



# **SENIOR HEALTH REPORT**

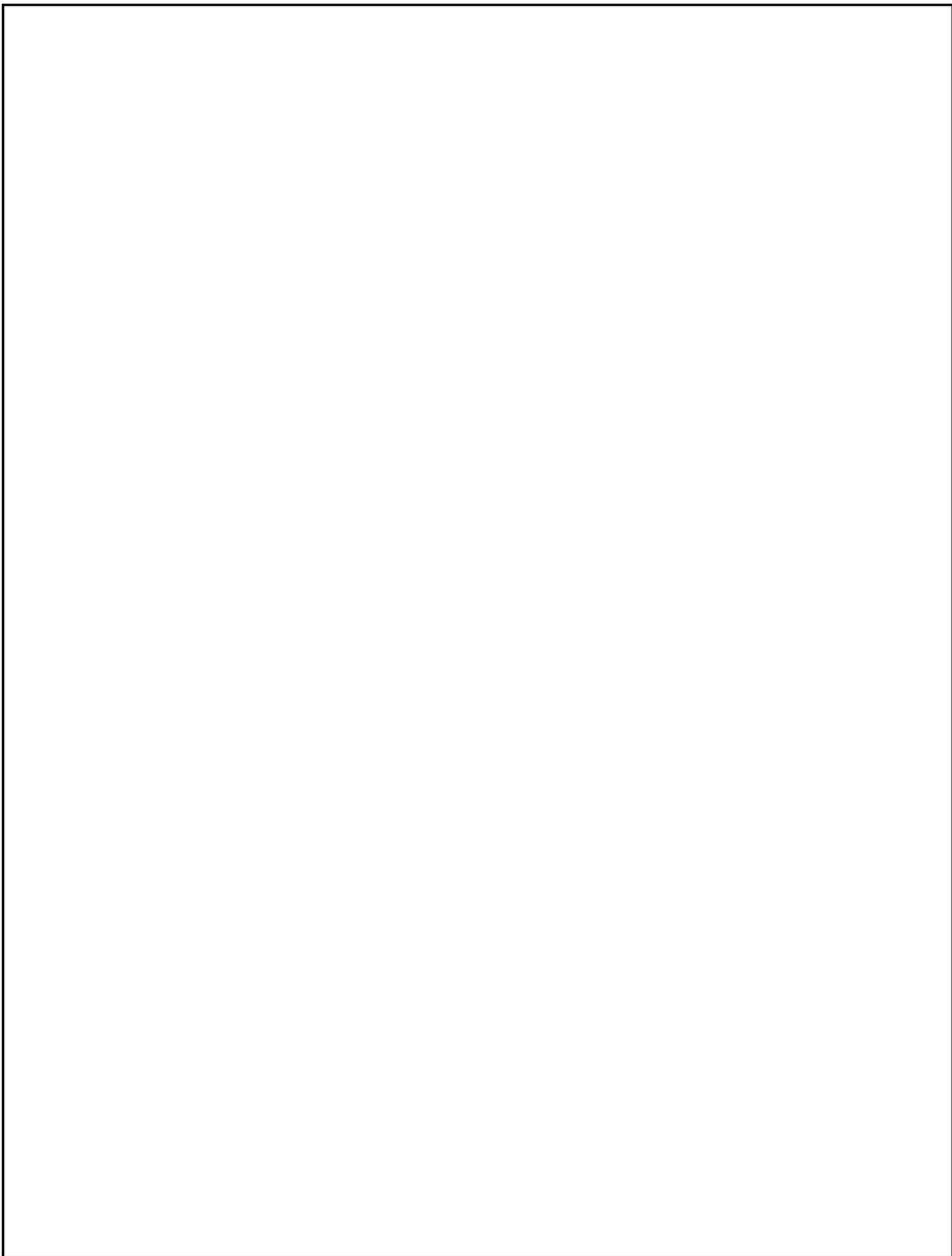
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**Idaho Department of Health and Welfare  
Bureau of Health Policy and Vital Statistics**

**May 2006**



Analysis from the  
Behavioral Risk Factor Surveillance System





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### ACKNOWLEDGMENTS

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The Idaho Department of Health and Welfare would like to thank the citizens of Idaho who have participated in the Behavioral Risk Factor Surveillance System.

For more details on this project or any of the survey results, please contact the Bureau of Health Policy and Vital Statistics at (208) 334-5977.

### SUGGESTED CITATION

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# SENIOR HEALTH REPORT

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## INTRODUCTION

The U.S. population is aging and life expectancy is at a record high. Not only are more Americans living longer, but the number of adults aged 65 and older is increasing rapidly. In the next twenty-five years, the last of the baby boomer generation will have reached age 65, and the number of American seniors is expected to account for 20 percent of the U.S. population.<sup>1</sup> Idaho's projected population growth of this age category is just as impressive. By 2030, Idaho's senior population is expected to reach 361,000 or 18 percent of the state's population.

The increasing senior population presents unique challenges for the health care community. Increased demands are being placed on medical care facilities, health care providers, social services, and the public health system due to the number of older adults burdened with chronic diseases and degenerative illnesses. Because of the increasing prevalence of chronic diseases, many older Americans are accumulating high health care costs, managing multiple medications, and requiring long-term care. The risk of disease and disability clearly increases with age. However, poor health is not an unavoidable result of aging.<sup>1</sup>

The pain, illness, disability, and death resulting from chronic disease are often preventable. 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. Another critical aspect of maintaining and extending good health is taking advantage of preventive healthcare. Recommended screenings for colorectal, breast, cervical, and prostate cancers provide early detection and greatly increases an individual's chance of survival. The coupling of health-promoting practices and preventive behaviors ensures the future that older adults are looking forward to is a healthy future.<sup>1</sup>

## PURPOSE

The Senior Health Report is the first of its kind to be published in Idaho by the Bureau of Health Policy and Vital Statistics. The purpose of this report is to provide a "snapshot" of Idaho's older population and their health. Data relating to older adults' health status, health behaviors, health coverage, oral health, preventive care, screenings, and disabilities is presented. It provides state-specific estimates of the proportion of adults aged 65 and older reporting on various health risk indicators.

The Senior Health Report is intended for a variety of audiences—the general public, educators, public policy makers, and the health care community. The goal of this report is to provide accurate information about the health and health practices of Idaho's senior population in an effort to aid in planning, initiating, and developing targeted education and intervention, tracking progress toward achieving health objectives, and improving the health of the public.<sup>12</sup>

### **METHODOLOGY**

The Senior Health Report was compiled from and modeled after Idaho's Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an ongoing surveillance program developed and partially funded by the Centers for Disease Control and Prevention (CDC). It is designed to estimate the prevalence of risk factors for the major causes of morbidity and mortality in the United States. The BRFSS is unique in providing data that enable state health policy makers assess their own states' needs and determine progress toward goals. Results from the BRFSS have been used to support risk reduction and disease prevention activities by directing program planning, assessing trends, and targeting relevant population groups.

The BRFSS is conducted as a random telephone survey of the non-institutionalized adult population. The survey is administered in every month of the calendar year. After annual data collection is complete, individual responses are weighted to be representative of the state's adult population and analysis is performed on the weighted data. Additional information regarding BRFSS methodology is available online at <http://www.cdc.gov/brfss>.

Idaho used SUDAAN® software for statistical testing and calculation of standard errors. This software takes into account the complex sampling design methodology of the BRFSS. Idaho used SAS® software for data manipulation and risk factor creation. The formula for confidence interval calculation is as follows: Confidence Interval = Prevalence Estimate +/- (1.96 \* Standard Error). All "don't know," "not sure," and "refused" responses have been excluded from the analysis.

### **REPORTING**

Throughout this report, the phrase "senior" is commonly used to refer to the population aged 65 and older. When this term is used, please assume that it is referring to adults aged 65 and older unless otherwise stated.

The term "older adult age categories" is used when comparing groups of adults aged 50 and older. The age groups consist of adults aged 50 to 64, adults aged 65 to 74, and adults aged 75 and older. These categories are meant for comparison purposes on the

spectrum of aging adults in Idaho. The subsequent data provides insight into how health risk factors change with advancing age.

Prevalence estimates based on denominators with fewer than 50 respondents have been suppressed and are indicated in the data tables with an asterisk (\*). The BRFSS has adopted this standard to maintain a high degree of reliability. Differences between estimates are reported throughout the document. Any difference determined to be statistically significantly different through statistical testing was designated as such and will be preceded by the words "significantly" or "statistically."

### DATA LIMITATIONS

Errors in estimation are a result of BRFSS data being self-reported and certain behaviors possibly being underreported (Centers for Disease Control and Prevention, 2004). Another source of error is based on sampling. Each sample drawn will deviate somewhat from the population. Additional possible errors may occur due to the population from which the sample is drawn. Ideally, all adults aged 18 and older would be potential respondents for the survey. However, in order to be cost effective, the sample is limited to adults aged 18 and older who are non-institutionalized, live in a household with a landline telephone, and can communicate in English. This excludes people in prisons and dormitories, non-English speakers, those with only cellular telephones, and others who cannot communicate by telephone. Telephone coverage varies by subpopulation. The Federal Communications Commission research suggests that minorities and the poor are less likely to have a telephone in the home than are non-minorities and the affluent (Federal Communications Commission, 2003). An estimated 95.7 percent of all households in Idaho have telephone service. Data on telephone coverage in U.S. households are available at <http://factfinder.census.gov>.





# DEMOGRAPHIC PROFILE

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## DEMOGRAPHIC SUMMARY OF IDAHO ADULTS AGED 65 AND OLDER, 2004

	Statewide			
	%	95% CI		Idaho*
<b><u>Sex</u></b>				
Male	44.4	40.8	48.1	68,000
Female	55.6	51.9	59.3	85,000
<b><u>Age</u></b>				
65-74	51.3	47.6	54.9	78,000
75+	48.8	45.1	52.4	74,000
<b><u>Sex &amp; Age</u></b>				
Male				
65-74	55.1	49.1	61.1	37,000
75+	44.9	38.9	50.9	30,000
Female				
65-74	48.2	43.7	52.6	41,000
75+	51.8	47.4	56.3	44,000
<b><u>Employment</u></b>				
Employed	7.2	5.4	9.1	11,000
Self-employed	4.8	3.1	6.4	7,000
Unemployed	0.8	0.3	1.2	1,000
Homemaker	10.4	8.3	12.4	16,000
Student	0.3	0.0	0.6	<1,000
Retired	73.4	70.3	76.5	111,000
Unable to Work	3.2	2.0	4.4	5,000

	Statewide			
	%	95% CI		Idaho*
<b><u>Income</u></b>				
< \$15,000	15.2	12.7	17.6	19,000
\$15,000 - \$24,999	32.8	29.0	36.6	40,000
\$25,000 - \$34,999	18.8	15.7	21.8	23,000
\$35,000 - \$49,999	16.9	13.6	20.1	21,000
\$50,000+	16.4	13.3	19.6	20,000
<b><u>Marital Status</u></b>				
Married	63.6	60.3	67.0	97,000
Divorced	6.7	5.3	8.2	10,000
Widowed	27.6	24.6	30.7	42,000
Separated	0.4	0.1	0.7	<1,000
Never Married	1.3	0.5	2.1	2,000
Unmarried Couple	0.3	0.0	0.7	<1,000
<b><u>Education</u></b>				
K-11 <sup>th</sup> Grade	12.8	10.4	15.2	19,000
12 <sup>th</sup> Grade or GED	37.5	34.0	41.0	57,000
Some College	26.8	23.6	29.9	41,000
College Graduate+	23.0	19.8	26.2	35,000
<b><u>Veteran Status</u></b>				
Male	72.1	67.0	77.2	49,000
Female	1.4	0.4	2.3	1,000

\*Rounded population estimates are provided for those who responded.

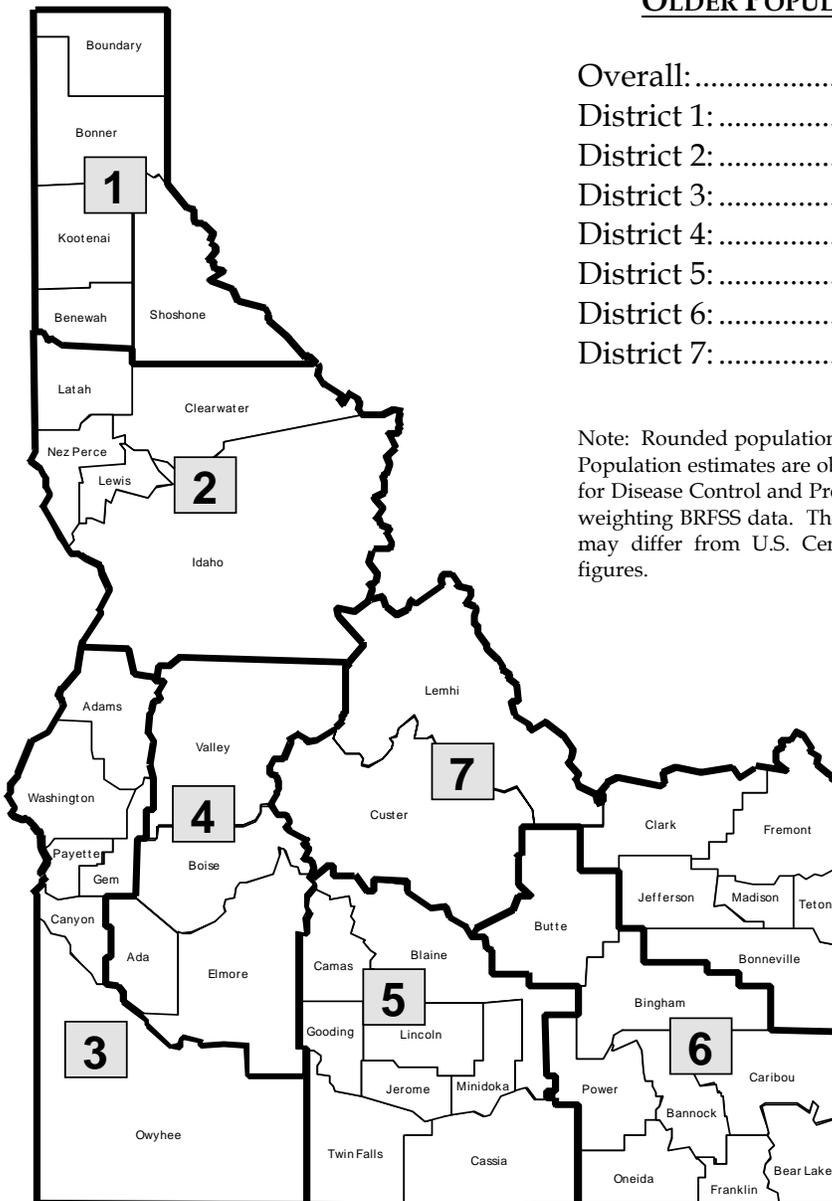
Note: Population estimates are obtained from the Centers for Disease Control and Prevention and are used in weighting BRFSS data. These population estimates may differ from U.S. Census Bureau population figures.

Note: Group totals for demographic categories may not total 100 percent due to rounding.

## DEMOGRAPHIC DISTRIBUTION: IDAHO PUBLIC HEALTH DISTRICTS

Idaho is divided into seven public health districts, with each of the districts containing four to eight counties. The seven health districts are independent agencies governed by a local board appointed by the county commissioners within the district.

### IDAHO ADULTS AGED 65 AND OLDER POPULATION, 2004



Overall:.....	153,000
District 1:.....	25,000
District 2:.....	14,000
District 3:.....	25,000
District 4:.....	34,000
District 5:.....	21,000
District 6:.....	17,000
District 7:.....	17,000

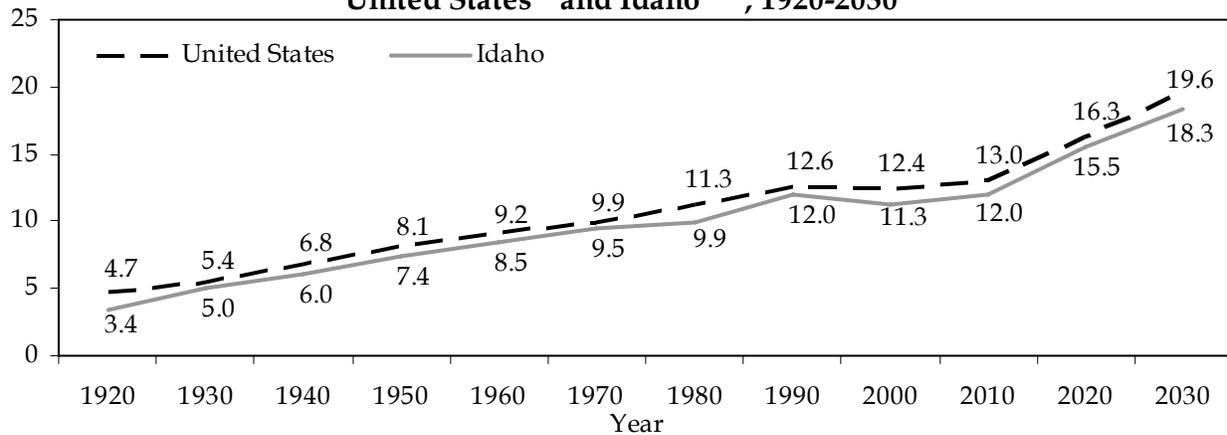
Note: Rounded population estimates are provided. Population estimates are obtained from the Centers for Disease Control and Prevention and are used in weighting BRFSS data. These population estimates may differ from U.S. Census Bureau population figures.

