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Greater Bay Area Counties: 16
*Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Sonoma, Solano*

Sacramento Area Counties: 18
*El Dorado, Placer, Sacramento, Yolo*

San Joaquin Valley Counties: 20
*Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare*

Central Coast Counties: 22
*Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura*

Los Angeles County 24

Other Southern California Counties: 26
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Greater Bay Area Counties: 98
*Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Sonoma, Solano*

Sacramento Area Counties: 99
*El Dorado, Placer, Sacramento, Yolo*

San Joaquin Valley Counties: 99
*Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare*

Central Coast Counties: 100
*Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz*

Los Angeles County 100

Other Southern California Counties: 101
*Imperial, Orange, Riverside, San Bernardino, San Diego*

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This data book provides important new information about the health behaviors, health status, and the use of health services by Older Californians.[1] It is unique in the detailed health data it provides about counties and regions in the state, and in profiling different segments of the older population. The rapidly increasing number and diversity of older Californians makes this data particularly important for service providers, policy makers, and advocates in their efforts to improve the health and quality of life of the elderly.

This data book is divided into five sections. The first section contains a narrative summary about the health of the older people in California. The second section has maps that show the distribution of the older population along several of the basic demographic characteristics used in this report, including race/ethnicity, low-income, and limited-English proficiency. The third section provides a series of two-page tables with the rates of selected health behaviors, the health status, and the use of health services of older Californians. These tables are repeated for the entire state, seven substate regions, the 20 largest counties, and the remaining counties grouped into 11 geographic clusters that provide sufficient sample sizes for reliable estimates. Each geographic area has columns with information for elders of different races and ethnicities, older women, older people with low-incomes, older people with limited-English abilities, and for Medi-Cal recipients age 65 and over. This section ends with a summary table that makes comparisons between counties easier for the total county populations of older adults. The fourth section has demographic data for the state, substate regions, and each of the 58 counties. the fifth section contains technical appendices and acknowledgments.

The health data in this report is from the 2001 California Health Interview Survey (CHIS 2001), the largest state-level health survey in the country. More than 10,000 people age 65 and over living in households (excluding nursing homes or residential care facilities) responded to this statewide telephone survey. The data in each table in section three provides the rates of health behaviors, health statuses, and health services use for all older people in the first column, followed by the rates for different groups of the older population in subsequent columns. This means that at the statewide level, 29.6% of all elderly people report fair or poor health, 30.6% of older women report fair or poor health, and 49.0% of older people who report having Medi-Cal insurance report fair or poor health. Because of space limitations, the rates for groups of older people including men, those with higher incomes, native/very good English speakers, and those without Medi-Cal are not reported. No data is reported for a variable in a population group when fewer than five people report the outcome (e.g. fair or poor health). Similarly, when there are too few respondents in a group to report most outcomes, the entire group is dropped from a table.

The last line of each health table provides the number of people age 65 and over from the 2000 Census, so that users can calculate the number of people with a particular health status or service by multiplying the rate of interest by the population of interest. For example, the number of women age 65 and over living in Kern County who have not had a mammogram in the past year can be calculated by multiplying the percent of women in that county without a mammogram times the Census population size at the end of the table. The 2000 Census shows there are 33,630 older women in Kern County, one-third of whom have not had a recent mammogram, resulting in an estimate of 11,000 older women (33,630 times 33%) who have not had a recent mammogram.

This data book also provides demographic data from the 2000 Census for all 58 California counties in Section 4. Information that is useful for planning and policy development includes detailed data by race/ethnicity for the oldest old (age 85 and over), those living alone, the institutionalized, MediCal enrollees (from Medi-Cal administrative records), limited-English speakers, women, those with incomes under 100% and under 200% of the Federal poverty level, and those reporting any disability.

Additional health data on the elderly population in California can be obtained using AskCHIS, an interactive web-based data query system that allows users to construct their own tables at the California state or county level (*http://www.chis.ucla.edu*). This data query system allows users to specify different population subsets (for example, age 75 and over), cross tabulations of interest (e.g., diabetes by self-assessed health), and variables not presented in this book (such as "went to Mexico to buy medications").

