

Senior Health in San Mateo County — Current Status and Future Trends

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Abbreviations

AAA	Area Agency on Aging
AAS	Aging and Adult Services of San Mateo County Health System
BHRS	Behavioral Health and Recovery Services
BRFSS	Behavioral Risk Factor Surveillance System
EI	Elder Index
HPSA	Health Professional Shortage Area
HRR	Hospital Referral Region
IHSS	In-Home Supportive Services
MSSP	Multipurpose Senior Services
MUA/P	Medically Underserved Area / Population
SMC	San Mateo County
SMC HS	San Mateo County Health System
SSS	Self-Sufficiency Standard
TOD	Transit-Oriented Development

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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).

2 Basic Demographic Data

2.1 Demographic Profile and Projections for San Mateo County by Age Group, Race/Ethnicity and Gender

Between 2000 and 2010, the total population of San Mateo County grew by 1.58 percent.²¹ Looking ahead, the county’s population is projected to increase 9 percent from 2000 to 2030 as shown in Figure 1 below.

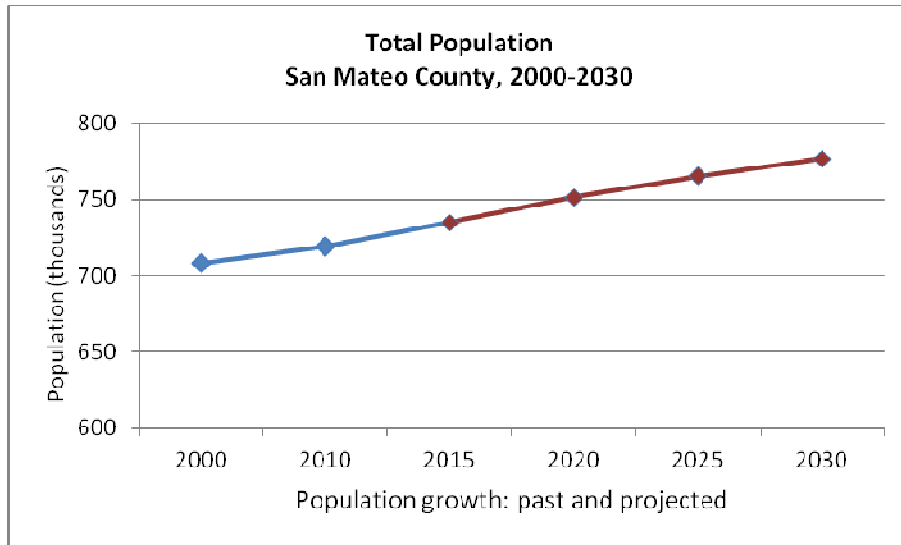


Figure 1: Projected growth in total population in San Mateo County, 2000-2030. Red lines and markers reflect projected population growth. Source: California Department of Finance, Demographic Research Unit. <http://www.dof.ca.gov/research/demographic/reports/projections/interim/view.php>.

When comparing the larger demographic trends with those of the senior population alone as is done in the next chart, it becomes clear that seniors are the fastest growing population segment. For example, between 2000 and 2011 the senior population in San Mateo County grew from 83,259 in 2000 to 99,436, an increase of more than 19 percent (Figure 2). This increase is equivalent to an average annual rate of increase of 1.5 percent but the growth rate is accelerating. Between 2000 and 2030, the senior population is expected to grow 89 percent.

²¹ State of California, Department of Finance, Race/Ethnic Population with Age and Gender Detail, 2000–2010. Sacramento, California, September 2012. Own calculations.

