

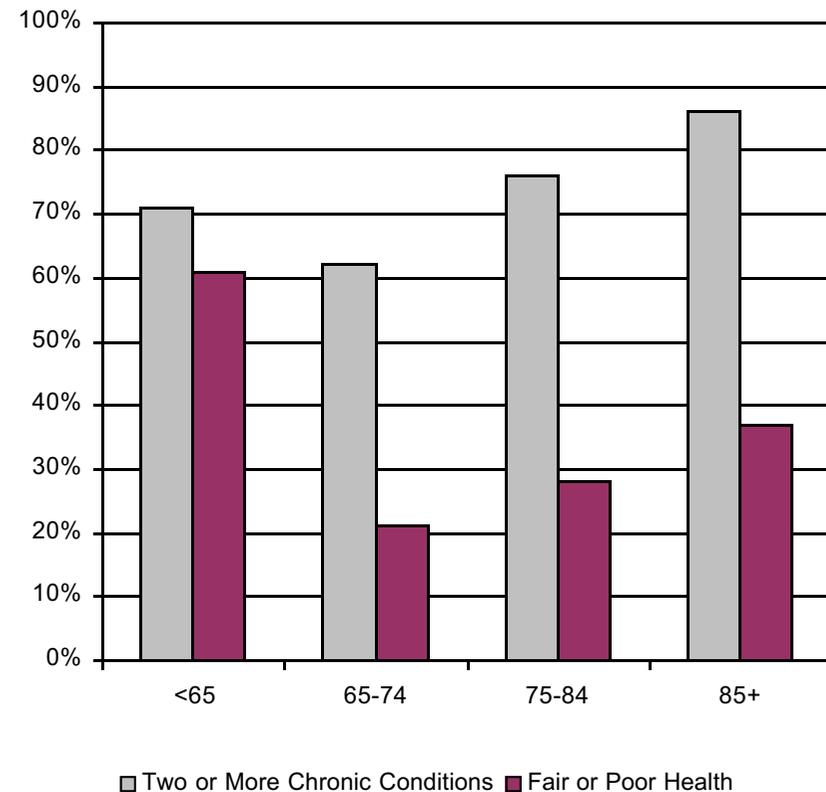
# Section 2

## Health Status

### Health Status, By Age

- Sixty-one percent of disabled beneficiaries considered their health fair or poor, while only 21 percent of those aged 65 to 74 classified their health as fair or poor. The percentage of aged beneficiaries who reported their health as fair or poor increased with age.
- Seventy-eight percent of beneficiaries aged 85 or older reported some type of functional limitation. Nearly 60 percent of those over age 84 could not perform one or more ADL(s).
- As age increased, the percentage of aged beneficiaries with two or more chronic conditions also increased. Beneficiaries over age 84 were more likely to have Parkinson's Disease, Alzheimer's Disease, stroke, osteoporosis or a broken hip. Cancer rates were highest for beneficiaries in the 75 to 84 age group. Disabled beneficiaries had higher than average rates of diabetes and Pulmonary disease.
- Sixty-four percent of beneficiaries over age 84 said they had never smoked. The percentage of beneficiaries who have never smoked increased significantly in the higher age groups.
- Overall, community beneficiaries over age 74 were the most likely to receive flu or pneumonia shots.

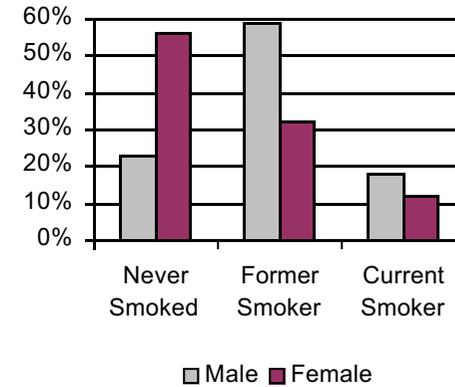
Beneficiaries with Two or More Chronic Conditions and Fair or Poor Health, By Age