1 Useful data on long-term care is available from the California Association for Adult Day Services *Long Term Care County Data Book*, available at *http://www.caads.org.*

## SUMMARY OF FINDINGS

The following summary provides a general overview of key findings on the demographics, health behavior, health status, preventive care, and medical service use of older people in California. It presents highlights of the extensive data available in the subsequent maps, health tables, and demographic tables.

### Demographics

- California was home to 3.6 million **people age 65 and over** in 2000, accounting for 10.6% of the state s population. Nationally, 12.4% of the population is age 65 and over.
- Counties in the state vary widely in **the proportion of their population that is age 65 and over** – from 7%-19%. Counties with the highest percentage of older adults are primarily in the Sierras and far Northern California (19% of both Lake and Inyo Counties are older people). The largest *numbers* of people age 65 and over are in the large counties of Los Angeles (927,000 older people) and San Diego (314,000 older people); these two counties account for one-third of all older people in the entire state.
- **Hispanic/Latino** elderly have the highest concentrations in Southern California counties (54% of Imperial County's elders are Hispanic) and the Central Valley. Statewide, 13% of the older population is Hispanic/Latino.
- **Asian American** elderly have the highest concentrations in the San Francisco Bay Area (37% of San Francisco's elders are Asian American), Sacramento area, and Los Angeles-Orange Counties. Statewide, 10% of the older population is Asian American.
- **African American** elderly have the highest concentrations in the San Francisco Bay Area (14% of Alameda's elders and 10% of Solano's are African American). Statewide, 5% of the older population is African American.
- **Limited-English speakers** account for a substantial proportion of the older population in several Bay Area Counties (41% of San Francisco's elders speak limited-English), a few Southern California Counties (40% of Imperial County's elders speak limited-English), and scattered mid-coastal and Central Valley counties. Statewide, 17% of the older population has limited-English ability.
- **Low-income**, defined as incomes below 200% of the Federal Poverty Level (FPL), is most common (49%) in Imperial County, followed by several counties in Northern California and the Central Valley where about two-fifths of the older population is low income. When analyzing economic vulnerability, the segment of the older population that has incomes between 100-199% of the FPL needs to be included. While 8% of people age 65 and over have incomes below the FPL statewide, an additional 21% have incomes between 100-199% of the FPL. The latter group has incomes that make them ineligible for many public assistance programs, yet often fail to provide them with sufficient resources for their basic needs.

### Health Behavior

- **Smoking and heavy drinking** are relatively uncommon among the older population in California. Fewer than one in ten are current smokers and fewer than one in twenty drank three or more drinks at a sitting during the past month – rates that are lower than the national averages for older people.
- **Smoking** rates vary widely among California counties. Shasta, Napa, and Sacramento Counties report the highest rates (over 12%), while Fresno, Contra Costa, Santa Barbara, and San Francisco report the lowest rates of smoking at 5% or less. Nationally, 9.7% of persons age 65 and over are current smokers.[2]
- Older African Americans are substantially more likely to report **smoking** than other races and ethnicities.
- **Heavy drinking** is particularly rare among older Asian Americans, and is substantially lower than average among older women.

### Health Status

- About 30% of older Californians report that their **health is poor or fair** (versus good, very good, or excellent), which is slightly higher than the national average of 26% reporting poor or fair health.[3] About 40% of older adults report that their health is fair or poor in Tulare/Kings, Kern, and San Francisco Counties. Just over 20% report fair or poor health in Marin/Sonoma, Napa, and the combined group of mountain counties (Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, and Tuolumne).
- All minority groups report **poor or fair health** more often than non-Latino whites. Similarly, those with low incomes (less than 200% of the FPL), limited-English skills and Medi-Cal coverage more often report poor or fair health than the statewide average for all older people.