## SENIOR POPULATION: PAST, PRESENT, & FUTURE

The graph below illustrates the dramatic growth of the senior population in the United States and Idaho since 1920. In 1920, the number of U.S. seniors was about 4.9 million and they accounted for 4.7 percent of the total population. By 2000, the number of U.S. seniors grew to approximately 35.0 million and they accounted for 12.4 percent of the total population. According to population projections, 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.<sup>13</sup>

In Idaho, the senior population totaled about 15,000 and accounted for 3.4 percent of the population in 1920.<sup>14</sup> In 2000, that number increased to about 146,000 and accounted for 11.3 percent of the population.<sup>19</sup> Population projections indicate that Idaho is expecting a 30 percent increase in the total population, but a 99 percent increase in the senior population between 2010 and 2030.<sup>19</sup>

**Percent of Population Aged 65 and Older of the Total Population  
United States<sup>13</sup> and Idaho<sup>14-19</sup>, 1920-2030**



## LIFE EXPECTANCY

### Life Expectancy at Birth Idaho Public Health District, 2004

Residence	Average Number of Years of Life Remaining From Birth		
	Total	Male	Female
<b>Idaho</b>	79.0	76.6	81.4
<b>District 1</b>	78.6	76.0	81.3
<b>District 2</b>	79.2	76.7	81.9
<b>District 3</b>	78.5	75.9	81.1
<b>District 4</b>	79.8	77.6	81.8
<b>District 5</b>	78.9	76.3	81.8
<b>District 6</b>	78.0	75.5	80.6
<b>District 7</b>	78.9	77.0	80.7

In 2004, average life expectancy for Idaho residents at the time of birth was 79.0 years. Typically, females have a higher life expectancy than males.<sup>13</sup> Life expectancy for Idaho females was 81.4 years while Idaho males' life expectancy was 76.6 years.

Life expectancy in Idaho's Public Health Districts ranged from 78.0 years in District 6 to 79.8 years in District 4.

Source: Idaho Department of Health and Welfare, Bureau of Health Policy and Vital Statistics (April 2006).

## TEN LEADING CAUSES OF DEATH

### Ten Leading Causes of Death to Idaho Residents, 2004

Rank	Age Categories	
	18-64	65+
1.	Malignant neoplasms	Diseases of heart
2.	Diseases of heart	Malignant neoplasms
3.	Accidents	Cerebrovascular diseases
4.	Intentional self-harm (suicide)	Chronic lower respiratory diseases
5.	Diabetes mellitus	Alzheimer's disease
6.	Chronic liver disease and cirrhosis	Diabetes mellitus
7.	Cerebrovascular diseases	Influenza and pneumonia
8.	Chronic lower respiratory diseases	Accidents
9.	Assault (homicide)	Parkinson's disease
10.	Influenza and pneumonia	Nephritis, nephrotic syndrome, and nephrosis

Note: Ranking of causes of death by age category is based upon number of deaths in a specified age group per 100,000 population in the corresponding age group (death rate).

Source: Idaho Department of Health and Welfare, Bureau of Health Policy and Vital Statistics (April 2006).

### Ten Leading Causes of Death to Idaho Residents Aged 50 and Older, 2004

Rank	Older Adult Age Categories		
	50-64	65-74	75+
1.	Malignant neoplasms	Malignant neoplasms	Diseases of heart
2.	Diseases of heart	Diseases of heart	Malignant neoplasms
3.	Accidents	Chronic lower respiratory diseases	Cerebrovascular diseases
4.	Chronic lower respiratory diseases	Cerebrovascular diseases	Chronic lower respiratory diseases
5.	Cerebrovascular diseases	Diabetes mellitus	Alzheimer's disease
6.	Diabetes mellitus	Accidents	Diabetes mellitus
7.	Intentional self-harm (suicide)	Chronic liver disease and cirrhosis	Influenza and pneumonia
8.	Chronic liver disease and cirrhosis	Influenza and pneumonia	Accidents
9.	In situ, benign, and uncertain neoplasms	In situ, benign, and uncertain neoplasms	Parkinson's disease
10.	Influenza and pneumonia <sup>1</sup> Viral Hepatitis <sup>1</sup>	Intentional self-harm (suicide) <sup>2</sup> Nephritis, nephrotic syndrome, and nephrosis <sup>2</sup>	Nephritis, nephrotic syndrome, and nephrosis

1. Influenza and pneumonia and Viral Hepatitis were tied for the tenth leading cause of death to Idaho residents aged 50 to 64.

2. Intentional self-harm (suicide) and Nephritis, nephrotic syndrome, and nephrosis were tied for the tenth leading cause of death to Idaho residents aged 65 to 74.

Note: Ranking of causes of death by age category is based upon number of deaths in a specified age group per 100,000 population in the corresponding age group (death rate).

Source: Idaho Department of Health and Welfare, Bureau of Health Policy and Vital Statistics (April 2006).

Note: Please see Appendix B: Vital Statistics Tables for complete leading cause of death tables including number of deaths and cause-specific rates for corresponding age groups.





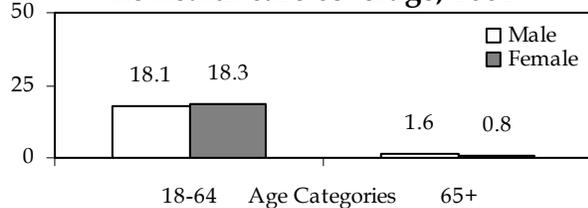
**GENERAL HEALTH & HEALTH CARE**

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## NO HEALTH CARE COVERAGE

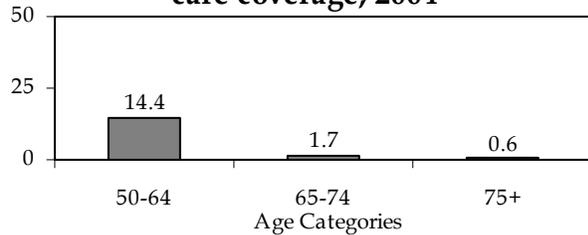
IDAHO ADULTS WHO HAD NO HEALTH CARE COVERAGE, 2004

**Percent of Idaho adults who had no health care coverage, 2004**



▪ In 2004, 1.2 percent of Idaho seniors were without health care coverage. Senior men and women were not significantly different in not having health care coverage. Seniors were significantly less likely to be without health care coverage than adults aged 18 to 64 (1.2 percent compared with 18.2 percent).

**Percent of Idaho adults aged 50 and older who had no health care coverage, 2004**



▪ The percentage of older adults without health care coverage decreased as age increased. Adults aged 50 to 64 were significantly more likely to not have health care coverage than those aged 75 and older (14.4 percent compared with 0.6 percent).

## TYPE OF HEALTH CARE COVERAGE

TYPE OF HEALTH CARE COVERAGE USED TO PAY FOR MAJORITY OF MEDICAL CARE, 2004

**Percent of health care coverage types used by Idaho adults, 2004**

Health Care Coverage	Idaho Adults		Older Adult Age Categories		
	18-64	65+	50-64	65-74	75+
Your employer	51.4	6.0	49.9	7.9	3.9
Someone else's employer	22.3	3.8	20.3	5.3	2.3
Independently purchased plan	12.3	7.4	15.0	7.2	7.7
Medicare	2.6	72.7	4.5	69.6	76.0
Medicaid or Medical Assistance	3.5	2.5	1.8	2.9	2.2
Military, CHAMPUS, Tricare, VA	4.2	5.4	4.8	4.6	6.3
Indian Health Service	0.3	0.1	0.3	0.2	0.0
Other source	3.5	2.0	3.4	2.3	1.7

In 2004, more than half (51.4 percent) of Idaho adults aged 18 to 64 used their employer's health care coverage to pay for most of their medical care. More than one-in-five (22.3 percent) adults aged 18 to 64 used someone else's employer's health care insurance.

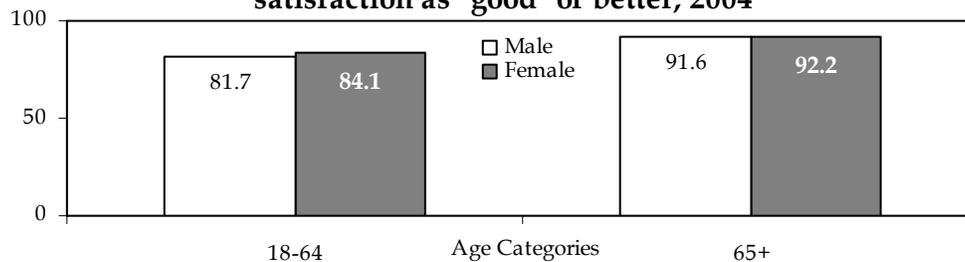
Almost three-quarters (72.7 percent) of adults aged 65 and older used Medicare to pay for medical costs. Nearly half (49.9 percent) of adults aged 50 to 64 used their employer's health insurance to pay for medical care.

## "GOOD" OR BETTER HEALTH CARE SATISFACTION

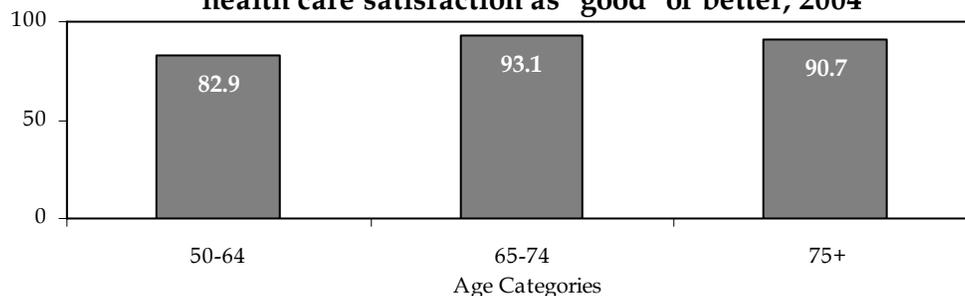
IDAHO ADULTS WHO RATED HEALTH CARE SATISFACTION AS "GOOD" OR BETTER, 2004

In 2004, approximately nine-in-ten (91.9 percent) Idaho seniors rated their overall health care satisfaction as being "good" or better. Senior men and women rated health care satisfaction similarly. Adults aged over 65 were significantly more likely to report "good" or better satisfaction than those aged 18 to 64 (91.9 percent compared with 82.9 percent). More specifically, adults aged 50 to 64 had significantly lower reports of "good" or better health care satisfaction compared with those aged 65 and older.

**Percent of Idaho adults who rated health care satisfaction as "good" or better, 2004**



**Percent of Idaho adults aged 50 and older who rated health care satisfaction as "good" or better, 2004**



### FEATURED FACTS

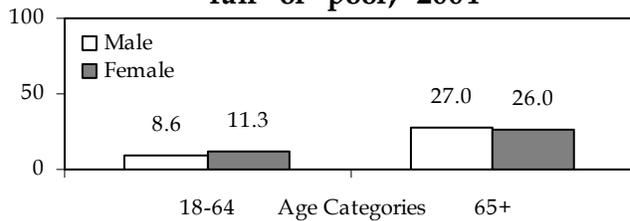
- Regardless of which type of health care coverage they had, seniors rated satisfaction with the health care system similarly.
- Adults aged 65 and older who reported "fair" or "poor" general health were significantly less likely to report "good" or better satisfaction with health care than those who reported "good" or better general health (80.1 percent compared with 96.2 percent).
- Adults aged 65 and older with household incomes of \$50,000 or more were significantly more likely to report "good" or better health care satisfaction than those adults with incomes of less than \$15,000 (96.7 percent compared with 88.2 percent).
- Seniors who did not have health care coverage were significantly less likely to rate health care satisfaction as "good" or better than those who had health care coverage (74.1 percent compared with 86.0 percent).

## "FAIR" OR "POOR" GENERAL HEALTH STATUS

IDAHO ADULTS WHO REPORTED THEIR GENERAL HEALTH WAS "FAIR" OR "POOR," 2004

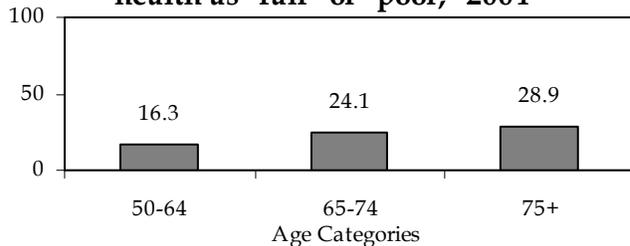
Perceived health status is helpful to physicians and public policy makers in determining unmet health needs and measuring the burdens of chronic diseases and conditions.<sup>8</sup> The effects of chronic illness are usually the key reason many seniors perceive their general health as being less than "good".<sup>1</sup>

**Percent of Idaho adults who reported their general health as "fair" or "poor," 2004**



- In 2004, 26.5 percent of Idaho seniors reported their general health status as being "fair" or "poor". Seniors reported less than "good" general health almost three times (2.7 times) as often as those aged 18 to 64 (26.5 percent compared with 9.9 percent).

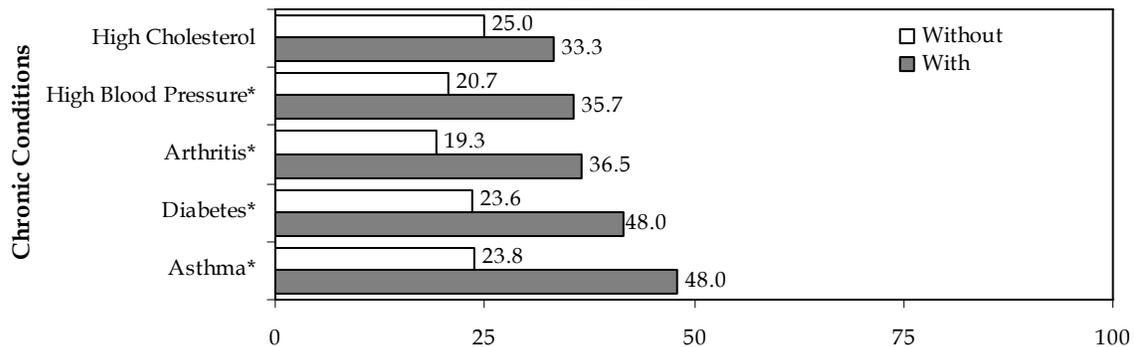
**Percent of Idaho adults aged 50 and older who reported their general health as "fair" or "poor," 2004**



- Among older adult age categories, reports of "fair" or "poor" general health status increased as age increased. Adults aged 65 and older were significantly more likely to report less than "good" general health than those aged 50 to 64 (26.5 percent compared with 16.3 percent respectively).

In general, adults aged 65 and older with a chronic disease or condition had significantly higher reports of "fair" or "poor" health status than those without a chronic disease or condition.

**Percent of Idaho adults aged 65 and older with & without chronic conditions who reported their general health as "fair" or "poor," 2003\*\* & 2004**



\*Statistically significant difference between with and without chronic condition.

\*\*2003 data provided. Arthritis, high cholesterol, and high blood pressure prevalence questions were not asked in 2004.

## HEALTHY DAYS: HEALTH-RELATED QUALITY OF LIFE

NUMBER OF DAYS IDAHO ADULTS EXPERIENCED POOR MENTAL AND PHYSICAL HEALTH, 2004

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Health-related quality of life measures include mental and physical health perceptions that affect an individual's overall sense of well-being.<sup>9</sup> Mental health conditions affecting quality of life are stress, depression, and emotional problems. Physical health conditions would include physical illness, injury, and disability.<sup>12</sup>

### MENTAL HEALTH

The average number of mentally unhealthy days in the past 30 days for adults aged 65 and older was 1.9 days. Senior women reported approximately one more mentally unhealthy day than senior men (2.4 days for women and 1.3 days for men). Senior women were significantly more likely to have fourteen or more days of poor mental health per month than senior men (7.9 percent of women and 3.6 of men).

Younger adults aged 18 to 64 reported twice as many mentally unhealthy days as those aged 65 and older on average (3.7 days for younger adults and 1.9 days for seniors). Adults aged 18 to 64 were significantly more likely to have fourteen or more days of poor mental health per month than adults aged 65 and older (10.7 percent of younger adults compared with 6.0 percent of seniors).

### PHYSICAL HEALTH

The average number of physically unhealthy days in the past 30 days for adults aged 65 and older was 5.6 days. Senior men and women reported approximately the same average number of physically unhealthy days (5.3 days for men and 5.9 days for women).

Seniors were significantly more likely to have more physically unhealthy days than younger adults. Adults aged 65 and older reported nearly twice as many physically unhealthy days in the past 30 days as younger adults on average (5.6 days for adults aged 65 and older and 3.0 days for younger adults).

### DAILY ACTIVITIES RESTRICTED BY POOR HEALTH

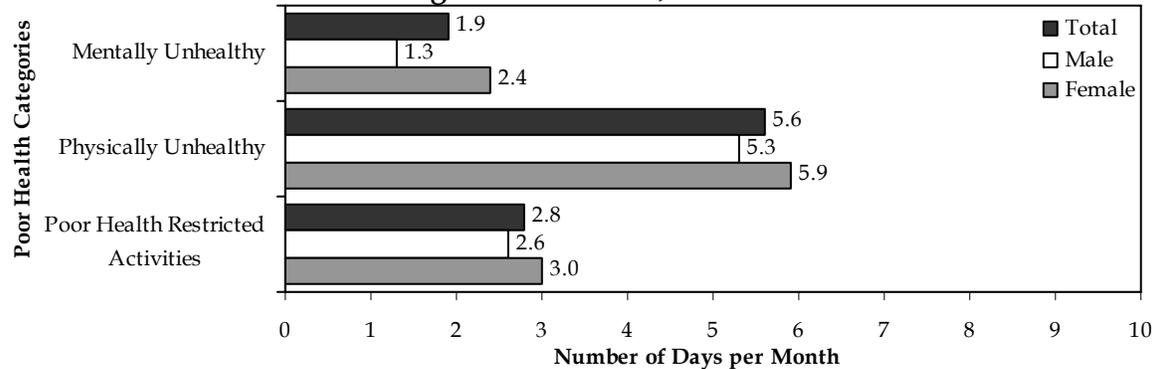
Idaho adults reported the number of days in the past 30 days in which poor physical or mental health kept them from doing usual daily activities including self-care, work, or recreation. For adults aged 65 and older, the average number of days when activities were restricted by poor health was 2.8 days. There were no significant gender differences.

