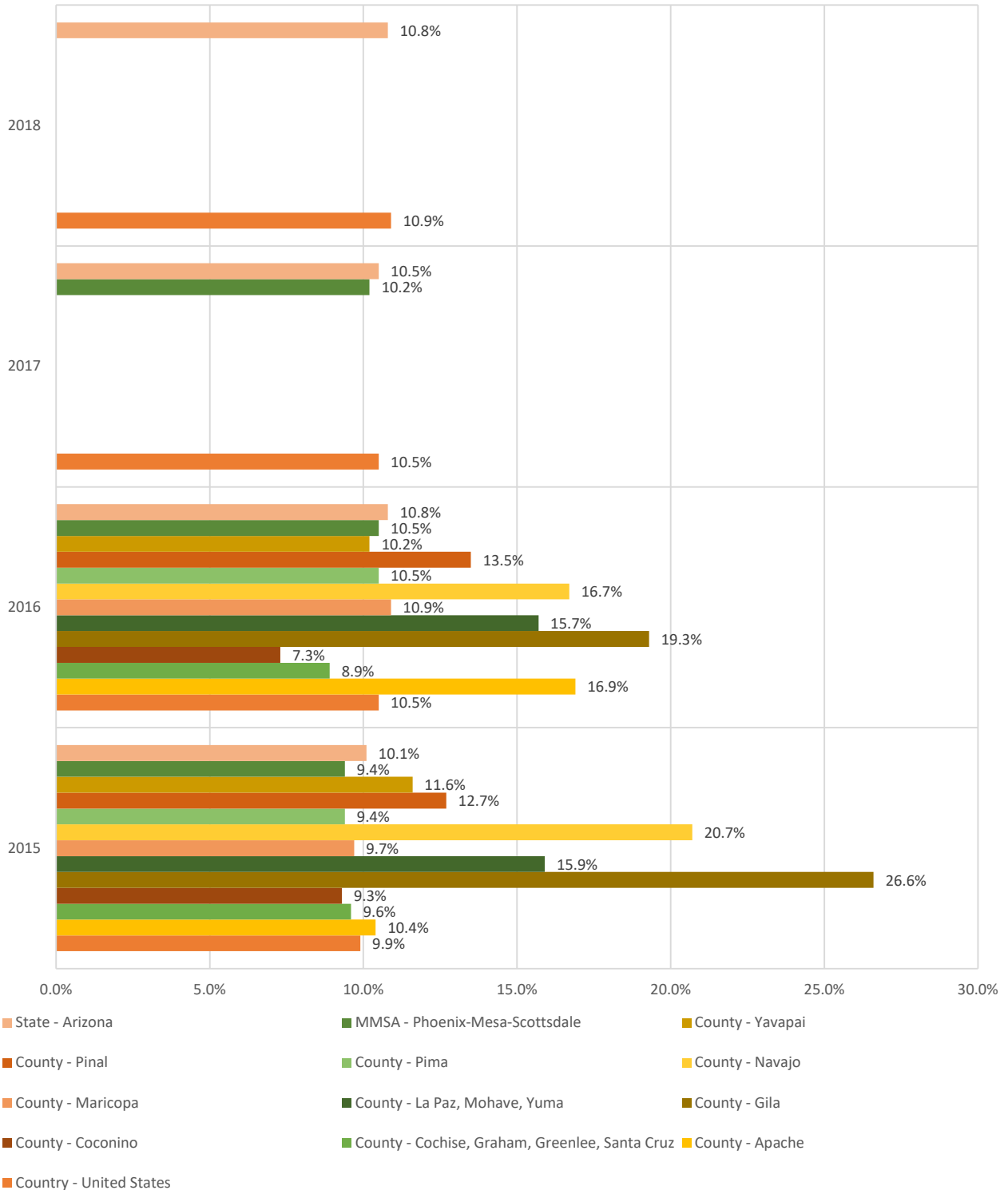
⁴<https://www.cdc.gov/diabetes/prevent-type-2/index.html>

⁵<https://www.cdc.gov/diabetes/basics/risk-factors.html>

Health and Well-being

Incidence of Diabetes

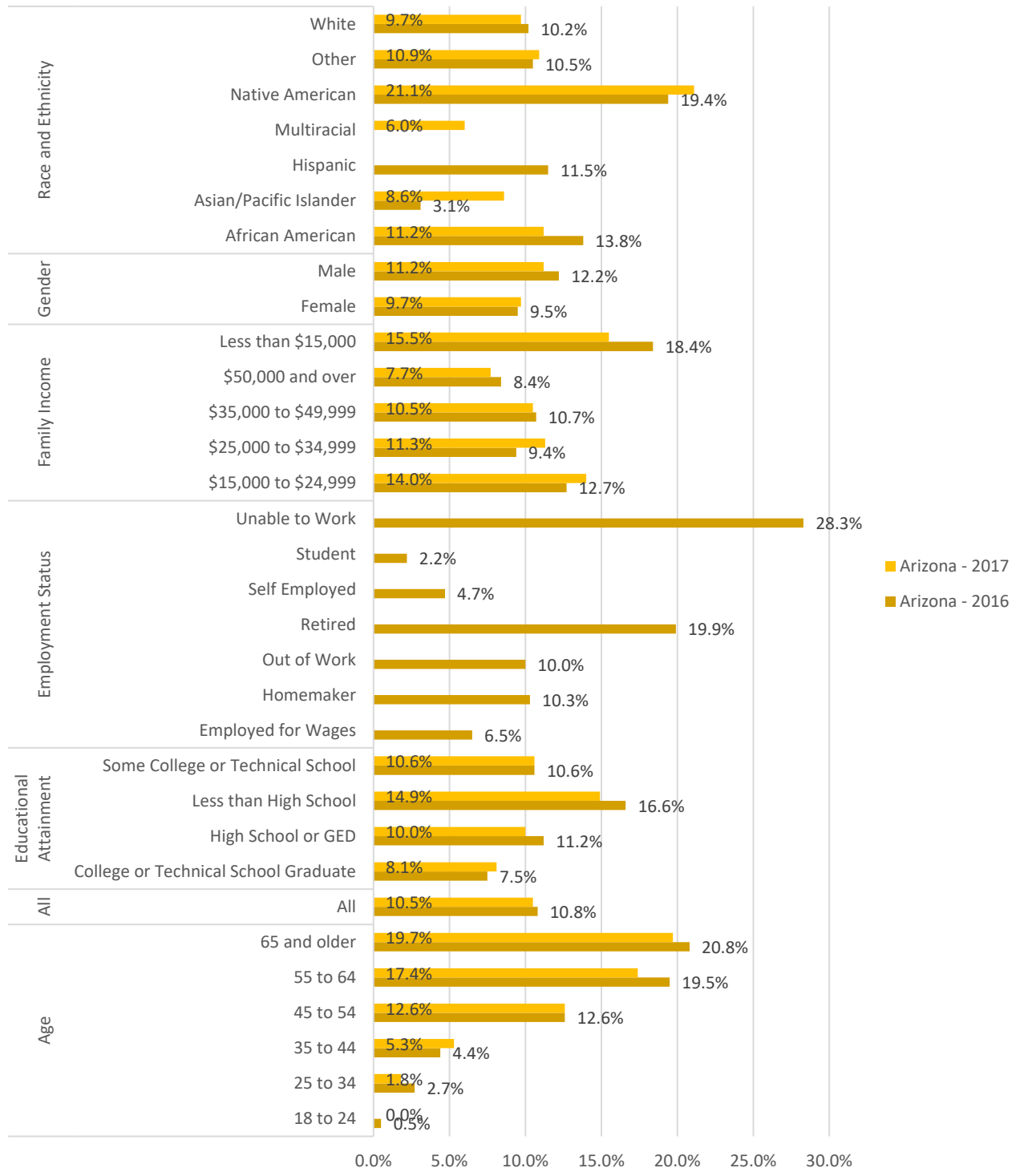
Percent of Arizonans Who Report They Have Been Told By A Health Care Professional That They Have Diabetes
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Health and Well-being

Incidence of Diabetes

Percent of Arizonans Who Report They Have Been Told By A Health Care Professional That They Have Diabetes
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Incidence of Cardiac and Cerebral Disease

The incidence of cardiac and cerebral disease is measured by four discrete metrics including (1) Percent of Arizonans who reported they have been told by a health care professional that they had a heart attack; (2) Rate of deaths of Arizonans of diseases of the heart, age-adjusted, persons per 100,000 population; (3) Percent of Arizonans who reported they have been told by a health care professional that they had a stroke; and (4) Rate of deaths of Arizonans of cerebrovascular disease, age-adjusted, persons per 100,000 population.

