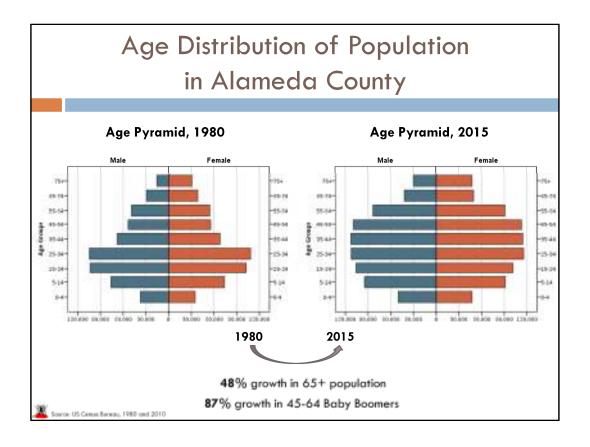
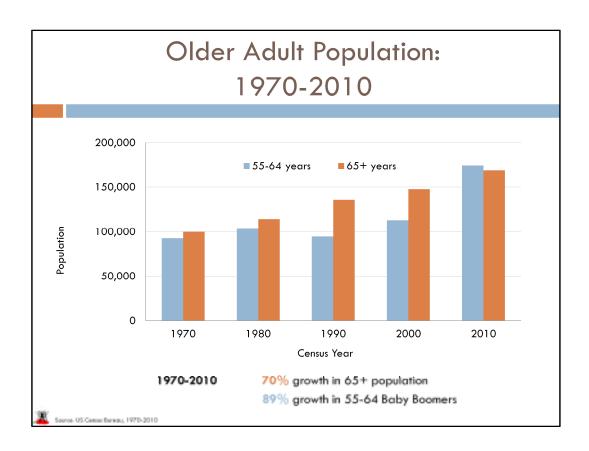


- This slide set was produced by the Alameda County Public Health Department Community Assessment, Planning, and Evaluation (CAPE) Unit.
- It aims to compile current data about the pressing health and social needs of the rapidly growing older adult (ages 65+) population in Alameda County.
- Slides/data may be referenced and/or reproduced in reports, presentations, and publications with the Alameda County Public Health logo and the recommended citation:
 - Alameda County Public Health Department, "Older Adults in Alameda County", March 2016.

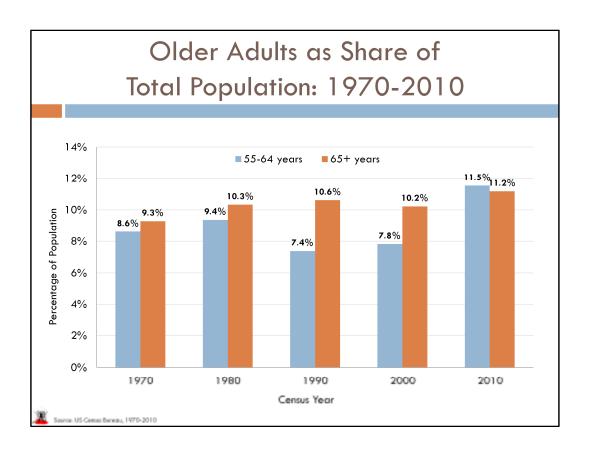
DEMOGRAPHICS & SOCIAL DETERMINANTS OF HEALTH



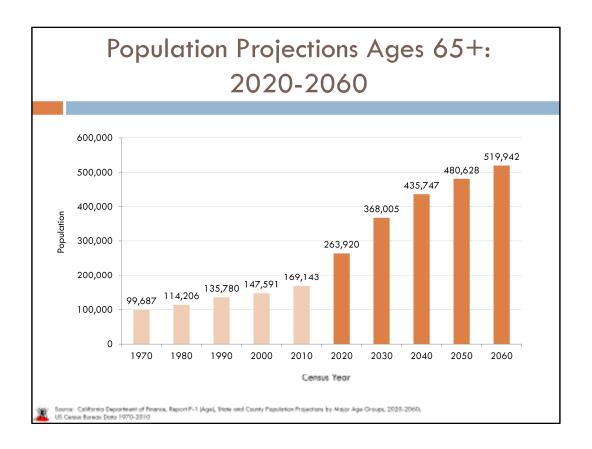
- The population in Alameda County is rapidly aging, as illustrated by the upwards shift toward older age groups between the 1980 and 2010 population age pyramids.
- Between 1980 and 2015, the older adult (65+) population grew by 48% and the number of adults between ages 45-64 (the fast-growing Baby Boomer segment that will reach 65 over the next two decades) increased by 87%.