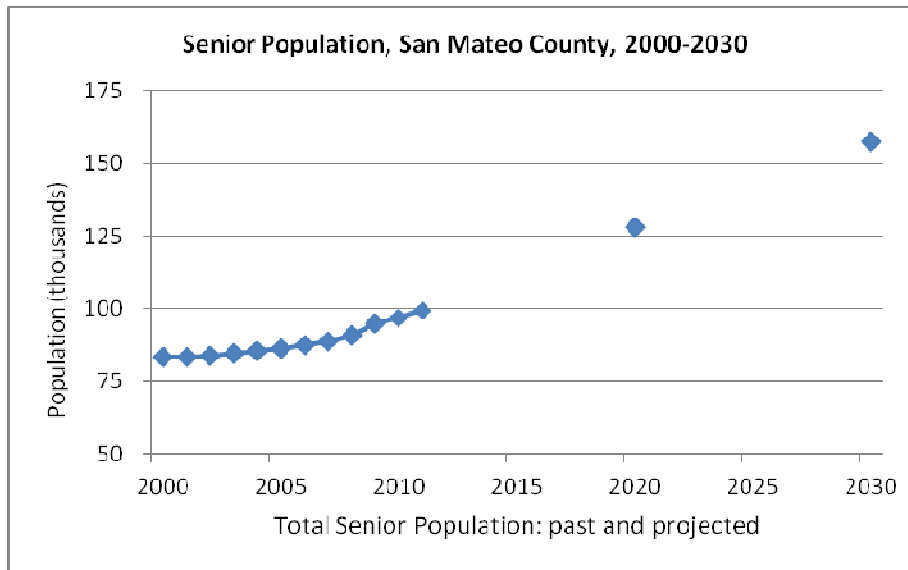
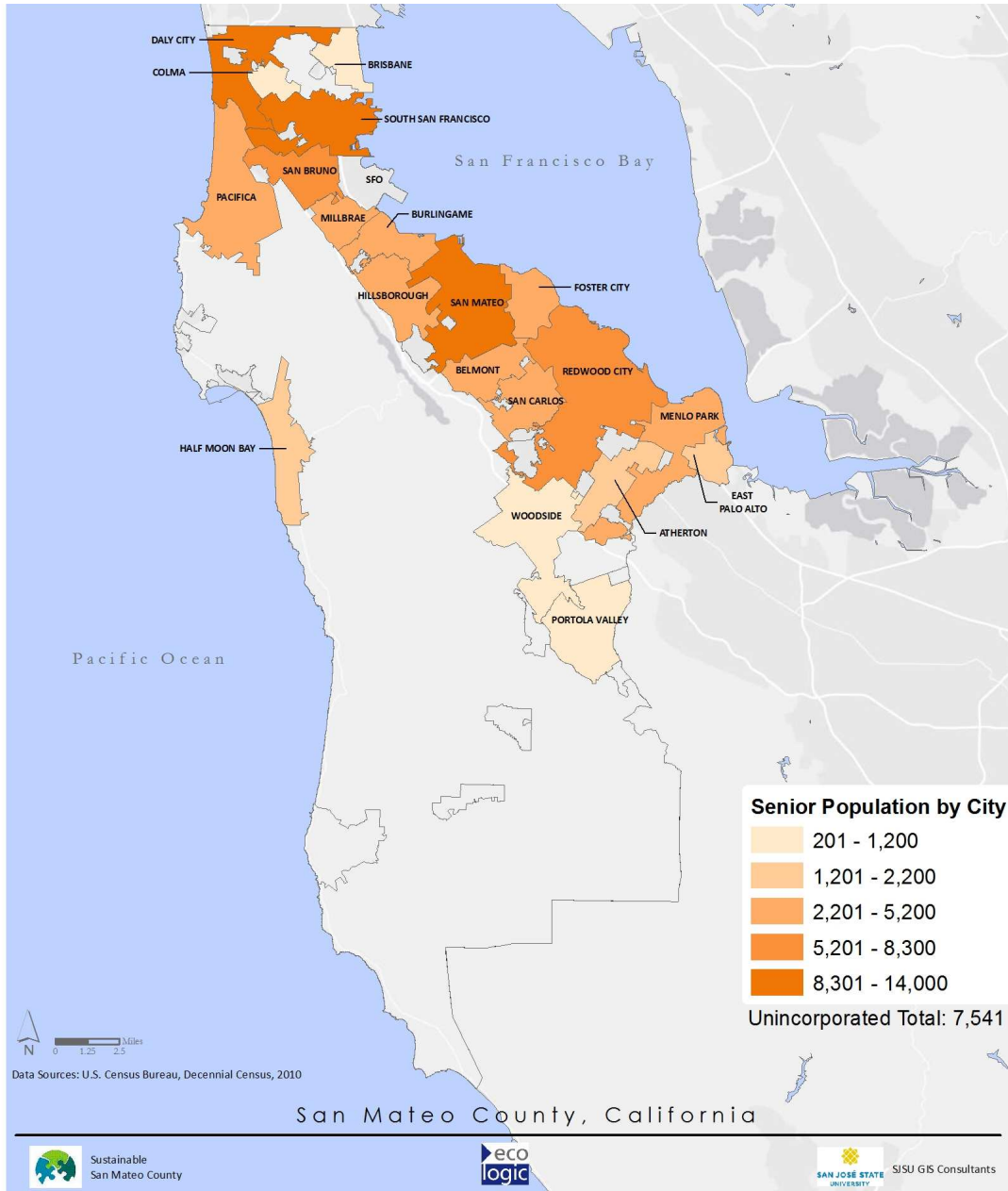


Figure 2: Total senior population, 65 years and older, in San Mateo County, 2000-2030. Source: State of California, Department of Finance, Race/Ethnic Population with Age and Gender Detail, 2000–2010. Sacramento, California, September 2012; US Census Bureau, American Community Survey 2011, 1-year estimates, San Mateo County, Health System, Policy Brief Issue 2: Sociodemographic Overview.

Seniors also are not evenly distributed across the county as is shown in Map 1. We show absolute numbers because they, more so than percentage shares, show where seniors are concentrated and hence where programs or information may reach the most people. Therefore, in absolute terms, most seniors currently live in Daly City (13,623), South San Francisco (8,329) and San Mateo (13,980), which is not surprising since these are also among the largest cities in the county. The cities with the smallest number of seniors are Colma (204), Brisbane (429), and Woodside (1,068). Every city with the exception of Menlo Park, Millbrae and Burlingame saw an increase in their senior population between 2000 and 2010.