Cardiac disease, also known as heart disease, is one of the leading causes of death in the United States and the leading cause of death in Arizona.¹ In addition, cerebral disease, and more specifically stroke, is a dangerous and debilitating disease that can result in permanent disability or death. Causes of these conditions vary and can be a combination of inherited risk, lifestyle factors including diet, exercise, alcohol, tobacco or drug use, and stress, among other factors. Health practitioners recognize that reducing the incidence of cardiac and cerebral disease will require a complex network of interventions including affecting lifestyle choices such as diet and physical activity, improving access to early diagnosis, and prescribing appropriate prescription medications.²

Updated annually and available for the following localities:

- The Nation
- States
- Counties
- Certain MSAs

Sources: Arizona Behavioral Risk Factor Surveillance System Survey, 2016 Report and Arizona Department of Health Services. <https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/>; Annual Arizona Health Status and Vital Statistics 2016 Annual Report. <https://pub.azdhs.gov/health-stats/report/ahs/index.php>

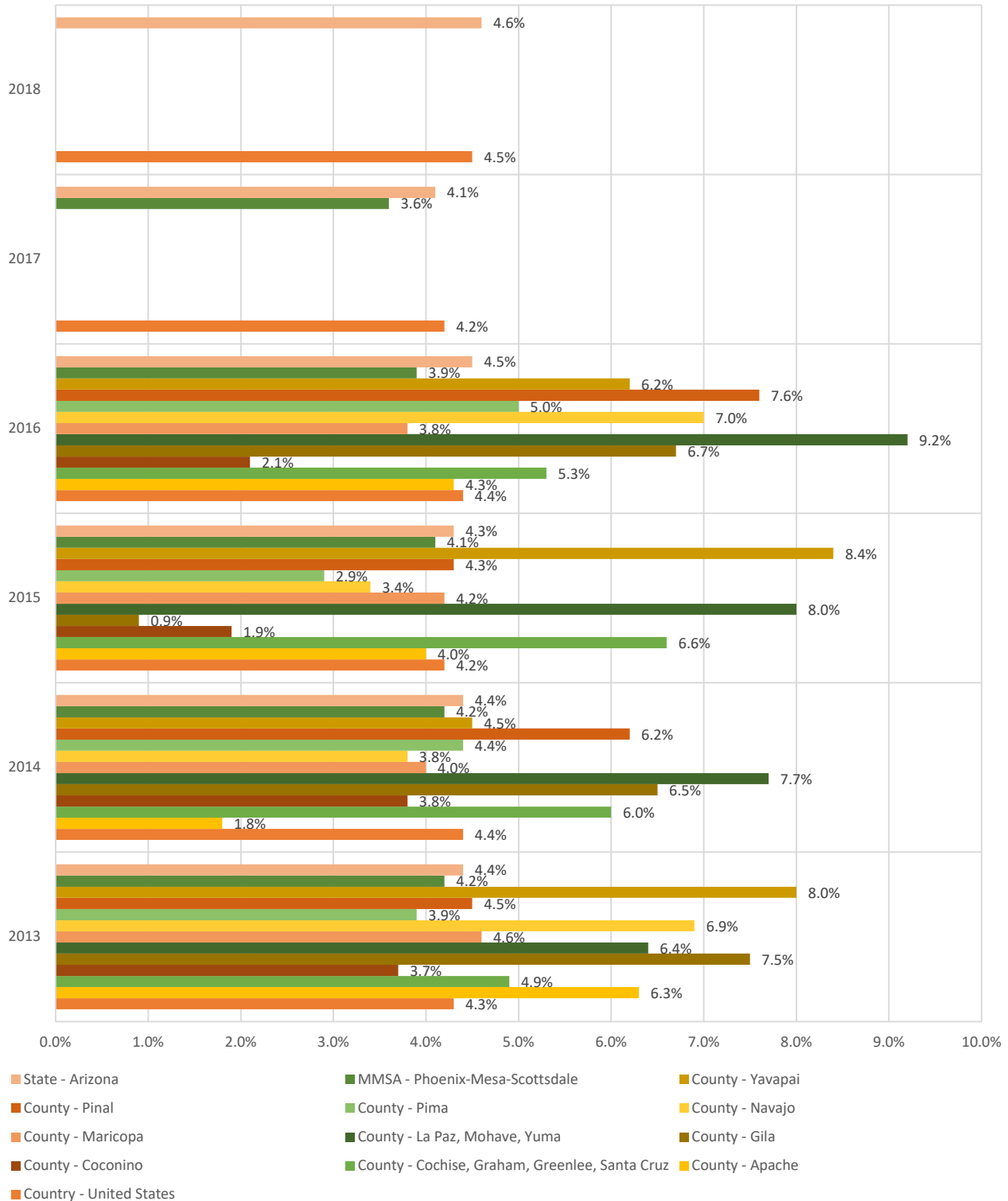
¹<https://www.cdc.gov/nchs/pressroom/states/arizona/arizona.htm>

²<https://www.heart.org/en/health-topics/heart-attack/life-after-a-heart-attack/lifestyle-changes-for-heart-attack-prevention>

Health and Well-being

Heart Attack

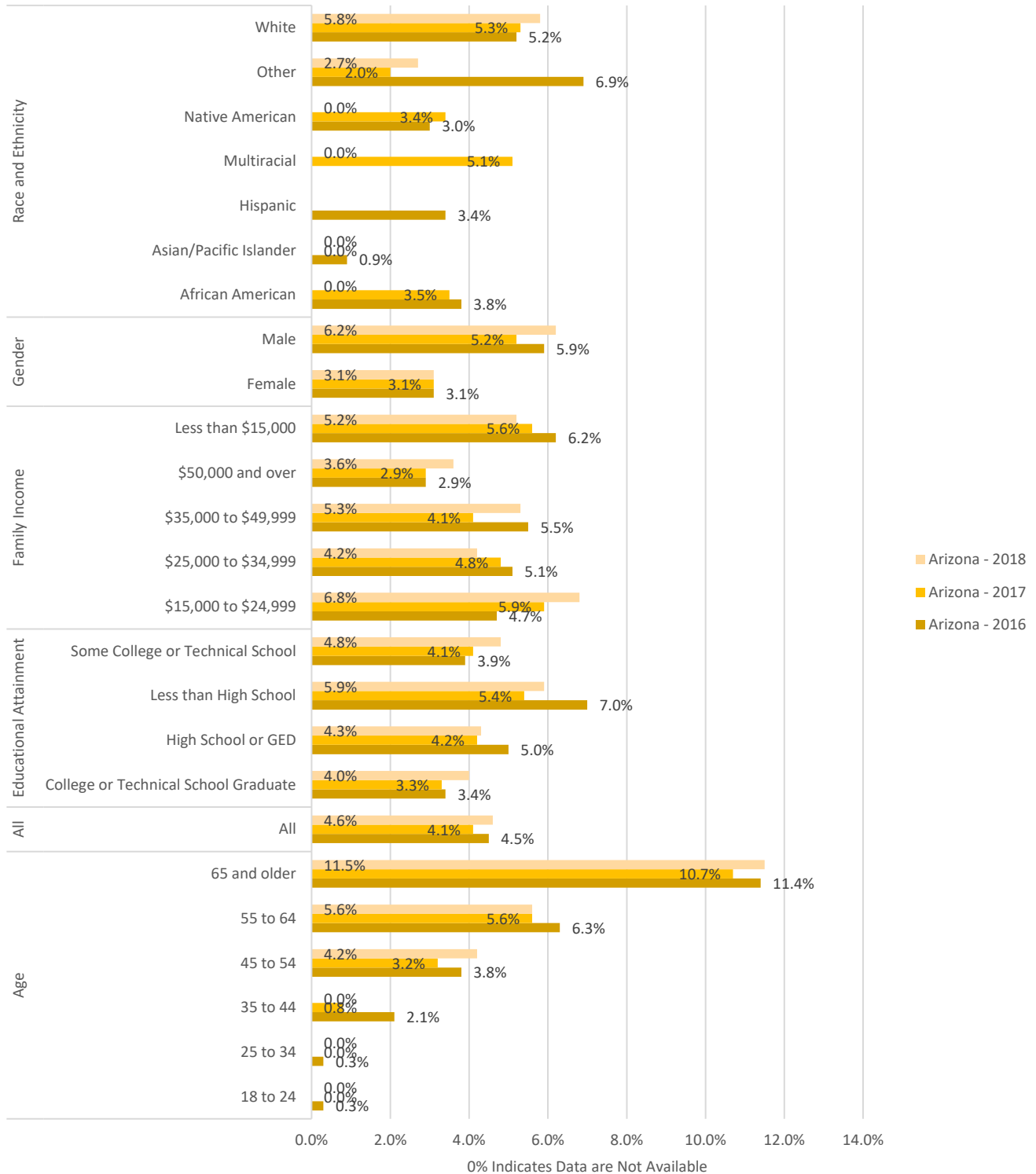
Percent of Arizonans Who Report They Have Been Told By A Health Care Professional That They Had A Heart Attack
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Health and Well-being