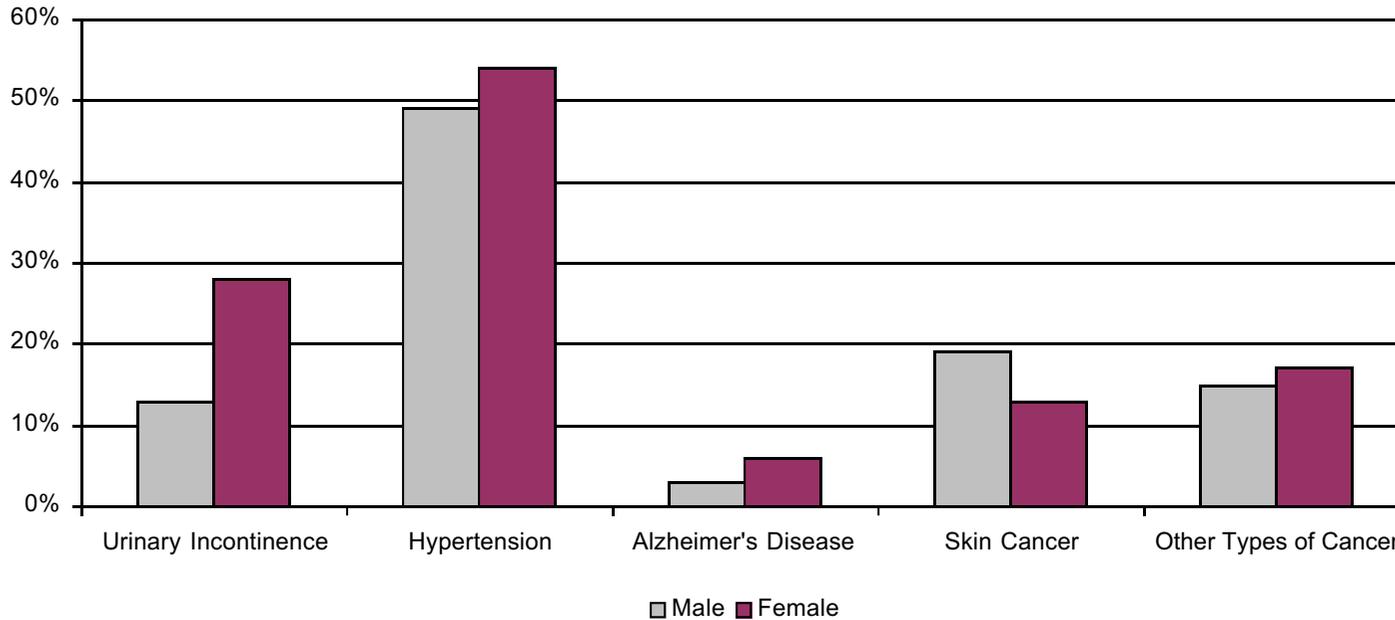
### Health Status, By Gender

- Male beneficiaries had higher rates of Pulmonary Disease and skin cancer. Female beneficiaries had a higher incidence of osteoporosis and broken hip (21 percent of all females as compared to six percent of all males), Alzheimer's Disease, urinary incontinence, arthritis, hypertension, and cancer (excluding skin cancer).
- Nearly 40 percent of female beneficiaries over age 84 reported they could not perform three to five ADLs compared to only 28 percent of men in that age group.
- Seventy-four percent of females compared to 65 percent of male beneficiaries had two or more chronic conditions.
- A large portion of female beneficiaries never smoked while most male beneficiaries were former or current smokers.

