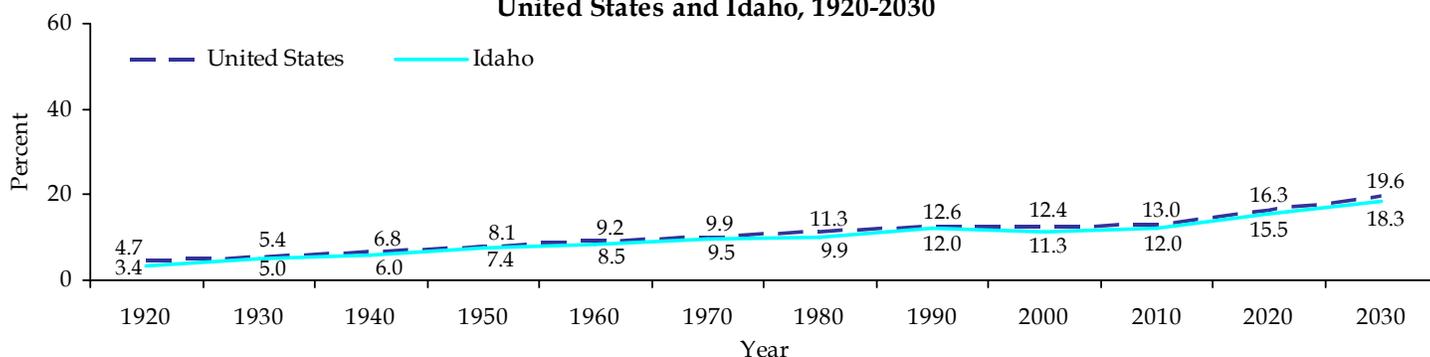


SENIOR HEALTH: CHRONIC DISEASES & CONDITIONS

The U.S. population is aging and life expectancy is at a record high. U.S. life expectancy has increased from 47.3 years in 1900 to 77.6 years in 2003.² This significant increase is largely due to the reduction of mortality at older ages.² Not only are more Americans living longer, but the proportion of adults aged 65 and older is growing rapidly. An 18 percent increase of the total U.S. population is anticipated between 2010 and 2030, but a 78 percent increase of the senior population is expected in the same timespan.² In the next twenty-five years, the baby boomer generation will have reached age 65, and the number of American seniors is expected to account for almost 20 percent of the U.S. population.¹

Idaho's life expectancy and projected population growth of this age category are similar to that of the U.S. Idaho's life expectancy in 2004 was 79.0 years. Between 2010 and 2030, projections indicate a 30 percent increase of Idaho's total population, but a 99 percent increase of the senior population. The 2000 Census indicated that Idaho's senior population was about 146,000 or 11.3 percent of the state's population. By 2030, Idaho's senior population is expected to reach 361,000 or over 18 percent of the state's population

**Percent of Population Aged 65 and Older of the Total Population
United States and Idaho, 1920-2030**



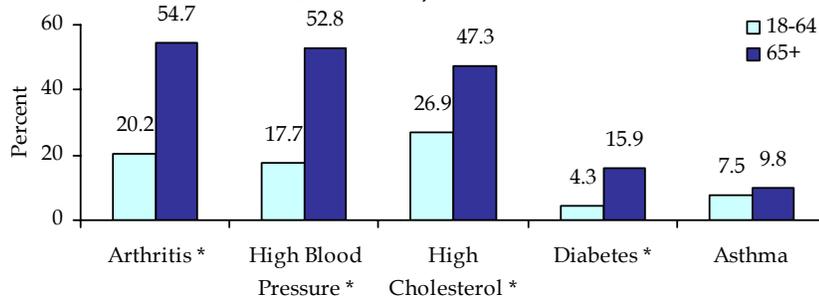
WHY IS SENIOR HEALTH AN EMERGING ISSUE?

The rapid growth of the senior population carries with it societal implications that present unique challenges for social services and the health care community, among others. As the baby boomer generation advances into retirement, Social Security, Medicare, and retirement benefits may need to be modified to meet the health needs of aging individuals. Although current seniors have better health than those 100 years ago, the prevalence of chronic diseases and conditions is increasing.² Chronic diseases are the most common and often most preventable conditions that aging people face. The pain, illness, disability, and death resulting from chronic diseases can be managed or avoided by changing unhealthy behaviors. The adoption of a healthy lifestyle including regular physical activity, a well balanced diet, and the avoidance of tobacco products, among other practices, will greatly reduce a person's risk for most chronic diseases and increase a person's quality of life.¹

HOW MANY SENIORS HAVE A CHRONIC DISEASE OR CONDITION?

Obvious disparities in chronic disease prevalence exist between seniors and younger adults. The BRFSS measures the prevalence of several chronic conditions and diseases including arthritis, high blood pressure, high cholesterol, diabetes and asthma. In 2003, 84.9 percent of Idaho seniors reported having at least one of the measured chronic conditions. Seniors were significantly more likely to report having at least one measured chronic condition than those aged 18 to 64 (84.9 percent compared with 43.2 percent respectively). Of the five measured chronic conditions, the most common among seniors was arthritis at 54.7 percent and the least common was asthma at 9.8 percent.

