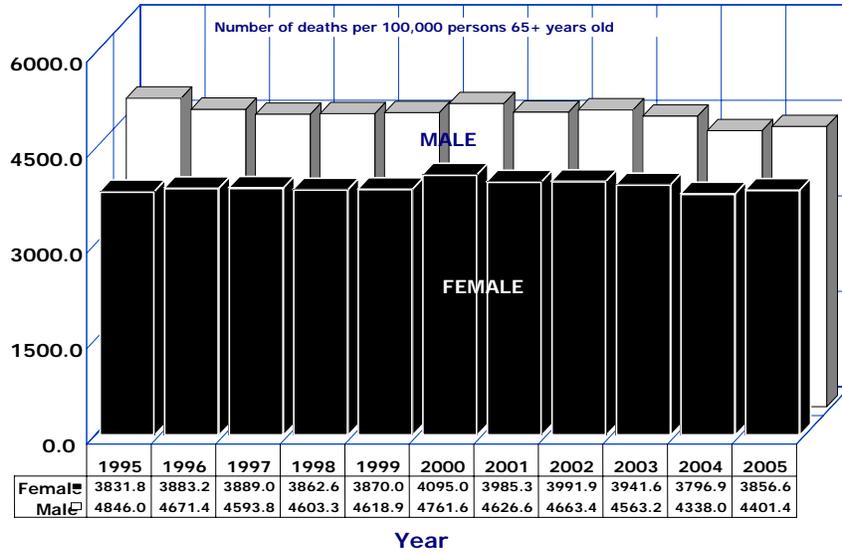


2C. AGE-SPECIFIC MORTALITY
Elderly mortality (ages 65 years and older)

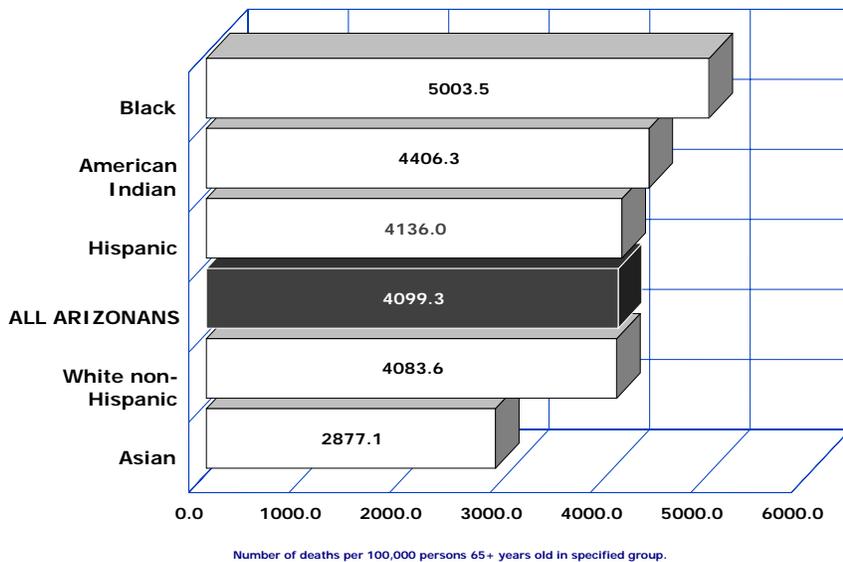
Figure 2C-21
Mortality Rates by Gender and Year Among Elderly
65 Years and Older, Arizona, 1995-2005



Arizona's elderly persons 65 years and over experienced a slight increase in mortality between 2004 and 2005 (**Table 2C-24**). The 2005 elderly mortality rate of 4,099.3 per 100,000 was 1.5 percent greater than the 2004 rate of 4,038.0. Still, it was the second lowest annual elderly mortality rate of the eleven years from 1995 to 2005.

Survival chances improved from 1995 to 2005 for elderly males but not females. The 2005 total mortality rate among elderly females was 0.6 percent greater than their rate in 1995. The mortality rate among elderly males decreased 9.2 percent from 1995 to 2005 (**Figure 2C-21, Table 2C-24**).

Figure 2C-22
Mortality Rates by Race/Ethnicity Among Elderly
65 Years and Older, Arizona, 2005



