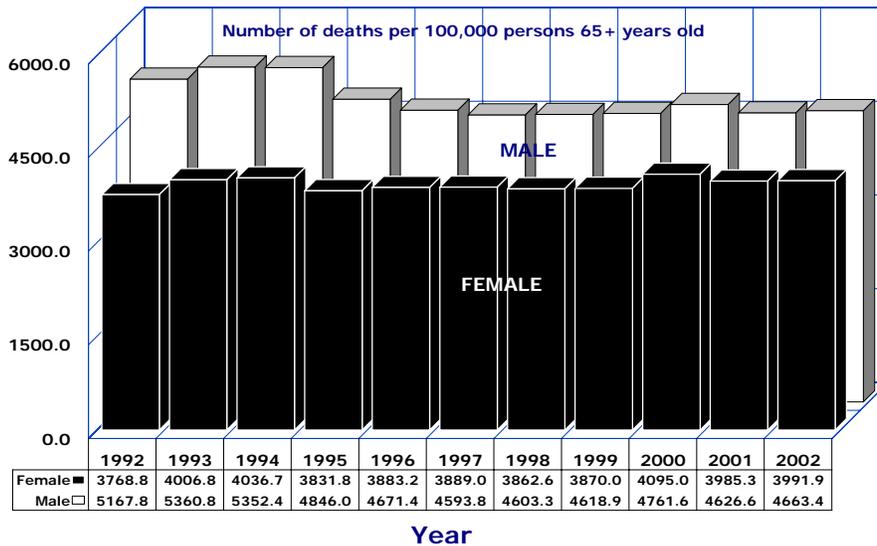


2C. AGE-SPECIFIC MORTALITY  
Elderly mortality (ages 65 years and older)

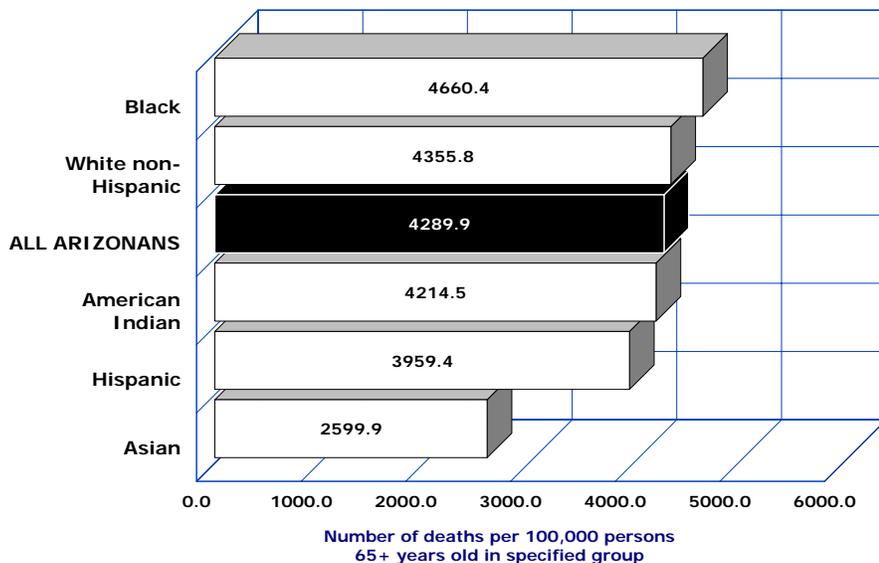
**Figure 2C-21**  
Mortality Rates By Gender and Year Among Elderly 65 Years and Older, Arizona, 1992-2002



Life ended for 30,553 elderly persons 65 years and over in 2002 for a mortality rate of 4,289.8 per 100,000 (Table 2C-24), 1.9 percent lower than the 1992 rate of 4,373.5. However, in absolute numbers, 8,508 more elderly Arizonans died in 2002 than in 1992.

The 2002 total mortality rate among elderly females was 5.9 percent greater than their rate in 1992. In contrast, the mortality rate among elderly males decreased 9.8 percent between 1992 and 2002 (Figure 2C-21, Table 2C-24).

**Figure 2C-22**  
Mortality Rates by Race/Ethnicity Among Elderly 65 Years and Older, Arizona, 2002



In 2002 the mortality rate for Arizona's Black elderly residents was 1.8 times that for the Asian elderly population; that is, the average risk of death for the Black elderly was about 80 percent higher than for the Asian elderly (Figure 2C-22). The mortality rate of 2599.9/100,000 among elderly Asians was the lowest rate among the racial/ethnic group.

