



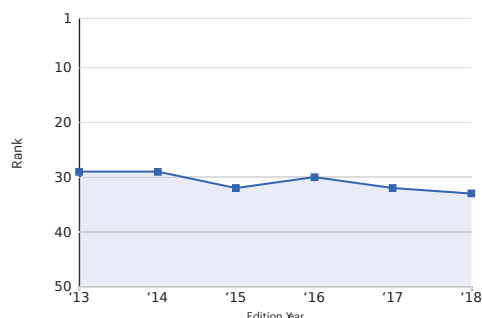
North Carolina

OVERALL - SENIOR RANK: 33

CHANGE: ▼ 1

DETERMINANTS RANK: 27

OUTCOMES RANK: 36



Rank Based On: Weighted sum of the number of standard deviations each core measure is from the national average

STRENGTHS

- Low percentage of low-care nursing home residents
- High flu vaccination coverage
- Low prevalence of falls

CHALLENGES

- High prevalence of food insecurity
- Low percentage of four- and five-star nursing home beds
- High hip fracture hospitalization rate

HIGHLIGHTS

- In the past five years, home health care workers decreased 21% from 125.4 to 98.5 aides per 1,000 adults aged 75+
- In the past two years, excessive drinking increased 14% from 4.9% to 5.6% of adults aged 65+
- In the past five years, hip fractures decreased 23% from 8.3 to 6.4 hospitalizations per 1,000 Medicare enrollees
- In the past year, food insecurity increased 15% from 18.0% to 20.7% of adults aged 60+
- In the past three years, SNAP reach increased 13% from 61.4 to 69.5 participants per 100 adults aged 60+ in poverty
- In the past four years, full-mouth teeth extractions decreased 14% from 21.0% to 18.1% of adults aged 65+

WEBSITE: ncdhhs.gov/

Measure	Rating	2018 Value	2018 Rank
BEHAVIORS			
Dental Visit (Percentage of adults aged 65+)	++	63.1%	37
Excessive Drinking (Percentage of adults aged 65+)	++++	5.6%	13
Obesity (Percentage of adults aged 65+)	+++	28.6%	24
Pain Management (Percentage of adults aged 65+ with arthritis)	++	49.9%	40
Physical Inactivity (Percentage of adults aged 65+ in fair or better health)	+++	30.0%	28
Smoking (Percentage of adults aged 65+)	+++	8.8%	26
Behaviors * (All Behaviors-Seniors)	++	-0.040	32
COMMUNITY & ENVIRONMENT			
Nursing Home Quality (Percentage of beds rated four- or five-stars)	+	32.2%	48
Poverty (Percentage of adults aged 65+)	++	9.4%	36
Volunteerism (Percentage of adults aged 65+)	+++	25.4%	26
Community & Environment - Macro * (Community & Environment - Macro - Seniors)	+	-0.060	42
Community Support (Dollars per adult aged 60+ in poverty)	++	\$342	35
Food Insecurity (Percentage of adults aged 60+)	+	20.7%	48
Home-delivered Meals (Meals per 100 adults aged 60+ with independent living difficulty)	++	6.1	38
Community & Environment - Micro * (Community & Environment - Micro - Seniors)	+	-0.076	49
Community & Environment Total * (All Community & Environment measures-Seniors)	+	-0.136	45
POLICY			
Geriatrician Shortfall (Percentage of geriatricians needed)	++++	61.5%	14
Health Care Associated Infection (HAI) Policies (Percentage of policies in place)	+++++	75.0%	8
Low-care Nursing Home Residents (Percentage of residents)	+++++	6.7%	7
Prescription Drug Coverage (Percentage of Medicare enrollees aged 65+)	+++++	87%	8
SNAP Reach (Participants per 100 adults aged 60+ living in poverty)	+++	69.5	26
Policy * (All Policy measures-Senior)	+++++	0.071	9
CLINICAL CARE			
Dedicated Health Care Provider (Percentage of adults aged 65+)	++++	95.8%	11
Diabetes Management (Percentage of Medicare enrollees aged 65 to 75)	+++++	82.0%	8
Flu Vaccine (Percentage of adults aged 65+)	+++++	64.7%	5
Health Screenings (Percentage of seniors with recommended screenings)	+++++	77.3%	10
Home Health Care (Number of workers per 1,000 adults aged 75+)	+++	98.5	26
Hospice Care (Percentage of Medicare decedents aged 65+)	+++	53.1%	22
Hospital Deaths (Percentage of Medicare decedents aged 65+)	++	20.9%	31
Hospital Readmissions (Percentage of hospitalized Medicare enrollees aged 65+)	+++	14.5%	24
Preventable Hospitalizations (Discharges per 1,000 Medicare enrollees aged 65+)	+++	49.0	26
Clinical Care * (All Clinical Care measures--Seniors)	+++++	0.061	9
ALL DETERMINANTS			
All Determinants * (All Determinants)	+++	-0.043	27
OUTCOMES			
Able-bodied (Percentage of adults aged 65+)	++	64.2%	32
Early Death (Deaths per 100,000 adults aged 65 to 74)	++	1,954	37
Falls (Percentage of adults aged 65+)	+++++	28.1%	10
Frequent Mental Distress (Percentage of adults aged 65+)	++++	6.9%	18
High Health Status-Senior (Percentage of adults aged 65+)	++	40.5%	37
Hip Fractures (Hospitalizations per 1,000 Medicare enrollees aged 65+)	++	6.4	38
ICU Use (Percentage of Medicare decedents aged 65+)	+++	13.2%	30
Teeth Extractions (Percentage of adults aged 65+)	++	18.1%	39
All Outcomes * (All Outcomes)	++	-0.051	36
OVERALL			
Overall * (Overall)	++	-0.094	33