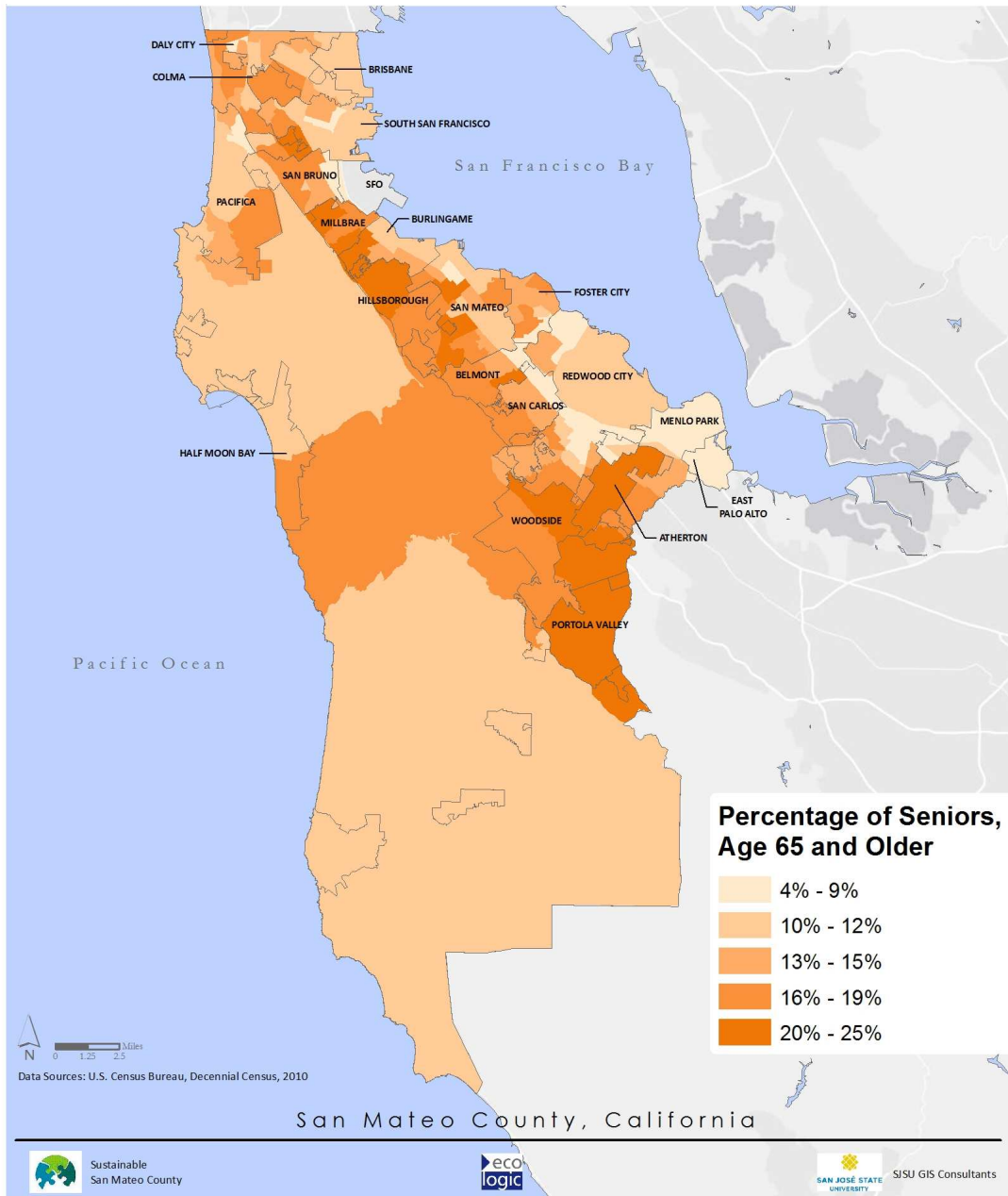
In relative terms, however, seniors represent up to a quarter of the population in Portola Valley, Woodside, Atherton, Hillsborough and western parts of San Mateo and South San Francisco (see Map 2). In contrast, Menlo Park, East Palo Alto and a corridor between San Carlos and Belmont in the West and Redwood City in the East have fewer than 10 percent seniors among their population.

Senior Population by City



Map 1: Distribution of seniors (65 years and older) by city in San Mateo County. Source: 2010 US Census.

Percentage of Senior Population by Census Tract



Map 2: Share of seniors in total population by Census Tract in San Mateo. Source: US Census Bureau, 2010 US Census.