Heart Attack

Percent of Arizonans Who Report They Have Been Told By A Health Care Professional That They Had A Heart Attack
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)

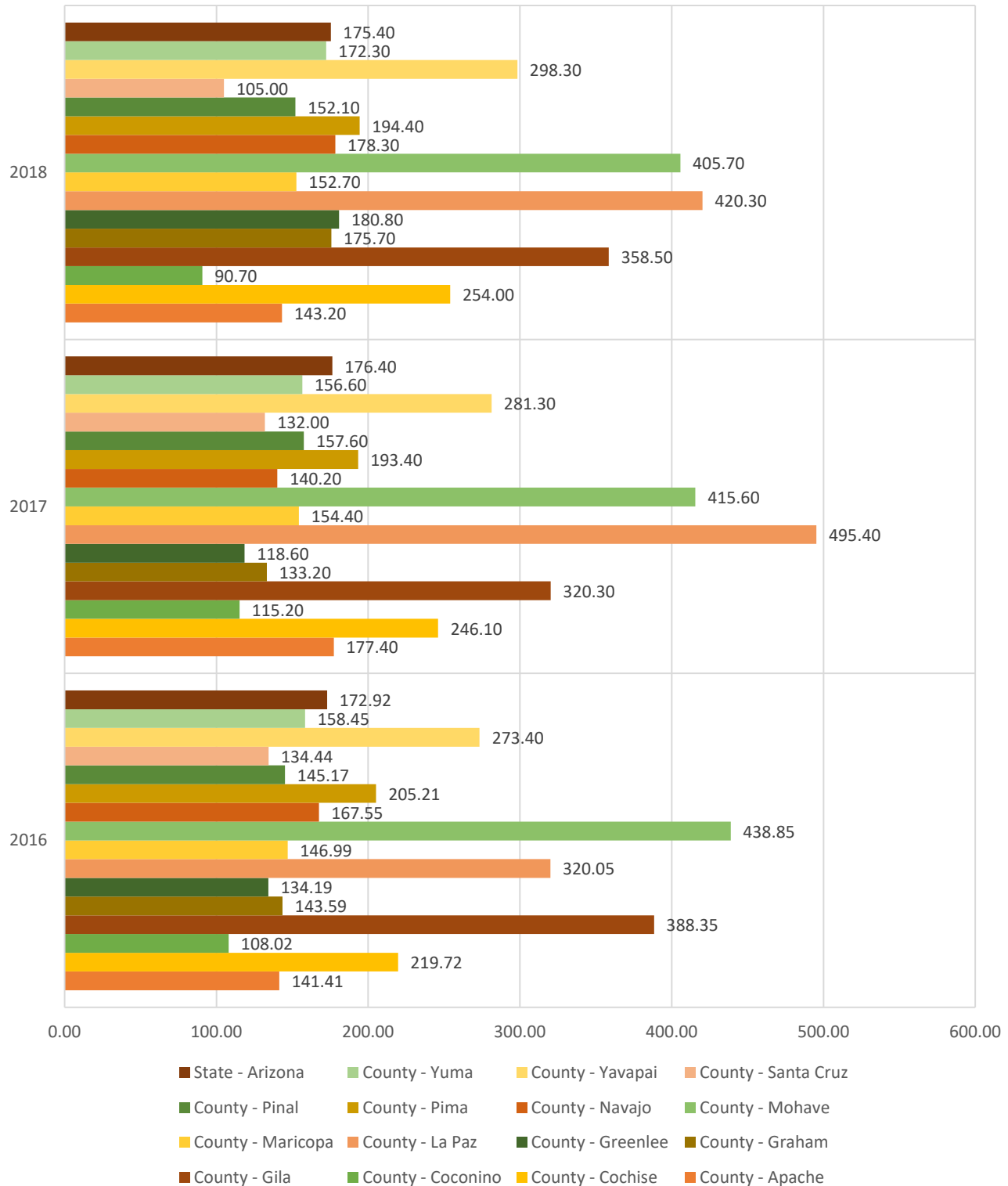


Health and Well-being

Death by Disease of the Heart

Rate of Deaths of Arizonans of Diseases of the Heart

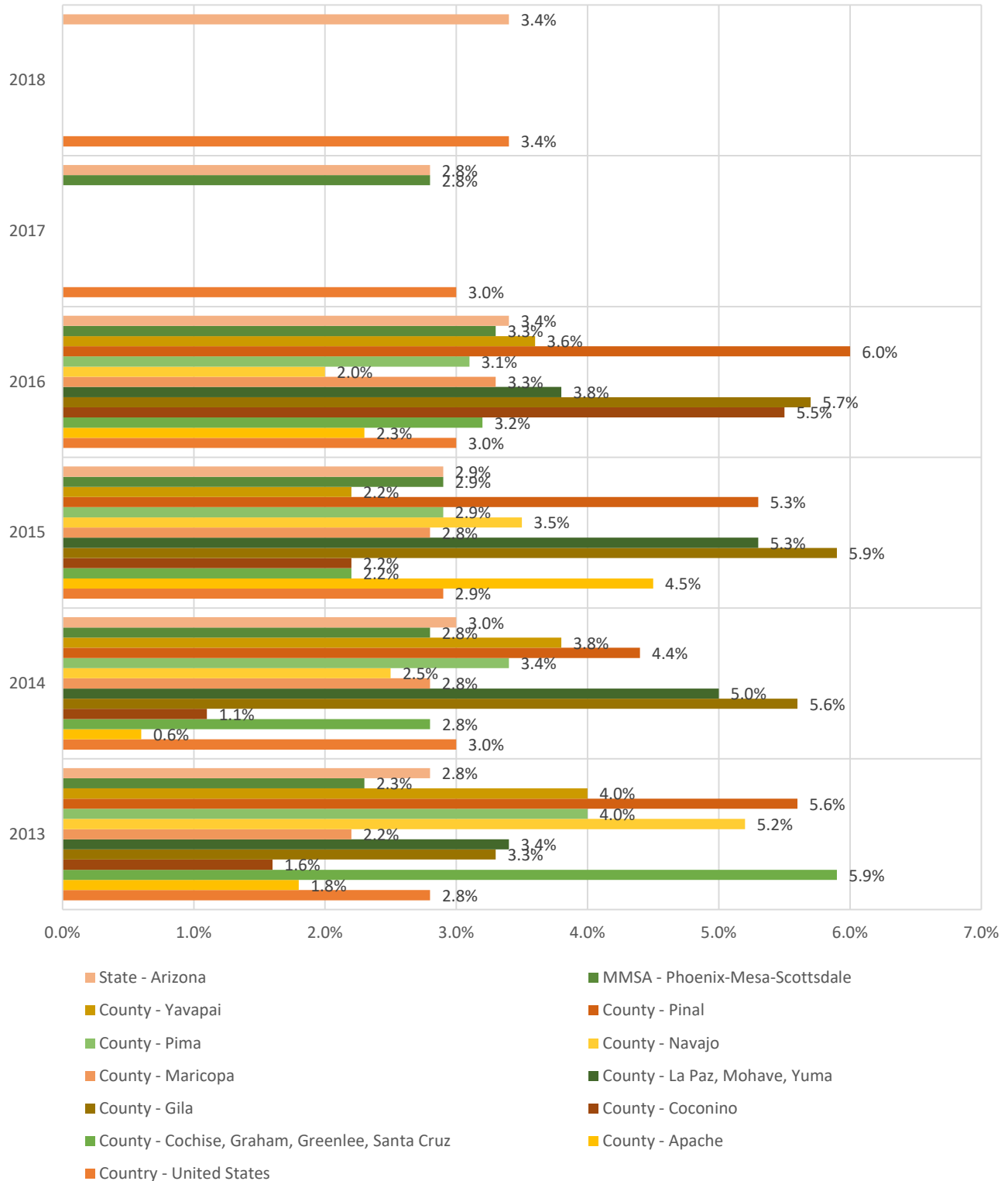
(Arizona Department of Health Services, Annual Health Status and Vital Statistics Annual Report.
Rate of Deaths of Arizonans of Diseases of the Heart. Age-adjusted, per 100,000 population.)