RATING RANK
+++++ 1 – 10
++++ 11 – 20
+++ 21 – 30
++ 31 – 40
+ 41 – 50

* Value indicates z score. Negative scores are below US value; positive scores are above US value. For complete definitions of measures including data sources and years, see "[Appendix: Core Measures](#)".

- Data Unavailable

SUPPLEMENTAL MEASURES

Measure	Rating	2018 Value	2018 Rank
Cognitive Difficulty (Percentage of adults aged 65+)	++	9.5%	35
Depression (Percentage of adults aged 65+)	++	15.3%	33
Education (Percentage of adults aged 65+)	++	24.7%	33

<div> <div>RATING RANK</div> <div> <div>+++++ 1 – 10</div> <div>++++ 11 – 20</div> <div>+++ 21 – 30</div> <div>++ 31 – 40</div> <div>+ 41 – 50</div> </div> </div>	Overuse--PSA Test (Percentage of male Medicare enrollees aged 75+)	++	17.7%	31
	Poor Mental Health Days (Mean number of days)	++++	2.1	11
	Social Isolation (Percentile of mean z scores for six social isolation risk factors in adults 65+)	++	65	34
	Suicide (Deaths per 100,000 adults aged 65+)	+++	16.9	23
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Dental Visit - Seniors



63.1%



SINCE 2017, DENTAL VISIT*
DECREASED 0.5% FROM 63.4% TO 63.1%

* Percentage of adults aged 65+

Teeth Extractions - Seniors



18.1%



SINCE 2017, TEETH EXTRACTIONS*
DECREASED 7.7% FROM 19.6% TO 18.1%

* Percentage of adults aged 65+

Home Health Care



98.5



SINCE 2017, HOME HEALTH CARE *
DECREASED 8.0% FROM 107.1 TO 98.5

* Number of workers per 1,000 adults aged 75+

Nursing Home Quality



32.2%



SINCE 2017, NURSING HOME
QUALITY* **INCREASED 14.2% FROM 28.2% TO 32.2%**

* Percentage of beds rated four- or five-stars

Food Insecurity - Seniors



20.7%



SINCE 2017, FOOD INSECURITY*
INCREASED 15.0% FROM 18.0% TO 20.7%

* Percentage of adults aged 60+

Suicide - Senior



16.9



SINCE 2017, SUICIDE* **INCREASED 1.2% FROM 16.7 TO 16.9**

* Deaths per 100,000 adults aged 65+



Top 5 States

1: LOUISIANA



2: MISSISSIPPI



3: KENTUCKY



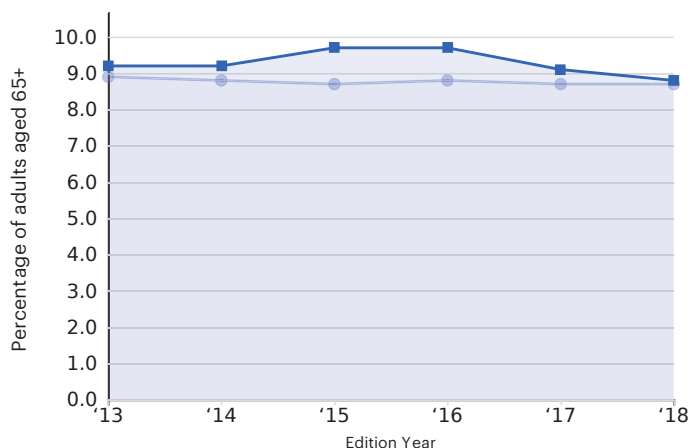
4: ARKANSAS



5: OKLAHOMA



Smoking - Seniors



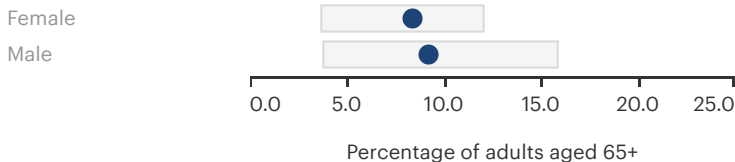
Percentage of adults aged 65 and older who are smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every or some days)