Seniors had significantly higher reports of days in which poor health restricted activities than younger adults. Younger adults reported almost one less day of activity restriction than seniors (2.0 days for younger adults and 2.8 days for seniors).

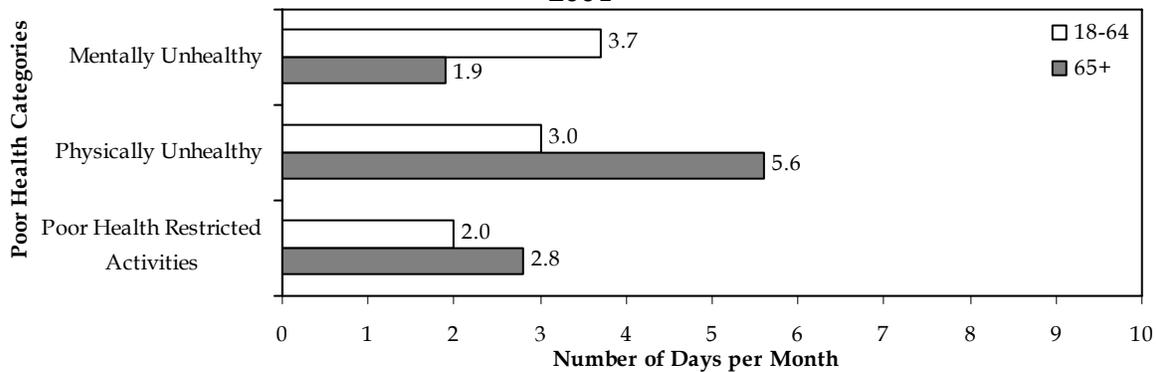
## HEALTHY DAYS: HEALTH-RELATED QUALITY OF LIFE

NUMBER OF DAYS IDAHO ADULTS EXPERIENCED POOR MENTAL AND PHYSICAL HEALTH, 2004

**Average number of unhealthy days per month for Idaho adults aged 65 and older, 2004**



**Average number of unhealthy days per month for Idaho adults, 2004**



### FEATURED FACTS

- Seniors with incomes of less than \$15,000 were significantly more likely to report having fourteen or more days of poor mental health per month than those with incomes of greater than \$25,000.
- Seniors who had an annual household income of less than \$15,000 were significantly more likely to report more physically unhealthy days than seniors who had an annual household income of \$50,000 or more (8.9 days compared with 3.3 days respectively).
- Seniors who reported less than "good" general health reported nearly seven times as many physically unhealthy days on average than those who reported "good" or better general health (14.9 days compared with 2.3 days respectively).

**GENERAL HEALTH & HEALTH CARE**

	No Health Care Coverage				"Good" or Better Health Care Satisfaction				"Fair" or "Poor" General Health Status			
	%	95% CI		n	%	95% CI		n	%	95% CI		n
<u>Sex (65+)</u>												
Male	1.6	0.5	2.8	399	91.6	88.6	94.5	392	27.0	21.9	32.1	396
Female	0.8	0.1	1.5	677	92.2	90.0	94.4	670	26.0	22.2	29.8	678
<u>Age</u>												
18-64	18.2	16.7	19.7	3,954	82.9	81.5	84.3	3,842	9.9	8.9	11.0	3,965
65+	1.2	0.5	1.8	1,076	91.9	90.1	93.7	1,062	26.5	23.4	29.5	1,074
50-64	14.4	12.1	16.6	1,369	82.9	80.5	85.3	1,323	16.3	14.1	18.6	1,369
65-74	1.7	0.6	2.8	620	93.1	90.9	95.3	610	24.1	20.2	28.1	621
75+	0.6	0.0	1.2	456	90.7	87.9	93.5	452	28.9	24.2	33.7	453
<u>Income (65+)</u>												
< \$15,000	4.9	0.9	8.9	171	88.2	83.0	93.4	167	46.6	38.2	55.0	170
\$15,000 - \$24,999	0.6	0.0	1.5	289	91.0	87.2	94.8	284	29.0	22.7	35.2	287
\$25,000 - \$34,999	1.0	0.0	2.4	165	91.1	85.8	96.5	163	23.4	15.7	31.1	164
\$35,000 - \$49,999	0.0	0.0	0.0	126	93.1	88.5	97.7	126	27.0	17.4	36.5	126
\$50,000+	1.1	0.0	2.8	122	96.7	94.0	99.4	121	10.5	4.5	16.6	123
<u>Education (65+)</u>												
K-11th Grade	2.2	0.0	5.2	131	81.5	74.2	88.7	128	40.6	30.8	50.5	131
12th Grade or GED	1.4	0.3	2.5	422	91.9	89.1	94.8	419	28.6	23.6	33.6	419
Some College	1.1	0.0	2.2	295	95.2	92.6	97.9	289	23.3	17.5	29.1	296
College Graduate+	0.3	0.0	0.8	224	94.0	90.5	97.5	222	18.7	12.8	24.6	224
	<b>14+ Days of Poor Mental Health per Month</b>											
	<b>%</b>	<b>95% CI</b>		<b>n</b>								
<u>Sex (65+)</u>												
Male	3.6	1.6	5.5	384								
Female	7.9	5.6	10.3	662								
<u>Age</u>												
18-64	10.7	9.4	12.0	3,919								
65+	6.0	4.4	7.6	1,046								
50-64	9.1	7.4	10.9	1,354								
65-74	5.9	3.9	7.9	604								
75+	6.1	3.7	8.5	442								
<u>Income (65+)</u>												
< \$15,000	14.5	7.9	21.1	163								
\$15,000 - \$24,999	7.2	3.6	10.9	283								
\$25,000 - \$34,999	3.0	0.5	5.06	162								
\$35,000 - \$49,999	2.3	0.0	4.8	123								
\$50,000+	3.6	0.5	6.8	121								
<u>Education (65+)</u>												
K-11th Grade	8.9	3.5	14.3	123								
12th Grade or GED	5.5	3.0	8.0	413								
Some College	5.7	2.9	8.6	290								
College Graduate+	5.7	2.4	8.9	216								

Note: Please see Appendix A: Understanding the Data Tables for data table and risk factor explanations.





**CHRONIC DISEASES & CONDITIONS**

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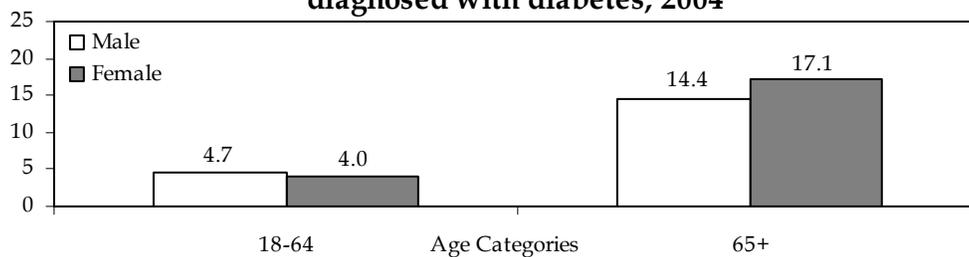
## DIABETES

IDAHO ADULTS WHO HAD EVER BEEN TOLD THEY HAD DIABETES, 2004

Diabetes is a chronic disease known for its costly and debilitating effects. America's large aging population and increased obesity rates are expected to severely impact diabetes prevalence among older adults in the next fifty years. <sup>1</sup>

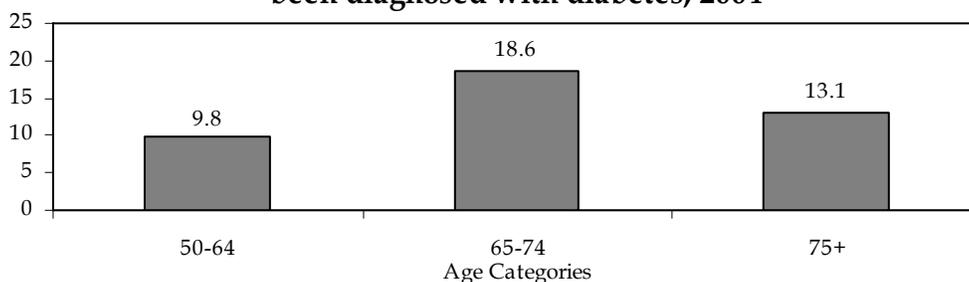
In 2004, 15.9 percent of Idaho adults aged 65 and older reported having been diagnosed with diabetes. Senior females were not significantly more likely to be diagnosed with diabetes when compared with senior males (17.1 percent for females and 14.4 percent for males). When compared with younger adults aged 18 to 64, Idaho adults aged 65 and older had significantly higher diabetes prevalence (4.3 percent compared with 15.9 percent respectively).

**Percent of Idaho adults who have been diagnosed with diabetes, 2004**



There were significant differences among older adult age categories. Those aged 65 to 74 were significantly more likely to have diabetes than those aged 50 to 64.

**Percent of Idaho adults aged 50 and older who have been diagnosed with diabetes, 2004**



### FEATURED FACTS

- Idaho seniors with diabetes reported "fair" or "poor" general health significantly more often than those without diabetes (41.6 percent compared with 23.6 percent).
- Overweight seniors reported having diabetes more than twice as often as those who were not overweight (19.1 percent compared with 9.3 percent). Obese seniors reported having diabetes three times as often as those who were not obese (33.0 percent compared with 10.9 percent).

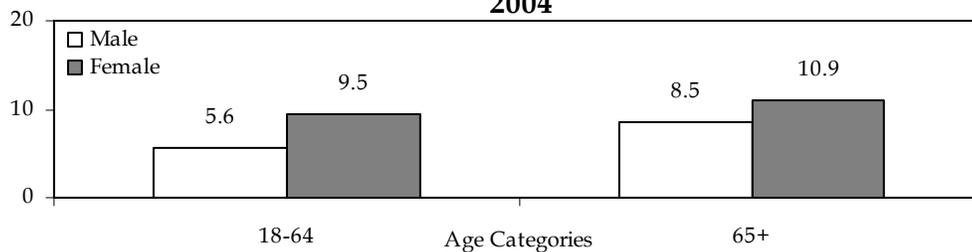
## ASTHMA

IDAHO ADULTS WHO WERE DIAGNOSED AND STILL HAD ASTHMA, 2004

According to the National Center for Environmental Health, adults with asthma are at higher risk for developing severe respiratory complications such as pneumonia and acute respiratory disease after contracting the influenza virus. <sup>2</sup>

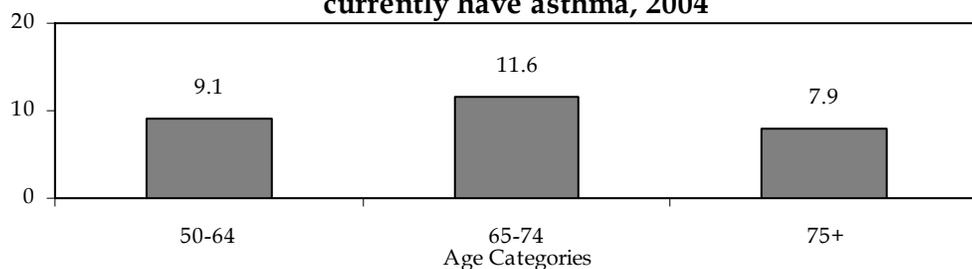
In 2004, nearly one-in-ten (9.8 percent) Idaho adults aged 65 and older reported they had been diagnosed with asthma and still had it. Senior males and females were not significantly different in reporting asthma as a current condition (8.5 percent for males and 10.9 percent for females). There were no significant differences in asthma prevalence between adults aged 18 to 64 and adults aged 65 and older.

**Percent of Idaho adults who currently have asthma, 2004**



Asthma prevalence ranged from a high of 11.6 percent for adults aged 65 to 74 and a low of 7.9 percent for adults aged 75 and older. However, asthma prevalence did not significantly differ between older adult age categories.

**Percent of Idaho adults aged 50 and older who currently have asthma, 2004**



### FEATURED FACTS

- Idaho seniors with current asthma had significantly higher reports of "fair" or "poor" health compared with Idaho seniors without current asthma (48.0 percent compared with 23.8 percent respectively).
- Seniors diagnosed with asthma were significantly less likely to not receive a flu vaccination within in the last year than those without asthma (19.1 percent compared with 34.9 percent respectively).

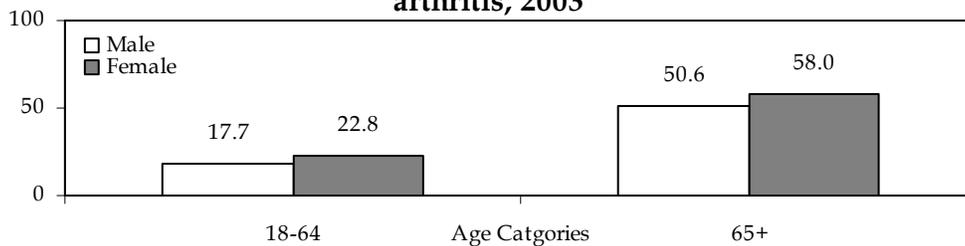
## ARTHRITIS

IDAHO ADULTS WHO HAD EVER BEEN TOLD THEY HAD ARTHRITIS, 2003

According to the National Center for Chronic Disease Prevention and Health Promotion, arthritis prevalence increases with age and is the leading cause of disability for adults. Seniors can manage arthritis by staying active, watching their weight, and protecting their joints.<sup>3</sup>

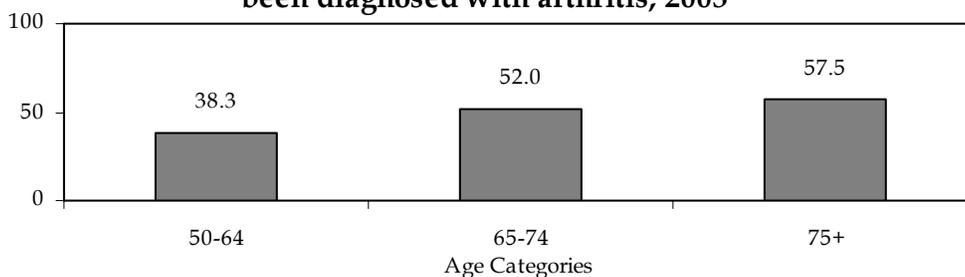
In 2003, more than half (54.7 percent) of Idaho seniors reported having been diagnosed with arthritis. Within this age group, females were not significantly different than males in reporting an arthritis diagnosis (58.0 percent compared with 50.6 percent). Idaho adults aged 65 and older reported arthritis prevalence 2.7 times as often as younger adults aged 18 to 64 (54.7 percent compared with 20.2 percent).

**Percent of Idaho adults who have been diagnosed with arthritis, 2003\***



Among older adult age categories, those aged 65 and older had significantly higher rates of arthritis diagnosis than those aged 50 to 64 (54.7 percent and 38.3 percent).

**Percent of Idaho adults aged 50 and older who have been diagnosed with arthritis, 2003\***



### FEATURED FACTS

- Seniors with incomes of \$50,000 or more had significantly lower reports of arthritis compared with seniors with incomes less than \$25,000 (40.3 percent and 60.2 percent).
- Adults aged 65 and older diagnosed with arthritis were almost twice as likely to report their general health as "fair" or "poor" than those without arthritis (36.5 percent and 19.3 percent).

\*2003 data provided. Arthritis prevalence questions were not asked in 2004.

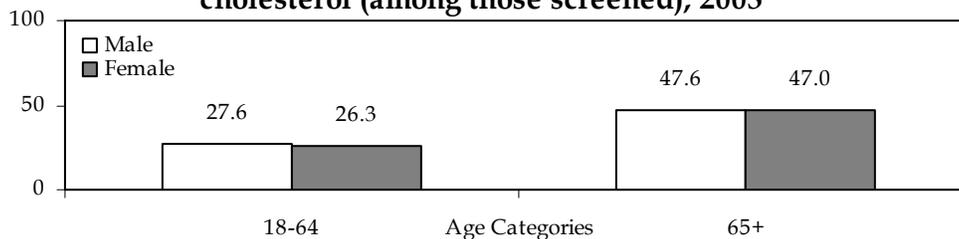
## HIGH CHOLESTEROL

IDAHO ADULTS WHO WERE EVER TOLD THEY HAD HIGH CHOLESTEROL (AMONG THOSE SCREENED), 2003

Merck Institute of Aging and Health states that older adults with coronary heart disease can reduce their risk of heart attack or stroke and greatly improve their quality of life by lowering their cholesterol to a healthy level.<sup>1</sup>

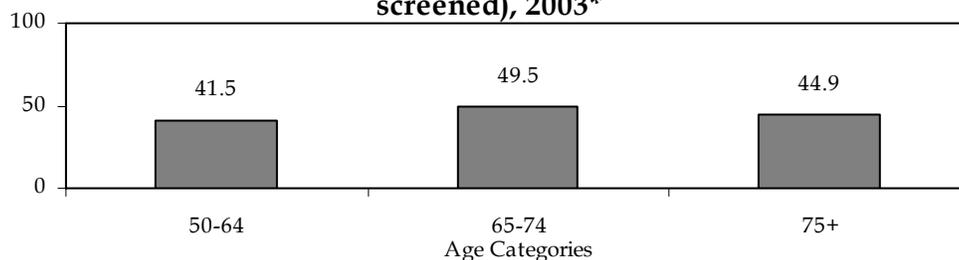
The prevalence of high cholesterol for Idaho seniors in 2003 was 47.3 percent. This figure is significantly higher than high cholesterol prevalence for all adults aged 18 and older (31.1 percent). For those who had cholesterol screened, there were no significant differences among senior males and females being diagnosed with high cholesterol. When compared with younger adults aged 18 to 64, adults aged 65 and older reported high cholesterol 1.8 times more often (26.9 percent compared with 47.3 percent).