Health and Well-being

Stroke

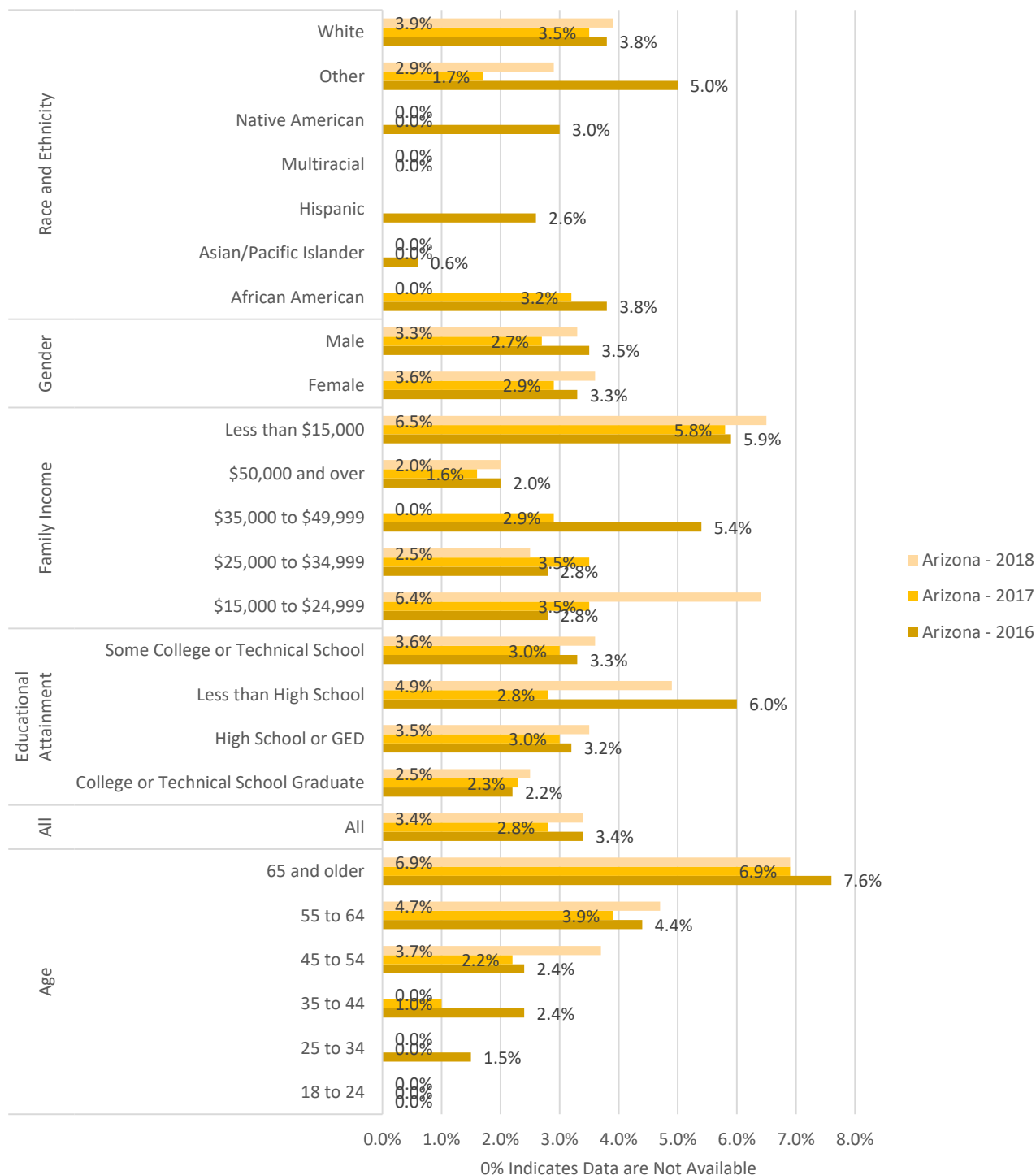
Percent of Arizonans Who Report They Have Been Told By A Health Care Professional That They Had A Stroke
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Health and Well-being

Stroke

Percent of Arizonans Who Report They Have Been Told By A Health Care Professional That They Had A Stroke
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)

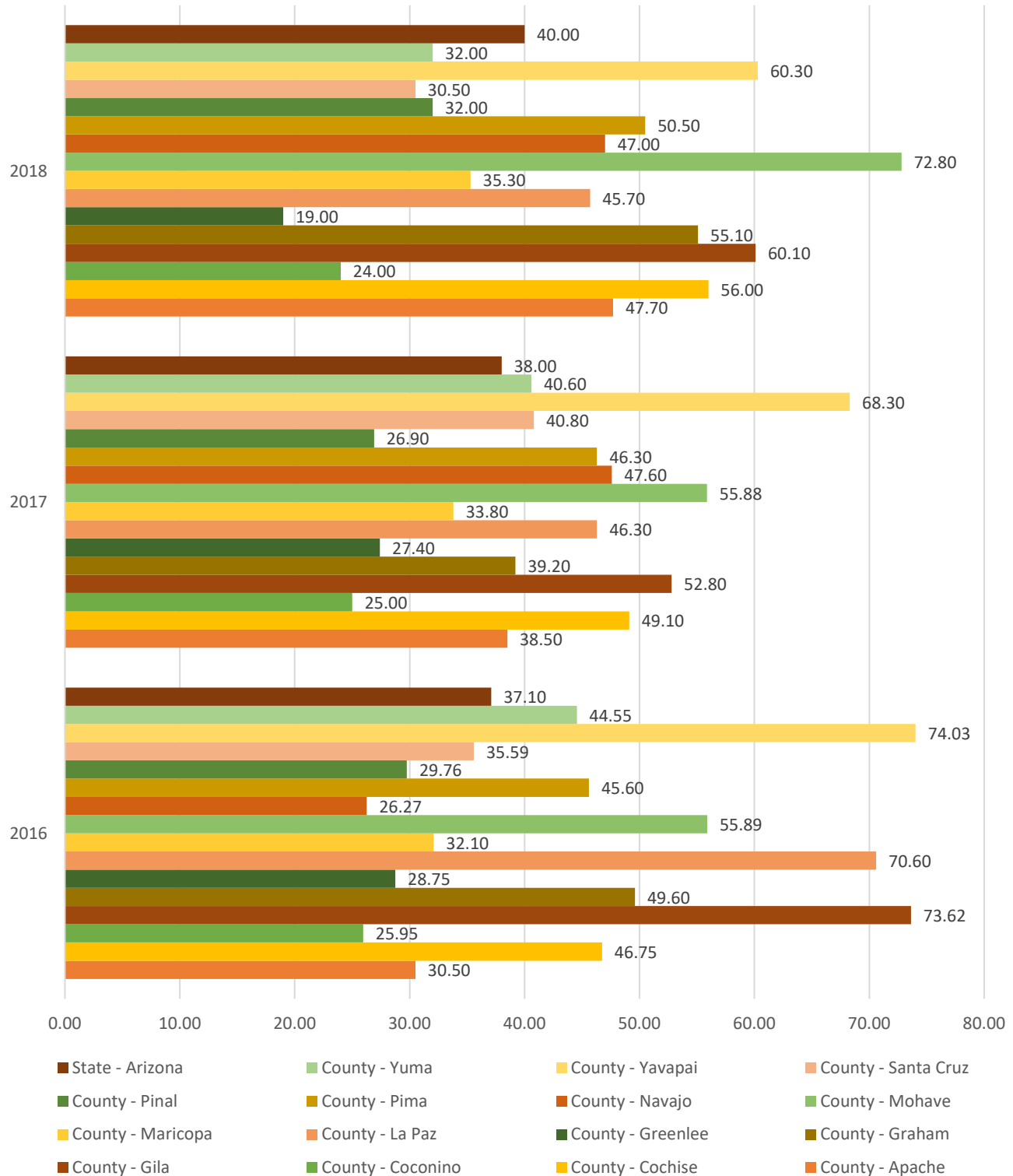


Health and Well-being

Death by Cerebrovascular Disease

Rate of Deaths of Arizonans of Cerebrovascular Disease

(Arizona Department of Health Services, Annual Health Status and Vital Statistics Annual Report. Rate of Deaths of Arizonans of Cerebrovascular Disease. Age-adjusted, per 100,000 population.)