■ North Carolina ● United States

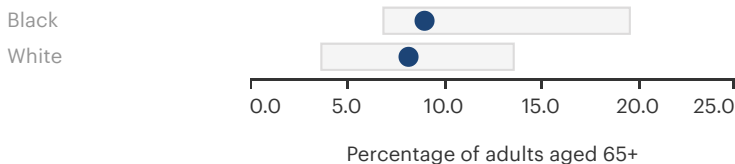
Smoking is the leading cause of preventable death in the United States. It is estimated that there are 4.2 million smokers aged 65 and older in the nation. Smoking damages nearly every organ in the body and causes diseases such as cataracts, respiratory disease, heart disease, stroke and cancer. It is also associated with accelerated cognitive decline, dementia and early cognitive impairment. Cessation, even in senior smokers, can have profound benefits on current health and long-term outcomes. For example, the risk of dying of lung cancer drops by half 10 years after cessation.



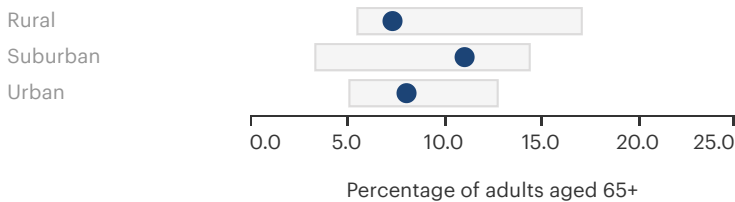
GENDER



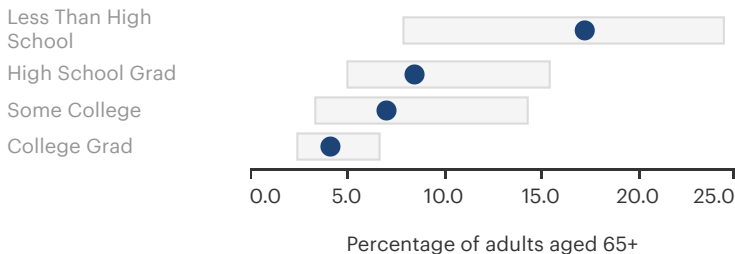
RACE/ETHNICITY



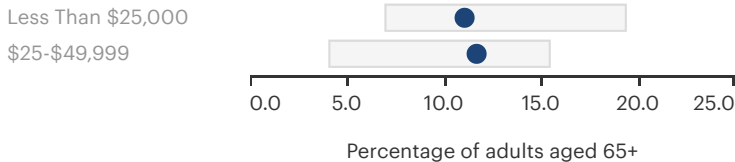
URBANICITY



EDUCATION

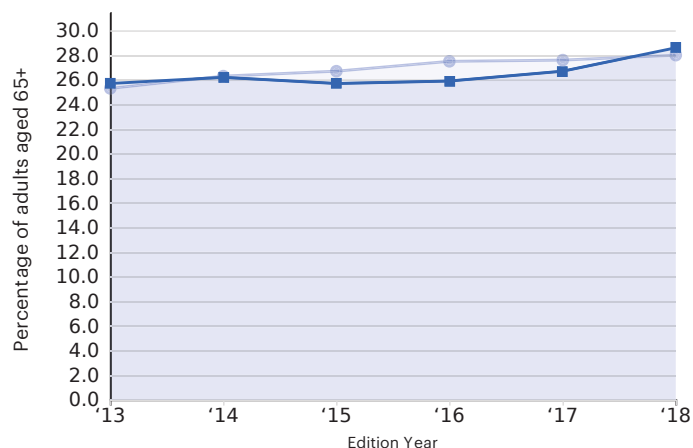


INCOME



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Race and ethnicity populations are as defined by the original source.

Obesity - Seniors



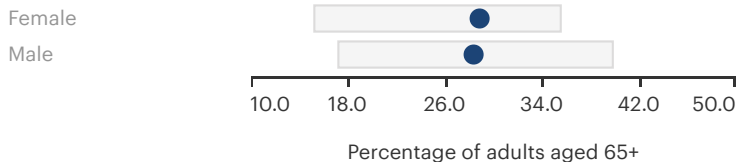
Percentage of adults aged 65 and older with a body mass index of 30.0 or higher based on reported height and weight

■ North Carolina ● United States

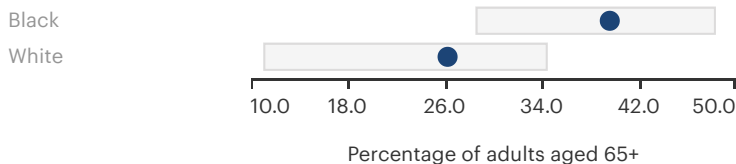
Obesity is the leading cause of preventable life-years lost among Americans — surpassing tobacco use, high blood pressure and high cholesterol. There is a stronger relationship between obesity and mortality risk among older age groups. Adults with obesity, compared with adults at a healthy weight, are at a higher risk of developing serious health conditions including cognitive decline, chronic conditions and certain cancers. Contributing factors for obesity include behaviors such as poor diet and physical inactivity, social and physical environments, genetics and medical history. Growing evidence illustrates the importance of the built environment and community design in promoting a healthy lifestyle.

