

1 Introduction

1.1 The Demographics and Economics of the Senior Population

Older adults¹ are an integral part of our communities and the economy. Given today's life expectancies, most people will spend up to one third of their life in retirement.² Many seniors continue to contribute to society in numerous ways after they retire: they volunteer in their communities and religious groups, provide informal childcare services, share their wisdom and experiences with the younger generations and are often an integral part of families.

Seniors also contribute significantly to the economy. One study, for example, shows that the elderly are more likely to be self-employed and that senior entrepreneurship tends to be concentrated in knowledge-based sectors. Indeed, it argues that the growing "knowledge economy" offers better and more opportunities to seniors than a manufacturing economy did.³ Another study refutes the widely held perception that having a large senior population can dampen economic growth and reduce a country's international competitiveness.⁴

In the US, the number of seniors, that is people aged 65 years and older, reached a new record high of 40.3 million on April 1, 2010, up from 35 million in 2000, and 31.2 million in 1990.^{5,6} Percentage-wise, the share of seniors in the US total population has grown from three percent in 1870 to 13 percent in 2010. It is projected to grow to 85 million, or 20 percent of the total population, by 2050.⁷

Not only are there more seniors living in the US than at any time before, but between 2000 and 2010, the senior population also grew at a faster rate (15.1 percent) than the total population (9.7 percent).⁸ At the same time, the life expectancy gap between men and women continued to decrease, which translates into a disproportionate growth in the male senior population.

¹ Throughout the report the terms seniors and older adults are used interchangeably. Unless otherwise specified, both terms refer to people 65 years and older.

² US Government (2012). Education, Jobs and Volunteerism for Seniors. Online at <http://www.usa.gov/Topics/Seniors/Education.shtml> (last accessed October 29, 2012).

³ Zhang, Ting (2008). Elderly Entrepreneurship in an Aging Economy: It's never too late. World Scientific Publishing Co. Pte. Ltd., Singapore.

⁴ The Daily Mail. August 12, 2012. Online at <http://www.dailymail.co.uk/sciencetech/article-2134924/The-UKs-seniors-BENEFIT-economy-burden-contributing-billions-UKs-wealth.html> (last accessed October 29, 2012).

⁵ The US decennial censuses collected data on the age of people since 1790, however, the specific age of a person in complete years was not collected until 1850, and data on the population 65 years and over was not published until 1870. Source: US Census Bureau (2010). The Older Population 2010. US Census Bureau Briefs, C2010BR-09, issued November 2011, author: Carrie A. Werner.

⁶ US Census Bureau (2012). Older American Month: May 2012. Publication CB12-FF.07 Online at http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb12-ff07.html (last accessed October 29, 2012)

⁷ Ibid.

⁸ US Census Bureau (2010). The Older Population 2010. US Census Bureau Briefs, C2010BR-09, issued November 2011, author: Carrie A. Werner.

In many respects San Mateo County mirrors the Nation's demographic and socio-economic development of seniors. In 2011 a total of 99,436 seniors⁹ lived in the county, while the total population was 727,209.¹⁰ This is an increase of more than 19 percent since 2000. Seniors now make up 12.6 percent of the county's population and their share is projected to rise to 18 percent by 2030.¹¹

There is hence a continued need for a better understanding of the implication of this demographic trend and to plan accordingly for the future. For example, more than 20 percent of seniors living in the county today have at least a college degree and the median household income for householders aged 65 and older was \$52,860 in 2011, which is considerably higher than the median senior household income in California (\$40,815) and nationally (\$35,107).¹² It is also clear that issues affecting seniors will gain more prominence in policy planning and decision processes.

We therefore see it as a valuable exercise to analyze the particular characteristics of the senior population, such as health and economic status, racial and ethnic composition, living and transportation arrangements, social and cultural values and demands, as well as the implications that an aging population has for families, communities and the economy in San Mateo County.

1.2 Senior Health as an Action Issue in San Mateo County

San Mateo County has a long history of incorporating the service needs of seniors such as health and healthcare, housing and transportation into its policy and planning decisions. The San Mateo County Health System's Aging and Adult Services Division (AAS), which also serves as the Area Agency on Aging (AAA),¹³ provides a wide range of services to seniors including In-Home Supportive Services (IHSS) and Multipurpose Senior Services (MSSP). It also publishes the multi-year Area Plans, the most recent one concerns the period 2012-2016, which supports the AAA's mission to provide "leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services supporting independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services."¹⁴

The Health System of San Mateo County (SMC HS) also provides services and information to improve senior health and promote healthy aging at home. A series of four policy briefs

⁹ US Census Bureau, American Community Survey 2011, 1-year estimates.