Mental Health Distress

Mental Health Distress is measured as the percent of Arizonans who reported frequent mental distress which equates to 14 or more days of poor mental health in the last 30 days.

Mental health is a significant quality-of-life concern, affecting relationships, daily living and capacity to work. It is among the factors associated with suicidal risk along with personality, social factors and life-threatening factors. The World Health Organization describes mental health distress as an inability to value one's self, cope with normal stresses of life, work productively, and to add value to the community.¹

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- Counties

Sources: Arizona Behavioral Risk Factor Surveillance System Survey, 2016 Report.

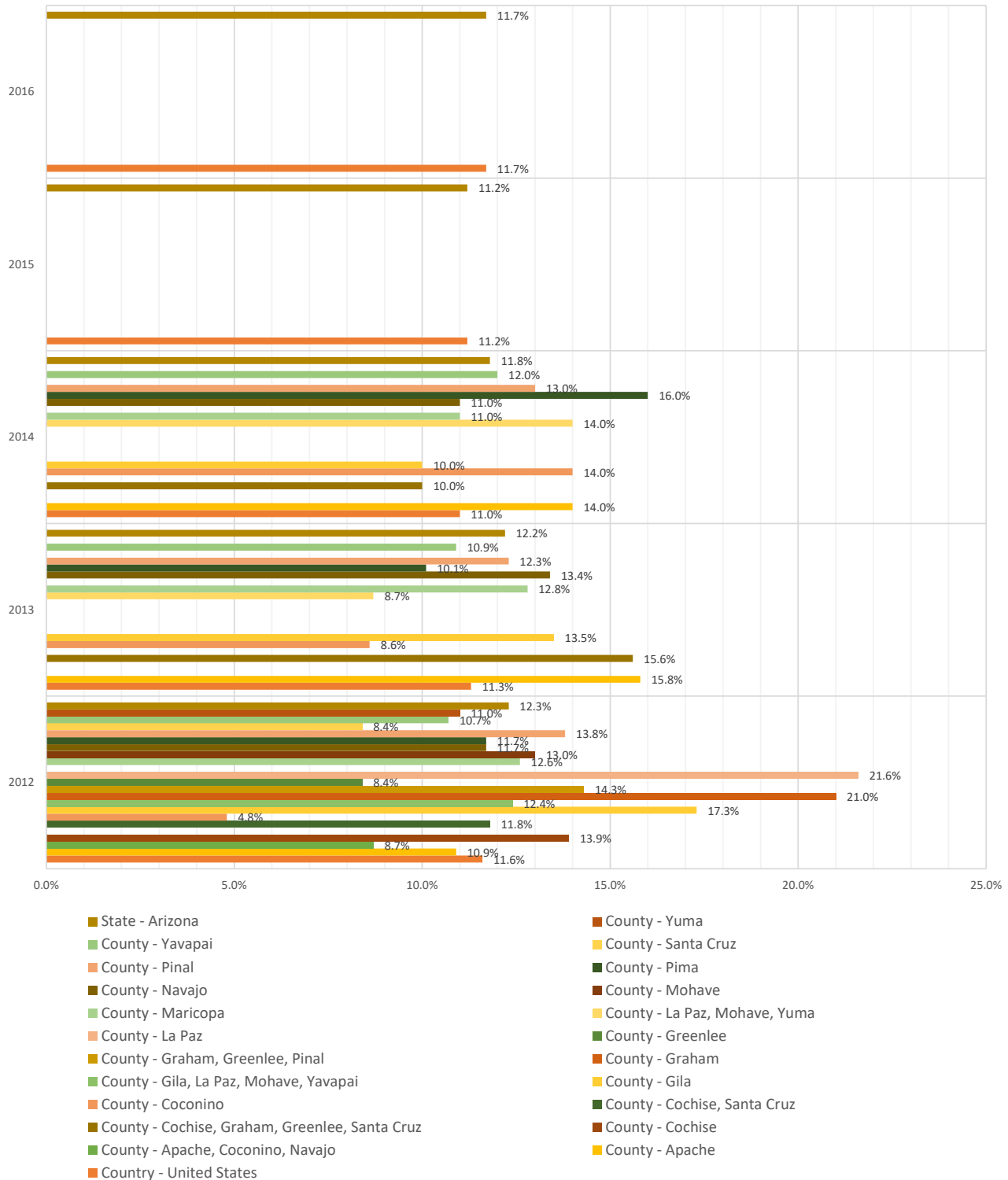
<https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/>

¹https://www.who.int/features/factfiles/mental_health/en/

Health and Well-being

Mental Health Distress

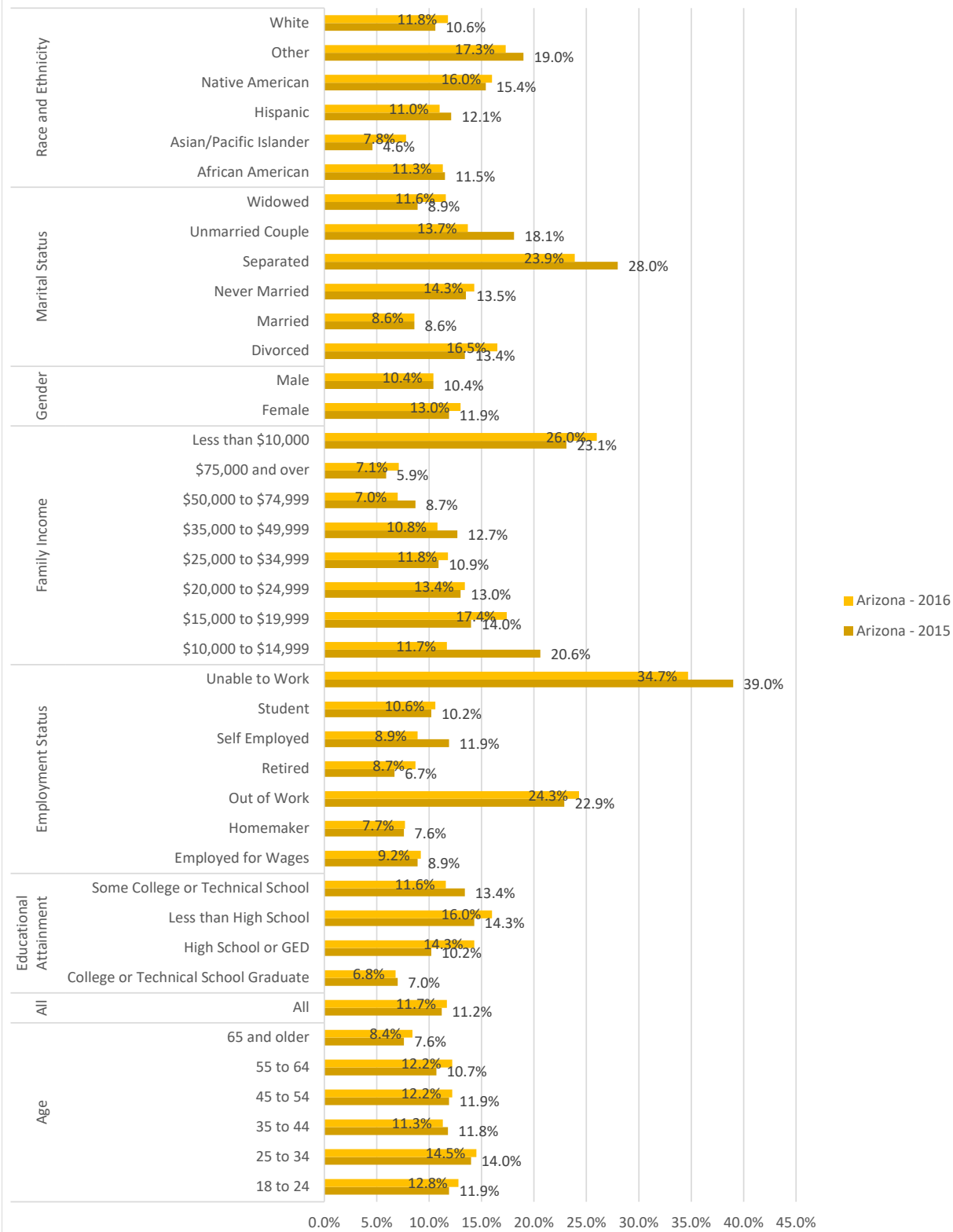
Percent Arizonans Who Reported Frequent Mental Distress
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Health and Well-being

