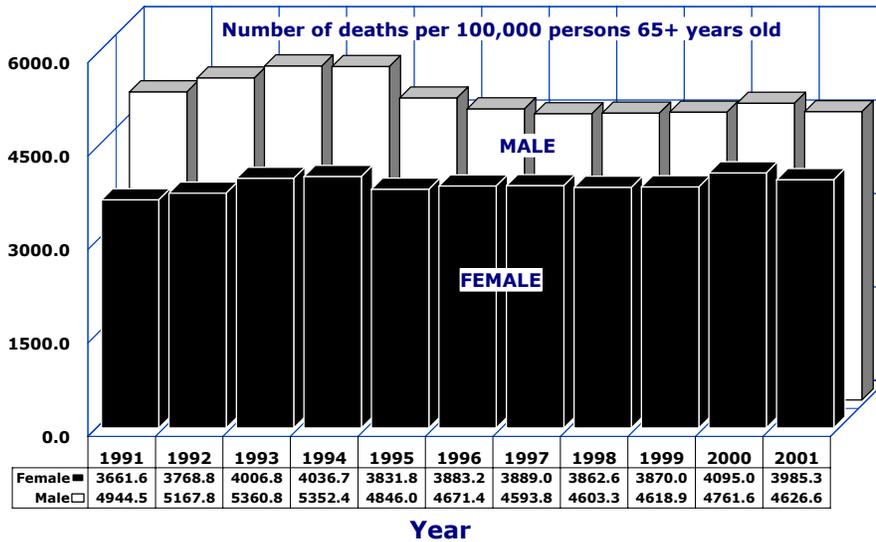


2C. AGE-SPECIFIC MORTALITY
Elderly mortality (ages 65 years and over)

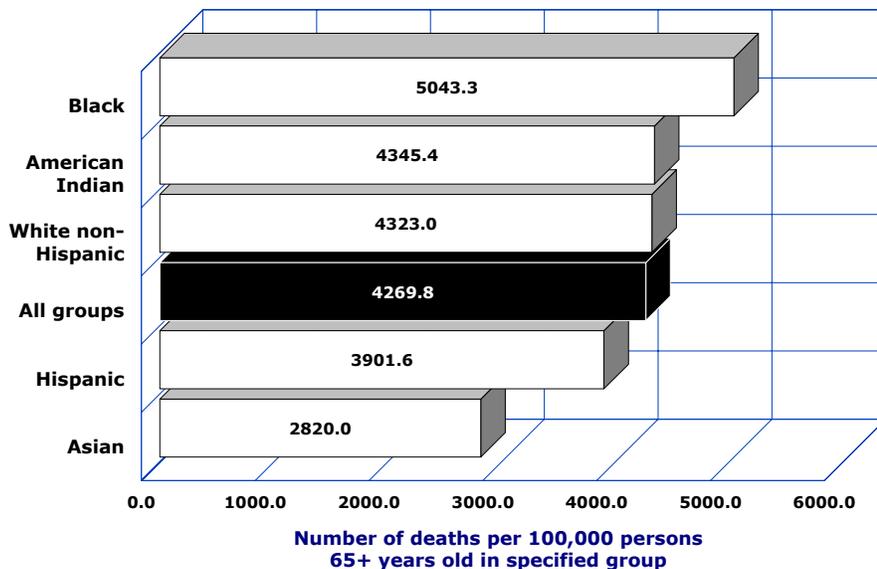
Figure 2C-21
Mortality Rates By Gender and Year Among Elderly 65 Years and Older, Arizona, 1991-2001



Life ended for 29,504 elderly persons 65 years and over in 2001 for a mortality rate of 4,269.8 per 100,000 (**Table 2C-24**), 1.3 percent greater than the 1991 rate of 4,216.1. In absolute numbers, 8,778 more elderly Arizonans died in 2001 than in 1991.

The 2001 total mortality rate among elderly females was 8.8 percent greater than their rate in 1991. In contrast, the mortality rate among elderly males decreased 6.4 percent between 1991 and 2001 (**Figure 2C-21**).

Figure 2C-22
Mortality Rates by Race/Ethnicity Among Elderly 65 Years and Older, Arizona, 2001



In 2001 the mortality rate for Arizona's Black elderly residents was 1.3 times that for the Hispanic elderly population; that is, the average risk of death for the Black elderly was about one-third higher than for the Hispanic elderly (**Figure 2C-22**). The mortality rate of 2820.0/100,000 among elderly Asians was the lowest rate among the racial/ethnic group.