In terms of race and ethnicity, in 2011, 59 percent of the population identified themselves as White, 25 percent as Asian, 3 percent as Black/African American, 9 percent as other race, and 3 percent stated two or more races. Twenty-five percent identified as Hispanic or Latino.²² Sixty-three percent of the total White population in 2011 and 22 percent of the Asian population were born between 1945-1964.²³

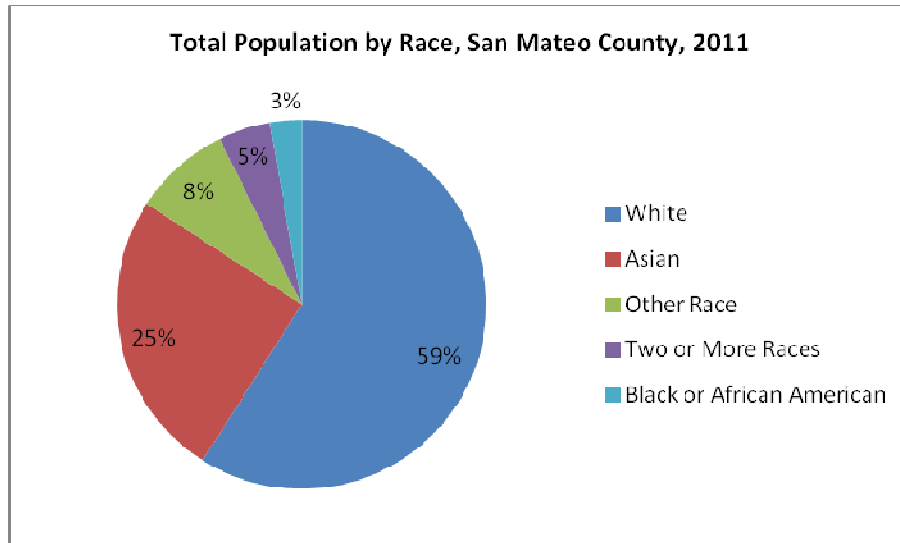


Figure 3: Total population by race in San Mateo County. Source: U.S. Census Bureau, American Community Survey 2011, 1-year estimates.

Looking forward, the county is going to be increasingly diverse as today’s 18-44 year olds illustrate (Figure 4).²⁴

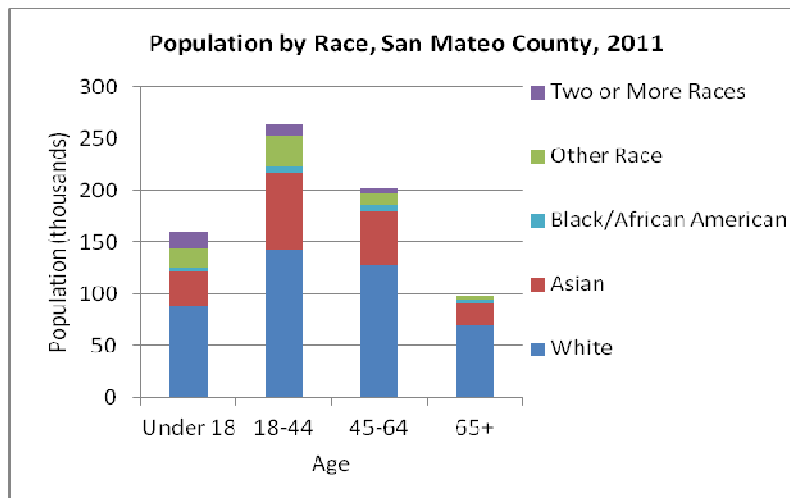


Figure 4: Population by race and age group in San Mateo County. Source: American Community Survey 2011, 1-year estimates. Hispanic included in White and Other Race.

²² In the US Census, race and ethnicity are assessed independently. “Race” includes categories such as “White,” “Black,” “American Indian or Alaska Native,” “Some Other Race,” and “Two or More Races.” “Ethnicity” asks if an individual is of Hispanic, Latino, or Spanish origin.

²³ Ibid and own calculations.

²⁴ US Census Bureau. American Community Survey, 2011. 1-year estimates.

The racial distribution among seniors is by and large similar to that of the total county population: 70 percent Whites, 22 percent Asian, 3 percent Black/African American, 1 percent other race and 3 percent two or more races (Figure 5).²⁵

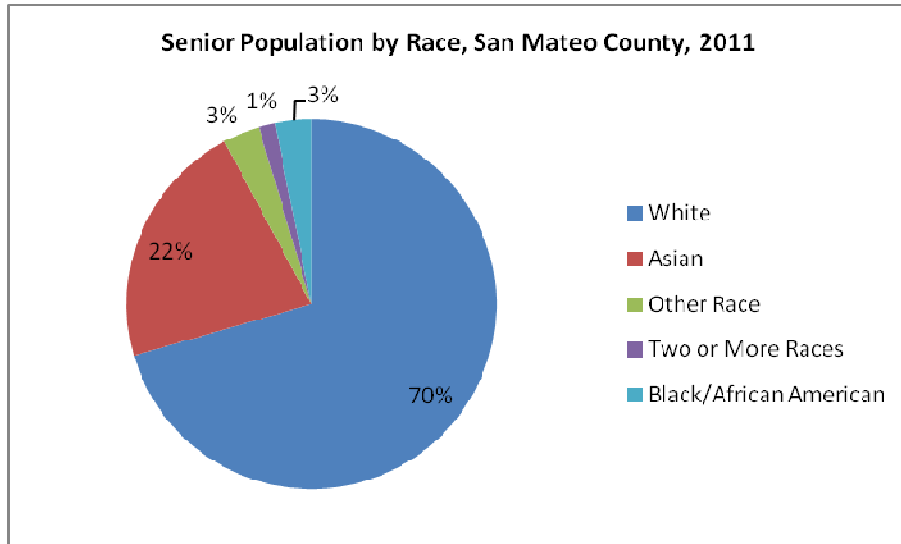


Figure 5: Senior population by race in San Mateo County. Source: American Community Survey 2011, 1-year estimates.