¹⁰ Ibid.

¹¹ Using the San Mateo Health System Aging Model projection of the senior population (65+ years) for 2030 and the projection for the total county population in 2030 from the California Department of Finance Demographic Research Unit. Online at <http://www.dof.ca.gov/research/demographic/reports/projections/interim/view.php> (last accessed October 3, 2012).

¹² U.S. Census Bureau, American Community Survey 2011, 1-year estimates. Online at http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_B19_049&prodType=table (last accessed October 5, 2012).

¹³ Area Agencies on Aging (AAA), created as a result of the Older Americans Act (OAA) of 1965, were designed to help older Americans continue to live independently in their own homes and communities. Source: Area Aging Agency (2012). Four-Year Area Plan. Page 8. Online at <http://smchealth.org/sites/default/files/users/ljoyner/AP%20Complete%2009-04-12.pdf> (last accessed October 29, 2012).

¹⁴ Ibid, p.8.

published in 2009-2011 informs about the model-based projections of socio-demographic changes up to 2030, and can be used to target programs and resources more effectively.

In addition, there are numerous county departments, agencies, non-profit organizations and citizen groups whose work directly addresses senior issues. For example, the San Mateo County Transit System, SamTrans, initiated a senior mobility program in 2006, which includes five elements: Volunteer Mobility Ambassadors, a Senior Mobility Guide, a Vehicle Sharing Demonstration Program, a Senior Mobility Website, Volunteer Drivers and telephone information and assistance.¹⁵ The county's two healthcare districts, Sequoia Healthcare District and Peninsula Health Care District, have designed programs and invested in initiatives to promote healthcare access to seniors, chronic disease and pain management services, as well as healthy nutrition programs, all of which contribute to helping seniors live a healthy and active life in our communities.

These examples illustrate that much has and continues to be done to address senior issues, especially health-related matters, in San Mateo County. A relative wealth of data and information has been compiled as part of these activities, some of which in response to legal and regulatory obligation, but a lot also as a result of the goal to reach the people most in need of assistance and to better understand the unique characteristics of seniors.

1.3 Objectives

This report focuses on senior health in San Mateo County between now and 2030. It builds on and acknowledges the work and dedication of the people who are striving to improve senior health and have gathered much of the data referenced in the report, but it also aims to serve as a comprehensive reference for public officials, planners, and service providers.

In addition, the report emphasizes the need to look at senior health not only at the county level but through a spatial lens that captures the distribution of seniors as well the location of important services and facilities within the county. Through the use of maps we hope to gain new insights and tell a more meaningful story about the lives of seniors in our county.

A second objective is to analyze senior health status and associated characteristics using a more fine-grained age-breakdown than the often used category of *65 years and older*. It is widely recognized that the senior population in San Mateo County is immensely diverse and this holds for their healthcare needs as well.¹⁶ We, therefore, use data with finer age-groups than found in other reports. This allows us, for example, to demonstrate the different injury risk profiles of seniors by age group. Injuries from falls are a case in point because seniors 80 years and older are far more likely to be injured in falls than those aged 65-79 years.¹⁷

The report represents an extensive collection of data and statistics from local, state and federal sources. In order to support this information with voices from San Mateo County, we conducted an Internet survey among experts and practitioners in the field of senior health in

¹⁵ Since its launch, Volunteer Mobility Ambassadors contributed nearly 2,000 hours and provided more than 3,000 people with information on mobility independence. More than 8,000 copies of the Mobility Guide have been distributed in multiple languages.

¹⁶ Refer to Wilson-Stronks A, Lee KK, Cordero CL, Kopp AL, Galvez E. One Size Does Not Fit All: Meeting The Health Care Needs of Diverse Populations. Oakbrook Terrace, IL: The Joint Commission; 2008. Online at <http://www.jointcommission.org/assets/1/6/HLCOneSizeFinal.pdf> (last accessed October 27, 2012)

¹⁷ Centers for Disease Control (2012). Home and Recreational Safety. Online at <http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html> (last accessed October 27, 2012).