**Percent of Idaho adults who were diagnosed with high cholesterol (among those screened), 2003\***



High cholesterol prevalence ranged from 41.5 percent to 49.5 percent among older adults. However, there were no significant differences found between older adult age categories.

**Percent of Idaho adults aged 50 and older who were diagnosed with high cholesterol (among those screened), 2003\***



### FEATURED FACTS

- 89.4 percent of adults aged 65 and older have had their cholesterol checked in the last five years.
- Overweight seniors reported having high cholesterol 1.4 times as often as those who were not overweight (52.7 percent compared with 37.2 percent respectively).

\*2003 data provided. High cholesterol prevalence questions were not asked in 2004.

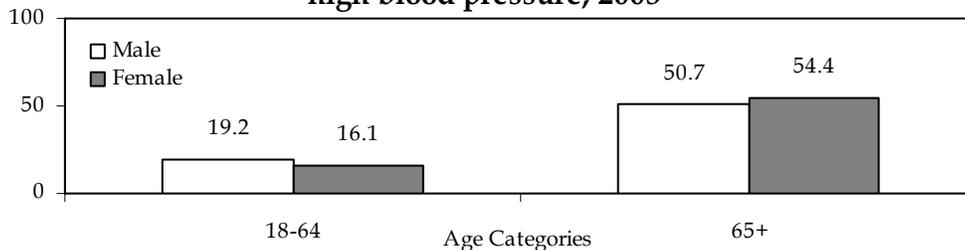
## HIGH BLOOD PRESSURE

IDAHO ADULTS WHO WERE EVER TOLD THEY HAD HIGH BLOOD PRESSURE, 2003

According to the American Heart Association, it is estimated that of the 30 percent of U.S. adults with high blood pressure, one in three of them do not know they have it. High blood pressure can contribute to stroke, heart attack, and heart or kidney failure.<sup>4</sup>

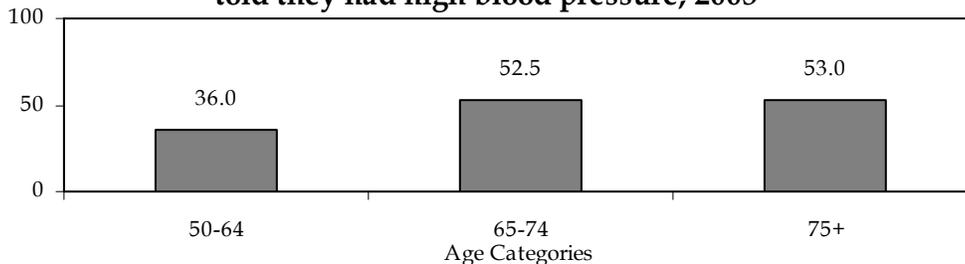
In 2003, more than half (52.8 percent) of Idaho seniors reported they had been told they had high blood pressure at some point in their lifetime. No gender differences existed. However, significant differences existed among age categories. Seniors reported having been diagnosed with high blood pressure nearly three times as often as those aged 18 to 64 (52.8 percent for seniors compared with 17.7 percent for adults aged 18 to 64).

**Percent of Idaho adults who were ever told they had high blood pressure, 2003\***



Idaho adults aged 65 and older had significantly higher reports of high blood pressure than adults aged 50 to 64 (52.8 percent compared with 36.0 percent respectively).

**Percent of Idaho adults aged 50 and older who were told they had high blood pressure, 2003\***



### FEATURED FACTS

- Adults aged 65 and older with high blood pressure were significantly more likely to report their general health status as being less than "good" than those without high blood pressure (35.7 percent compared with 20.7 percent).
- Seniors with high blood pressure reported being overweight 1.2 times as often as those without high blood pressure (70.1 percent compared with 56.9 percent).
- Seniors with high blood pressure reported being obese twice as often as those without high blood pressure (28.5 percent compared with 14.3 percent).

\*2003 data provided. High blood pressure prevalence questions were not asked in 2004.

**CHRONIC DISEASES & CONDITIONS**

	Diabetes				Asthma				Arthritis*			
	%	95% CI		n	%	95% CI		n	%	95% CI		n
<u>Sex (65+)</u>												
Male	14.4	10.5	18.2	400	8.5	5.0	11.9	395	50.6	44.6	56.6	330
Female	17.1	13.8	20.4	680	10.9	8.2	13.6	674	58.0	53.4	62.6	642
<u>Age</u>												
18-64	4.3	3.6	5.1	3,969	7.5	6.5	8.6	3,951	20.2	18.7	21.7	3,803
65+	15.9	13.4	18.4	1,080	9.8	7.7	12.0	1,069	54.7	51.0	58.4	972
50-64	9.8	8.0	11.6	1,372	9.1	7.3	10.9	1,367	38.3	35.1	41.5	1,248
65-74	18.6	15.0	22.2	623	11.6	8.5	14.7	618	52.0	47.1	56.8	545
75+	13.1	9.7	16.5	457	7.9	4.9	10.9	451	57.5	51.9	63.0	427
<u>Income (65+)</u>												
< \$15,000	22.7	16.2	29.2	171	17.4	9.8	24.9	170	61.6	53.4	69.8	173
\$15,000 - \$24,999	16.7	11.3	22.0	289	7.3	4.2	10.4	287	59.5	52.3	66.6	244
\$25,000 - \$34,999	18.9	12.4	25.5	165	9.8	4.1	15.4	164	54.6	45.6	63.6	156
\$35,000 - \$49,999	9.5	3.7	15.3	126	13.2	5.9	20.6	125	49.3	38.8	59.8	119
\$50,000+	13.0	6.1	19.8	123	10.6	3.6	17.6	121	40.3	29.2	51.3	97
<u>Education (65+)</u>												
K-11th Grade	21.3	13.8	28.7	132	10.7	5.1	16.2	130	58.8	49.5	68.2	141
12th Grade or GED	16.0	12.2	19.9	424	7.1	3.9	10.2	419	56.3	50.4	62.3	383
Some College	17.6	12.2	23.0	296	12.5	7.8	17.3	295	59.2	52.2	66.3	247
College Graduate+	10.5	5.9	15.1	224	10.8	6.1	15.5	221	45.7	37.6	53.7	198
	High Cholesterol*				High Blood Pressure*							
	%	95% CI		n	%	95%CI		n				
<u>Sex (65+)</u>												
Male	47.6	41.3	53.9	301	50.7	44.7	56.7	329				
Female	47.0	42.1	51.8	572	54.4	49.8	58.9	644				
<u>Age</u>												
18-64	26.9	24.9	28.9	2,694	17.7	16.3	19.1	973				
65+	47.3	43.4	51.1	873	52.8	49.1	56.4	3,815				
50-64	41.5	38.0	45.1	1,096	36.0	32.8	39.2	1,253				
65-74	49.5	44.5	54.6	496	52.5	47.7	57.3	546				
75+	44.9	38.9	50.8	377	53.0	47.4	58.6	427				
<u>Income (65+)</u>												
< \$15,000	47.2	37.6	56.9	142	55.0	46.4	63.7	173				
\$15,000 - \$24,999	50.0	42.5	57.6	225	55.9	48.7	63.0	247				
\$25,000 - \$34,999	49.4	39.9	58.9	141	59.0	50.4	67.7	157				
\$35,000 - \$49,999	41.3	30.5	52.1	110	51.5	41.0	62.0	119				
\$50,000+	42.7	31.3	54.1	94	37.7	26.5	48.8	96				
<u>Education (65+)</u>												
K-11th Grade	43.7	33.2	54.2	115	56.5	47.0	66.0	140				
12th Grade or GED	47.6	41.3	53.9	333	54.7	48.8	60.7	382				
Some College	47.4	40.1	54.8	231	52.2	45.1	59.4	251				
College Graduate+	48.0	39.7	56.3	191	47.6	39.5	55.8	197				

\*2003 data provided. These questions were not asked in 2004.

Note: Please see Appendix A: Understanding the Data Tables for data table and risk factor explanations.





# HEALTH RISK FACTORS

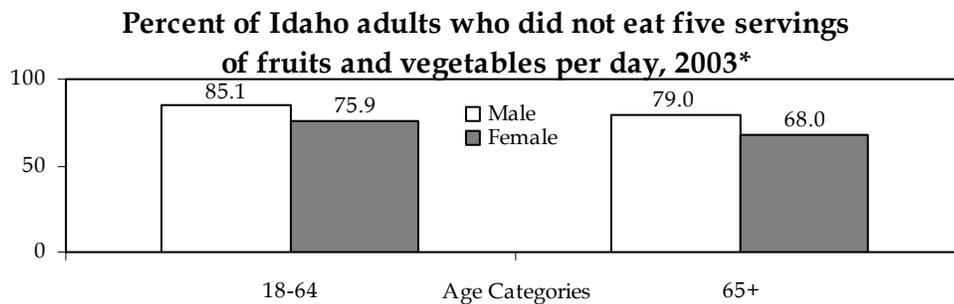
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## LOW FRUIT & VEGETABLE CONSUMPTION

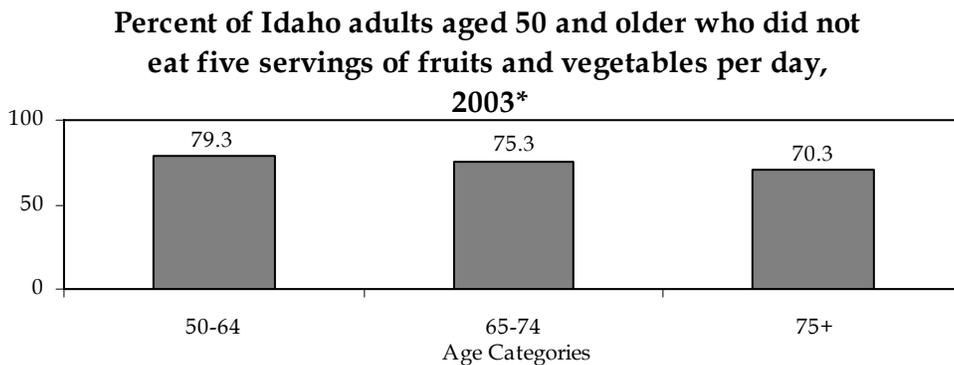
IDAHO ADULTS WHO DID NOT CONSUME FIVE OR MORE SERVINGS OF FRUITS AND VEGETABLES PER DAY, 2003

According to the Merck Institute of Aging and Health, eating five servings of fruits and vegetables per day is essential for older adults in reducing the risk of cancer and developing chronic diseases and conditions.<sup>1</sup>

In 2003, more than seven-in-ten (72.8 percent) seniors did not eat the recommended five servings of fruits and vegetables per day. Senior males were significantly more likely to not eat five servings of fruits and vegetables per day than senior females (79.0 percent of males and 68.0 percent of females). Adults aged 18 to 64 were significantly more likely to not eat the recommended fruit and vegetable servings when compared with adults aged 65 and older (80.6 percent compared with 72.8 percent respectively).



Among older adult age categories, adults aged 50 to 64 had significantly higher reports of not eating five servings of fruits and vegetable per day than adults aged 75 and older.



### FEATURED FACTS

- Adults aged 65 and older who did not eating five servings of fruits and vegetables per day reported being a smoker 2.4 times as often as those who did eat five servings of fruits and vegetables (12.0 percent compared with 5.0 percent respectively).

\*2003 data provided. Fruit and vegetable consumption questions were not asked in 2004.

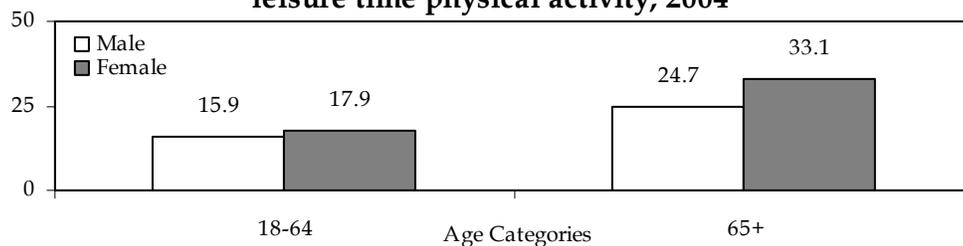
## NO LEISURE TIME PHYSICAL ACTIVITY

IDAHO ADULTS WHO DID NOT PARTICIPATE IN LEISURE TIME PHYSICAL ACTIVITY, 2004

According to the National Center for Chronic Disease Prevention and Health Promotion, physical activity does not need to be strenuous in order to improve older people's health. Daily walking or gardening can control or prevent many health problems that reduce quality and length of life.<sup>5</sup>

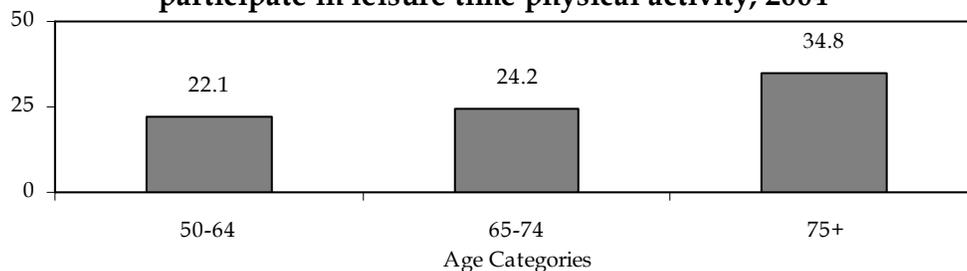
Nearly three-in-ten (29.4 percent) seniors did not participate in leisure time physical activity in 2004. No significant differences were found between senior men and women. Seniors had significantly higher reports of no participation in leisure time physical activity than adults aged 18 to 64 (29.4 percent compared with 16.9 percent respectively).

**Percent of Idaho adults who did not participate in leisure time physical activity, 2004**



Adults aged 75 and older were significantly less likely to participate in leisure time physical activity when compared with adults aged 50 to 74.

**Percent of Idaho adults aged 50 and older who did not participate in leisure time physical activity, 2004**



### FEATURED FACTS

- Adults aged 65 and older with incomes greater than \$25,000 were significantly less likely to not participate in leisure time physical activity than those with incomes less than \$24,999 (19.3 percent compared with 36.7 percent).
- Seniors who did not participate in leisure time physical activity were significantly more likely to report "fair" or "poor" health than those who did participate (45.7 percent compared with 18.6 percent).

## EXCESSIVE BODY WEIGHT

IDAHO ADULTS WHO WERE OVERWEIGHT OR OBESE, 2004

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### BODY MASS INDEX

Body Mass Index (BMI) is an index based on height and weight used to determine whether a person's weight is within a healthy range. Typically, individuals are placed into one of three commonly used categories: "Not Overweight or Obese," "Overweight," or "Obese". BMI is calculated using the following formula:

$$\text{Body Mass Index} = \frac{\text{Weight in Kilograms}}{(\text{Height in Meters})^2}$$

The following table illustrates common category breakouts based on Body Mass Index.

BMI Category	BMI
Not Overweight or Obese*	< 25.0
Overweight**	25.0 +
Obese	30.0 +

\*Note: The category "Not Overweight or Obese" also includes adults who are underweight according to BMI standards (<18.5). Although underweight is a recognized health risk, only 1.0 percent of Idaho's adult population fell into the underweight category.

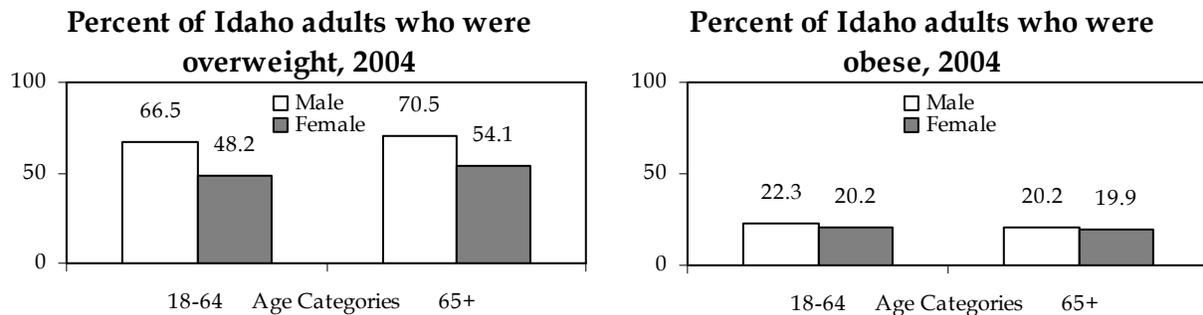
\*\*Note: The category "Overweight" includes the category "Obese."

## EXCESSIVE BODY WEIGHT

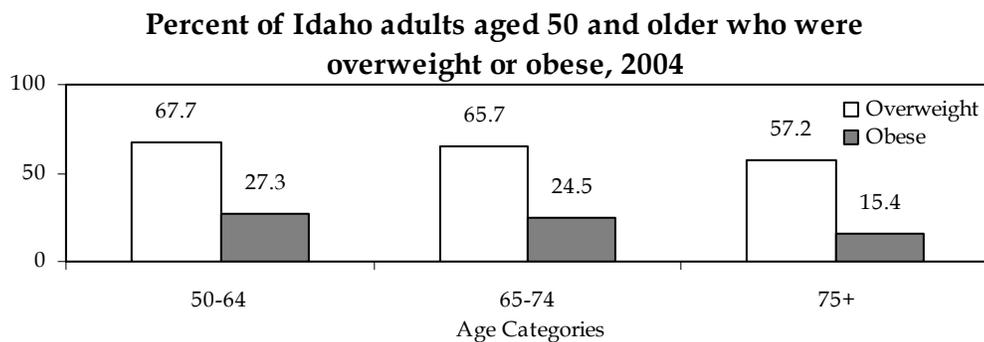
IDAHO ADULTS WHO WERE OVERWEIGHT OR OBESE, 2004

Being overweight or obese increases the risk of heart disease, high blood pressure, diabetes, arthritis-related disabilities, and some cancers. <sup>5</sup>

In 2004, 61.5 percent of seniors were considered overweight according to the Body Mass Index (BMI  $\geq$  25.0). Twenty percent of seniors were considered obese (BMI  $\geq$  30.0). Senior males were significantly more likely to be overweight than senior females (70.5 percent compared with 54.1 percent). However, obesity prevalence was not significantly different between senior males and females (20.2 percent for senior males and 19.9 percent for senior females). There were no significant differences in regards to overweight and obesity prevalence between adults aged 18 to 64 and seniors.