The coming change in the racial make-up of the county is also evident in the racial composition of today's 65-74 year olds compared to the 75-84 year olds and those 85 and older (Figure 6).

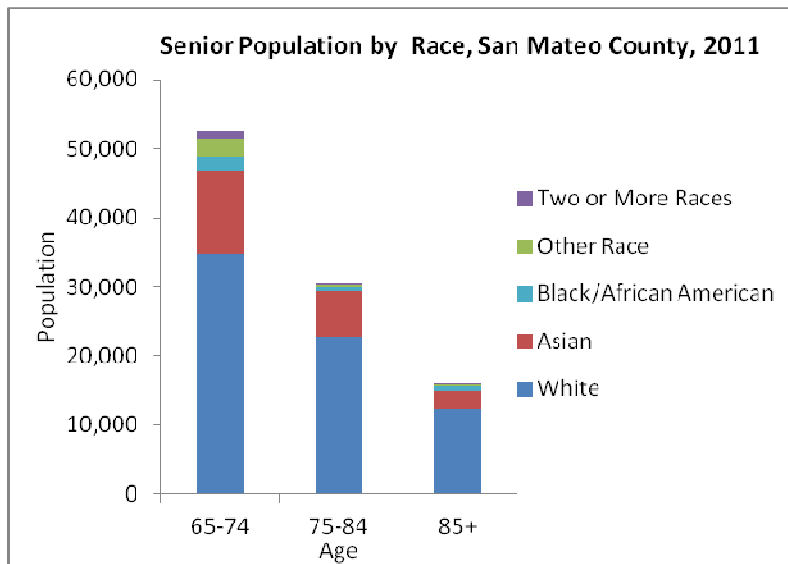


Figure 6: Senior population by race and age group in San Mateo County. Source: American Community Survey 2011, 1-year estimates.

With respect to ethnicity, similar changes are observed. The White senior population declined by 6 percentage points between 2000 and 2011, from 67 percent to 61 percent. During the same time, Asians grew from 15 to 22 percent, Hispanics from 8 to 12 percent

²⁵ Ibid.

and Blacks/African Americans remained unchanged.²⁶ Without considering factors such as people moving in and out of the county, the rise in the Hispanic senior population will accelerate in the future because 35 percent of current residents below 18 years of age are Hispanic/Latino and their life expectancy is among the highest in the county.

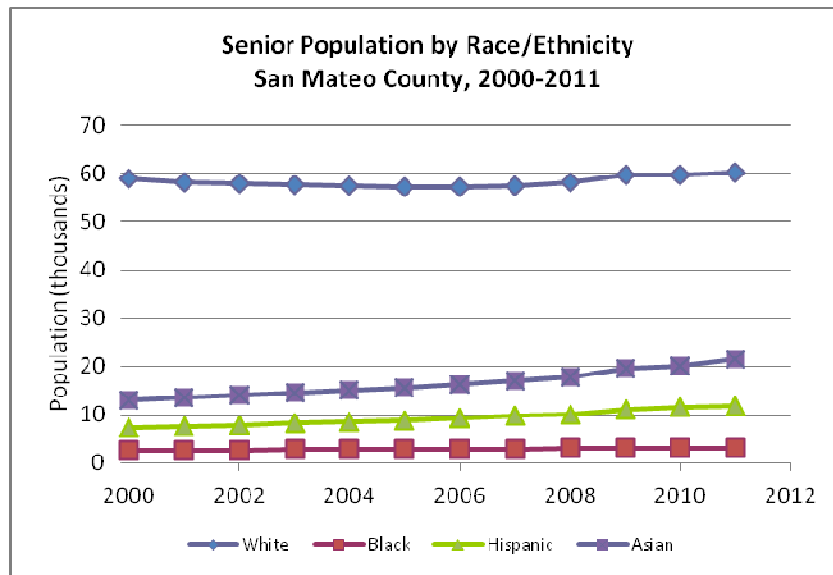


Figure 7: Senior population by major race/ethnic group in San Mateo County, 2000-2011. Source: State of California, Department of Finance, Race/Ethnic Population with Age and Gender Detail, 2000–2010. Sacramento, California, September 2012 and US Census Bureau, American Community Survey 2011, 1-year estimates.

The San Mateo County Health System’s aging model predicts a growth of the total senior population of 72 percent from 2009 to 2030.^{27,28}

²⁶ State of California, Department of Finance, Race/Ethnic Population with Age and Gender Detail, 2000–2010. Sacramento, California, September 2012.

²⁷ The population model produced forecasts for 2010, 2020 and 2030.