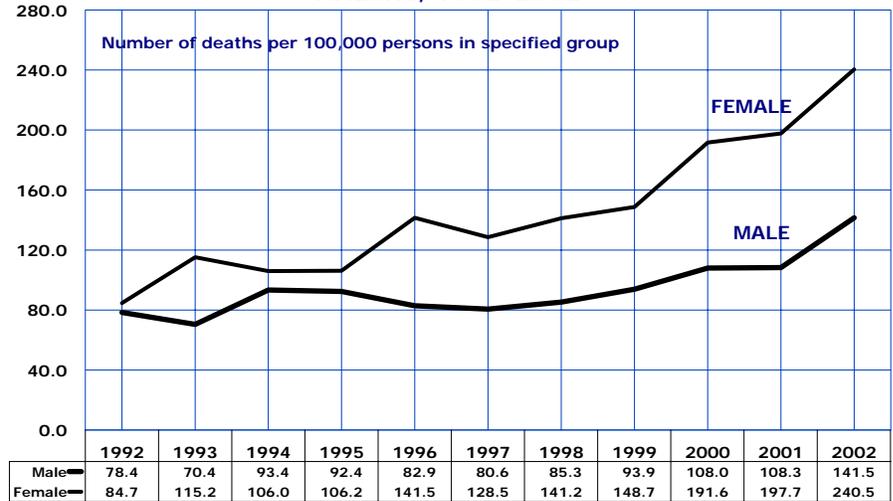
Rates for the American Indians and Asian populations should be interpreted with caution because of the reporting problems on the death certificate and in population censuses. According to the National Center for Health Statistics, the American Indian rate is approximately 21 percent understated and the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

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

The comparability-modified death rate for Alzheimer's disease, the fifth leading cause of elderly female mortality in Arizona in 2002, increased 2.4 times from 81.9/100,000 in 1992 to 196.7/100,000 in 2002 (**Figure 2C-23**). For elderly females, the mortality rate for Alzheimer's disease, their fifth leading cause of death (**Table 2C-27**) almost tripled from 84.7/100,000 in 1992 to 240.5 in 2002. In 1992, the Alzheimer's disease mortality risk of elderly females compared to males was 8 percent greater, while in 2002 the risk was 70 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](http://www.hs.state.az.us/plan/mfad/toc00.htm) )

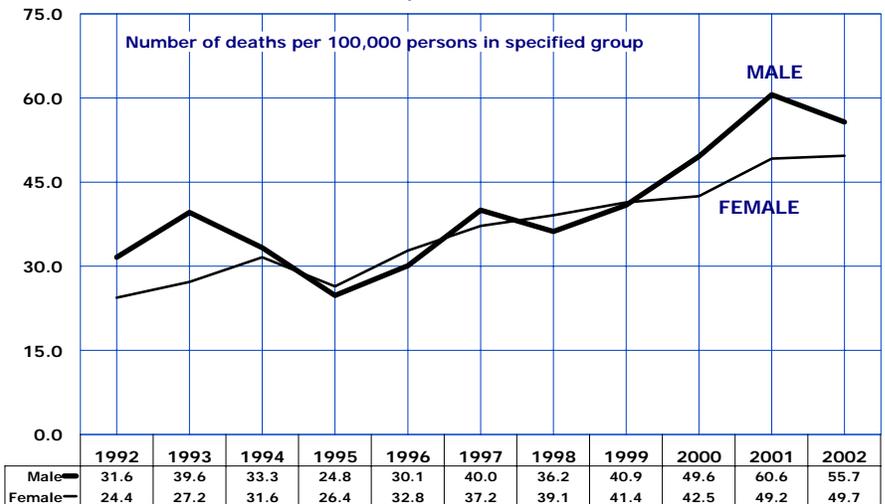
**Figure 2C-23**  
**Trends in Mortality Rates for Alzheimer's Disease by Gender Among Elderly 65 Years and Older by Year, Arizona, 1992-2002**



Note: the rates for 1991-1999 are based on the number of deaths according to ICD-9. The rates for 2000-2002 are based on the number of deaths according to ICD-10. For comparability, the rates for 1992-1999 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.

**Figure 2C-24**  
**Trends in Mortality Rates for Falls and Fall-Related Injuries by Gender Among Elderly 65 Years and Older by Year, Arizona, 1992-2002**

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 1992 and 2002, 2,745 Arizona's elderly died from *fall-related injuries*. The rate of *fall-related deaths* among elderly males increased 2.2 times percent from 24.8/100,000 in 1995 to 55.7/100,000 in 2002. The rate of fall-related deaths among elderly females increased by 88.3 percent during that time.



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.