Adults aged 75 and older were significantly less likely to be overweight than adults aged 50 to 64 and were significantly less likely to be obese than adults aged 50 to 74.



### FEATURED FACTS

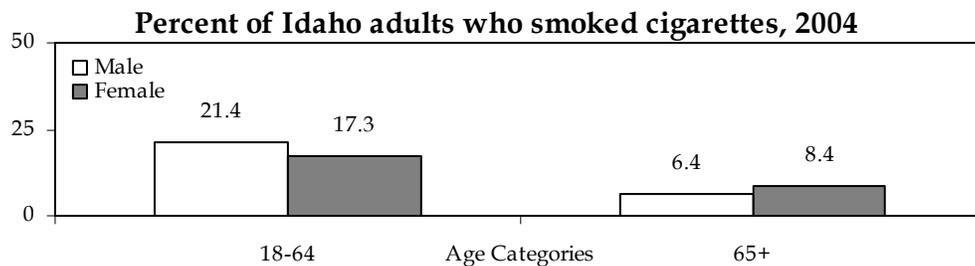
- Overweight seniors reported less than "good" general health 1.4 times as often as those who were not overweight (30.2 percent compared with 21.2 percent). And, obese seniors reported less than "good" general health almost twice as often as those who were not obese (43.2 percent compared with 22.6 percent).
- Adults aged 65 and older who were either overweight or obese were significantly less likely to participate in leisure time physical activity than those who were not overweight or obese.

## CIGARETTE SMOKING

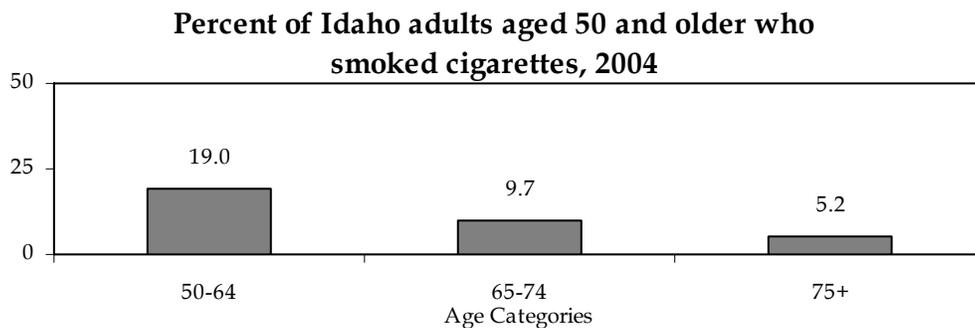
IDAHO ADULTS WHO HAD EVER SMOKED 100 CIGARETTES AND WHO CURRENTLY SMOKE EVERYDAY OR SOMEDAYS, 2004

According to the American Cancer Society, cigarette smoking increases the risk of heart disease and cancer and is responsible for one in every five deaths each year. Tobacco use remains the number one preventable cause of death in the U.S.<sup>6</sup>

In 2004, cigarette smoking prevalence for Idaho seniors was 7.5 percent. Senior males and females were not significantly different from one another in regards to cigarette smoking. Adults aged 18 to 64 reported smoking 2.6 times as often as seniors aged 65 and older (19.4 percent of adults aged 18 to 64 and 7.5 percent of adults aged 65 and older).



Cigarette smoking decreased with age within the Idaho senior population. Seniors aged 65 and older were significantly less likely to have smoked cigarettes in comparison with seniors aged 50 to 64.



### FEATURED FACTS

- Adults aged 65 and older who had less than a college degree were smokers at 2.5 times the rate of those with college degrees (8.7 percent and 3.5 percent respectively).
- In 2003, seniors who smoked were significantly more likely to not eat the recommended five servings of fruits and vegetables per day than seniors who did not smoke (86.6 percent compared with 71.4 percent).

**HEALTH RISK FACTORS**

	Low Fruit & Vegetable Consumption*				No Leisure Time Physical Activity				Overweight			
	%	95% CI		n	%	95% CI		n	%	95% CI		n
<u>Sex (65+)</u>												
Male	79.0	74.0	83.9	332	24.7	19.9	29.6	398	70.5	64.8	76.1	397
Female	68.0	63.8	72.2	649	33.1	28.8	37.3	678	54.1	49.5	58.7	648
<u>Age</u>												
18-64	80.6	79.0	82.1	3,818	16.9	15.4	18.3	3,964	57.6	55.6	59.6	3,829
65+	72.8	69.6	76.1	981	29.4	26.1	32.6	1,076	61.5	57.9	65.2	1,045
50-64	79.3	76.5	82.0	1,254	22.1	19.6	24.6	1,368	67.7	64.7	70.6	1,311
65-74	75.3	71.3	79.3	550	24.2	20.2	28.3	622	65.7	61.2	70.1	601
75+	70.3	65.3	75.3	431	34.8	29.6	39.9	454	57.2	51.6	62.9	444
<u>Income (65+)</u>												
< \$15,000	77.3	70.3	84.2	174	43.3	34.9	51.7	170	63.9	55.4	72.4	167
\$15,000 - \$24,999	70.8	64.2	77.4	248	37.9	31.1	44.8	289	66.6	59.9	73.3	279
\$25,000 - \$34,999	72.9	65.6	80.3	159	23.1	15.4	30.8	165	64.0	55.6	72.4	164
\$35,000 - \$49,999	65.9	55.6	76.2	119	20.0	11.7	28.3	124	63.0	52.5	73.5	125
\$50,000+	79.3	70.9	87.8	97	14.2	7.6	20.7	123	62.0	51.0	72.9	120
<u>Education (65+)</u>												
K-11th Grade	79.1	71.4	86.8	141	42.3	32.2	52.3	131	65.5	55.9	75.1	126
12th Grade or GED	72.4	67.1	77.7	384	35.3	29.8	40.8	422	64.3	58.7	70.0	408
Some College	75.6	69.6	81.6	253	27.2	21.1	33.2	295	60.4	53.7	67.2	288
College Graduate+	66.8	59.5	74.1	200	14.3	9.3	19.3	224	56.8	48.6	65.1	219
	Obese				Cigarette Smoking							
	%	95% CI		n	%	95%CI		n				
<u>Sex (65+)</u>												
Male	20.2	15.5	24.8	397	6.4	4.1	8.8	398				
Female	19.9	16.3	23.5	648	8.4	5.6	11.1	676				
<u>Age</u>												
18-64	21.3	19.7	22.8	3,829	19.4	17.9	20.9	3,959				
65+	20.0	17.1	22.9	1,045	7.5	5.6	9.4	1,074				
50-64	27.3	24.5	30.1	1,311	19.0	16.7	21.3	1,367				
65-74	24.5	20.2	28.7	601	9.7	7.2	12.2	621				
75+	15.4	11.6	19.1	444	5.2	2.4	8.0	453				
<u>Income (65+)</u>												
< \$15,000	29.3	21.7	36.8	167	11.7	6.7	16.7	171				
\$15,000 - \$24,999	19.2	13.5	25.0	279	7.4	4.0	10.8	287				
\$25,000 - \$34,999	21.5	14.2	28.9	164	6.4	2.7	10.2	165				
\$35,000 - \$49,999	20.9	12.2	29.6	125	5.4	1.7	9.1	126				
\$50,000+	15.7	8.2	23.1	120	7.8	2.6	13.1	123				
<u>Education (65+)</u>												
K-11th Grade	23.3	14.6	31.9	126	8.3	2.6	13.9	131				
12th Grade or GED	23.5	18.5	28.5	408	9.3	5.5	13.0	420				
Some College	15.8	11.0	20.6	288	8.2	4.9	11.4	296				
College Graduate+	17.9	11.9	23.8	219	3.5	1.3	5.7	224				

\*2003 data provided. These questions were not asked in 2004.

Note: Please see Appendix A: Understanding the Data Tables for data table and risk factor explanations.





**PREVENTIVE BEHAVIORS**

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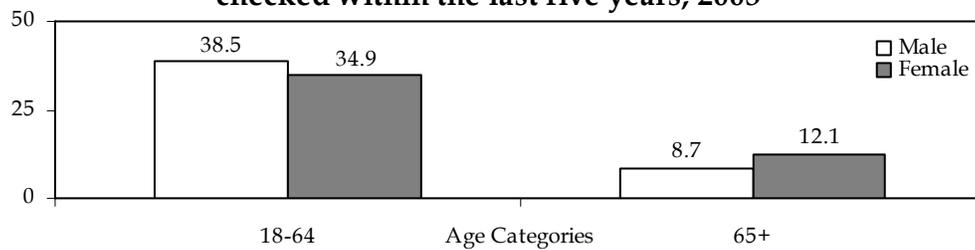
## NO CHOLESTEROL SCREENING

IDAHO ADULTS WHO HAD NOT HAD CHOLESTEROL CHECKED WITHIN THE LAST FIVE YEARS, 2003

High blood cholesterol is a major risk factor for heart disease, the leading cause of death for older adults. Cholesterol screening is a vital component of preventive health care.<sup>1</sup>

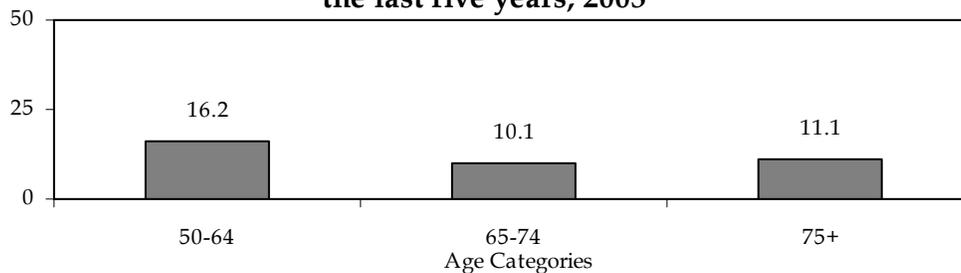
In 2003, 10.6 percent of Idaho seniors did not have their cholesterol checked within the last five years. Prevalence of cholesterol screening did not significantly differ among senior males and females. Adults aged 18 to 64 reported not having their cholesterol screened in the last five years 3.5 times as often as seniors (36.7 percent and 10.6 percent respectively).

**Percent of Idaho adults who had not had cholesterol checked within the last five years, 2003\***



Older adults aged 50 to 64 were significantly more likely to not get screened for high cholesterol than seniors aged 65 to 74.

**Percent of Idaho adults aged 50 and older who had not had cholesterol checked within the last five years, 2003\***



### FEATURED FACTS

- Adults aged 65 and older with a college degree were significantly less likely to have not been screened than those with less education.
- Seniors who had not received a cholesterol screening in the previous five years reported not visiting a doctor for a routine checkup within the past year nearly three times (2.7 times) as often as seniors who did have cholesterol screened (45.6 percent compared with 16.9 percent respectively).

\*2003 data provided. Cholesterol screening questions were not asked in 2004.

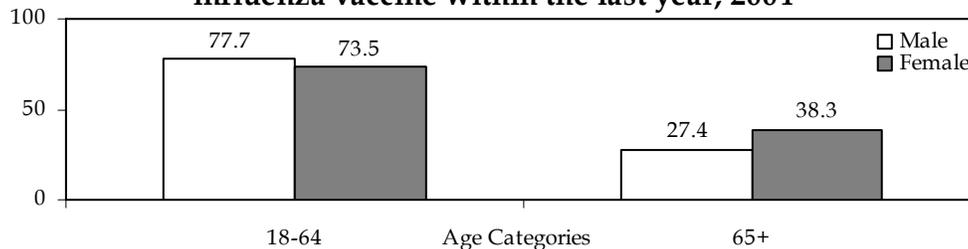
## NO INFLUENZA VACCINE

IDAHO ADULTS WHO HAD NOT RECEIVED AN INFLUENZA SHOT OR SPRAY WITHIN THE LAST YEAR, 2004

Influenza is one of the top ten causes of death for older adults in the U.S. Flu vaccinations can reduce medical care costs and increase quality of life for seniors.<sup>5</sup>

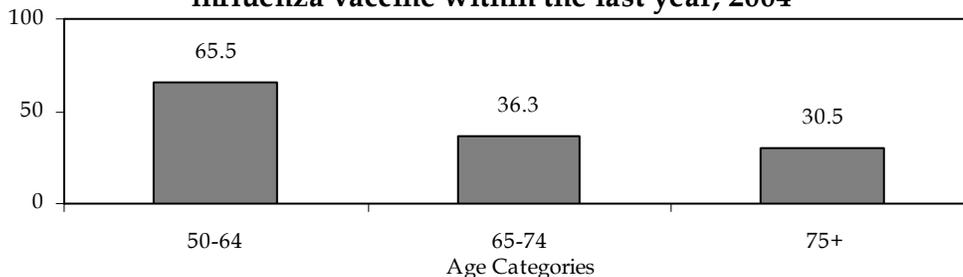
In 2004, one-in-three (33.4 percent) Idaho seniors had not been vaccinated for influenza within the previous twelve months. Senior females were significantly more likely to have not received a flu shot or spray within the last year than senior males (38.3 percent compared with 27.4 percent). Adults aged 18 to 64 were more than twice as likely to not have received a flu vaccine as seniors (75.6 percent of younger adults and 33.4 percent of seniors).

**Percent of Idaho adults who had not received an influenza vaccine within the last year, 2004**



Among older adult age categories, those aged 50 to 64 were significantly more likely to have not received a flu shot or spray than those aged 65 and older.

**Percent of Idaho adults who had not received an influenza vaccine within the last year, 2004**



### FEATURED FACTS

- Idaho adults aged 65 and older who had not received a flu vaccine within the last year were significantly more likely to have never received a pneumonia vaccine than those who had received a flu vaccine (65.5 percent compared with 27.0 percent).
- Seniors who had received a flu shot or spray within the last year were more likely to report their general health status as less than "good" than seniors who had not received a flu shot or spray (29.5 percent compared with 20.4 percent). It is worth noting that those receiving flu vaccines were more likely to have some chronic condition (i.e., diabetes, asthma arthritis, high cholesterol, high blood pressure) which may be contributing to higher reports of less than "good" general health.

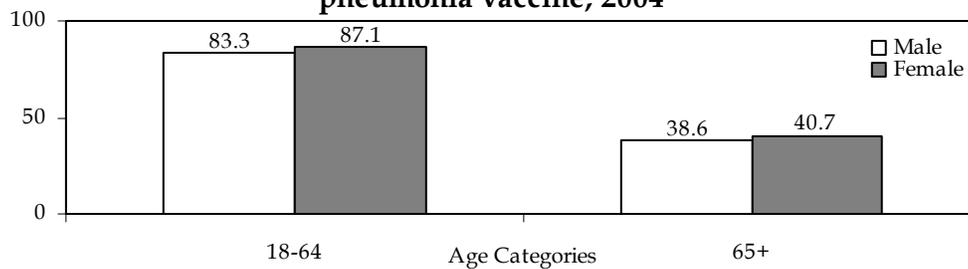
## NO PNEUMONIA VACCINE

IDAHO ADULTS WHO HAD NEVER RECEIVED A PNEUMONIA VACCINE, 2004

Among seniors, pneumonia is one of the most serious infections, especially for women and the elderly, and is one of the top ten causes of death in the U.S.<sup>5</sup>

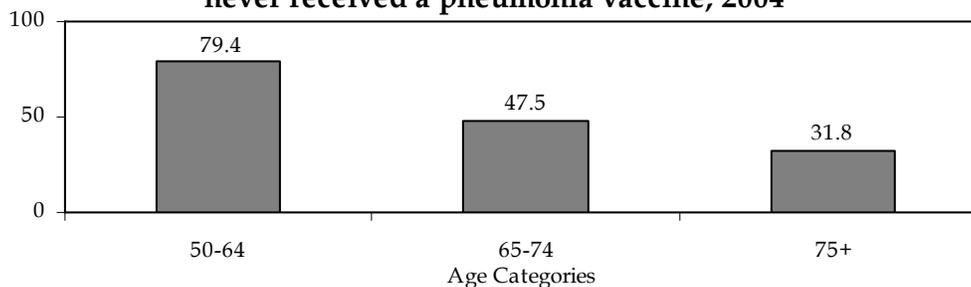
In 2004, 39.8 percent of Idaho seniors had never received a pneumonia vaccine in their lifetimes. No differences existed between senior males and females in receiving a pneumonia vaccine. Adults aged 18 to 64 reported never getting a pneumonia vaccine twice as often as seniors (85.3 percent of adults aged 18 to 64 and 39.8 percent of seniors).

**Percent of Idaho adults who had never received a pneumonia vaccine, 2004**



As age increased, the percentage of older adults who never received a pneumonia vaccine significantly decreased. Adults aged 50 to 64 reported never getting a pneumonia vaccine nearly twice as often as those aged 65 and older.