Percent of Idaho Adults With Selected Chronic Conditions, 2003 and 2004

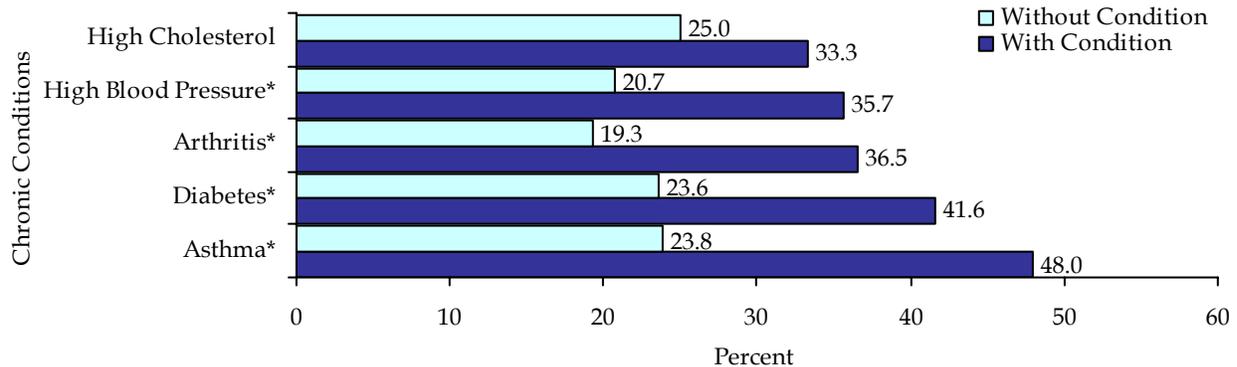


* Indicates statistically significant difference between age groups.
Note: 2003 data provided for questions not asked in 2004. Arthritis, high cholesterol, and high blood pressure prevalence questions were not asked in 2004.

HOW ARE CHRONIC DISEASES & CONDITIONS AFFECTING SENIORS?

In 2003, almost one-in-three (31.0 percent) Idaho seniors with one or more of the measured chronic conditions (i.e., arthritis, high blood pressure, high cholesterol, diabetes, asthma) reported their general health as "fair" or "poor". Those with high blood pressure, arthritis, diabetes, or asthma had significantly higher reports of "fair" or "poor" general health than those without the conditions.

Percent of Idaho Adults Aged 65 and Older Who Reported Their General Health as "Fair" or "Poor" by Selected Chronic Conditions 2003 and 2004

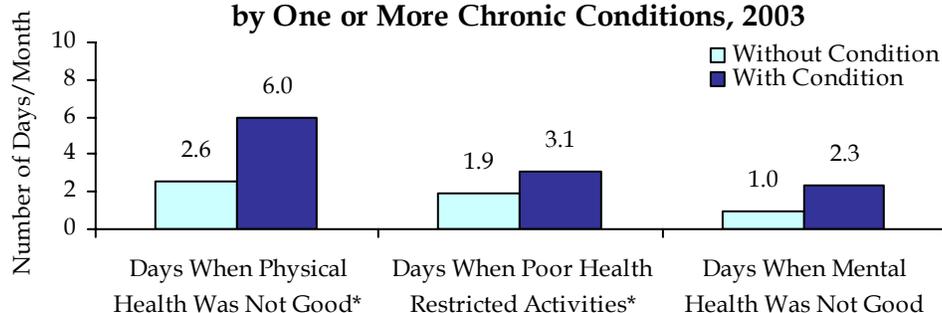


* Indicates statistically significant difference between those with and without chronic condition.

Note: 2003 data provided for questions not asked in 2004. Arthritis, high cholesterol, and high blood pressure prevalence questions were not asked in 2004.

Chronic conditions appear to be adversely affecting Idaho seniors' quality of life. On average, Idaho seniors reporting at least one of the measured chronic conditions had a significantly higher number of days in the past month when physical health was not good (6.0 days compared with 2.6 days). Similarly, seniors with at least one measured chronic condition reported significantly more days in the past month when poor physical or mental health inhibited usual activities such as self-care, work, or recreation (3.1 days compared with 1.9 days).

Average Number of Unhealthy Days in the Past Month Among Idaho Adults Aged 65 and Older by One or More Chronic Conditions, 2003



* Indicates statistically significant difference between those with and without a chronic condition.

References:

1. Merck Institute of Aging and Health, Centers for Disease Control and Prevention, *The State of Aging and Health in America*, November 2004.
2. Wan He, Manisha Segupta, Victoria A. Velkoff, and Kimberly A. DeBarros, U.S. Census Bureau, "65+ in the United States: 2005," *Current Population Reports*, P23-209, U.S. Government Printing Office, Washington, D.C., 2005.
3. United States Census Bureau, 1920-2000 (population projections for years 2010, 2020, and 2030 are based on 2000 census).