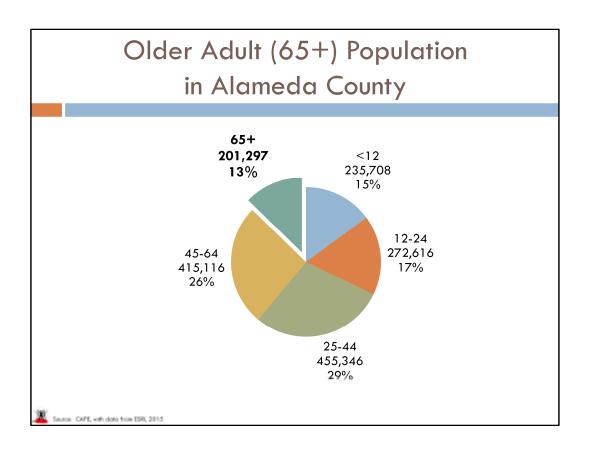
• Between 1970 to 2010, the older adult (65+) population grew by 70% and the number of adults between ages 55-64 (the fast-growing Baby Boomer segment that will reach 65 in the next decade) increased by 89%.



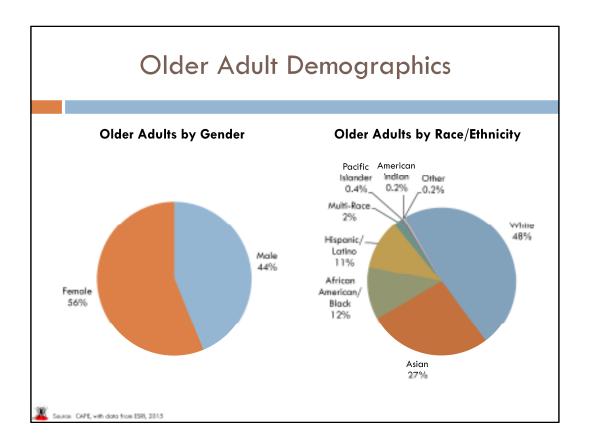
• Older adults represent an increasing share of the population, growing from 9% in 1970 to 11% in 2010.



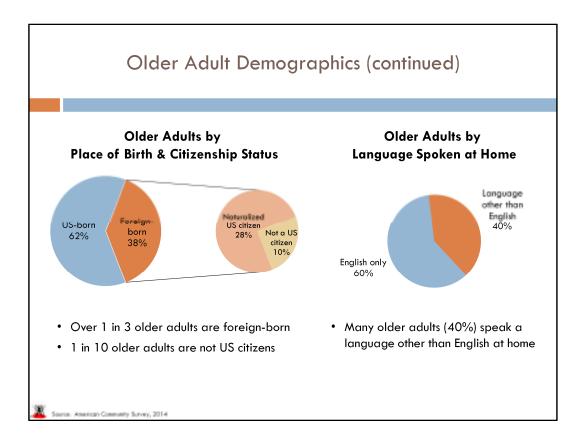
- Over the next 5 decades (by 2060), the older adult population is projected to more than triple (from its size in 2010).
- While the older adult population continues to grow dramatically, the support system for seniors has remained flat or been cut.



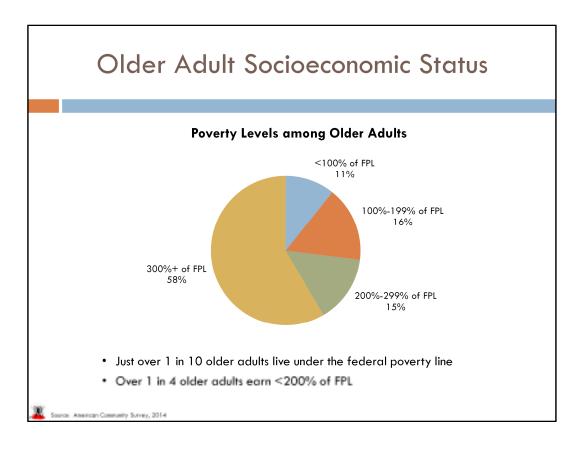
• In 2015, over 200,000 older adults (65+) live in Alameda County, accounting for about 13% of the County's population.