2 National data from the 2000 CDC Behavioral Risk Factor Surveillance System.

3 National data from the 1999 Medicare Current Beneficiary Survey.

- **Heart disease** is reported by about 24% of older Californians, a rate slightly above the national average of 21%.[4] Heart disease is most commonly reported in Tulare/Kings and Madera Counties (over 30%) and least commonly reported in San Francisco and San Luis Obispo Counties (under 18%). Among subgroups of older Californians, heart disease was most commonly reported by non-Latino whites and elders on Medi-Cal.
- **Diabetes** is most common in counties with large proportions of minority elderly such as Fresno, San Joaquin, and Imperial/Riverside Counties (over 18%), and least common in Ventura and Kern Counties (about 9%). Older Latinos and African Americans report twice the rate of diabetes as non-Latino whites. The statewide diabetes rate of 15% is slightly below the national average of 17%.[5]
- **Asthma** is reported by one in ten elders, close to the national average of 9%.[6] Over 16% of elders report asthma in Shasta and Alameda counties, and 15% of Asian American elders statewide report asthma.
- **Hypertension** among older people in California is similar to the 55% national average.[7] The higher hypertension rate in California is among older African Americans (70%) and is lowest in Marin/Sonoma counties (43%).
- **Arthritis** is reported by half of older Californians and 55% of older people nationally,[8] with similar rates among all subgroups in California except for older Asians who report lower arthritis rates (36%). The highest arthritis rate among counties is 62% in Tulare/Kings.
- **Skin cancer** affects primarily non-Latino white elderly, 12% of whom report the condition. The overall rate in California of 9% is lower than the national rate of 17%.[9] All other cancers are most commonly reported by non-Latino whites (19%) and by older people in Santa Barbara County (25%). Both statewide and nationally,[10] 17% of older people report having had cancer other than skin cancer.
- A lot of **difficulty in climbing stairs** is the only functional limitation indicator asked in CHIS 2001. About one-quarter of all older Californians reported this difficulty, while about one-third of older Medi-Cal recipients reported the difficulty. About one-third of older residents of Madera, Shasta, and Kern Counties also reported a lot of difficulty climbing stairs.
- One in ten California elders report they did less than they would have liked in the past month because of **emotional problems**. One-quarter report that they did not feel **calm and peaceful** most or all of the time in the past month, and almost half report that they **did not have a lot of energy** most or all of the time in the past month. Only one in twenty report feeling sad most or all of the time.
- **Emotional problems** have similar rates across most counties, although Tulare/Kings Counties stand out as having consistently high rates of poor mental health indicators. About 25% of older people in Tulare/Kings Counties report that they did less than they would like in the past month because of emotional problems, compared to 11% statewide. Tulare/Kings Counties have the highest rate of older people reporting that they did not feel calm and peaceful most of the time (31% versus 25% statewide) and the highest rate of older people reporting that they felt sad most or all of the time (9% versus 4% statewide). Older Medi-Cal recipients were the group to most often report emotional distress.

**Preventive care**

- One-quarter of older women have not had a **pap smear** in the past three years, and 30% have not had a **mammogram** in the past year. These rates are somewhat lower than the national averages of 28% of older women without a pap smear in the past three years, and 35% without a mammogram in the past year.[11] Contra Costa County has the highest proportion of older women who have not received a mammogram in the past year (39%), while Santa Barbara has the best mammography coverage with only 21% reporting no mammogram in the past year.
- **Bone density tests** are reported by two-fifths of older women in the state. Bone density tests are most common among non-Latino white women (46%) and least common among African American women (18%), consistent with their relative risks of osteoporosis.
- One-third of older California women report taking **hormone replacement therapy**.

4 National data from the 1999 Medicare Current Beneficiary Survey.
5 Ibid.
6 National data from the 2001 CDC Behavioral Risk Factor Surveillance System.
7 National data from the 1999 Medicare Current Beneficiary Survey.
8 Ibid.
9 Ibid.
10 Ibid.
11 National data from the 1999 and 2000 CDC Behavioral Risk Factor Surveillance System.