Range of Values for all States NC Value

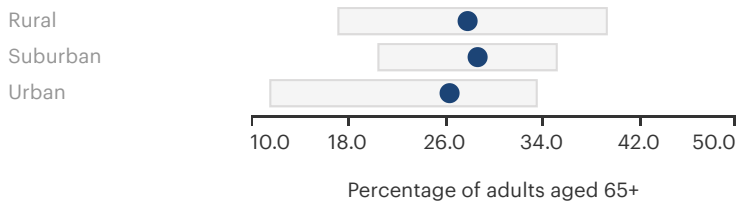
GENDER



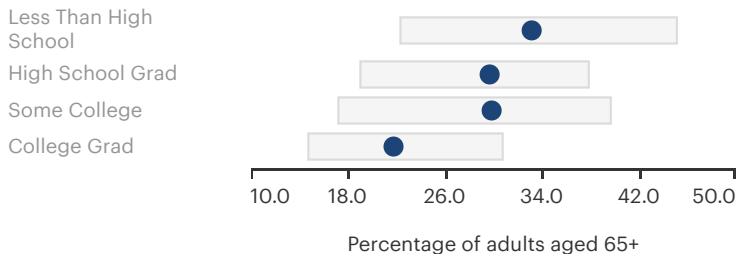
RACE/ETHNICITY



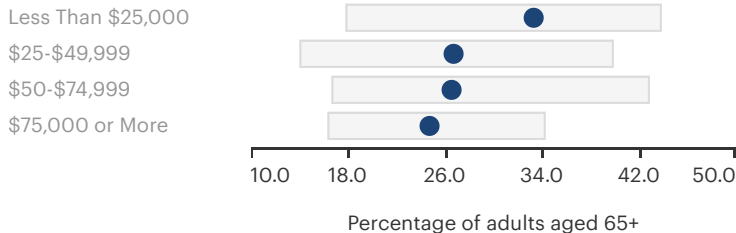
URBANICITY



EDUCATION



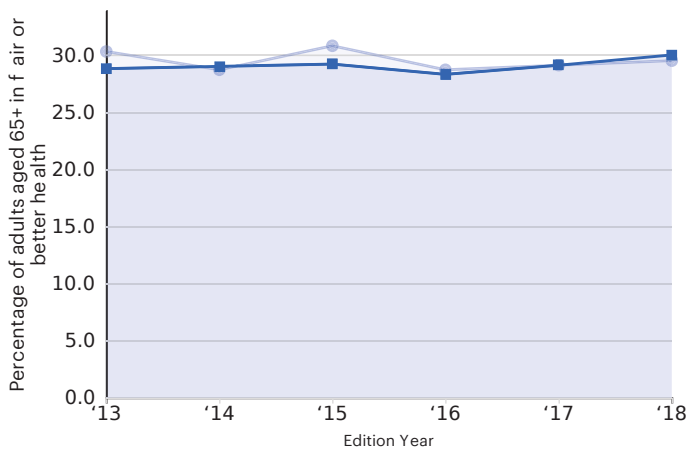
INCOME



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Physical Inactivity - Seniors



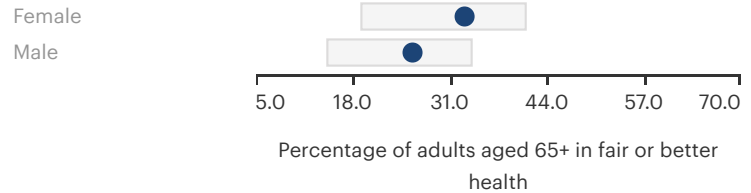
Percentage of adults aged 65 and older in fair or better health who reported doing no physical activity or exercise other than their regular job in the past 30 days

■ North Carolina ● United States

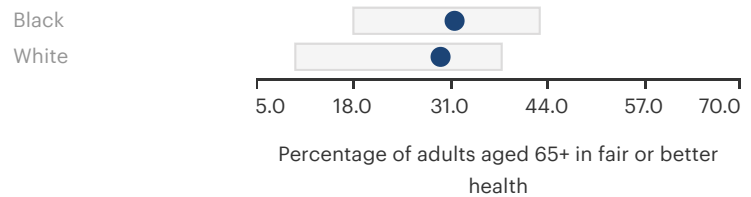
Physical activity is an integral part of healthy aging. The Centers for Disease Control and Prevention estimate that only 16 percent of adults aged 65 and older met aerobic and muscle-strengthening guidelines in 2011 — the lowest of any age group. Physical inactivity increases the risk of cardiovascular disease, cancer, diabetes, hypertension, obesity and premature death. Increasing physical activity, especially from an absence, prevents and helps manage numerous chronic diseases. Even moderate increases in physical activity can greatly reduce risk of adverse health outcomes. Growing evidence illustrates the importance of the built environment and community design to promote physical activity for seniors.