**Percent of Idaho adults aged 50 and older who had never received a pneumonia vaccine, 2004**



### FEATURED FACTS

- Seniors who had never received a pneumonia vaccine were significantly more likely to have not received an influenza vaccine within the past year than those who had received a pneumonia vaccine (54.7 percent compared with 19.0 percent).
- Seniors who had received a pneumonia vaccine were more likely to report their general health status as less than "good" than seniors who had not received a pneumonia vaccine (31.5 percent compared with 19.5 percent). It is worth noting that those receiving pneumonia vaccines were more likely to have some chronic condition (i.e., diabetes, asthma arthritis, high cholesterol, high blood pressure) which may be contributing to higher reports of less than "good" general health.

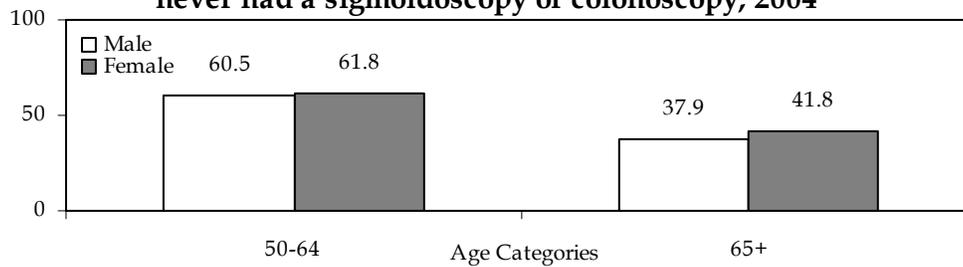
## NO COLORECTAL CANCER SCREENING

IDAHO ADULTS AGED 50 AND OLDER WHO HAVE NEVER HAD A SIGMOIDOSCOPY OR COLONOSCOPY, 2004

Colorectal cancer is the second leading cause of cancer deaths in the U.S., and the risk of developing it increases with age. Medicare covers screening for adults aged 65 and older, and early detection greatly increases chances of survival.<sup>5</sup>

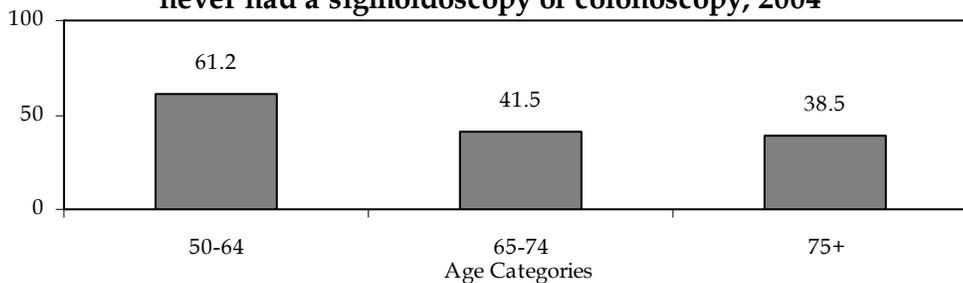
In 2004, 40.1 percent of Idaho seniors had never had a sigmoidoscopy or colonoscopy. No significant differences existed between senior males and females. Adults aged 50 to 64 were significantly more likely to have never received a sigmoidoscopy or colonoscopy than those aged 65 and older (61.2 percent compared with 40.1 percent).

**Percent of Idaho adults aged 50 and older who had never had a sigmoidoscopy or colonoscopy, 2004**



As age increased, the percentage of older adults not receiving colorectal cancer screening decreased. Adults aged 50 to 64 were significantly more likely to have never received a sigmoidoscopy or colonoscopy than those aged 65 and older.

**Percent of Idaho adults aged 50 and older who had never had a sigmoidoscopy or colonoscopy, 2004**



### FEATURED FACTS

- Adults aged 65 and older with a household income greater than \$50,000 were significantly more likely to have had colorectal cancer screening than those with lower incomes.
- Men aged 65 and older who had not completed the recommended colorectal cancer screening were significantly more likely to have not completed prostate cancer screening.
- Women aged 65 and older who had not had cervical cancer screening within the previous three years were significantly more likely to have never had colorectal cancer screening.

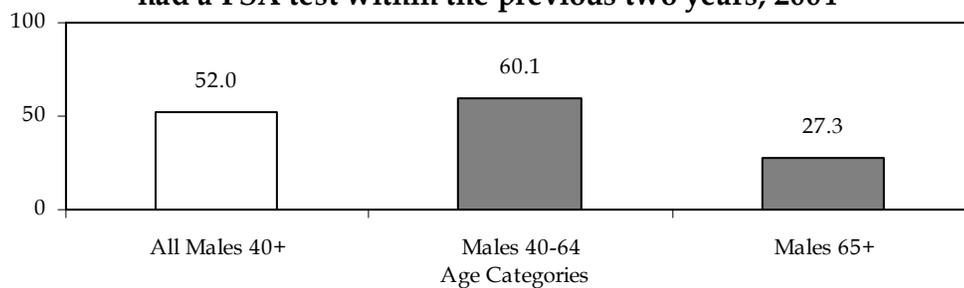
## NO PROSTATE CANCER SCREENING

IDAHO MEN AGED 40 AND OLDER WHO HAVE NOT HAD A PROSTATE-SPECIFIC ANTIGEN (PSA) TEST WITHIN THE PREVIOUS TWO YEARS, 2004

More than 70 percent of all diagnosed prostate cancers are found in men aged 65 years or older. Evidence suggests that PSA screening can detect early-stage prostate cancer and likely increase chances of survival.<sup>7</sup>

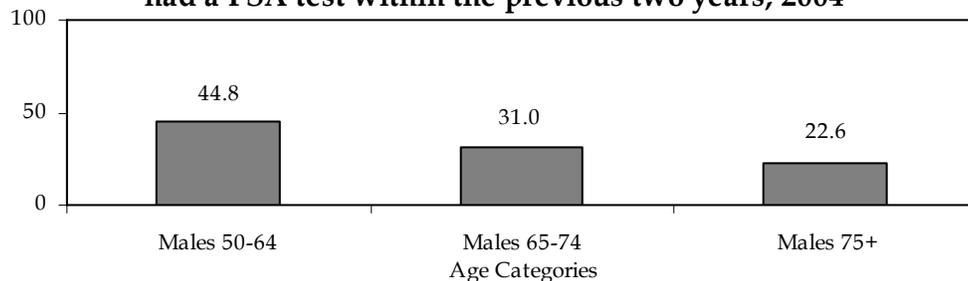
In 2004, 27.3 percent of Idaho men aged 65 and older had not had a Prostate-Specific Antigen (PSA) test to screen for prostate cancer within the previous two years. In comparison with men aged 40 to 64, those aged 65 and older were significantly less likely to have not had a PSA test within the previous two years (60.1 percent of men aged 40 to 64 compared with 27.3 percent of men aged 65 and older).

**Percent of Idaho males aged 40 and older who had not had a PSA test within the previous two years, 2004**



The percentage of men aged 50 and older who had not had prostate cancer screening completed within the past two years decreased as age increased. Those aged 50 to 64 were significantly less likely to have had a PSA test than those in the older age groups.

**Percent of Idaho males aged 50 and older who had not had a PSA test within the previous two years, 2004**



### FEATURED FACTS

- Men aged 65 and older who had not had prostate cancer screening within the previous two years were significantly more likely to have never had colorectal cancer screening.

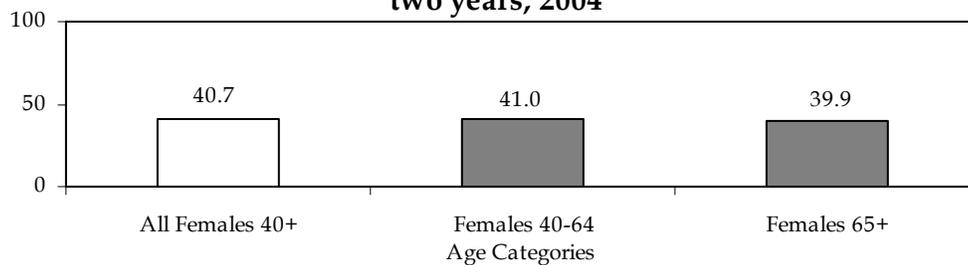
## NO BREAST CANCER SCREENING

IDAHO WOMEN AGED 40 AND OLDER WHO HAVE NOT HAD A MAMMOGRAM AND CLINICAL BREAST EXAM  
WITHIN THE PREVIOUS TWO YEARS, 2004

The best method for detecting breast cancer in its earliest and most treatable stage is mammography. For women aged 50 to 74, having a mammogram and clinical breast exam every two years may reduce the risk of dying from breast cancer by 30 percent. <sup>1</sup>

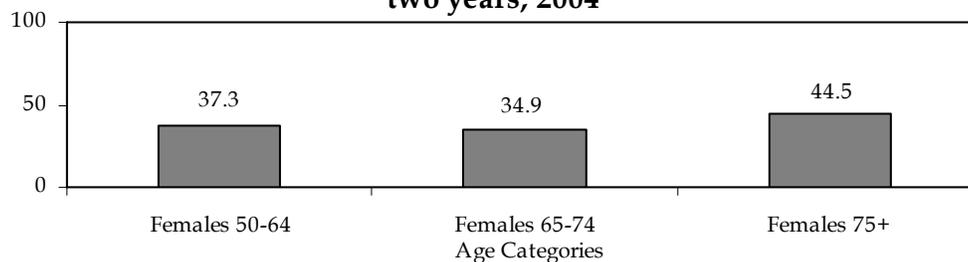
In 2004, nearly 40 percent of senior women had not received a mammogram and a clinical breast exam (CBE) within the previous two years. Compared with women aged 40 to 64, senior women were not significantly different in rates of not receiving the recommended breast cancer screening (41.0 percent compared with 39.9 percent).

**Percent of Idaho females aged 40 and older who had not had a mammogram and CBE within the previous two years, 2004**



The rate of receiving breast cancer screening did not significantly change across older adult age categories.

**Percent of Idaho females aged 50 and older who had not had a mammogram and CBE within the previous two years, 2004**



### FEATURED FACTS

- Women aged 65 and older who had higher household incomes were significantly more likely to have received recommended breast cancer screening than those with lower household incomes.
- Women aged 65 and older who had not had a mammogram and CBE within the previous two years reported not having a Pap smear within the previous three years nearly six times as often as those who had a mammogram and CBE (72.4 percent compared with 12.2 percent respectively).

## NO CERVICAL CANCER SCREENING

IDAHO WOMEN WHO HAVE NOT HAD A PAP SMEAR WITHIN THE PREVIOUS THREE YEARS  
(AMONG THOSE WITH AN INTACT CERVIX), 2004

Most often, cervical cancer develops in women aged 40 or older and can usually be prevented if women are screened regularly with a Pap test. Most deaths from cervical cancer could be avoided if women had Pap tests.<sup>7</sup>

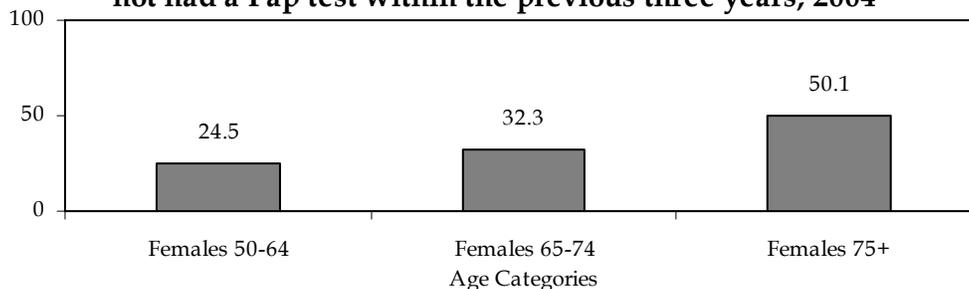
In 2004, 41.8 percent of senior women with an intact cervix had not had a Pap smear within the previous three years. Women aged 65 and older reported not having a Pap test more than twice as often as women aged 18 to 64 (41.8 percent compared with 19.4 percent).

**Percent of Idaho females who had not had a Pap test within the previous three years, 2004**



The percentage of women aged 50 and older who had not received cervical cancer screening within the previous three years increased as age increased.

**Percent of Idaho females aged 50 and older who had not had a Pap test within the previous three years, 2004**



### FEATURED FACTS

- Women aged 65 and older who had not had cervical cancer screening within the previous three years reported not receiving breast cancer screening nearly four times as often as those who had cervical cancer screening (84.5 percent compared with 22.4 percent respectively).
- Women aged 65 and older who had not had cervical cancer screening within the previous three years reported not ever receiving colorectal cancer screening 1.5 times as often as those who had cervical cancer screening (62.6 percent compared with 43.3 percent respectively).

**PREVENTIVE BEHAVIORS**

	No Cholesterol Screening**				No Influenza Vaccine				No Pneumonia Vaccine			
	%	95% CI		n	%	95% CI		n	%	95% CI		n
<u>Sex (65+)</u>												
Male	8.7	5.6	11.8	317	27.4	22.2	32.6	400	38.6	32.9	44.4	385
Female	12.1	9.2	14.9	618	38.3	33.9	42.7	679	40.7	36.2	45.1	669
<u>Age</u>												
18-64	36.7	34.8	38.7	3,687	75.6	74.0	77.2	3,960	85.3	83.8	86.8	3,554
65+	10.6	8.5	12.7	935	33.4	30.0	36.9	1,079	39.8	36.2	43.3	1,054
50-64	16.2	13.8	18.6	1,227	65.5	62.6	68.4	1,371	79.4	76.9	81.9	1,299
65-74	10.1	7.5	12.7	538	36.3	31.8	40.7	623	47.5	42.7	52.2	607
75+	11.1	7.8	14.5	397	30.5	25.2	35.7	456	31.8	26.6	37.0	447
<u>Income (65+)</u>												
< \$15,000	14.9	9.1	20.6	163	35.6	27.6	43.5	171	38.2	29.9	46.6	167
\$15,000 - \$24,999	11.5	6.8	16.2	239	34.8	27.9	41.7	289	36.8	30.0	43.5	278
\$25,000 - \$34,999	10.3	5.3	15.3	151	37.2	28.5	45.8	165	37.3	28.5	46.0	161
\$35,000 - \$49,999	9.6	3.9	15.4	116	34.2	24.0	44.5	125	38.6	28.6	48.6	122
\$50,000+	6.3	1.7	10.9	97	24.9	16.8	33.1	123	46.4	35.7	57.1	122
<u>Education (65+)</u>												
K-11th Grade	17.1	9.7	24.6	129	33.6	24.3	42.8	132	39.5	29.7	49.4	128
12th Grade or GED	12.1	8.5	15.7	364	37.8	31.9	43.7	423	40.8	35.1	46.6	416
Some College	10.7	6.4	15.0	245	33.9	27.5	40.2	296	34.1	27.7	40.5	288
College Graduate+	4.5	1.9	7.0	194	25.7	19.4	31.9	224	44.6	36.5	52.7	218
	No Cervical Cancer Screening											
	%	95% CI		n								
<u>Sex (65+)</u>												
Male	--	--	--	--								
Female	41.8	35.0	48.7	276								
<u>Age</u>												
18-64	19.4	17.1	21.8	1,682								
65+	41.8	35.0	48.7	276								
50-64	24.5	19.9	29.0	450								
65-74	32.3	23.7	40.8	148								
75+	50.1	40.1	60.1	128								
<u>Income (65+)</u>												
< \$15,000	60.1	46.5	73.7	59								
\$15,000 - \$24,999	39.9	25.6	54.3	73								
\$25,000 - \$34,999	*	*	*	*								
\$35,000 - \$49,999	*	*	*	*								
\$50,000+	*	*	*	*								
<u>Education (65+)</u>												
K-11th Grade	*	*	*	*								
12th Grade or GED	48.7	38.0	59.3	108								
Some College	34.6	21.9	47.2	83								
College Graduate+	33.2	17.7	48.6	50								

\*Figure not reliable by BRFSS standards (n<50)

\*\*2003 data provided. These questions were not asked in 2004.

--Not applicable

Note: Please see Appendix A: Understanding the Data Tables for data table and risk factor explanations.

**PREVENTIVE BEHAVIORS**

	No Colorectal Cancer Screening (50+)				No Prostate Cancer Screening (40+)				No Breast Cancer Screening (40+)			
	%	95% CI		n	%	95%CI		n	%	95%CI		n
<u>Sex (65+)</u>												
Male	37.9	32.2	43.5	391	27.3	22.0	32.6	371	--	--	--	--
Female	41.8	37.3	46.3	674	--	--	--	--	39.9	35.4	44.4	650
<u>Age</u>												
<65**	61.2	58.2	64.2	1,370	60.1	56.4	63.7	934	41.0	38.0	44.0	1,369
65+	40.1	36.5	43.6	1,065	27.3	22.0	32.6	371	39.9	35.4	44.4	650
50-64	61.2	58.2	64.2	1,370	44.8	39.9	49.6	529	37.3	33.5	41.2	811
65-74	41.5	36.9	46.1	621	31.0	23.9	38.2	230	34.9	29.4	40.5	368
75+	38.5	33.1	44.0	444	22.6	15.0	30.1	141	44.5	37.6	51.4	282
<u>Income (65+)</u>												
< \$15,000	47.0	38.4	55.5	167	*	*	*	*	52.8	43.2	62.4	136
\$15,000 - \$24,999	44.5	37.5	51.5	286	34.3	23.4	45.2	101	39.8	30.9	48.7	175
\$25,000 - \$34,999	33.0	24.7	41.2	161	26.8	14.6	39.0	72	46.5	34.2	58.8	87
\$35,000 - \$49,999	41.6	30.9	52.3	125	22.3	10.8	33.8	69	14.7	5.6	23.7	51
\$50,000+	28.3	19.4	37.2	122	23.7	12.4	35.0	70	*	*	*	*
<u>Education (65+)</u>												
K-11th Grade	43.4	33.5	53.4	131	*	*	*	*	49.9	36.9	62.8	76
12th Grade or GED	45.2	39.3	51.0	418	29.8	20.4	39.2	131	43.8	36.7	50.9	273
Some College	40.4	33.7	47.2	293	28.8	17.5	40.1	81	34.7	26.8	42.6	200
College Graduate+	29.2	22.1	36.2	219	19.6	11.4	27.7	120	32.1	21.1	43.1	98

\*Figure not reliable by BRFSS standards (n<50)

\*\*The age group under 65 represented varies depending upon the risk factor population. Specifically, the age group under 65 represented for "No Colorectal Cancer Screening" is 50 to 64, the age group under 65 represented for "No Prostate Cancer Screening" is 40 to 64, and the age group under 65 represented for "No Breast Cancer Screening" is 40 to 64.