Mental Health Distress

Percent Arizonans Who Reported Frequent Mental Distress
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Asthma

Asthma is measured by the percent Arizonans who reported they have been told by a healthcare professional that they have Asthma.

A respiratory condition with varying intensity of symptoms, Asthma has become more prevalent over time and includes symptoms like difficulty breathing, wheezing, chest tightness, and coughing among others. As a significant quality of life issue, untreated asthma can prevent people from working, engaging in outdoor activities, and can increase the risk of other respiratory ailments.

Research¹ has drawn a clear relationship between air quality, especially particulates, as a contributor to asthma symptoms. Some epidemiological studies² have also drawn a relationship between ozone and asthma; however, the studies are inconsistent.

Updated annually and available for the following localities:

- The Nation
- States
- Counties

Source: Arizona Behavioral Risk Factor Surveillance System Survey, 2016 Report.

<https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/>

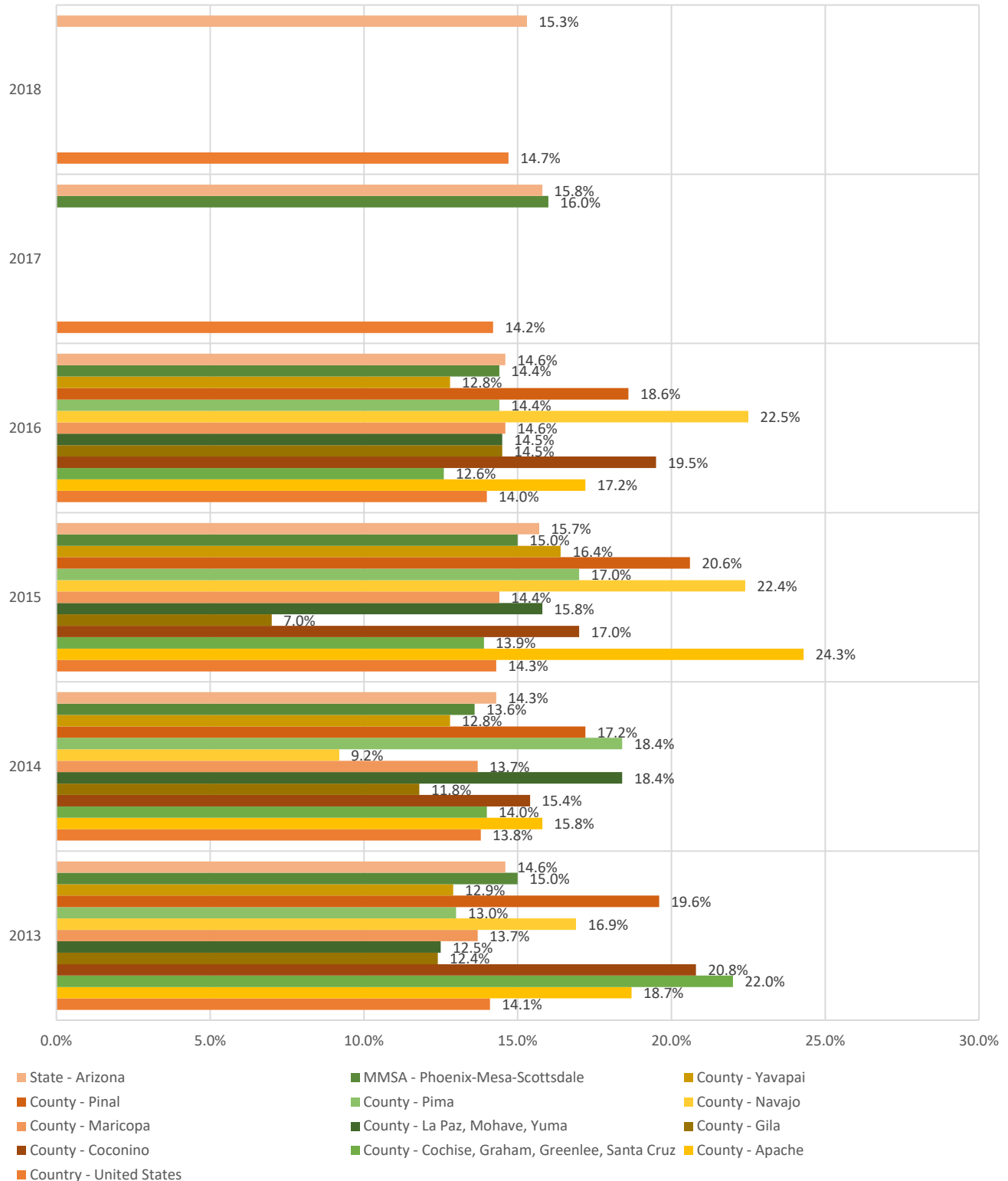
¹<https://www.epa.gov/particle-pollution-and-your-patients-health/health-effects-pm-patients-lung-disease>

²<https://www.epa.gov/ozone-pollution-and-your-patients-health/health-effects-ozone-patients-asthma-and-other-chronic>

Health and Well-being

Ever Having Asthma

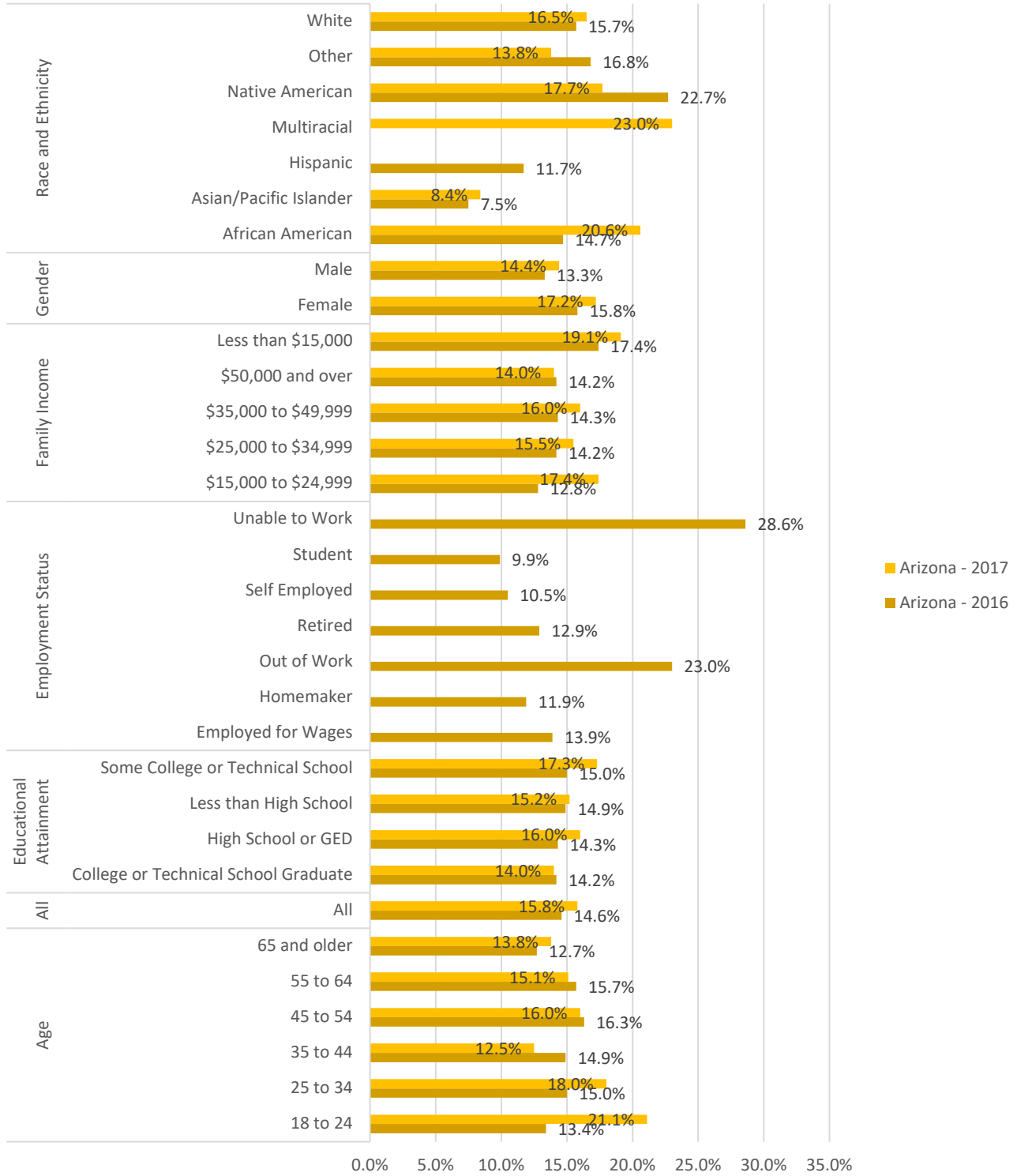
Percent of Arizonans Who Report They Have EVER Been Told They Have Asthma
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Health and Well-being