- About one-third of older Californians and all older people nationally report not receiving an **influenza immunization** in the past year.[12] The worst rates are in Imperial/Riverside and Napa Counties (37-38%). Under one-quarter of older people report no flu shot in eleven counties, with the lowest rate in Sacramento County (21%). Older African Americans (47%) and Latinos (45%) were the groups most likely to report not receiving an influenza immunization.
- About two in five older people report never having had a **colonoscopy** (37%) and a similar proportion report never having had a **blood-stool test** (40%), both of which are tests for colon cancer. These screening rates are better than the national averages for older people – nationwide 48% never had a colonoscopy and 54% never had a blood stool test.[13] Asian Americans (57%) and those reporting limited-English proficiency (59%) were the groups most likely to report never having had a blood stool test.

**Medical Service Use**

- Having **no or only one doctor visit** in the past year may indicate excellent health, or it could indicate problems with access to care. Overall, one in five older adults reported zero to one doctor visit, with similar rates across counties and subgroups.
- One or more **emergency room** visits in the past year is reported by about one in seven older people, and 16% were hospitalized. Medi-Cal recipients were the most likely to report a hospitalization.
- Statewide 12% of older people **report a delay in obtaining care**, with more than 15% reporting delays in five counties (Tulare/Kings, San Joaquin, Orange, and San Diego).
- Medicare does not cover **dental care** and many older people have unmet dental care needs. Almost one-third of older Californians report not having seen a dentist in the past year. Two in every five older people report not having seen a dentist in the past year in eight counties (San Bernardino, Kern, San Joaquin, Stanislaus/Merced, and Tulare/Kings). Even though Medi-Cal covers dental care, almost half (48%) of older people with Medi-Cal did not have a dental visit.
- **Prescription medications** are not covered under fee-for-service Medicare, and 15% of older people in the state report having no insurance coverage for prescriptions. Over one-third of older people in 23 counties report not having prescriptions covered by any other insurance. These counties are mostly rural and also have low rates of membership in HMOs that typically offer some prescription benefits for Medicare members. In six counties (Solano, San Bernardino, Sacramento, Santa Clara, Ventura, and Alameda) under 10% of older respondents report having no insurance for prescriptions.

12 National data from the 2001 CDC Behavioral Risk Factor Surveillance System.

13 National data from the 1999 and 2000 CDC Behavioral Risk Factor Surveillance System.

## SUMMARY

Older Latinos and those with limited-English abilities have the worst health profiles compared to the statewide averages.

- Both older Latinos and older Californians with limited-English are more likely than the total state average to report diabetes and fair or poor health.
- Both groups are more likely to report emotional difficulties.
- Both groups have lower rates of several screening procedures and preventive services, and have less generous health insurance.
- A partial overlap exists between these two groups. About 40% of older Latinos are limited-English, and about 45% of the older limited-English group is Latino in the CHIS 2001 data.

Skin cancer and private supplemental health insurance had the most variation by segment of the older population.

- Less than 1% of African Americans and Asian Americans reported skin cancer in contrast to over 12% of non-Latino whites, the largest relative difference between groups for any indicator.
- While 78% of non-Latino whites reported having private supplemental health insurance, only 37% of limited-English speakers reported having that insurance, the largest absolute difference for any indicator.

Other health indicators also vary.

- There is a substantial variation between subgroups of older people around the statewide average for two emotional health indicators (sad, and did less due to emotional problems), as well as for fair/poor self-assessed health, dental care, and health insurance.
- The overall county trends in the health behaviors, health status, and health services use suggest that Marin County has among the best outcomes and Tulare/Kings Counties have the worst. Every county has room for improvement in one or more of the health indicators, and variations exist among subgroups within counties as well.
- Some of these variations may indicate disparities in access to health care, and clearly indicate areas where targeted attention to health issues is merited.