San Mateo County. The survey was sent to a total of 22 people and yielded 15 responses. The findings are summarized in a separate chapter at the end of the report.¹⁸

We hope that the use of spatial data, a more fine-grained age-group stratification, and an approach centered on breadth and detail of information will allow us to meet the objectives of the study and facilitate more effective program design and deployment and creating added value for representatives of county and city governments, healthcare professionals, the business community, and non-profits providing senior services.

1.4 Structure

The remainder of the report is structured as follows. Chapter 2 provides a basic profile of the senior population in the county. It contains demographic, socio-economic and health related information.

Chapter 3 reviews the ability of seniors to access medical care in San Mateo County by age group, income, race and ethnicity, gender and location. It looks at the availability of physicians and mental health providers. Healthcare insurance is an important factor influencing when and what type of care patients receive. So this chapter also reviews insurance coverage among seniors and those 50-59 years old.

Chapter 4 looks at external factors that influence health status and quality of life. In particular it uses spatial information to examine seniors' proximity to affordable housing, healthy food options, public transportation, and parks and recreational facilities. It also reviews how seniors in San Mateo County are integrated into our local communities.

Chapter 5 takes a more forward-looking approach by reviewing the goals and targets set in the new Four-Year Area Report as well as the healthcare system changes coming to the county as a result of the 2010 Patient Protection and Affordable Care Act.¹⁹

The report concludes with a summary of key findings and the opportunities and challenges they pose in Chapter 6.

1.5 Limitations

The study acknowledges a number of limitations and shortcomings. The report relies heavily on census tract data from the most recent 2011 American Community Survey (ACS). Data for such small units of measurement that are stratified according to age, sex, race/ethnicity, income and other important factors are difficult to obtain or simply not available. In addition, the ACS is sample based and its uncertainties must be taken into account. One-year estimates are based on smaller sample sizes than pooled, multi-year estimates (such as the 3- and 5-year estimates available from the US Census Bureau using consecutive ACS). We opted to choose 1-year estimates, whenever available, to get more recent estimates than the pooled samples would have permitted.

Second, projections into the future should always be made with caution and recognize the sources of uncertainty involved. The report uses demographic estimates from two models developed under the auspices of the San Mateo County Health System in 2007-2008: one for the Baby Boomer generation and one for the general population. The models project various aspects of the Baby Boomer and senior population, respectively, for 2010, 2020 and

¹⁸ We used a SurveyMonkey online survey that included 19 questions about the work being done by San Mateo County based agencies and organizations in the field of senior health. The survey was open between October 2 and November 1, 2012. Respondents' names are treated confidentially.

¹⁹ The full law can be found at www.healthcare.gov.

2030. The Health System has published four policy briefs highlighting the Baby Boomer model and the results derived from it on socio-demographics, housing and health.²⁰ The charts and figures presented here were drawn from published material, such as the policy briefs, and could not be updated or checked against more recent data.

Third, the charts and maps presented in this report highlight correlations and links in the data such as that between median income and average age of death or that between poverty and race/ethnicity. While these associations can serve planners and program developers to target certain senior population groups that are likely to be in need of different types of assistance, they do not represent any causal relationships and should not be interpreted as such. The relationships between health, social, economic, educational and other variables are complex and multi-directional and we refer to the scientific literature for their proper description and application. While cause-effect relationships are very helpful in terms of identifying and tackling the root causes of problems, they are beyond the scope of this report. We, nonetheless, feel that even at the level of associations the report provides food for thought and ultimately ideas for action that can help improve the lives of seniors in the county.

Lastly, the present report is not exhaustive in its assessment of senior health. Time and resource constraints limited the extent to which we were able to collect and analyze data, engage with all stakeholders and include issues more tangential but nevertheless relevant for senior health. An example is our decision not to include crime and other forms of abuse and harm to seniors. While it is widely acknowledged that seniors are primary targets of certain crimes, the issue is complex and detailed data are difficult to obtain. We, therefore, acknowledge that this and other issues are excluded from the study.

While acknowledging these limitations, we believe our research has nonetheless resulted in new, insightful information and moreover, links the existing data and information in a way that allows meaningful further exploration and action.

²⁰ San Mateo Health System (2012). Preparing for the Aging Population. Policy briefs Issues 1-4 on Model Overview, Sociodemographic Overview, Housing and Health. Online at <http://smchealth.org/Aging> (last accessed October 29, 2012).