Ever Having Asthma

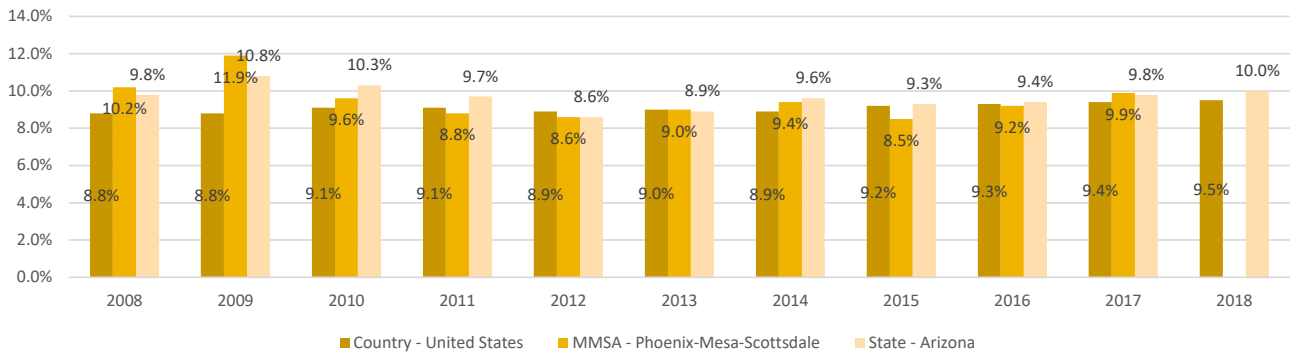
Percent of Arizonans Who Report They Have EVER Been Told They Have Asthma
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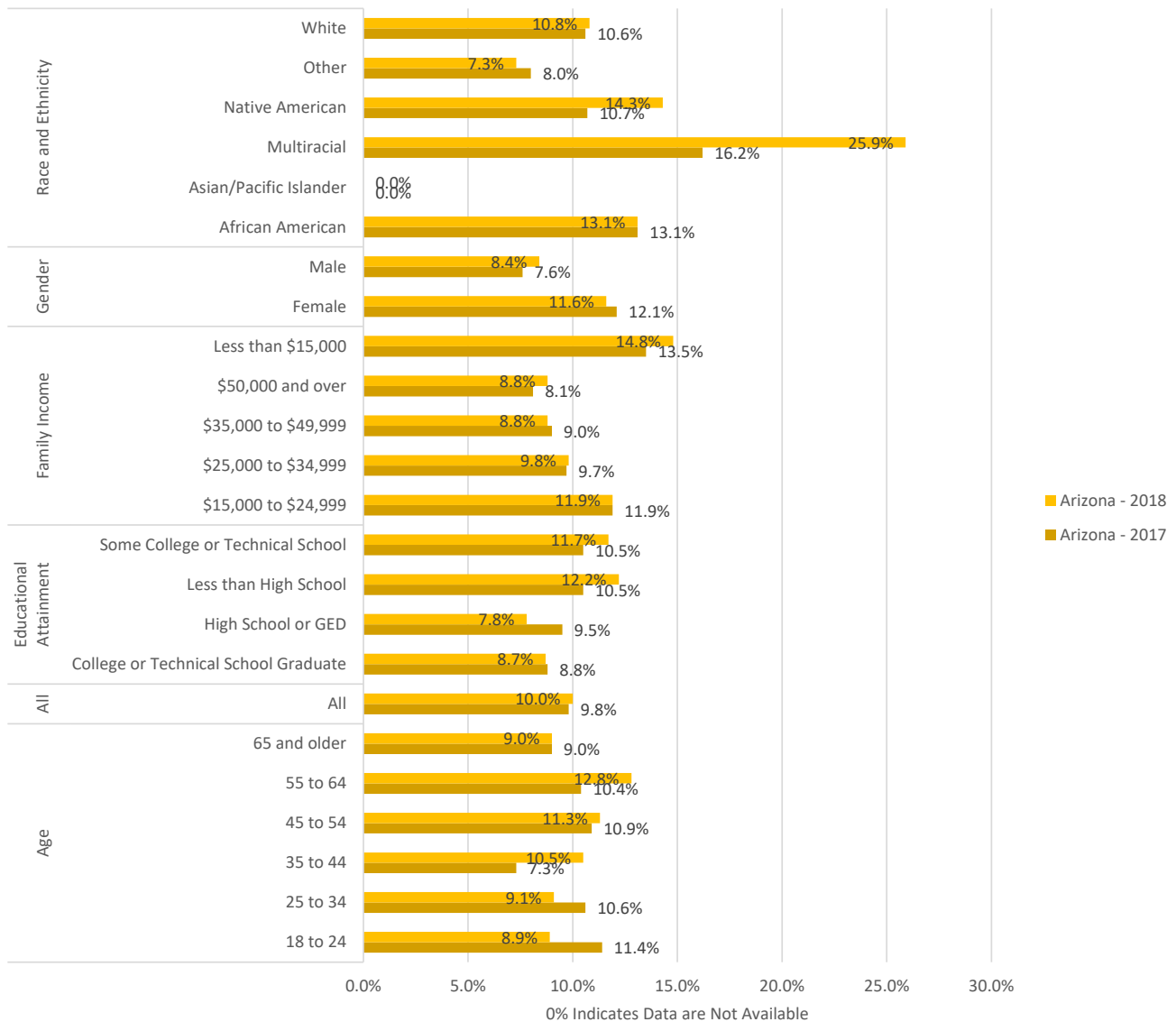
Health and Well-being

Currently Has Asthma

Percent of Arizonans Who Report They Have Been Told They CURRENTLY Have Asthma
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Percent of Arizonans Who Report They Have Been Told They CURRENTLY Have Asthma
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Hypertension

Hypertension is measured by the percent Arizonans who reported they have been told by a healthcare professional that they have high blood pressure.

Hypertension was recently redefined by the American Heart Association and the American College of Cardiology as a systolic number higher than 130 mm Hg and a diastolic number of 80 mm of Hg or higher.¹ However, prior to 2018, the condition was defined as a systolic number higher than 140 mm Hg or a diastolic number 80 or higher.² Hypertension affects up to one half of US residents to varying degrees.³ With an increased risk of severe cardiovascular and cerebral health incidents, people with high blood pressure, or hypertension, are cautioned to bring this condition under control. For some people there is no identifiable cause of hypertension. For others, hypertension may be due to kidney problems, adrenal gland tumors, certain medications, illegal drugs, congenital reasons or possibly stress.⁴

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Source: Arizona Behavioral Risk Factor Surveillance System Survey, 2016 Report.