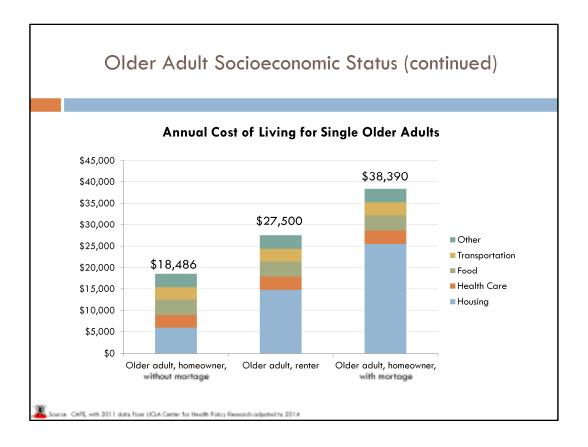
- The older adult population is slightly skewed toward females (56% female, 44% male).
- Almost one-half of the older adult population is White and just over one-fourth is Asian. Compared to the overall population in Alameda County, Whites are over-represented among older adults and Latinos are under-represented.



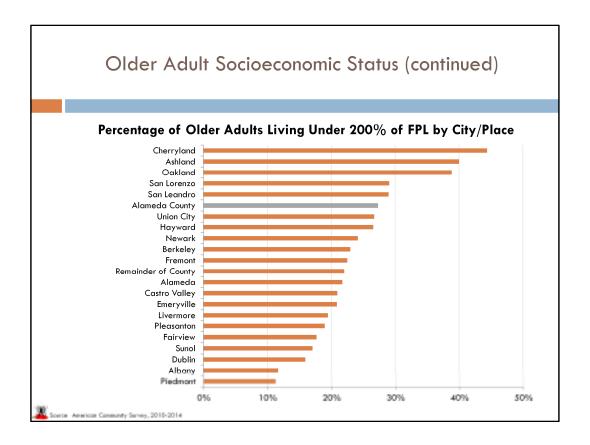
- 38% of older adults are foreign-born and about 10% are not US citizens.
- 40% speak a language other than English at home.
- Older adult immigrants tend to have less personal income than their native-born counterparts and to receive fewer benefits from traditional entitlement programs like Social Security and Medicare.
- As a result of their immigrant status as well as economic, linguistic, and cultural barriers, they can face multiple challenges accessing necessary healthcare and support services. [Population Reference Bureau, 2013]



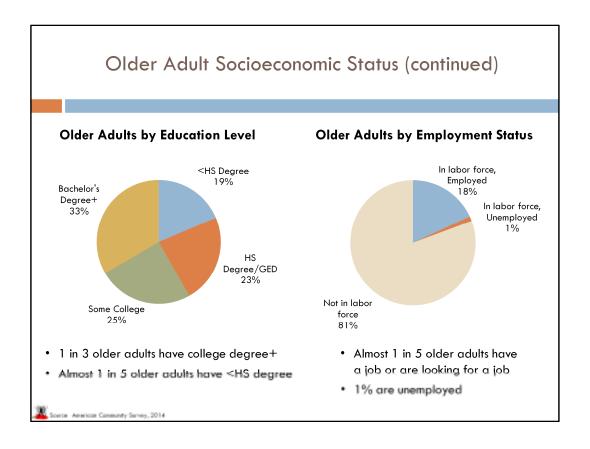
- 11% of older adults or over 20,000 older adults live in poverty (<100% of or below the federal poverty line).
- Over 1 in 4 older adults (27%) earn less than 200% of the federal poverty line which means they are likely struggling to make ends meet given high costs of living in the Bay Area.



