

Running the Numbers

*A Periodic Feature to Inform North Carolina Health Care Professionals
About Current Topics in Health Statistics*

*From the State Center for Health Statistics, North Carolina Department of Health and Human Services
<http://www.schs.state.nc.us/SCHS>*

Health Conditions and Use of Health Services Among the Elderly in North Carolina

Healthy aging is an important goal for North Carolina, and some North Carolinians live most of their elderly years without serious health problems. Yet older age is a strong risk factor for many diseases and health conditions, and elderly persons of lower income are more likely to experience a variety of health problems than those with higher incomes.¹ This report presents selected data on the health of older persons in North Carolina.

In 2006, there were 1,077,000 North Carolinians aged 65 and older, representing 12% of the total population of the state. Fifty-nine percent of the older population in 2006 was female, 83% was white, 16% was African American, and less than 1% was American Indian. By the year 2030, the population aged 65 and older is projected to grow to 2,178,000 or 17% of the total population of the state. Seventy percent of all deaths of North Carolina residents are of people aged 65 and older. The leading causes of death among those aged 65 and older are heart disease (25% of deaths), cancer (22%), stroke (7%), chronic lung disease (6%), and Alzheimer's disease (4%).

In 2006, there were nearly 360,000 inpatient hospitalizations of North Carolinians aged 65 and older, representing 37% of all hospitalizations in the state and resulting in hospital charges of \$7.9 billion. The top causes of hospitalization among the elderly were cardiovascular and circulatory diseases (27% of hospitalizations), digestive system diseases (10%), respiratory diseases (13%), injuries and poisoning (8%), musculoskeletal diseases (7%), symptoms of ill-defined conditions (6%), and genitourinary diseases (6%).

The North Carolina Behavioral Risk Factor Surveillance System (BRFSS) is a random telephone survey of adults that measures health conditions, risk factors, and use of health care services. All data are self-reported. Table 1 shows 2007 BRFSS data for North Carolinians aged 65 and older for selected health measures, along with comparable data for the United States. The elderly in North Carolina have somewhat poorer health status than the nation on nearly every health measure shown in Table 1. Sixty percent of elderly North Carolinians have high blood pressure, 59% have arthritis, 56% have high cholesterol, and 23% have a height and weight that indicates they are obese. Only 11% report vigorous physical activity 3 or more times per week. On the positive side, almost 70% say that they have ever had a pneumococcal vaccination for pneumonia.

Data from a 2002 study of healthy life expectancy in North Carolina indicated that the percentage of expected remaining years of life lived with perceived health status being only fair or poor usually increases with advancing age: 39% for ages 65-69, 41% for ages 70-74, 43% for ages 75-79, 46% for ages 80-84, and 44% for ages 85 and older.² Table 1 shows that the percentage of persons aged 65 and older reporting fair or poor health at the time of the 2007 BRFSS survey was 33%.

Based on 2003-2004 data, North Carolina ranks poorly among the 50 states on several health indicators for the elderly: 42nd in the mean number of physically unhealthy days in the past month, 41st in frequent mental distress, 42nd in complete tooth loss, 37th in obesity, 37th in fruit and vegetable consumption, and 38th in current smoking. North Carolina ranks much better on several health service indicators: 17th on recent mammograms, 16th on colorectal cancer screening, 17th on up-to-date on select preventive services for men, and 14th on recent cholesterol screening.³

Falls are the leading cause of injury deaths among older adults, accounting for more than one-third of all unintentional injury deaths in 2006 among the elderly in North Carolina. In 2004, North Carolina's fall death rate

Table 1.
2007 Data from the North Carolina and US BRFSS Surveys: Persons Aged 65 and Older

Health Measure	NC %	US %
Arthritis	59.1	57.0
Consumes fruits and vegetables 5 or more times per day	24.2	28.7
Current smoking	9.9	9.0
Diabetes	20.6	18.5
Ever had a pneumococcal vaccination	69.2	67.3
Have been told by a health professional that they had high blood pressure	60.8	57.9
Have had their blood cholesterol checked and was told that it was high	56.2	53.6
Have health problems that require the use of special equipment	17.9	17.5
History of angina or coronary heart disease	13.2	13.2
History of heart attack or myocardial infarction	13.9	13.2
History of stroke	9.3	8.2
Limited in any activities because of physical, mental, or emotional problems	31.5	31.2
Obese	22.9	23.0
Overweight (not including obese)	40.9	40.8
Reported fair or poor health	33.1	26.5
20+ minutes of vigorous physical activity 3+ days per week	11.0	14.7

among persons age 65 and over was 47.6 per 100,000 population, 21% higher than the national average.³ Falls are also the most common cause of nonfatal injuries and of hospital admissions for trauma among older adults. Effective interventions may include home assessment and modification; tailored exercise or physical therapy to improve gait, balance, and strength; medication management; education about fall risk factors; referrals to health care providers for treatment of chronic conditions that may contribute to fall risk; and vision assessment and correction.³

Health problems are pervasive among the elderly in North Carolina. Other articles in this issue of the *North Carolina Medical Journal* present effective methods for improving the health of our elderly population. Reducing socioeconomic barriers, adopting healthier behaviors, and obtaining regular health screenings can reduce the risk for many chronic diseases, help decrease health disparities, and lower health care costs among the elderly.

REFERENCES

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- 3 Centers for Disease Control and Prevention and The Merck Company Foundation. *The State of Aging and Health in America, 2007*. Whitehouse Station, NJ: The Merck Company Foundation; 2007. Also available at www.cdc.gov/aging/saha.htm.

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