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University's Sanford Center for Aging issues report on Nevada seniors *State lacking in physicians and nurses*

RENO, Nev. – Nevada elders drink and smoke more than seniors nationally. They eat fewer fruits and vegetables. They are twice as prone to suicide. And, they live in one of the states most shorthanded in terms of health-care professionals.

These findings come from the latest edition of the state fact book on the health of older adults, [Elders Count Nevada, 2009](#). The 80-page report was prepared and published by the Sanford Center for Aging at the University of Nevada, Reno in collaboration with the Nevada Department of Health and Human Services, the state Health Division and the Division for Aging Services.

Because of its rapid growth, Nevada is at the leading edge of the so-called "aging tsunami," the demographic wave carrying 78 million baby boomers into their retirement years. As Nevada's overall population boomed between 2000 and 2007, the state's population of people 65 and older grew almost four times faster than the national average.

This second edition of *Elders Count Nevada* tells much the same story as the first, published in 2007: Old or young, many Nevadans don't practice the healthiest of living habits, and Nevada trails almost every other state in terms of its supply of medical and health-care professionals. As the report details, only four states (Kansas, Oklahoma, Idaho and Mississippi) have fewer active physicians per capita, and only one (Arizona) has fewer nurses. Nevada ranks last in terms of dentists and medical students per capita, and it has fewer than half the national rate of nursing-home beds per capita.

"The difference from two years ago is that we have more elders now than ever. Our deficiencies in health-care resources remain. In some ways they're worse," said Lawrence J. Weiss, director of the Sanford Center for Aging and one of the authors of the report. "This publication provides the facts necessary to decide how to deal with these problems."

According to the report, the roughly 300,000 Nevadans 65 and older are similar to seniors elsewhere in some respects, including life expectancy (about 76 years). However, there are noteworthy differences:

Suicide. Nevada's elder-suicide rate (35.4 per 100,000 population) is more than double the national rate. Isolation in rural parts of the state and the widespread possession of firearms (the most common means of suicide) are believed to be contributors.

Obesity. A smaller share of Nevada elders meet the definition of "obese" than is the case nationally (18 percent vs. 23 percent). But, Nevada is above the national average in the lower category, "overweight" (43 percent vs. 41 percent), plus the trend is discouraging. In 1995, 13 percent of Nevada adults of all ages were obese. By 2007, the rate had grown to 25 percent.

Smoking. In 2007, 18 percent of Nevadans 65 and older smoked, double the national rate. But, things are looking up. Although about one in four Nevada seniors smoked *daily* in 1996, 10 years later that rate had been halved, to 12 percent. Unfortunately, that's still one-third higher than the national daily smoking rate for seniors of 9 percent.

Heavy drinking. Almost twice as many Nevada seniors drink heavily than is the case nationally (4.9 percent vs. 2.9 percent). Heavy drinking is defined as men who have more than two drinks per day and women who have more than one. Unlike obesity, smoking and generally bad health, heavy drinking was found to be more common among college-educated seniors than seniors with less education.

Volunteerism. A survey taken between 2005 and 2007 labeled Nevada as the state with the lowest overall volunteerism rate, 18 percent. The rate for 65- to 74-year-olds in Nevada was 16 percent compared with 27 percent for the same cohort nationally.

Wealth. Nevada seniors rank fifth highest in average household income (\$38,993), trailing only Hawaii, Maryland, Alaska and the District of Columbia. However, the wealthiest one-fifth of Nevada seniors has 19 times as much income as the lowest-income one-fifth (\$97,000 vs. \$5,000). There's also a huge white-black gap. In 2005, white seniors in Nevada had an average net worth of \$226,900 versus \$37,800 for black seniors.

Healthy eating. The Centers for Disease Control and Prevention recommends eating five servings of fruits and vegetables every day. In 2007, 22 percent of Nevada's seniors said they met that standard. The rate was 29% percent nationwide.

Along with statistics, *Elders Count Nevada 2009* offers a set of policy recommendations to the state, including expansion of several relatively low-cost programs for seniors that are partially funded or operated by state agencies and the Sanford Center for Aging. One example is the Medication Therapy Management program, which analyzes seniors' drug and vitamin/supplement regimens to check for potentially dangerous interactions and duplications. Adverse reactions to medications are believed to be the fifth-leading cause of death in the United States. Almost one in three hospitalizations of elders is due to preventable medication-related errors.

The entire *Elders Count Nevada 2009* report can be read or downloaded online at <http://www.unr.edu/sanford/documents/EldersCountReport09.pdf>. To request a printed copy, call the Sanford Center for Aging at 775-784-4774.

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Nevada's land-grant university founded in 1874, the University of Nevada, Reno has an enrollment of nearly 17,000 students. The University is home to one the country's largest study-abroad programs and the state's medical school, and offers outreach and education programs in all Nevada counties. For more information, visit www.unr.edu.



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