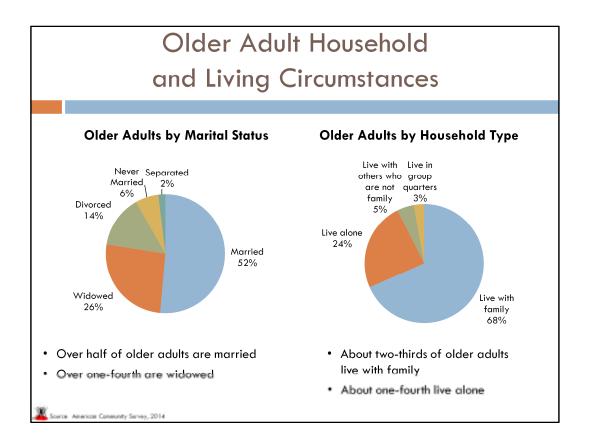
- The Elder Economic Security Index (developed by the UCLA Center for Health Policy Research) measures the minimum income older adults need to cover basic living expenses. For example, an older adult renter needs \$27,500 per year to cover housing, health care, food, transportation, and other basic living expenses. An older adult with a mortgage needs \$38,390.
- It is estimated that almost half (or 49%) of single older adult households (where one 65+ person lives alone) and over one-fifth (or 21%) of older adult couple households (where one or both are 65+ and live in a 2-person household) do have enough money (or annual income) to cover basic living expenses (CAPE, with 2014 1-year American Community Survey PUMS data).
- Older adult renters are especially hard hit and over-burdened by basic costs of living.
- In 2013, the median social security payment for a single older adult was \$10,1000 and the maximum SSI/SSP payment was \$10,397 – both of which are considerably lower than the basic costs of living.



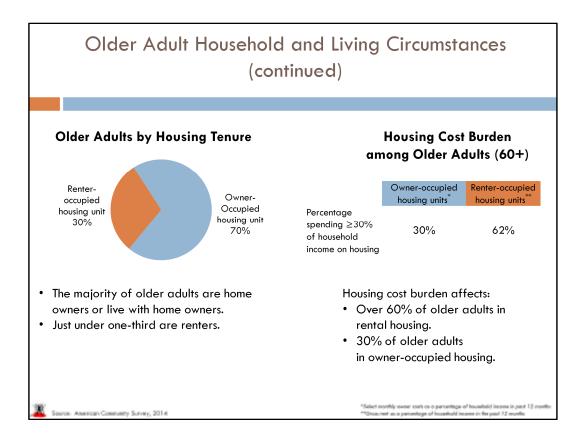
The greatest percentages of older adults living below 200% of the federal poverty level –
and thus struggling to make ends meet – are in Cherryland, Ashland, and Oakland.



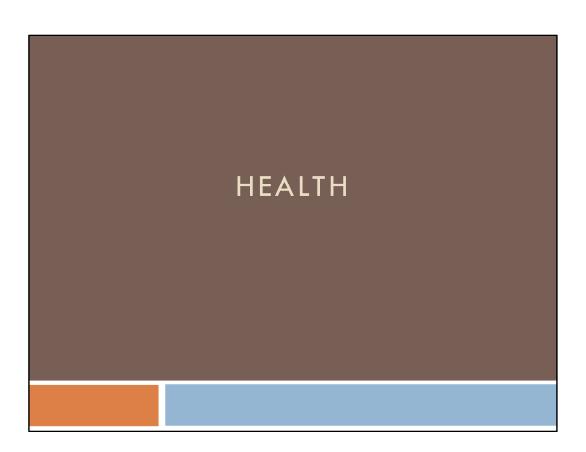
- Education and employment status are also important socio-economic indicators.
- 33% of older adults have a college degree or beyond. 19% have less than a high school degree.
- Almost one-fifth (or 19%) of older adults are in the labor force, with 18% being employed and 1% being unemployed.

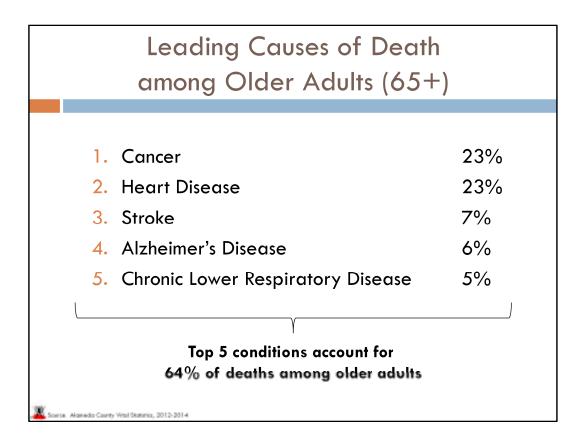


- Over half (52%) of older adults are married, but many older adults are widowed, divorced, separated, or have never been married.
- While a majority (68%) of older adults live with family, about one-fourth live alone. This increases their risk of social isolation and can affect both mental health (e.g., depression) and physical health (e.g., risk of falls).



- 70% of older adults live in owner-occupied housing units, and 30% live in renter-occupied housing units.
- Housing cost burden is a significant problem among older adults, especially among renters. 62% of older adults in renter-occupied housing units have rental costs that are 30% or more of their household income. 30% of older adults in owner-occupied housing units have monthly owner costs that are 30% or more of their household income.
- High housing costs combined with limited income mean older adults have to make tough choices that matter for their health – like paying for housing versus healthcare versus transportation.