--Not applicable

Note: Please see Appendix A: Understanding the Data Tables for data table and risk factor explanations.



**INJURY & DISABILITY**

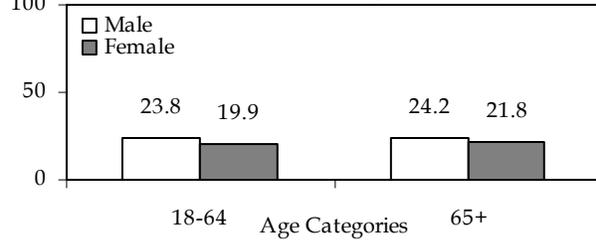
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## FALLS

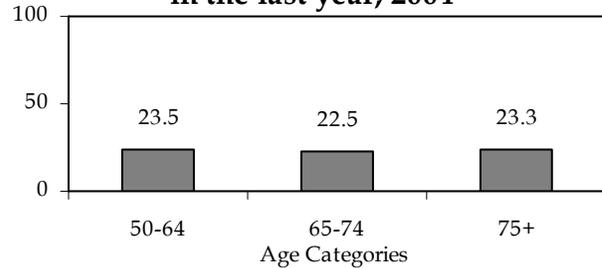
IDAHO ADULTS WHO HAD A FALL IN THE PAST 12 MONTHS, 2004

For seniors, falls are the primary source of injury, disability, hospital admission, and death due to trauma. Many falls are preventable by improving strength, balance, and flexibility through exercise and by reducing hazards in the home.<sup>5</sup>

**Percent of Idaho adults who had a fall in the last year, 2004**



**Percent of Idaho adults aged 50 and older who had a fall in the last year, 2004**



In 2004, 22.9 percent of Idaho adults aged 65 and older experienced a fall. Senior men and women were not significantly different from one another in regards to falling. There were no significant differences in falling between younger adults aged 18 to 64 and seniors. Also, there were no significant differences among older adult age categories.

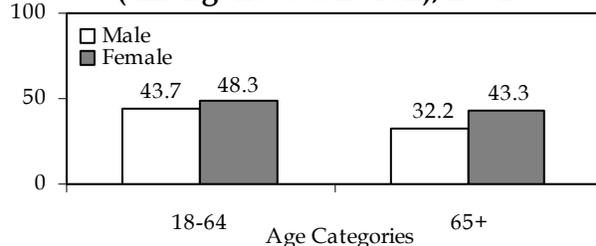
## INJURIES DUE TO FALLS

IDAHO ADULTS WHO WERE INJURED BY A FALL IN THE PAST 12 MONTHS (AMONG THOSE WHO HAD A FALL), 2004

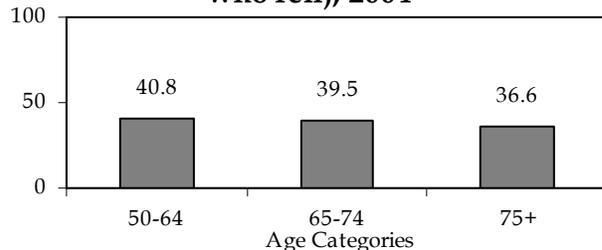
The most severe of fall-related injuries are hip fractures. Fractures, especially hip fractures, reduce the ability to live independently and increase chances of death.<sup>5</sup>

Among those who fell in the past year, 38.1 percent of seniors sustained an injury from falling. Senior women did not have significantly higher reports of injury than senior men. Seniors were not significantly different than younger adults in regard to fall-related injuries. There were no significant differences between older adult age categories.

**Percent of Idaho adults who were injured by a fall in the last year (among those who fell), 2004**



**Percent of Idaho adults aged 50 and older who were injured by a fall in the last year (among those who fell), 2004**



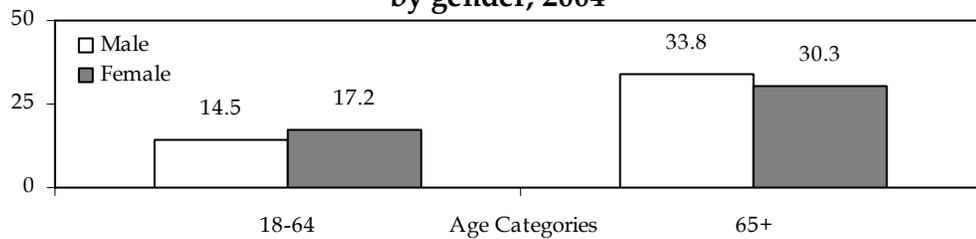
## DISABILITY

IDAHO ADULTS WHOSE ACTIVITIES WERE LIMITED DUE TO PHYSICAL, MENTAL, OR EMOTIONAL PROBLEMS, 2004

Older people with disabilities become more susceptible to other health problems such as weight gain, pain, fatigue, loneliness, depression, high cholesterol, and high blood pressure which in turn reduce health-related quality of life.<sup>10</sup>

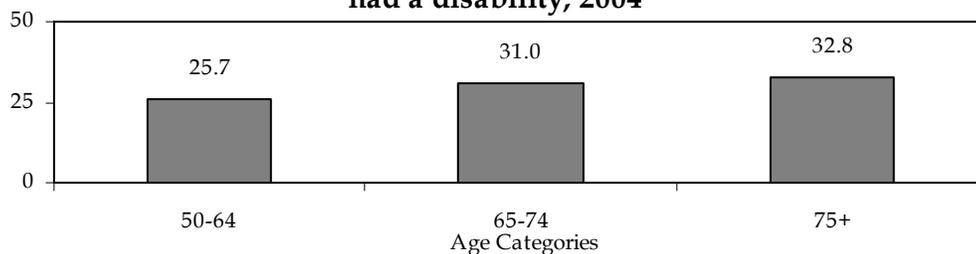
In 2004, 31.9 percent of Idaho adults aged 65 and older had a disability. There were no significant differences in having a disability between senior men and women (33.8 percent of men and 30.3 percent of women). Seniors reported having a disability nearly twice as often as younger adults (31.9 percent compared with 15.8 percent).

**Percent of Idaho adults who had a disability by gender, 2004**



The percentage of older adults with a disability did slightly increase with age among older adult age categories, but there were no significant differences.

**Percent of Idaho adults aged 50 and older who had a disability, 2004**



### FEATURED FACTS

- Seniors with a disability reported their general health status as less than "good" 3.5 times as often as those without a disability (51.5 percent compared with 14.7 percent respectively).
- In 2003, seniors with a disability were significantly more likely to have high blood pressure when compared with those without a disability (61.6 percent and 48.3 percent).
- Adults aged 65 and older with a disability were significantly more likely to be obese than those without a disability (28.5 percent compared with 16.1 percent).
- Seniors with a disability reported having fourteen or more days of poor mental health per month 4.1 times as often as those without a disability (12.4 percent of seniors with a disability compared with 3.0 percent of those without a disability).

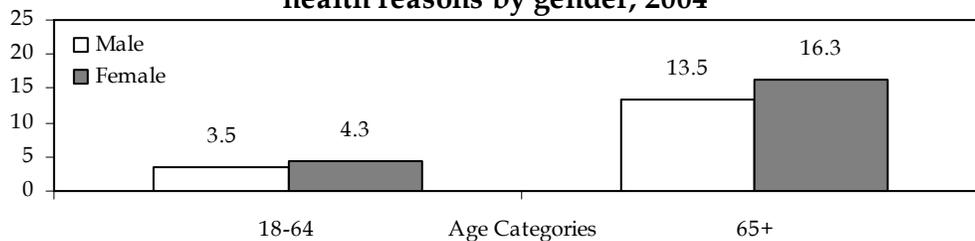
## SPECIAL EQUIPMENT NEED

IDAHO ADULTS WHO NEEDED SPECIAL EQUIPMENT BECAUSE OF A HEALTH PROBLEM, 2004

Some disabled individuals occasionally or consistently use special equipment that aids them in daily activity. Special equipment may include a cane, a walker, a wheelchair, a special bed, or a special phone.

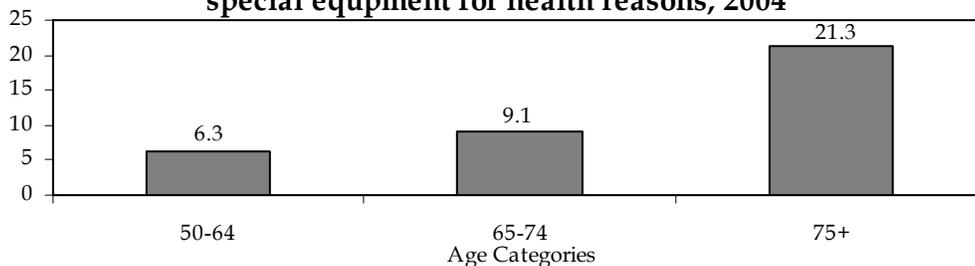
In 2004, 15.0 percent of Idaho seniors reported requiring special equipment for health reasons. No significant differences existed between men and women for special equipment use. Seniors reported using special equipment 3.8 times as often as adults aged 18 to 64 (15.0 percent compared with 3.9 percent respectively).

**Percent of Idaho adults who used special equipment for health reasons by gender, 2004**



The percentage of older adults who used special equipment for health reasons increased with age in older adult age categories. Adults aged 75 and older reported special equipment use about three times as often as adults aged 50 to 74 (21.3 percent compared with 7.0 percent respectively).

**Percent of Idaho adults aged 50 and older who used special equipment for health reasons, 2004**



### FEATURED FACTS

- Seniors who reported special equipment use for health reasons reported less than "good" general health status 3.3 times as often as those who had not reported special equipment use (64.6 percent compared with 19.7 percent).
- Adults aged 65 and older who used special equipment were significantly more likely to report fourteen or more days of poor mental health than those who did not use special equipment.

**INJURY & DISABILITY**

	Falls				Injuries due to Falls				Disability			
	%	95% CI		n	%	95% CI		n	%	95% CI		n
<u>Sex (65+)</u>												
Male	24.2	19.0	29.4	398	32.2	20.9	43.4	95	33.8	28.2	39.5	392
Female	21.8	18.3	25.4	678	43.3	34.4	52.2	155	30.3	26.4	34.3	678
<u>Age</u>												
18-64	21.9	20.3	23.5	3,956	45.8	41.6	50.0	875	15.8	14.5	17.1	3,955
65+	22.9	19.8	26.0	1,076	38.1	30.9	45.2	250	31.9	28.5	35.2	1,070
50-64	23.5	20.9	26.1	1,368	40.8	34.7	47.0	342	25.7	23.1	28.4	1,366
65-74	22.5	18.5	26.5	620	39.5	29.9	49.2	138	31.0	26.7	35.3	618
75+	23.3	18.6	28.0	456	36.6	26.0	47.1	112	32.8	27.6	38.0	452
<u>Income (65+)</u>												
< \$15,000	25.9	18.7	33.1	170	*	*	*	*	42.8	34.5	51.1	170
\$15,000 - \$24,999	24.1	18.0	30.2	286	32.2	20.0	44.4	71	38.7	31.7	45.7	287
\$25,000 - \$34,999	18.8	11.5	26.1	165	*	*	*	*	28.6	20.5	36.7	164
\$35,000 - \$49,999	21.2	12.6	29.9	126	*	*	*	*	29.1	19.5	38.8	125
\$50,000+	23.2	13.7	32.6	123	*	*	*	*	30.1	19.9	40.3	123
<u>Education (65+)</u>												
K-11th Grade	24.4	15.7	33.2	132	*	*	*	*	38.3	28.3	48.3	129
12th Grade or GED	19.5	14.9	24.1	423	28.5	17.7	39.4	85	27.2	22.3	32.0	422
Some College	27.9	21.6	34.3	294	51.0	37.1	64.8	81	33.0	26.8	39.2	293
College Graduate+	21.8	15.4	28.2	223	33.2	17.9	48.4	51	34.8	26.8	42.8	222
	<b>Special Equipment Need</b>											
	%	95% CI		n								
<u>Sex (65+)</u>												
Male	13.5	9.4	17.6	400								
Female	16.3	13.1	19.5	679								
<u>Age</u>												
18-64	3.9	3.1	4.6	3,969								
65+	15.0	12.5	17.6	1,079								
50-64	6.3	4.8	7.7	1,372								
65-74	9.1	6.8	11.4	622								
75+	21.3	16.8	25.8	457								
<u>Income (65+)</u>												
< \$15,000	23.8	16.8	30.8	170								
\$15,000 - \$24,999	19.1	13.4	24.8	289								
\$25,000 - \$34,999	16.4	10.0	22.7	165								
\$35,000 - \$49,999	5.8	1.6	9.9	126								
\$50,000+	10.6	2.4	18.8	123								
<u>Education (65+)</u>												
K-11th Grade	23.7	15.0	32.4	132								
12th Grade or GED	13.4	9.8	17.0	424								
Some College	15.4	10.6	20.2	295								
College Graduate+	12.6	6.8	18.3	224								

\*Figure not reliable by BRFSS standards (n<50)

Note: Please see Appendix A: Understanding the Data Tables for data table and risk factor explanations.





**ORAL HEALTH**

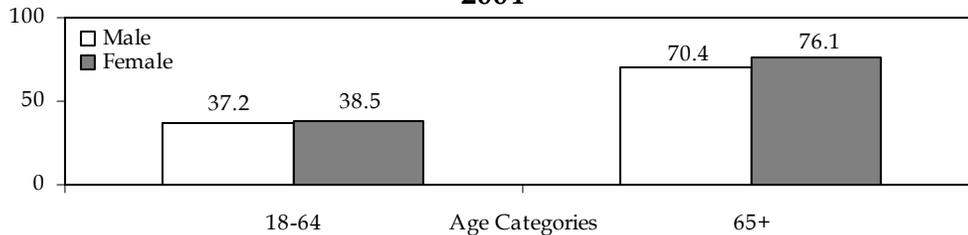
## NO DENTAL INSURANCE

IDAHO ADULTS WHO DID NOT HAVE DENTAL INSURANCE, 2004

Lack of dental coverage is a risk factor for poor oral health. Many older Americans do not have dental insurance and are considered at high risk for tooth loss, gum disease, and dental decay. The majority of seniors utilize Medicare which was not designed to provide routine dental care.<sup>11</sup>

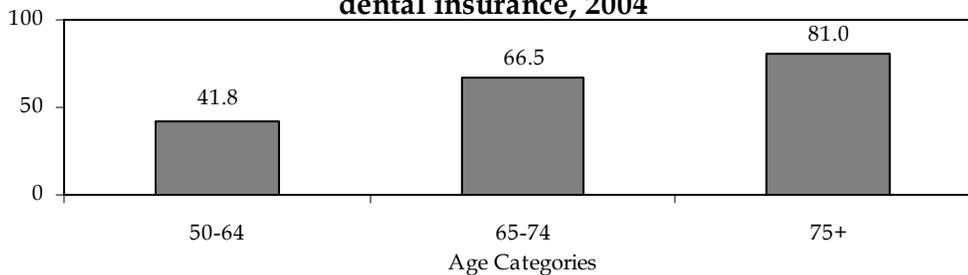
In 2004, 73.6 percent of Idaho seniors did not have dental insurance. Senior women were not significantly more likely to be lacking dental insurance than senior men. Seniors reported not having dental insurance almost twice as often as younger adults (73.6 percent for seniors and 37.9 percent for younger adults).

**Percent of Idaho adults who had no dental insurance, 2004**



The percentage of older adults without dental insurance significantly increased as age increased in older adult age categories. Those aged 75 and older were significantly more likely to not have dental coverage than those aged 65 to 74. And, those aged 65 to 74 were significantly more likely to not have dental coverage than those aged 50 to 64.

**Percent of Idaho adults aged 50 and older who had no dental insurance, 2004**



### FEATURED FACTS

- Seniors without dental coverage were significantly more likely to have not had a dental visit within the last year than those with dental coverage (43.7 percent compared with 24.8 percent).
- Seniors without dental coverage had a higher percentage of complete tooth loss than those with dental coverage, but the difference was not significant.