²⁸ Actual figures from: San Mateo County Health System. San Mateo County Aging Model: Better Planning for Tomorrow. Policy Brief, Issue 2: Sociodemographic Overview. Online at <http://smchealth.org/Aging> (last accessed October 30, 2012)

The expected growth by age group is shown in Figure 8.

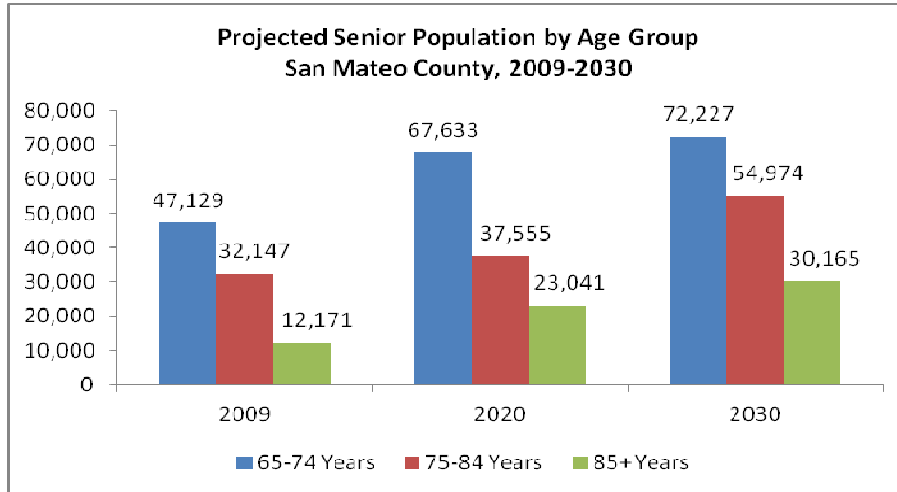


Figure 8: Projected growth in senior population by age group. Source: San Mateo County Health System. San Mateo County Aging Model: Better Planning for Tomorrow. Policy Brief, Issue 2: Sociodemographic Overview.

Not only are seniors going to represent an increasingly large share of the total population, their racial and ethnic diversity is also increasing. The share of White seniors is projected to decline from 66 percent in 2009 to 48 percent by 2030, while the shares of Asian and Hispanic seniors are growing. Blacks/African Americans are estimated to experience a small decrease from 4 percent to 3 percent.²⁹

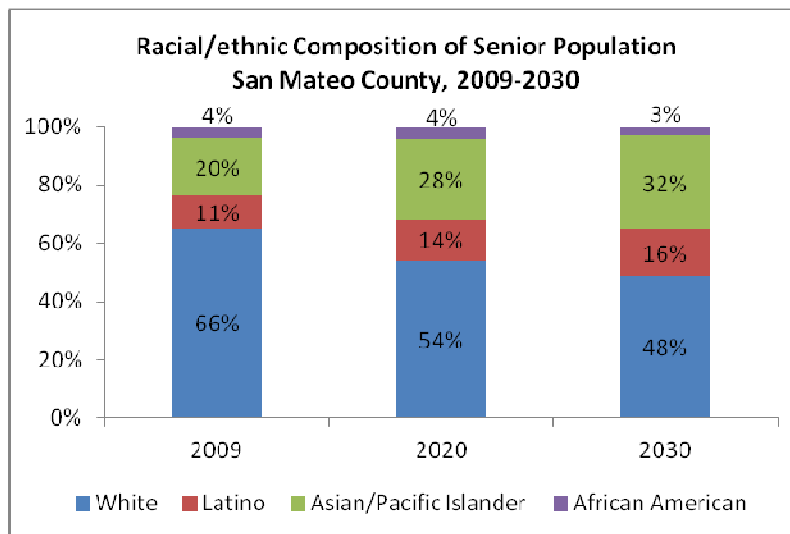


Figure 9: Projected racial and ethnic composition of the senior population in San Mateo County, today and in 2020 and 2030. Source: San Mateo County Health System. San Mateo County Aging Model: Better Planning for Tomorrow. Policy Brief, Issue 2: Sociodemographic Overview.

²⁹ Ibid.

A third important trend is the geographical shift in the distribution of seniors in the county (Figure 10). While 10 percent of seniors lived on the Coastside in 2009, this share is expected to decline to 4 percent by 2030.³⁰ Similarly, the South County’s senior population is forecast to decrease by 7 percentage points from 30 percent today to 23 percent in 2030. In contrast, the North and Central parts of the county are expected to gain seniors (through natural rate of increase and/or in migration). The Central County is estimated to see a 9 percentage point increase from 25 to 34 percent, while the North County is expected to grow initially by 5 percentage points but then hold steady until 2030.