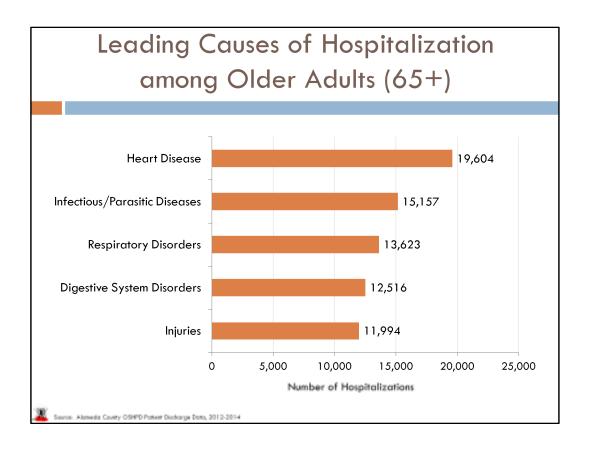




- The leading causes of death among older adults are cancer (22.9 %) and heart disease (22.7 %) (which account for almost half of all deaths), followed by stroke, Alzheimer's Disease, and chronic lower respiratory disease.
- These 5 conditions account for 64% of deaths among older adults.
- The top 5 leading causes of death among older adults are all chronic diseases which
 are largely preventable and manageable through early detection and treatment,
 behavioral change (increased physical activity, healthy eating, reduced drinking and
 tobacco use), and improvements in conditions where people live and work (to address
 chronic disease risk factors).

Heavy Health Toll and Cost of Chronic Disease

- Chronic diseases are among the most common, costly, and preventable of all health problems.
 - Nationwide, about 80%-90% of older adults have a chronic disease.
 - Over 50%-75% have more than 1 chronic disease.
- Chronic diseases are the leading cause of death and disability county-wide and nation-wide.
- □ Chronic diseases account for \$3 of every \$4 spent on healthcare.
 - Beneficiaries with 2+ chronic conditions account for 93% of Medicare spending.
- Source: Centen for Disease Costrol and Prevention, "Chranic Disease Overniew", 2015; Hartistool Causal on Aging, "Healthy Aging Facts" and "Chronic Disease Self-Management Facts", 2014 and 2015; Centers for Medicard Services, "Chronic Condition Among Medicard Sensitionies Chartisothe,", 2012.
- The burden of chronic disease among older adults is very high and results in high health, human, and economic costs.
 - Nationwide, about 80%-90% of older adults have a chronic disease and about 50%-75% have 2 or more chronic diseases.
 - Chronic diseases are the leading cause of death and disability.
 - Chronic diseases account for \$3 of every \$4 spend on healthcare.
 - Medicare beneficiaries with 2 or more chronic conditions account for 93% of Medicare spending.



- The 5 leading causes of hospitalizations among older adults are heart disease, infectious/parasitic diseases, respiratory disorders, digestive system disorders, and injuries.
- Together, they account for almost 60% (57%) of all hospitalizations among older adults.

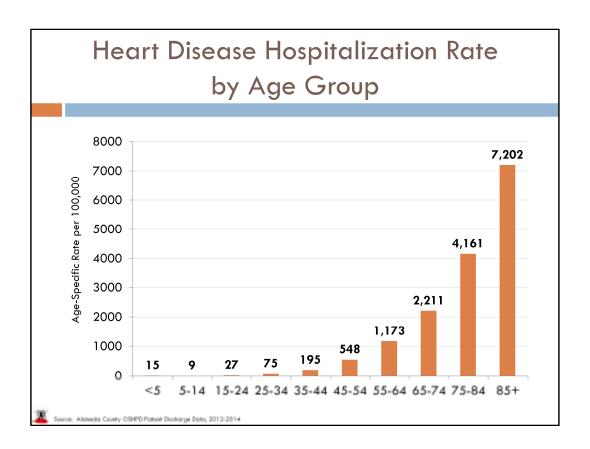
Disproportionate Share of Hospitalizations among Older Adults

While older adults comprise 13% of the population in Alameda County, they account for:

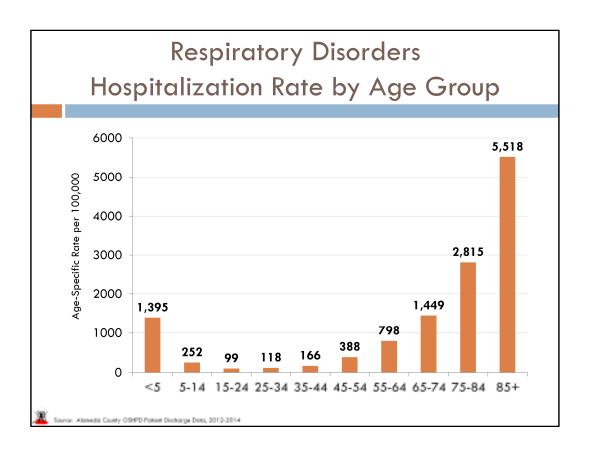
- 30% of all hospitalizations in Alameda County
- 63% of hospitalizations due to stroke
- 61% of hospitalizations due to heart disease
- 58% of hospitalizations due to infectious/parasitic disease
- 51% of hospitalizations due to diabetes
- 47% of hospitalizations due to respiratory disorders

Source: Alameda County OSHPD Potient Discharge Data, 2012-2014

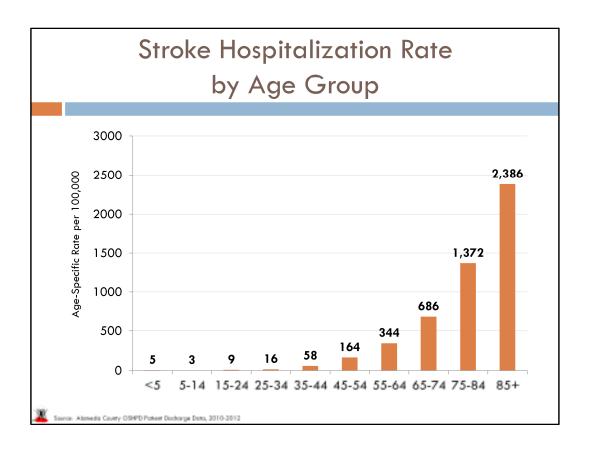
• Older adults represent a large and disproportionate share of hospitalizations overall and due to specific conditions.



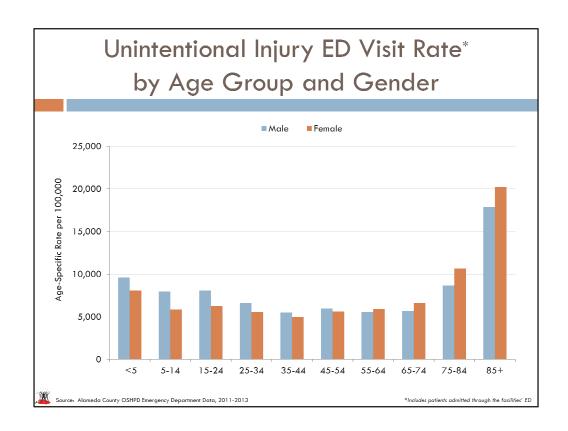
• Rates of hospitalization go up as people age, with high rates among older adults 65+ and especially high rates among those 85+ - whether you look at heart disease...