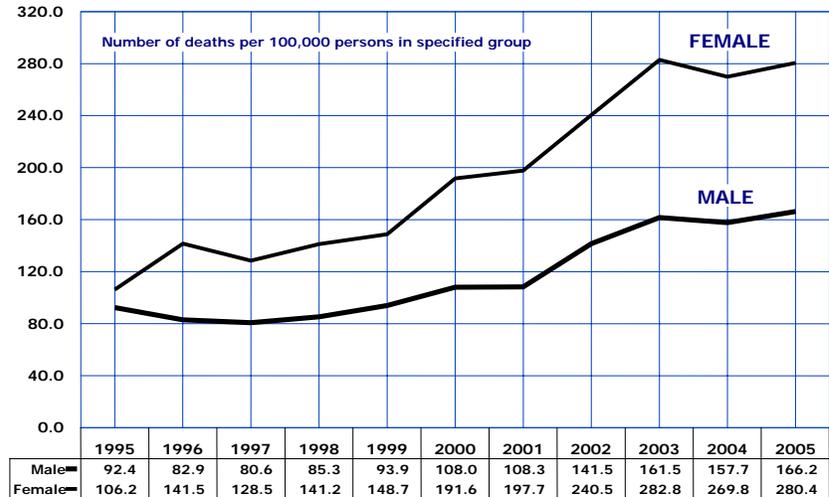
In 2005 the mortality rate for Arizona's Black elderly residents was 1.7 times that for the Asian elderly population. The mortality rate of 2,877.1/100,000 among elderly Asians was the lowest rate among the race/ethnic groups (**Figure 2C-22**). American Indian elderly had the second highest mortality rate in 2005, 11.9 percent lower than the mortality rate of Black or African American elderly.

The 2005 mortality rates of Hispanic and White non-Hispanic elderly differed by a mere 1.3 percent.

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

The tables 2C-24 and 2C-25 provide mortality rates for the five causes with the greatest number of death over the 1995 – 2005 period. In 1995-2005, Alzheimer's disease (7,467 deaths) replaced influenza and pneumonia (6,292 deaths) as the fifth leading cause of death among females 65 years old or older (Table 2C-24). Among elderly males 65 years old or older, influenza and pneumonia accounted for 5,762 deaths in 1995-2005, compared to 3,524 deaths from Alzheimer's disease. From 2004 to 2005, age-specific death rates for Alzheimer's disease increased by 5.4 percent for elderly males and by 3.9 percent for elderly females (Figure 2C-23). There were 1,220 deaths from Alzheimer's disease among elderly females in 2005, 2.1 times the number of deaths from this cause among males (Table 2C-27). In 1995, the Alzheimer's disease mortality risk of elderly females compared to males was 14.9 percent greater, while in 2005 the risk was 68.7 percent greater.

Figure 2C-23
Trends in Mortality Rates for Alzheimer's Disease by Gender and Year Among Elder 65 Years and Older, Arizona, 1995-2005

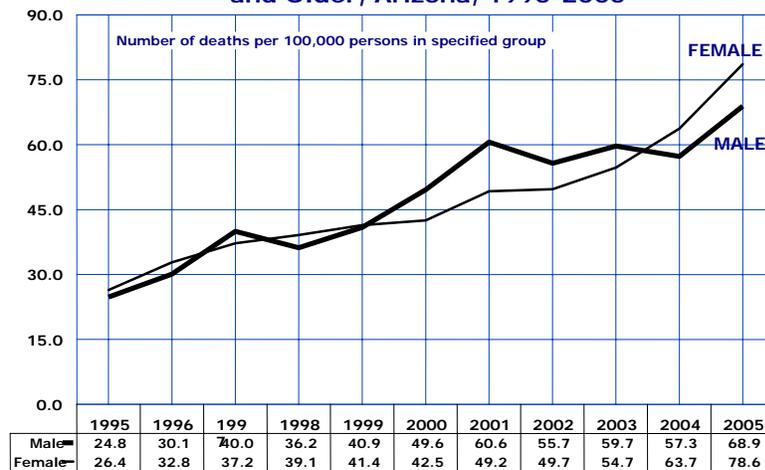


Note: The rates for 1995-1999 are based on the number of deaths according to ICD-9. The rates for 2000-2005 are based on the number of deaths according to ICD-10. For comparability, the rates for 1995-1999 are adjusted using the preliminary comparability ratio of 1.5536 from NCHS. Comparability ratio 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). In 2005, 583 elderly Arizona 65 years or older died from *fall-related injuries*, compared to 181 in 1995. The rate of *fall-related deaths* among elderly females exceeded by 14.1 percent the mortality rate for falls among elderly males.

In 2005, those 85 years old or older, experienced the largest number of *fall-related deaths* (271), followed by Arizonans 75-84 years old (215 deaths) and the youngest elderly 65-74 years old (97 fall-related deaths). Among Arizonans 85 years or older in 2005, the rate of 337.6/100,000 for fall-related deaths was 14.9 times greater than the rate of 22.7/100,000 for those 65-74 years old.*

Figure 2C-24
Trends in Mortality Rates for Falls and Fall-Related Injuries by Gender and Year, Among Elderly 65 Years and Older, Arizona, 1995-2005



Note: The rates for 1995-1999 are based on the number of deaths according to ICD-9. The rates for 2000-2005 are based on the number of deaths according to ICD-10. For comparability, the rates for 1995-1999 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.

*More information is available on the Health Status and Vital Statistics website at http://www.azdhs.gov/plan/report/im/fall_rates.xls and http://www.azdhs.gov/plan/report/im/fall_deaths.xls