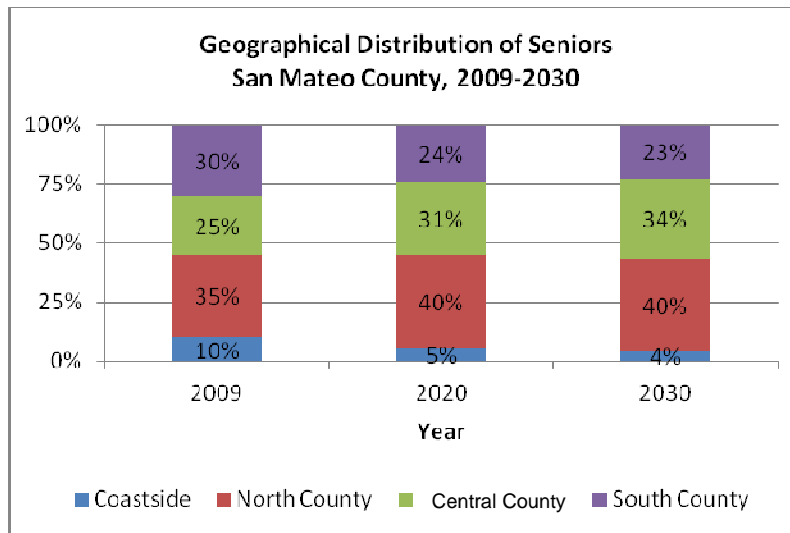


Figure 10: Projections of the geographic distribution of seniors in San Mateo County. Source: San Mateo County Health System. San Mateo County Aging Model: Better Planning for Tomorrow. Policy Brief, Issue 2: Sociodemographic Overview.

Looking at the county’s population distribution by gender, there are fewer women in the youngest age groups up to 44 years of age (Figure 11).³¹ The relationship reverses for older age groups and increases until there are 1.75 women for every men in the age group of 85+ year olds (Figure 12). However, as the population projections show, the gap between men and women in the older ages is expected to shrink.

³⁰ Recent developments indicate that construction on 200 new senior homes in Half Moon Bay might begin in 2013. The so-called senior campus refers to separate affordable housing projects for the elderly planned near the corner of Arnold and Main streets. This new construction can be expected to have impacts on the projected number of seniors living on the Coastside in the future.

³¹ US Census Bureau. American Community Survey 2011, 1-year estimates.

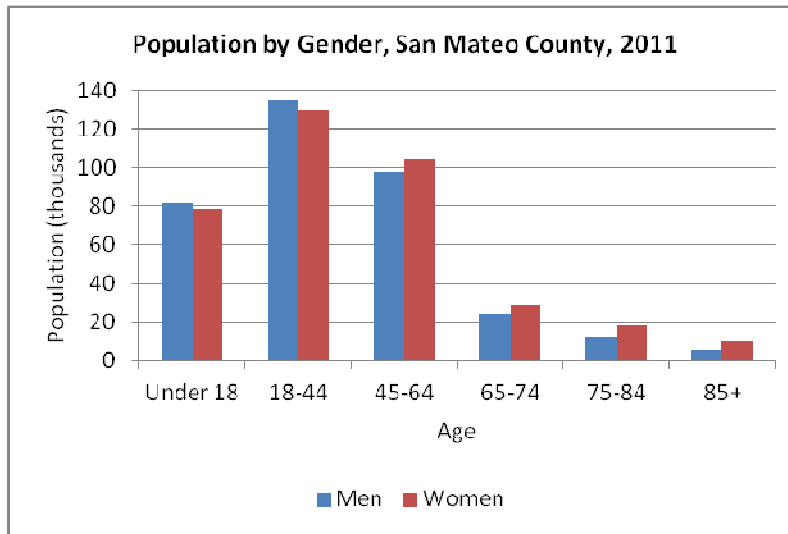


Figure 11: Population by age and gender in San Mateo County. Source: American Community Survey 2011, 1-year estimates.

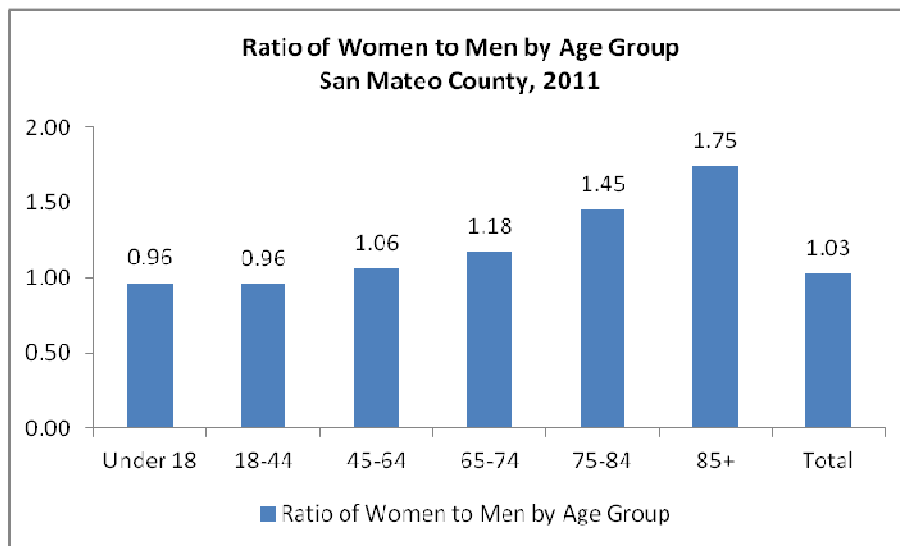


Figure 12: Ratio of women to men in San Mateo County by age group in 2011. Source: American Community Survey 2011, 1-year estimates.