<https://azdhs.gov/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/>

¹<https://www.acc.org/latest-in-cardiology/articles/2018/08/21/16/09/the-2017-hypertension-guidelines>

²<https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings>

³<https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure>

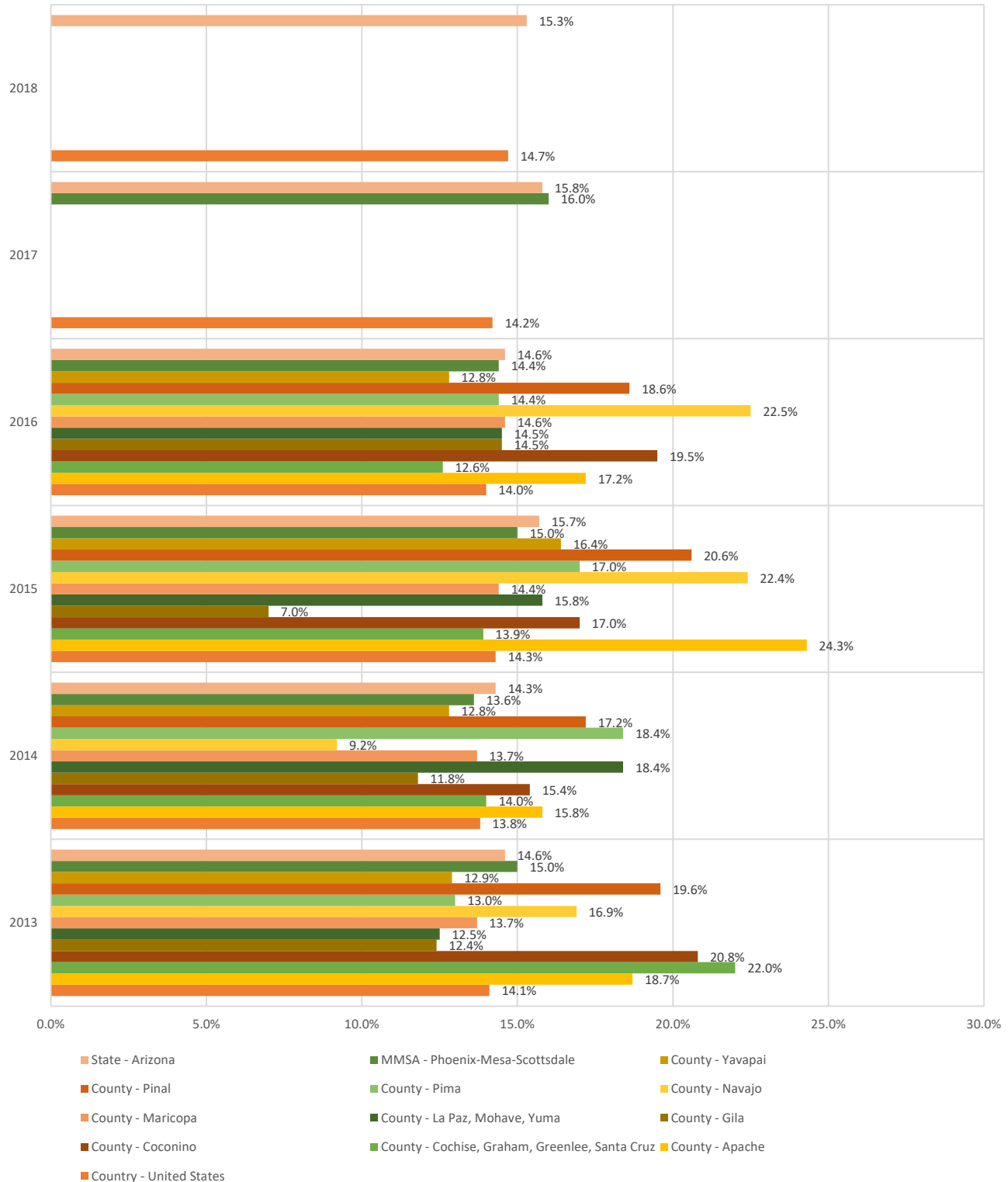
⁴<https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410>

Health and Well-being

Hypertension

Percent of Arizonans Who Report They Have Been Told They Have High Blood Pressure

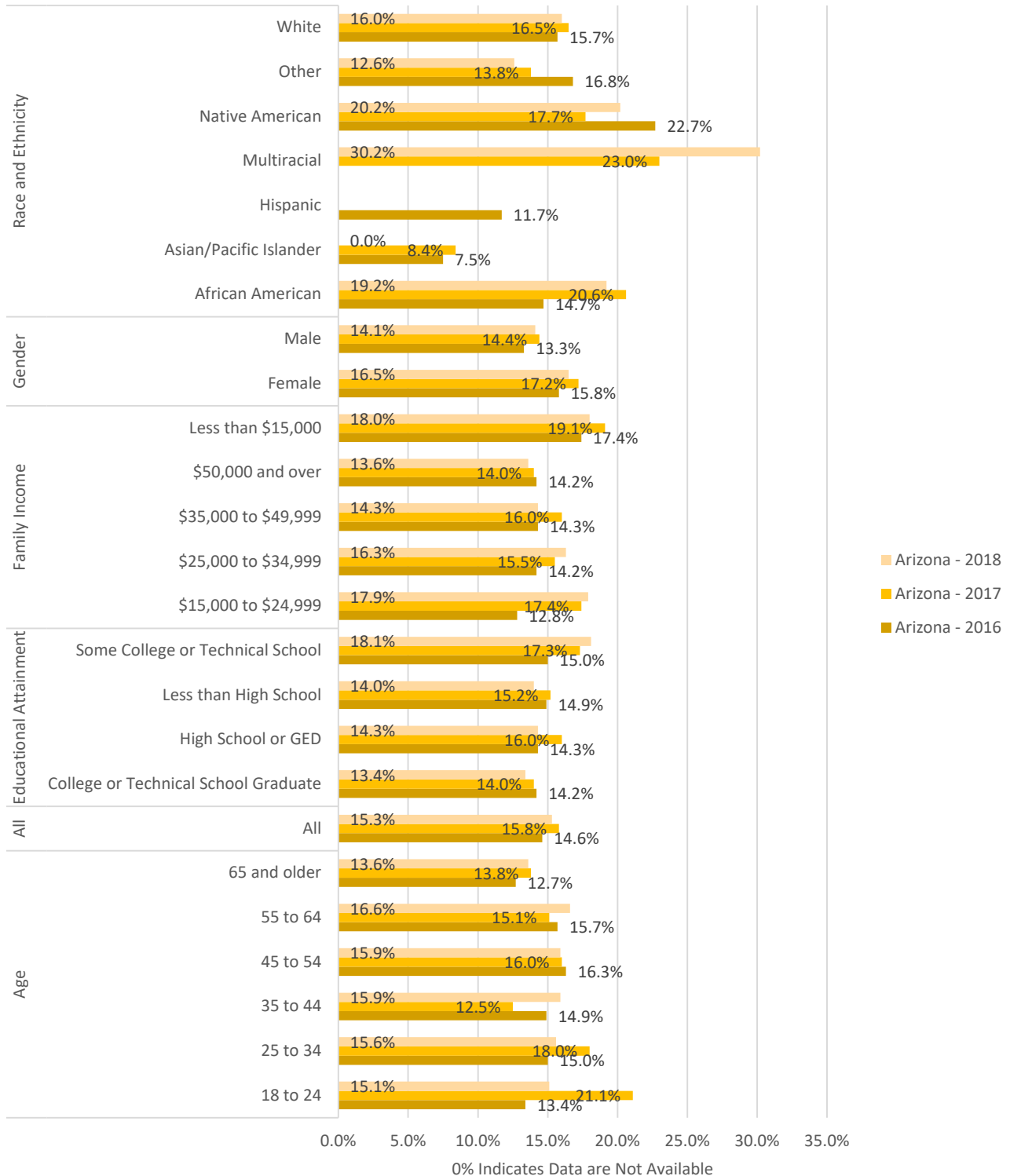
(Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)



Health and Well-being

Hypertension

Percent of Arizonans Who Report They Have Been Told They Have High Blood Pressure (Behavioral Risk Factor Surveillance System Survey. Not all questions asked in a given year.)





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