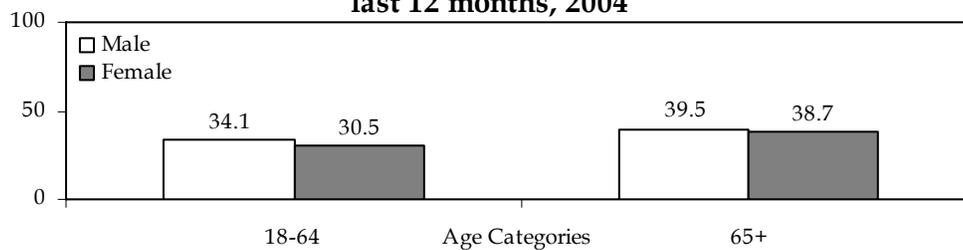
## NO DENTAL VISITS

IDAHO ADULTS WHO HAD NOT VISITED A DENTIST WITHIN THE LAST YEAR, 2004

One way to improve or maintain oral health is to get routine professional dental care. Even for adults without any natural teeth, visiting a dentist ensures the overall health of the mouth and offers early detection of cancer.<sup>11</sup>

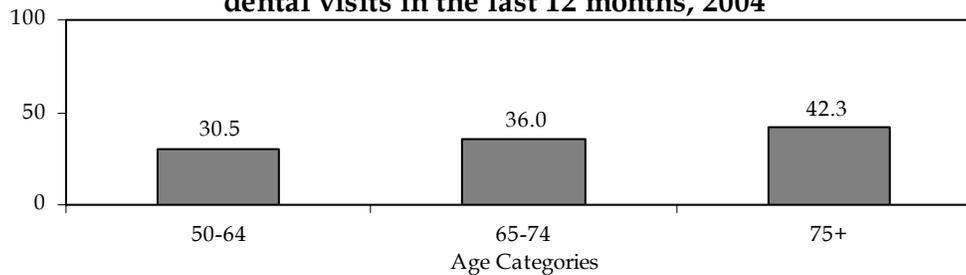
In 2004, 39.1 percent of Idaho adults aged 65 and older had not visited a dentist within the last year. There were no significant differences between senior men and women in regards to dental visits. Seniors were significantly more likely to have no dental visits than younger adults (39.1 percent compared with 32.3 percent respectively).

**Percent of Idaho adults who had no dental visits in the last 12 months, 2004**



The percentage of adults not having a dental visit in the last 12 months increased as age increased in older adult age categories. Adults aged 75 and older were significantly more likely to have not had a dental check-up than those aged 50 to 64.

**Percent of Idaho adults aged 50 and older who had no dental visits in the last 12 months, 2004**



### FEATURED FACTS

- Seniors who had not visited a dentist in the last year were significantly more likely to report less than "good" general health status than those who had visited a dentist (32.7 percent compared with 21.4 percent respectively).
- Adults aged 65 and older who had at least some college education were significantly more likely to have visited a dentist within the previous year than those without a high school diploma.

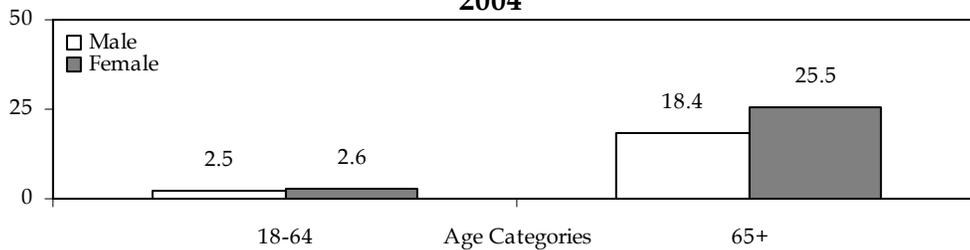
## COMPLETE TOOTH LOSS

IDAHO ADULTS WHO HAD LOST ALL OF THEIR NATURAL TEETH DUE TO TOOTH DECAY OR GUM DISEASE, 2004

Diet and nutrition are often drastically affected by tooth loss. Individuals without teeth typically prefer soft, easily chewed foods and will avoid fresh fruits and vegetables because of the inability to chew.<sup>11</sup>

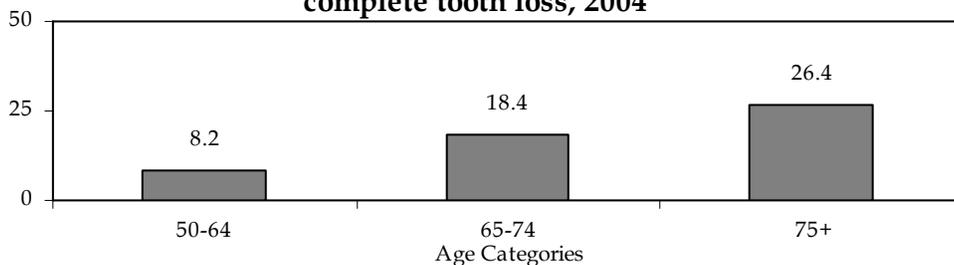
In 2004, 22.3 percent of Idaho adults aged 65 and older had lost all of their natural teeth due to tooth decay or gum disease. No significant differences existed between senior men and women in regards to tooth loss. Seniors reported complete tooth loss nearly nine times as often as younger adults (22.3 percent for seniors and 2.5 percent for younger adults).

**Percent of Idaho adults who had complete tooth loss, 2004**



The percentage of older adults who had lost all permanent teeth increased as age increased among older adult age categories. Those aged 65 and older were significantly more likely to have complete tooth loss than those aged 50 to 64.

**Percent of Idaho adults aged 50 and older who had complete tooth loss, 2004**



### FEATURED FACTS

- Adults aged 65 and older who smoked cigarettes reported complete tooth loss more than twice as often as those who had not smoked cigarettes (45.5 percent compared with 20.5 percent respectively).
- The percentage of seniors with complete tooth loss decreased as household income increased. Seniors with an income of less than \$15,000 were significantly more likely to have lost all permanent teeth than those in higher income brackets.

## ORAL HEALTH, 2004

	No Dental Insurance			No Dental Visits			Complete Tooth Loss					
	%	95% CI		n	%	95% CI		n	%	95% CI		n
<u>Sex (65+)</u>												
Male	70.4	64.9	76.0	393	39.5	33.6	45.4	393	18.4	13.5	23.2	391
Female	76.1	71.9	80.2	670	38.7	34.3	43.1	663	25.5	21.4	29.5	655
<u>Age</u>												
18-64	37.9	36.0	39.7	3,930	32.3	30.5	34.2	3,949	2.5	2.1	3.0	3,937
65+	73.6	70.2	76.9	1,063	39.1	35.5	42.6	1,056	22.3	19.1	25.4	1,046
50-64	41.8	38.7	44.8	1,364	30.5	27.6	33.3	1,365	8.2	6.6	9.9	1,352
65-74	66.5	62.0	71.1	616	36.0	31.5	40.5	616	18.4	14.8	21.9	603
75+	81.0	76.0	85.9	447	42.3	36.7	47.9	440	26.4	21.2	31.5	443
<u>Income (65+)</u>												
< \$15,000	83.0	76.2	89.8	168	56.0	47.4	64.7	165	39.3	31.0	47.6	166
\$15,000 - \$24,999	75.8	69.0	82.7	286	44.4	37.3	51.5	284	25.5	19.3	31.7	280
\$25,000 - \$34,999	75.7	67.9	83.5	163	37.9	29.1	46.6	164	18.2	11.6	24.9	161
\$35,000 - \$49,999	75.5	67.1	84.0	123	35.9	24.8	46.9	125	13.4	4.5	22.4	124
\$50,000+	55.0	44.4	65.6	122	20.0	10.7	29.3	122	8.8	2.9	14.7	121
<u>Education (65+)</u>												
K-11th Grade	78.8	69.4	88.2	128	55.8	45.3	66.4	124	41.5	31.1	51.9	127
12th Grade or GED	76.3	70.8	81.8	417	47.1	41.2	53.0	415	30.5	24.8	36.2	411
Some College	75.2	68.9	81.5	293	37.7	30.9	44.5	293	18.0	12.6	23.4	288
College Graduate+	63.9	56.4	71.5	221	18.2	11.9	24.4	220	3.3	1.1	5.4	217

Note: Please see Appendix A: Understanding the Data Tables for data table and risk factor explanations.





**APPENDICES**

## UNDERSTANDING THE DATA TABLES

**A.** This title refers to the risk factor.

**B.** The labels on the left side of the table refer to the particular group the numbers represent. For example, the row labeled "Female" under the "Sex (65+)" heading will contain data for women aged 65 and older in Idaho. In the example table provided, the data could be interpreted (see circled data point):

"In Idaho, 17.1 percent of females aged 65 and older were at risk for this risk factor."

**C.** "n" refers to the number of people sampled who responded to the question within the demographic group indicated. It does NOT represent the number of people who have the risk factor in the population. An asterisk indicates that fewer than 50 people in the group responded (see Methodology and Reporting sections on pages 2 and 3 for explanation on sampling and suppressing data for sample sizes less than 50). In the example table provided, the data could be interpreted (see boxed data point):

"In Idaho, there were 1,080 people aged 65 and older who responded to the question."

**D.** The shaded column contains the prevalence (percent) of the risk factor. This percentage is a weighted percentage and is not calculated using the sample frequencies from the column containing "n". Therefore, it is not possible to calculate the prevalence by simply dividing "n" by the total number of people sampled for the year.

**E.** The two numbers in the column labeled "95% CI" are the lower and upper limits of the confidence interval. Confidence intervals are a way to measure sampling error and define the range of values where the "true" percentage would be found. This interval can be interpreted to mean that there is a 95% certainty that the true prevalence of the risk factor in the population falls within the confidence interval. In the example table provided, the data could be interpreted like this:

"For this risk factor, the prevalence for males aged 65 and older was 14.4 percent in Idaho. We can say, with 95% certainty, the actual population prevalence falls within the range of 10.5 percent and 18.2 percent."

		<b>A</b> Risk Factor			
		%	95% CI		<b>C</b> n
<b>D</b>					
<u>Sex (65+)</u>			<b>E</b>		
	Male	14.4	10.5	18.2	400
<b>B</b>	Female	17.1	13.8	20.4	680
<u>Age</u>					
	18-64	4.3	3.6	5.1	3,969
	65+	15.9	13.4	18.4	1,080

## UNDERSTANDING THE DATA TABLES

**Risk Factor Title:** A risk factor is a behavior, condition, or situation which increases susceptibility to various health problems.

**Risk Factor Explanation:** This is a complete explanation of the risk factor including the population to which the risk factor applies. For most questions, the population will be the Idaho adult (aged 18 and over) population. However, for some calculated variables and some risk factors, the population may be a subset of adults aged 18 and over. For example, the prostate cancer screening section on page 40 only includes men aged 40 and older since only they were asked questions about prostate cancer screening.

**Year:** This is the year in which the data for the risk factor was obtained. Most risk factors and variables were obtained in 2004, which is the most recent data. However, some risk factors and variables were obtained in 2003 because questions relating to those risk factors and variables were not asked in 2004.

**Page:** This is the page in the report where the corresponding data summary can be found.

Risk Factor Title	Risk Factor Explanation	Year	Page
No Health Care Coverage	Idaho adults who had no health care coverage	2004	12
"Good" or Better Health Care Satisfaction	Idaho adults who rated health care satisfaction as "good" or better	2004	13
"Fair" or "Poor" General Health Status	Idaho adults who reported their general health was "fair" or "poor"	2004	14
14+ Days of Poor Mental Health	Idaho adults who experienced fourteen or more days of poor mental health per month	2004	15
Diabetes	Idaho adults who had ever been told they had diabetes	2004	20
Asthma	Idaho adults who were diagnosed and still had asthma	2004	21
Arthritis	Idaho adults who had ever been told they had arthritis	2003	22
High Cholesterol	Idaho adults who were ever told they had high cholesterol (among those screened)	2003	23
High Blood Pressure	Idaho adults who were ever told they had high blood pressure	2003	24
Low Fruit & Vegetable Consumption	Idaho adults who did not consume five or more servings of fruits and vegetables per day	2003	28
No Leisure Time Physical Activity	Idaho adults who did not participate in leisure time physical activity	2004	29
Overweight	Idaho adults who were overweight (BMI $\geq$ 25.0)	2004	30
Obesity	Idaho adults who were obese (BMI $\geq$ 30.0)	2004	30

Risk Factor Title	Risk Factor Explanation	Year	Page
Cigarette Smoking	Idaho adults who had ever smoked at least 100 cigarettes and who currently smoke cigarettes everyday or some days	2004	32
No Cholesterol Screening	Idaho adults who had not had cholesterol checked within the last five years	2003	36
No Influenza Vaccine	Idaho adults who had not received an influenza shot or spray within the last year	2004	37
No Pneumonia Vaccine	Idaho adults who had never received a pneumonia vaccine	2004	38
No Colorectal Cancer Screening	Idaho adults aged 50 and older who have never had a sigmoidoscopy or colonoscopy	2004	39
No Prostate Cancer Screening	Idaho men aged 40 and older who have not had a Prostate Specific Antigen (PSA) test within the previous two years	2004	40
No Breast Cancer Screening	Idaho women aged 40 and older who have not had a mammogram and clinical breast exam within the previous two years	2004	41
No Cervical Cancer Screening	Idaho women who have not had a Pap smear within the previous three years	2004	42
Falls	Idaho adults who had a fall in the past 12 months	2004	46
Injuries Due to Falls	Idaho adults who were injured by a fall in the past 12 months (among those who had a fall)	2004	46
Disability	Idaho adults whose activities were limited due to mental, physical, or emotional problems	2004	47
Special Equipment Need	Idaho adults who needed special equipment because of a health problem	2004	48
No Dental Insurance	Idaho adults who did not have dental insurance	2004	52
No Dental Visits	Idaho adults who had not visited a dentist within the last year	2004	53
Complete Tooth Loss	Idaho adults who had lost all of their natural teeth due to tooth decay or gum disease	2004	54

## VITAL STATISTICS TABLES

IDAHO RESIDENT DEATHS  
Ten Leading Causes of Death to 18-64 Year Olds  
Number and Rate per 100,000 Population  
2004

CAUSE OF DEATH	18-64	
	Number	Rate <sup>1</sup>
TOTAL	2,335	270.8
1. Malignant neoplasms	629	73.0
2. Diseases of heart	424	49.2
3. Accidents	344	39.9
4. Intentional self-harm (suicide)	196	22.7
5. Diabetes mellitus	77	8.9
6. Chronic liver disease and cirrhosis	75	8.7
7. Cerebrovascular diseases	72	8.4
8. Chronic lower respiratory diseases	70	8.1
9. Assault (homicide)	28	3.2
10. Influenza and pneumonia	17	2.0
All other causes	403	46.7

1. Age Specific Death Rate: Number of deaths in specified age group per 100,000 population in corresponding age group.

IDAHO RESIDENT DEATHS  
Ten Leading Causes of Death to 65+ Year Olds  
Number and Rate per 100,000 Population  
2004

CAUSE OF DEATH	65+	
	Number	Rate <sup>1</sup>
TOTAL	7,429	4,681.3
1. Diseases of heart	2,012	1,267.8
2. Malignant neoplasms	1,586	999.4
3. Cerebrovascular diseases	635	400.1
4. Chronic lower respiratory diseases	502	316.3
5. Alzheimer's disease	338	213.0
6. Diabetes mellitus	264	166.4
7. Influenza and pneumonia	200	126.0
8. Accidents	185	116.6
9. Parkinson's disease	106	66.8
10. Nephritis, nephrotic syndrome, and nephrosis	103	64.9
All other causes	1,498	943.9

1. Age Specific Death Rate: Number of deaths in specified age group per 100,000 population in corresponding age group.

IDAHO RESIDENT DEATHS  
Ten Leading Causes of Death to 50-64 Year Olds  
Number and Rate per 100,000 Population  
2004

CAUSE OF DEATH	50-64	
	Number	Rate <sup>1</sup>
TOTAL	1,397	612.4
1. Malignant neoplasms	472	206.9
2. Diseases of heart	312	136.8
3. Accidents	95	41.6
4. Chronic lower respiratory diseases	59	25.9
5. Cerebrovascular diseases	56	24.5
6. Diabetes mellitus	53	23.2
7. Intentional self-harm (suicide)	52	22.8
8. Chronic liver disease and cirrhosis	48	21.0
9. In situ, benign, and uncertain neoplasms	8	3.5
10. Influenza and pneumonia <sup>2</sup>	7	3.1
Viral Hepatitis <sup>2</sup>	7	3.1
All other causes	228	99.9

1. Age Specific Death Rate: Number of deaths in specified age group per 100,000 population in corresponding age group.

2. Influenza and pneumonia and Viral Hepatitis were tied for the tenth leading cause of death to Idaho residents aged 50-64.

IDAHO RESIDENT DEATHS  
Ten Leading Causes of Death to 65-74 Year Olds  
Number and Rate per 100,000 Population  
2004

CAUSE OF DEATH	65-74	
	Number	Rate <sup>1</sup>
TOTAL	1,627	1,949.6
1. Malignant neoplasms	537	643.5
2. Diseases of heart	378	452.9
3. Chronic lower respiratory diseases	136	163.0
4. Cerebrovascular diseases	98	117.4
5. Diabetes mellitus	78	93.5
6. Accidents	50	59.9
7. Chronic liver disease and cirrhosis	22	26.4
8. Influenza and pneumonia	18	21.6
9. In situ, benign, and uncertain neoplasms	18	21.6
10. Intentional self-harm (suicide) <sup>2</sup>	17	20.4
Nephritis, nephrotic syndrome, and nephrosis <sup>2</sup>	17	20.4
All other causes	258	309.2

1. Age Specific Death Rate: Number of deaths in specified age group per 100,000 population in corresponding age group.

2. Intentional self-harm (suicide) and Nephritis, nephrotic syndrome, and nephrosis were tied for the tenth leading cause of death to Idaho residents aged 65-74.

IDAHO RESIDENT DEATHS  
Ten Leading Causes of Death to 75+ Year Olds  
Number and Rate per 100,000 Population  
2004

CAUSE OF DEATH	75+	
	Number	Rate <sup>1</sup>
TOTAL	5,802	7,711.2
1. Diseases of heart	1,634	2,171.7
2. Malignant neoplasms	1,049	1,394.2
3. Cerebrovascular diseases	537	713.7
4. Chronic lower respiratory diseases	366	486.4
5. Alzheimer's disease	324	430.6
6. Diabetes mellitus	186	247.2
7. Influenza and pneumonia	182	241.9
8. Accidents	135	179.4
9. Parkinson's disease	94	124.9
10. Nephritis, nephrotic syndrome, and nephrosis	86	114.3
All other causes	1,209	1,606.8

1. Age Specific Death Rate: Number of deaths in specified age group per 100,000 population in corresponding age group.

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