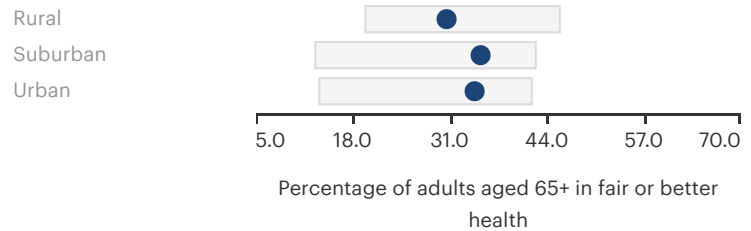
GENDER



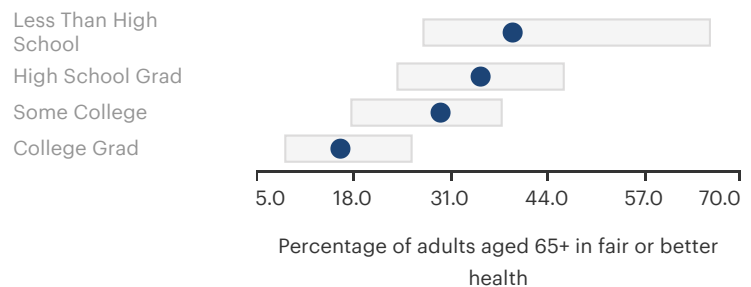
RACE/ETHNICITY



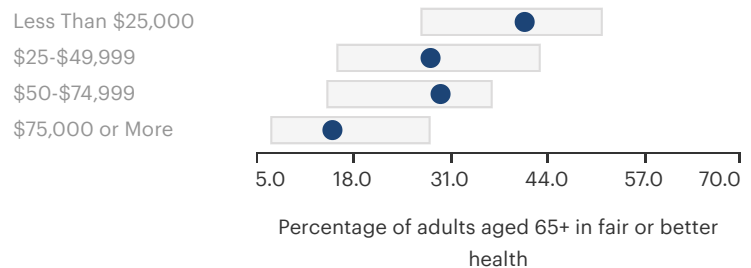
URBANICITY



EDUCATION



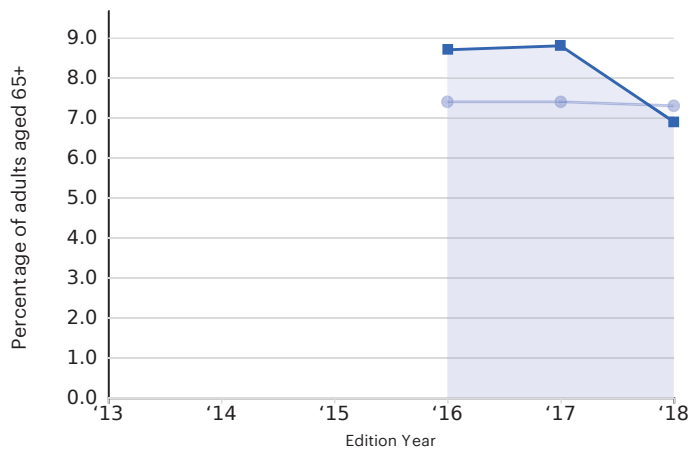
INCOME



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Frequent Mental Distress - Seniors



Percentage of adults aged 65 and older who reported their mental health was not good 14 or more days in the past 30 days

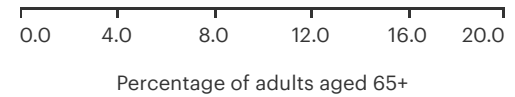
■ North Carolina ● United States

Frequent mental distress is characterized by 14 or more days of self-reported poor mental health in the past month and emphasizes the burden of severe mental health issues in a population. Older adults with FMD are more likely to engage in behaviors that contribute to poor health such as smoking, physical inactivity and poor diet. Activity limitations due to physical, mental or emotional problems, as well as avoidance of medical care due to cost are associated with frequent mental distress among older adults. Chronic and severe mental health episodes are treatable and may be preventable through simple, cost-effective and time-efficient screening procedures, early interventions and quality care.

