

Hospital Discharge Data (HDD), the demographic characteristics of aging Arizonans being discharged from hospitals becomes less diverse with age, reflecting that minority groups have worse health and experience mortality earlier in life than White non-Hispanics, and that female life expectancy tends to be greater than male life expectancy. Among older Arizonans, the overall counts of ER and inpatient discharges were higher for adults in the youngest old (ages 65 – 74), but the rate of discharges increased for the oldest Arizonans (age 85 and older), and in some cases, this increase was substantial. The overall rate of discharges was more than 100% higher for Arizonans in the oldest versus the youngest age group, and this held true for both ER and inpatient discharges. The results indicate that Arizona's older White females experience some of the most severe morbidities and chronic diseases associated with aging and warrant increased attention when developing future policy concerning health and aging. On the other hand, attention to the socioeconomic factors associated with health disparities and earlier mortality among racial/ethnic minorities should become a focus for those developing general policies aimed at promoting health for all Arizonans.

Finally, increasing the quality of life for Arizona's older adults now and into the future requires addressing existing causes and patterns of mortality among the state's aging population. Chronic diseases that are currently most detrimental to the oldest Arizonans, exemplified by Alzheimer's disease among females, will become increasingly problematic as the population of older Arizonans expands. Alternatively, the mortality rates for a number of the leading causes of death have decreased substantially among Arizona's older adults, namely atherosclerotic heart disease and cardiovascular disease among both men and women, stroke among women, and both lung and prostate cancer among men. The decrease in leading causes of death that are somewhat preventable and treatable foretell the increased burden that will be exerted in the future by Alzheimer's disease and dementia, which currently have no known cure. While continuing to reduce the number of deaths caused by the current leading causes of death, it is crucial to begin preparing Arizona's healthcare infrastructure to handle the coming influx of older adults experiencing cognitive diseases.

Overall, the findings of this report suggest that as Arizona's older population grows in both size and proportion of the overall population, primary prevention strategies focused on reducing socioeconomic health disparities and increasing the availability and success of physical, intellectual, and social activities will become increasingly important as means of reducing the population health burden of chronic diseases associated with aging. Further developing our capacity to provide health services to older adults also will increase in importance, but the ability to prevent the development of costly chronic diseases and morbidities associated with aging will be the most successful method of reducing the overall costs of maintaining a healthy aging population.