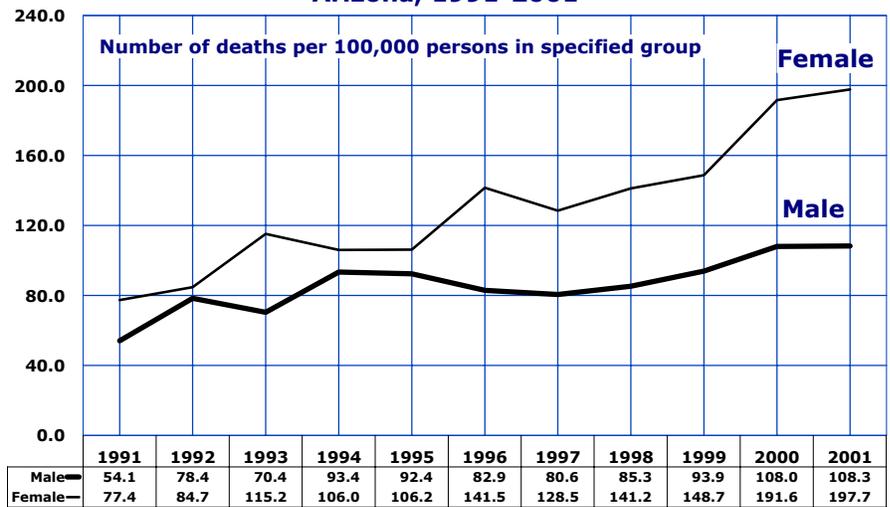
Rates for the American Indians and Asian populations should be interpreted with caution because of the reporting problems on the death certificate and in population censuses. According to the National Center for Health Statistics, the American Indian rate is approximately 21 percent understated and the Asian rate is approximately 11 percent understated.

2C. AGE-SPECIFIC MORTALITY
Elderly mortality (ages 65 years and over)

The comparability-modified death rate for Alzheimer's disease, the fifth leading cause of elderly female mortality in Arizona in 2001, almost tripled from 77.4/100,000 in 1991 to 197.7/100,000 in 2001 (**Figure 2C-23**). For elderly males, the mortality rate for Alzheimer's disease, their eighth leading cause of death (**Table 2C-27**) doubled from 54.1/100,000 in 1991 to 108.3 in 2001. In 1991, the Alzheimer's disease mortality risk of elderly females compared to males was 43.1 percent greater, while in 2001 the risk was 82.5 percent greater.

(For more details see the report on "Mortality from Alzheimer's disease among Arizona residents, 1990-2000" available online at www.hs.state.az.us/plan/mfad/toc00.htm)

Figure 2C-23
Trends in Mortality Rates for Alzheimer's Disease by Gender
Among Elderly 65 Years and Older by Year,
Arizona, 1991-2001

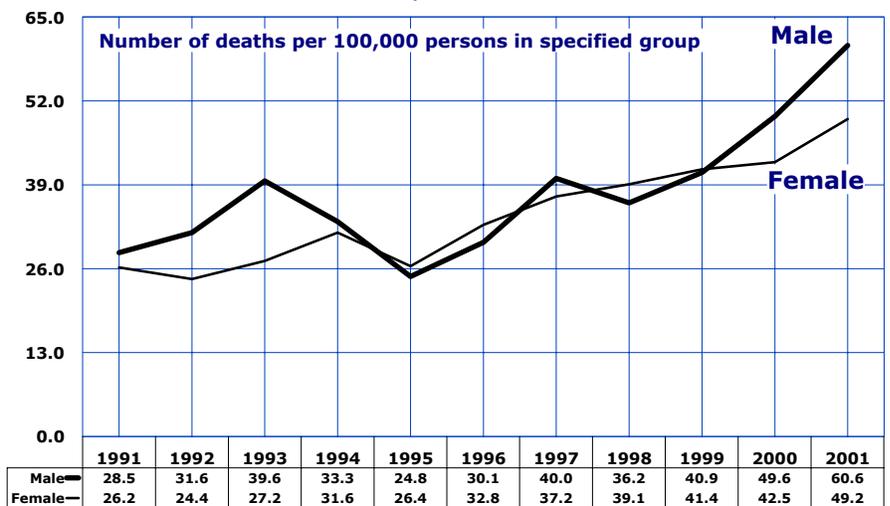


Note: the rates for 1991-1999 are based on the number of deaths according to ICD-9. The rates for 2000 and 2001 are based on the number of deaths according to ICD-10. For comparability, the rates for 1991-1999 are adjusted using the preliminary comparability ratio of 1.5536 from NCHS. Comparability ratio of 1.0 indicates that the same number of deaths was assigned to a cause of death whether ICD-9 or ICD-10 was used.

Among unintentional injury deaths unrelated to motor vehicles, Arizona's elderly experienced a substantial increase in mortality from *fall-related injuries* (**Figure 2C-24**). Between 1991 and 2001, 2,745 Arizona's elderly died from *fall-related injuries*. The rate of *fall-related deaths* among elderly males increased by 144.4 percent from 24.8/100,000 in 1995 to 60.6/100,000 in 2001. The rate of fall-related deaths among elderly females increased by 86.4 percent during that time.

Risk of death from both *Alzheimer's disease* and *fall-related injury* increases sharply with age. Older elderly, those equal to or older than 75 years of age, made up a larger share of the general elderly population in 2001 (48.2 percent) than in 1991 (39.4 percent). Females accounted for 56 percent of all older elderly in Arizona in 2001.

Figure 2C-24
Trends in Mortality Rates for Falls and Fall-Related Injuries
by Gender Among Elderly 65 Years and Older by Year,
Arizona, 1991-2001



Note: the rates for 1991-1999 are based on the number of deaths according to ICD-9. The rates for 2000 and 2001 are based on the number of deaths according to ICD-10. For comparability, the rates for 1991-1999 are adjusted using the preliminary comparability ratio of 0.8409 from NCHS. Comparability ratio of 1.0 indicates that the same number of deaths was assigned to a cause of death whether ICD-9 or ICD-10 was used.