Range of Values for all States NC Value

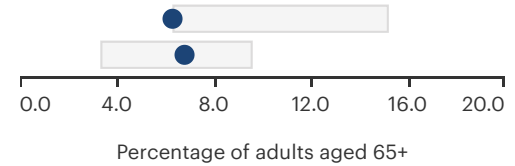
GENDER

Female
Male



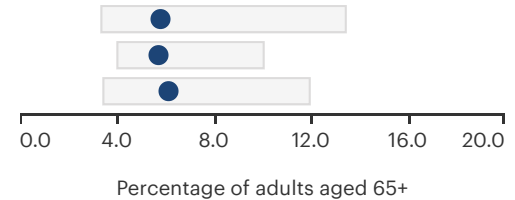
RACE/ETHNICITY

Black
White



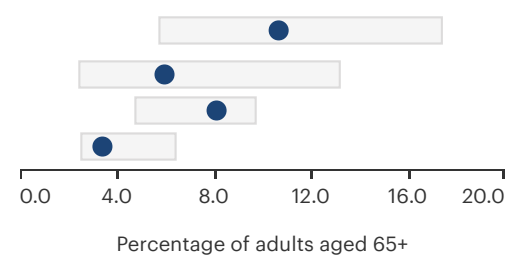
URBANICITY

Rural
Suburban
Urban



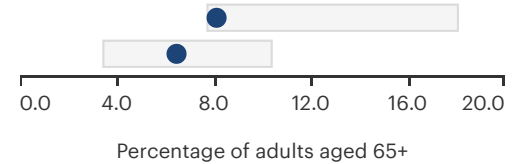
EDUCATION

Less Than High School
High School Grad
Some College
College Grad



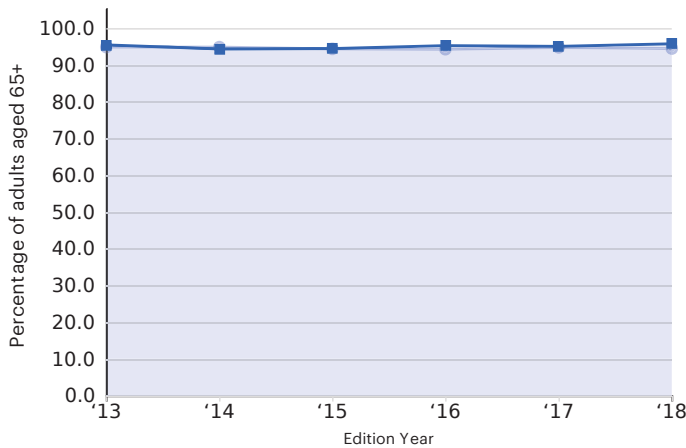
INCOME

Less Than \$25,000
\$25-\$49,999



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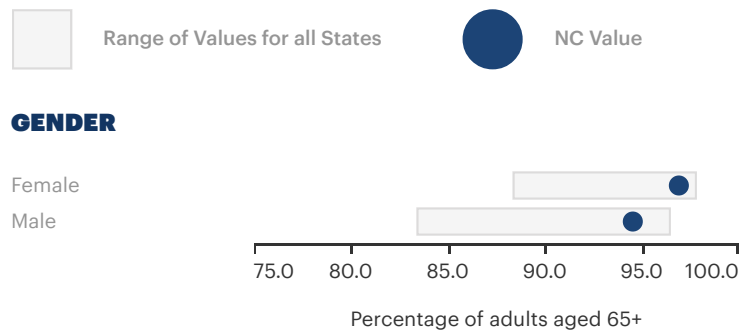
Dedicated Health Care Provider - Seniors



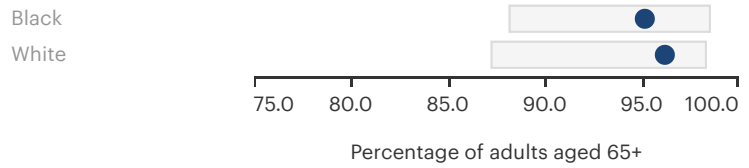
Percentage of adults aged 65 and older who reported having one or more people they think of as their personal doctor or health care provider

■ North Carolina ● United States

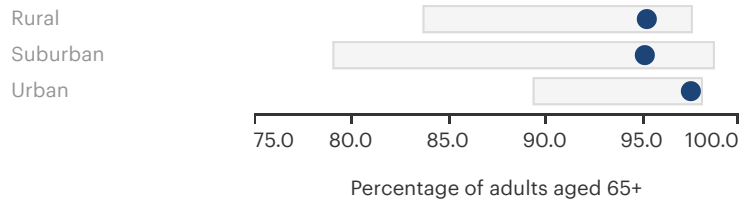
Seniors with a dedicated health care provider are better positioned to receive care that can prevent, detect and manage health conditions. Having a regular health care provider is associated with lower health care costs, and improvements in overall health status and chronic care management. Adults without a dedicated health care provider are more likely to visit the emergency department for non-urgent or avoidable problems. An estimated \$13.7 million was spent on emergency department services for adults aged 65 and older in 2013. Barriers to obtaining a dedicated health care provider include limited access, financial constraints, limited transportation and a lack of knowledge of available services and providers.