### Smoking, By Gender

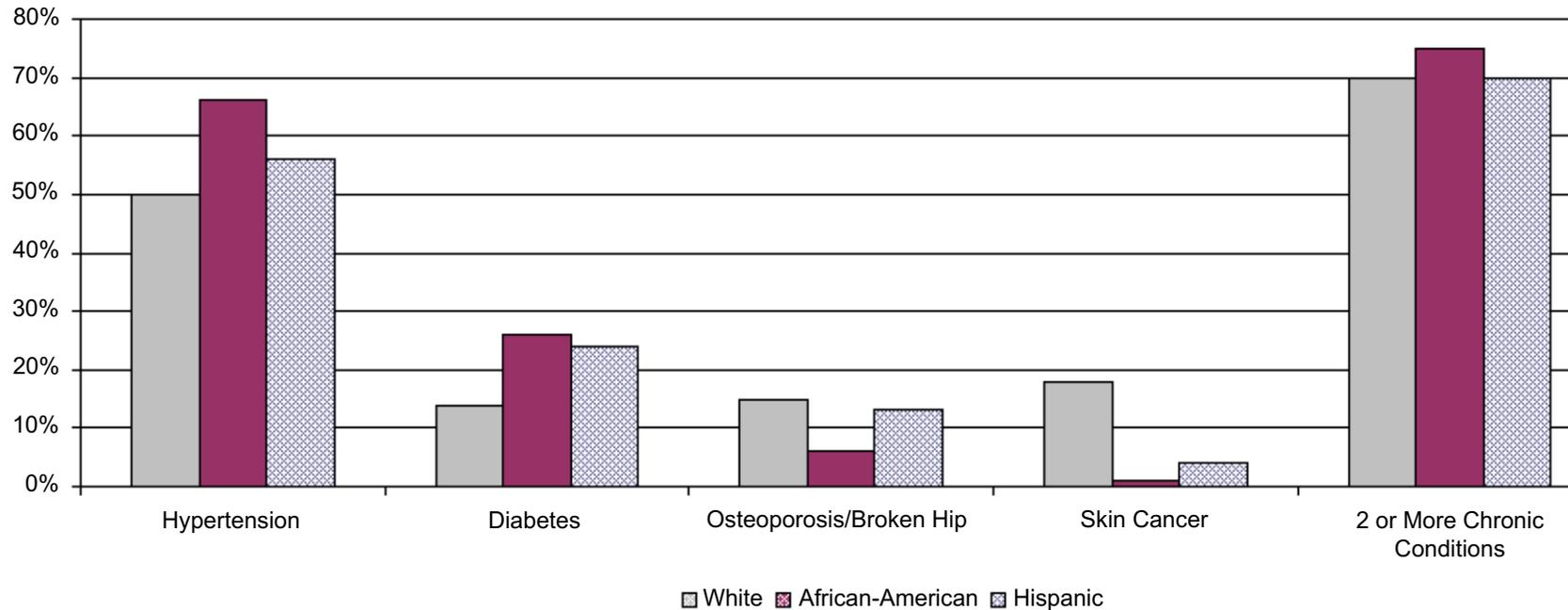


### Diseases/Conditions, By Gender



## Health Status, By Race and Ethnicity

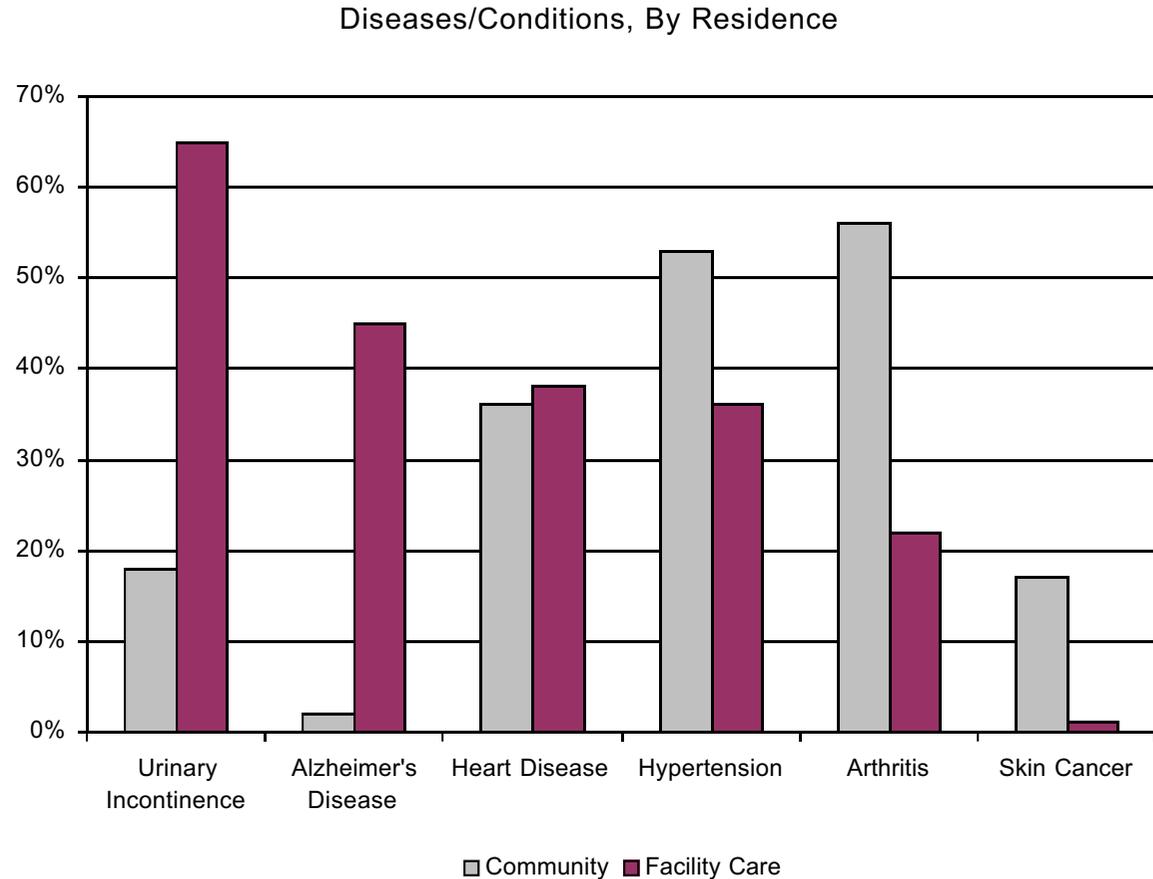
### Diseases/Conditions, By Race and Ethnicity



- Forty-three percent of white beneficiaries and only 28 percent of African-American or Hispanic beneficiaries considered their health very good or excellent.
- A slightly higher percentage of African-American beneficiaries had two or more chronic conditions than Hispanic or white beneficiaries. African-American and Hispanic beneficiaries had a higher incidence of hypertension and diabetes than white beneficiaries, but had lower rates of osteoporosis, broken hip, and skin cancer.
- African-American beneficiaries were more likely than Hispanic or white beneficiaries to have one or more functional limitation(s).
- A larger percentage of African-American beneficiaries currently smoked (21 percent) than Hispanic or white beneficiaries (12 and 14 percent respectively). Hispanic beneficiaries were the most likely to have never smoked.