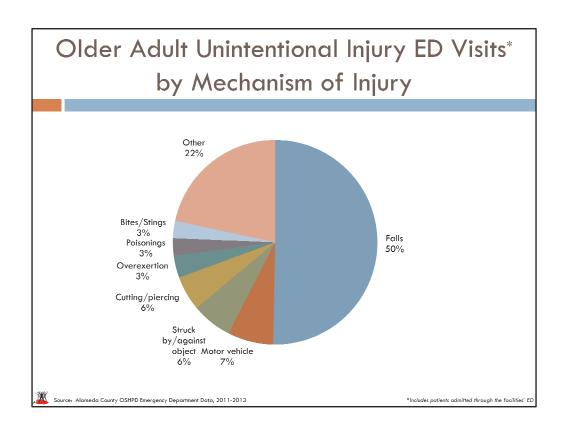
•respiratory conditions,



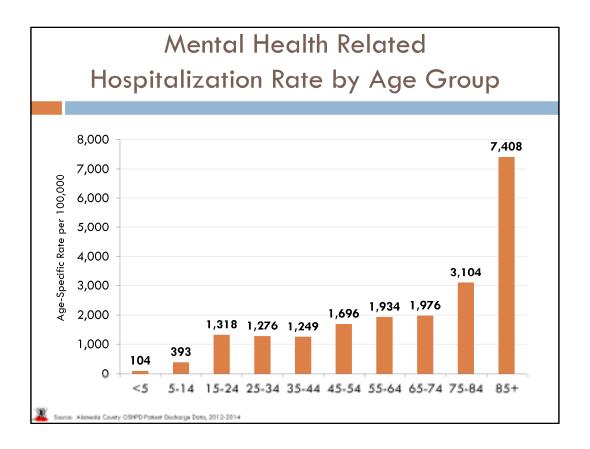
•stroke,



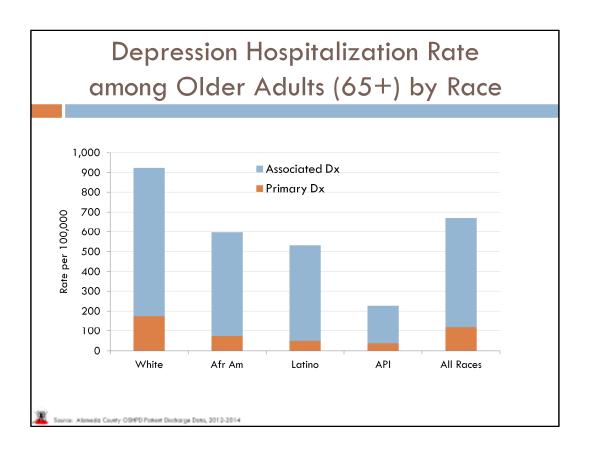
-or unintentional injuries.
- In the older adult age groups (ages 65+), females experience higher rates of unintentional injury than males as illustrated by emergency department visit data shown here.



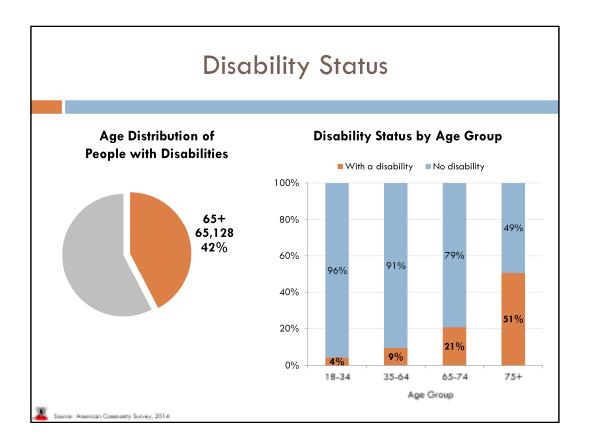
- Among older adults, falls are the leading cause of both fatal and nonfatal injuries.
- Falls account for half of unintentional injury visits to the emergency department.



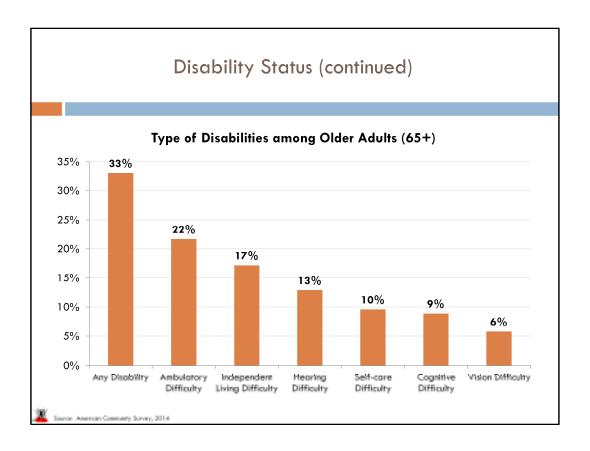
- Due to a broad range of issues (e.g., socioeconomic stressors, social isolation, loss of independence), mental health problems are common among older adults.
- Mental health hospitalization rates rise with increasing age, with rates soaring among older adults ages 85+.



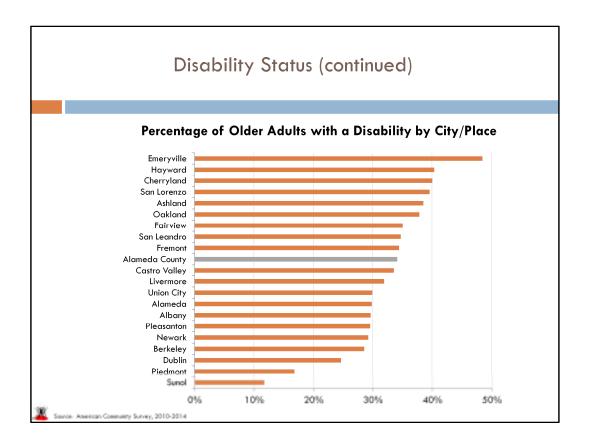
• Among older adults, rates of hospitalization for depression are highest Whites and lowest among Asians and Pacific Islanders.