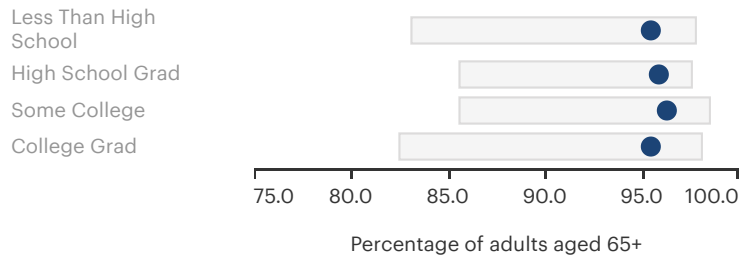
RACE/ETHNICITY



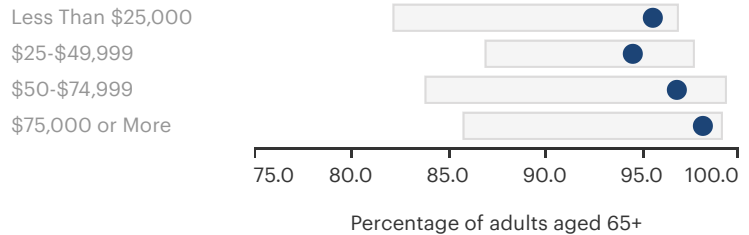
URBANICITY



EDUCATION



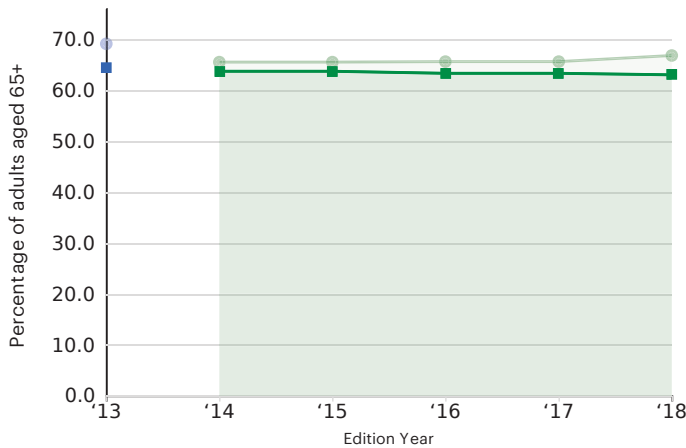
INCOME



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Dental Visit - Seniors

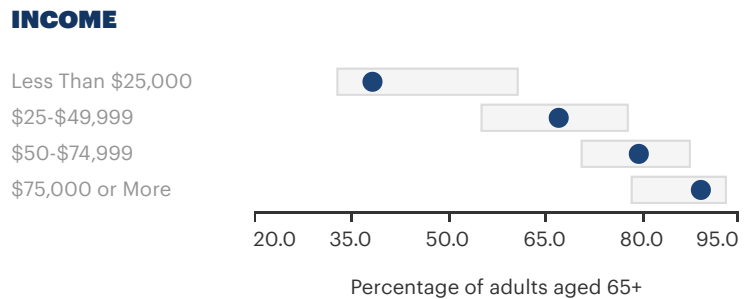
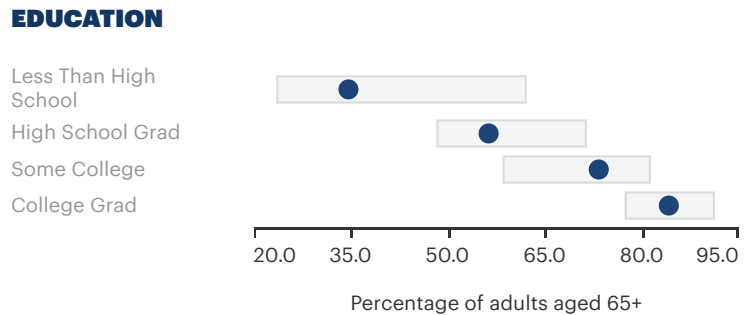
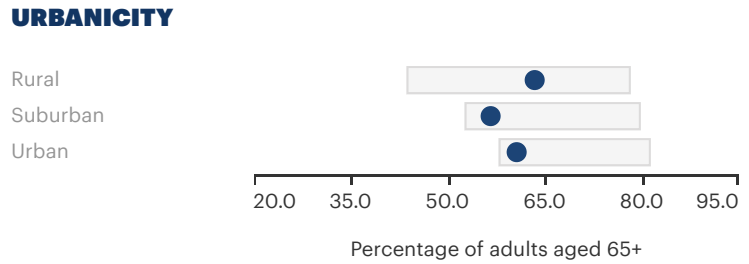
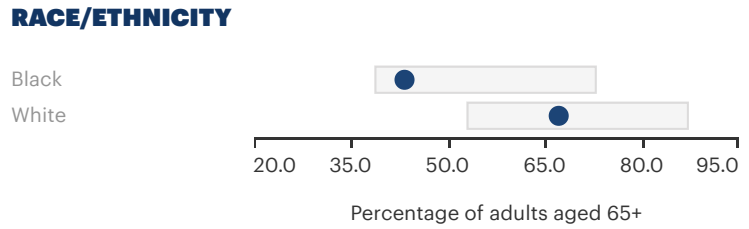
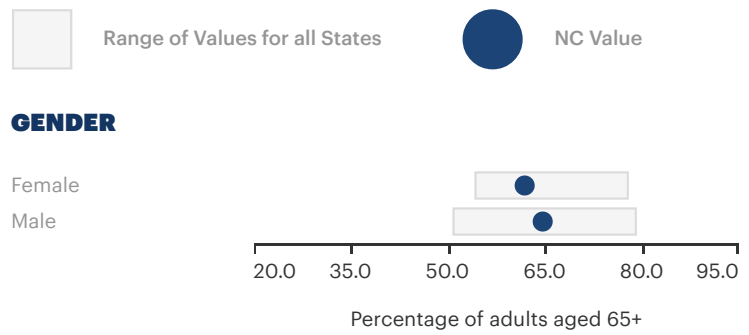


