diseases examined included any of the following conditions: angina or coronary heart disease, heart attack, stroke, diabetes, skin cancer, non-skin cancer, asthma, and chronic obstructive pulmonary disease (COPD). Weighted percentages were produced for Arizona and the U.S. for each health indicator, then the standard error of the weighted percent was used to construct 95% confidence intervals. For each indicator, the confidence interval around the estimated percentage for Arizonans was compared to the estimate and confidence interval for the U.S. In this method, if the 95% confidence interval for Arizona and the U.S. did not overlap, it can be stated that there was a statistically significant difference between Arizona and the U.S. on the given indicator. The weighted estimates and confidence intervals were calculated separately by gender to account for health disparities between genders that widen with age and also allowing for comparison of older adults within Arizona by gender.

3.3 Results

Socioeconomic and Demographic Characteristics

Table 2 provides the number of unweighted completed BRFSS interviews, weighted frequencies, percentages, and standard errors for the sociodemographic characteristics of Arizona residents age 65 and older in 2012. It was estimated that about 55 percent of Arizona's population of noninstitutionalized older adults were female. About 82 percent of Arizona residents age 65 and over were White non-Hispanic and about 10 percent were Hispanic, with Asians/Pacific Islanders, American Indians, or adults of other racial/ethnic backgrounds, each accounting for approximately 1.5 percent of Arizona's older population each. Concerning education, 11 percent of older Arizonans had less than a high school education, about 26 percent had earned a high school degree, and more than 60 percent reported having either attended college/technical school without earning a degree or had graduated from college/technical school. The majority of Arizonans age 65 and older were retired (72.8%), about 9 percent were employed, about 7 percent reported employment as homemakers, or being self-employed, out of work, unable to work, or students, representing a small proportion of older Arizonans. Likely related to the high percentage of retired older Arizonans, Arizonans making less than \$25,000 per year (26.2%) accounted for the greatest percentage of any income group. For other income groups, the remaining Arizonans were distributed fairly evenly, with 11 to 15 percent of respondents falling within each group. A large percentage of respondents (20.6%) reported their income as either unknown or had refused to answer the income question.

Health Behaviors among Arizona's Older Adults

The current health behaviors of Arizona's older adult population are leading indicators of morbidities and chronic diseases that can result from health maintenance behavior. Table 3 provides estimates of 10 health-related behaviors, which are then depicted in Figures 4 through 6. Comparing Arizona's older adult males to older males nationally, Arizona males were generally comparable to males of the same age nationally, excluding their use of preventative health services. More than 72 percent of Arizona's older males reported having some physical activity or exercise within the past month, but nearly 70 percent of Arizona's males 65 and older had a BMI of 25 or greater, indicating being either overweight or obese. Within a year of being interviewed, nearly 80 percent of Arizona's older males had a routine health checkup, about 50