- With increasing age comes increased likelihood of disability or restrictions in ability to perform activities of daily living.
- Older adults ages 65+ account for 42% of all people with disabilities in Alameda County. Countywide, there are over 65,000 older adults with 1 or more types of disability.
- 21% of older adults ages 65-74 and 51% of older adults ages 75+ have at least 1 type of disability.



- 1 in 3 older adults (65+) has at least 1 type of disability.
- The most common types of disability among older adults are ambulatory and independent living difficulties, followed by hearing and self-care difficulties.



• The highest levels of disability in the older adult population are located in Emeryville (where about half of older adults have 1+ disabilities), followed by Hayward, Cherryland, San Lorenzo, Ashland, and Oakland.

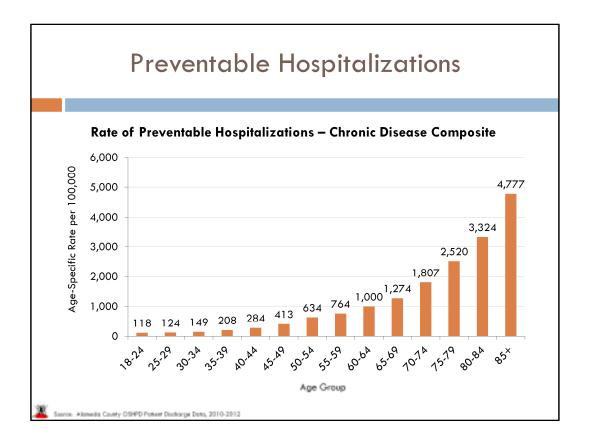


Health Insurance Status

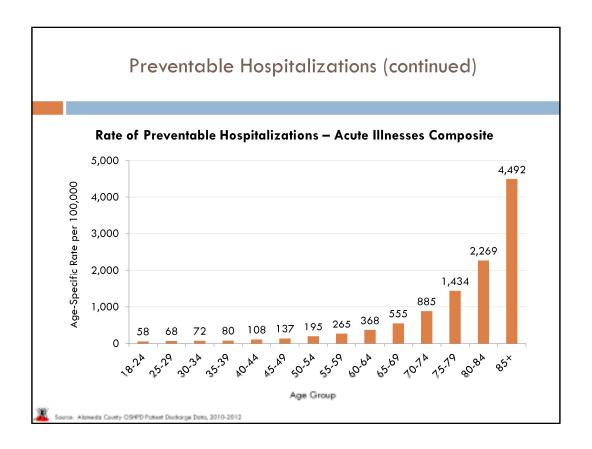
- □ In Alameda County, 98% of older adults (65+) have health insurance coverage.
- □ While Medicare pays most medical expenses for older adults, it does not cover all expenses.
 - Example services Medicare doesn't cover: long-term care, most dental care and dentures, eye exams for glasses/contacts, hearing aids and exams, routine foot care
- Medicare also has cost-sharing requirements that present barriers to care.
 - Example costs include: Premiums for Medicare (Part B for physician services and Part D for prescription drugs) and supplemental insurance, deductibles, and co-payments



- Nearly all older adults have at least some health insurance coverage through Medicare.
- But Medicare doesn't cover all necessary health care expenses and cost-sharing requirements present barriers.



- Preventable hospitalizations are inpatient hospital stays that could have been avoided with improved access to and quality of outpatient care and disease management.
- In Alameda County, most preventable hospitalizations are related to chronic disease (65%) as opposed to acute disease (35%)
- The rate of chronic disease preventable hospitalizations rises dramatically with increasing age groups. This data suggests that older adults have especially poor access to and/or quality of outpatient care and disease management.
- Over half (52%) of all preventable hospitalizations due to chronic disease are among older adults 65+.



- The rate of acute disease preventable hospitalizations soars in older adult age groups, especially among those 85+.
- Nearly two-thirds (66%) of all preventable hospitalizations due to acute disease are among older adults 65+.