## Health Status, By Residence

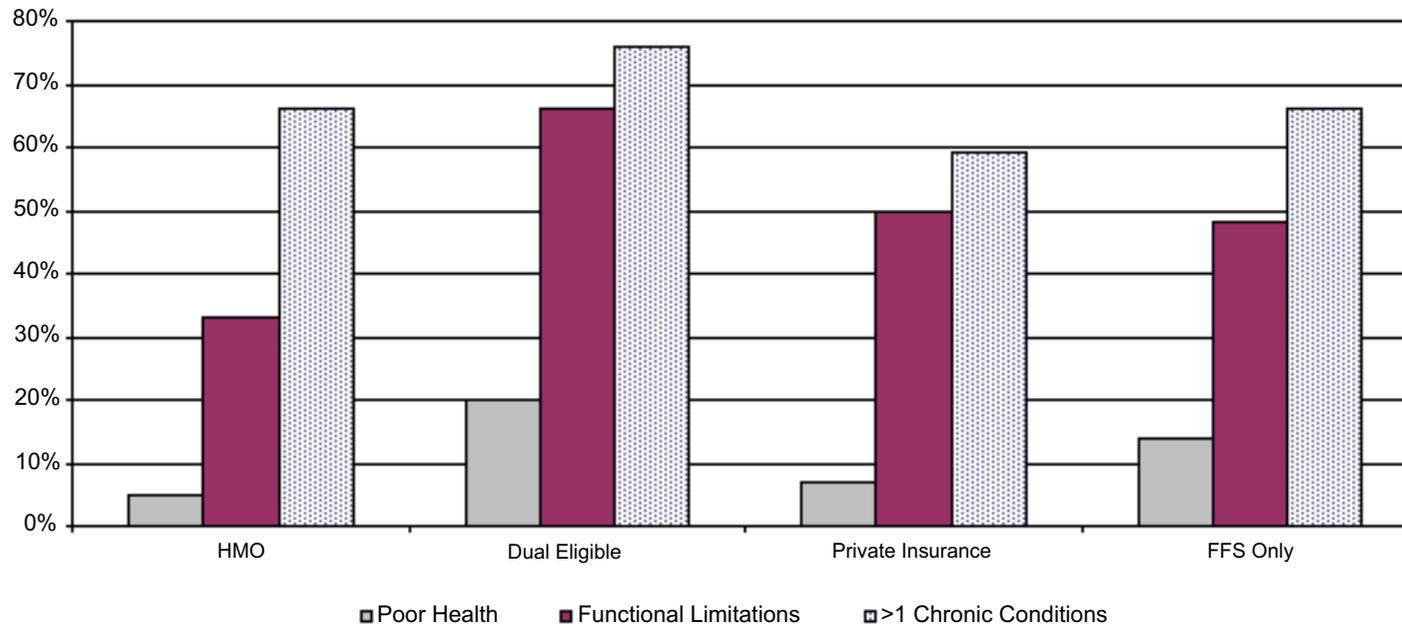
- While beneficiaries in the community generally considered themselves in good health, over one-third of beneficiaries who lived with their children or others and about one-quarter of beneficiaries who lived alone or with a spouse considered their health only fair or poor. Nearly two-thirds of beneficiaries living in facilities were reportedly in fair or poor health.
- All beneficiaries in facilities had some functional limitation and 95 percent were unable to perform one or more ADL(s). In the community about 60 percent of those that lived with children or others had a functional limitation. In comparison, functional limitations were reported by only 44 percent of those who lived alone and 34 percent of those who lived with a spouse.



- Ninety percent of beneficiaries in facilities had two or more chronic conditions compared to only 69 percent of beneficiaries living in the community.
- Beneficiaries in facility care had much higher rates of urinary incontinence and Alzheimer's Disease. Beneficiaries in the community had higher rates of hypertension, arthritis, and skin cancer.

## Health Status, By Insurance Type

Beneficiaries in Poor Health, with Functional Limitations,  
or More Than One Chronic Condition/Disease, By Insurance Type



- Dually eligible beneficiaries were much more likely than other community beneficiaries to be in poor health, have some type of functional limitation, and have more than one chronic condition.
- Beneficiaries in HMOs were less likely to be in poor health or have functional limitations than other community beneficiaries.