Percentage of adults aged 65 years and older who reported visiting the dentist or dental clinic within the past year (pre-2011 BRFSS methodology)

Percentage of adults aged 65 and older who reported visiting a dental health professional within the past year

■ North Carolina ● United States

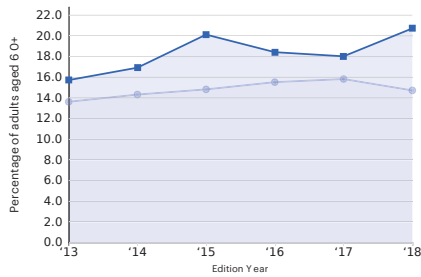
Oral health naturally declines with age, and problems arise if routine care is not maintained. Poor oral health can have a large impact on quality of life by negatively affecting the ability to chew, speak and interact socially, in addition to increasing the risk for certain diseases such as diabetes and oral cancer. Most individuals lose dental insurance coverage when they retire, and Medicare generally does not cover dental care. This means the majority of seniors pay out-of-pocket for most or all dental expenses, which impacts dental care use. Older adults who use preventive dental care may reduce their dental bills and out-of-pocket payments.



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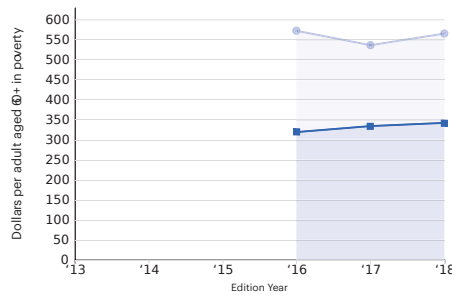
Trend: Food Insecurity - Seniors, North Carolina, United States



Percentage of adults aged 60 and older who faced the threat of hunger in the past 12 months

■ North Carolina
● United States

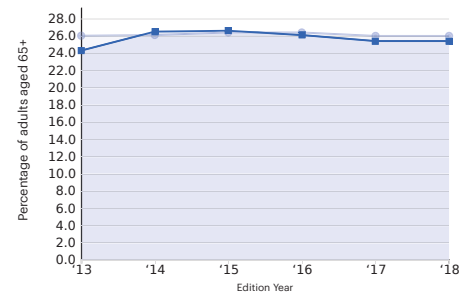
Trend: Community Support, North Carolina, United States



Expenditures captured by the Administration on Aging per adult aged 60 and older living in poverty

■ North Carolina ● United States

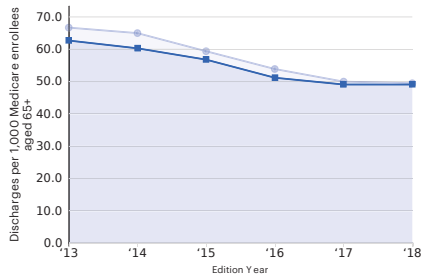
Trend: Volunteerism, North Carolina, United States



Percentage of adults aged 65 and older who reported volunteering in the past 12 months

■ North Carolina ● United States

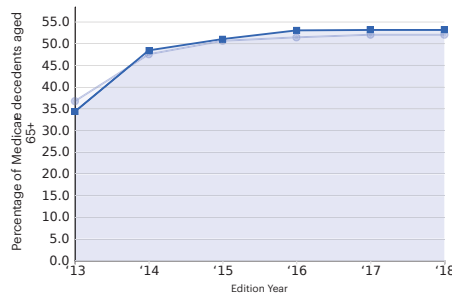
Trend: Preventable Hospitalizations - Seniors, North Carolina, United States



Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees aged 65 and older

■ North Carolina
● United States

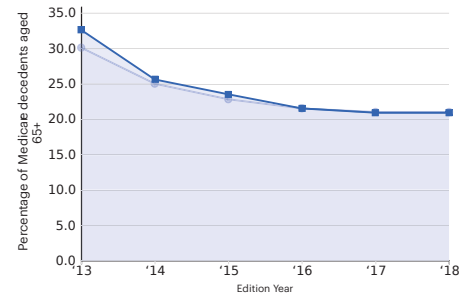
Trend: Hospice Care, North Carolina, United States



Percentage of Medicare decedents aged 65 and older who were enrolled in hospice during the last six months of life after diagnosis of a condition with a high probability of death

■ North Carolina ● United States

Trend: Hospital Deaths, North Carolina, United States



Percentage of deaths occurring in a hospital among chronically ill Medicare decedents aged 65 and older

■ North Carolina ● United States