2.2 Socio-economic Profile of San Mateo County by Age and Gender

2.2.1 Poverty and Economic Insecurity

The decision of where and when to retire is based in large part on the income people need to maintain their standard of living while they age. San Mateo County is one of the most expensive places to live in the United States due mostly to the high cost for housing.³² According to a study by the Center for Health Policy Research at UCLA, the basic annual

³² See the data on high cost of living cities published by the Huffington Post on January 27, 2012. Online at http://www.huffingtonpost.com/2012/01/27/cities-high-cost-of-living_n_1236841.html (last accessed October 30, 2012).

cost of living for a retired older adult in good health was \$27,550 in 2008 – the highest in the state.³³

The federal poverty level (FPL) – used by many local, state and federal agencies to determine eligibility for assistance programs – does not factor place-dependent, differential costs of living into their calculations and, therefore, often understates poverty in high cost areas such as San Mateo County. In addition, the FPL only considers the cost of food and not other basic items such as housing and transportation. In 2012, the FPL for a family of two, such as a married senior couple, is \$15,130. At this rate it is difficult for seniors to even cover basic expenses.

We therefore also considered an alternative poverty measure, the Self-Sufficiency Standard (SSS).³⁴ The SSS is a more accurate indicator of poverty than the FPL for San Mateo County, as it takes local costs of living into account.

The SSS is calculated on the following premises:

- Budgets for all major life necessities needed by working adults. These basic needs include housing, child care, food, health care, transportation, taxes, and miscellaneous costs.
- Calculates the most recent local or regional costs of each basic need. Accounting for regional or local variation is particularly important for housing because housing costs vary widely.
- Varies costs by age groups of children (infants, preschoolers, school agers, and teenagers). This is especially important for child care, which varies substantially by age.
- Reflects modern family practices, and assumes that all adults (whether married or single) work full-time. Thus the Standard includes the employment-related costs of transportation, taxes, and child care (when needed).³⁵
- Includes the net effect of federal and state taxes and tax credits, as well as any local taxes and tax credits.

Table 1 compares the SSS for a single and 2-adult household with the FPL.

Family size	2011 SSS for San Mateo County	2012 FPL	Ratio of SSS to FPL
1 adult	\$34,907	\$11,170	3.1
2 adults	\$43,937	\$15,130	2.9

Table 1: Comparison of the 2011 Self-Sufficiency Standard for San Mateo County and the 2012 Federal Poverty Level for a family of one and two. Ratios are rounded. Source: SSS from the Center for Women’s Welfare. FPL from CoverageForAll.org.

³³ San Mateo County Health System (2009). Policy Brief Issue 2: Sociodemographic Overview, p.4.

³⁴ Center for Women’s Welfare, online at <http://www.selfsufficiencystandard.org/> (last accessed October 30, 2012).

³⁵ The FPL assumes a two-parent household with a stay-at-home parent, or single parents relying on welfare or family support. Therefore work-related expenses such as child care, taxes, and transportation are not considered. Source: Center for Women’s Welfare. How does the SSS differ from the Federal Poverty Level? Online at <http://www.selfsufficiencystandard.org/standard.html#howdoes> (last accessed October 30, 2012).

As Table 1 illustrates, the SSS reflects the higher income needed in San Mateo County to make ends meet and it is approximately three times the FPL.³⁶

While the SSS is an alternative poverty measure that takes local cost of living into account, it does not specifically focus on senior issues. To highlight the special economic situation of older people, the Insight Center for Community Economic Development (ICCED) developed the California Elder Economic Security Initiative (Cal-EESI).³⁷ It is a statewide, research-driven coalition that works to ensure that seniors have the support and resources they need to age with economic dignity and well-being. The ICCED developed the California Elder Economic Security Standard Index (Elder Index) in cooperation with the UCLA Center for Health Policy Research and Wider Opportunities for Women.³⁸ The Elder Index is a county-level indicator to measure the minimum income necessary to cover all of an older adult’s basic expenses, including housing, food, medical care and transportation but expenditures were assessed specifically for seniors instead of families with children as in the SSS.

According to the FPL, 7 percent (appr. 6,000) seniors in San Mateo County are poor. While this figure is not negligible, it masks the fact that according to the Elder Index, a senior homeowner living alone without a mortgage requires an annual income of \$17,475 to make ends meet. A single renter must earn \$27,550. Additional Elder Index data are shown in Table 2.

Living Situation	Annual income required according to Elder Index (2007)
Single, homeowner w/o mortgage	\$17,475
Single, renter	\$27,550
Single, homeowner w mortgage	\$42,987
Couple, homeowner w/o mortgage	\$26,149
Couple, renter	\$49,448
Couple, homeowner w/ mortgage	\$36,659

Table 2: Income needed according to the Elder Index for seniors living in San Mateo County. Source: www.insightcced.org

³⁶ See the tabulations for San Mateo County available from the Center for Women’s Welfare at <http://www.selfsufficiencystandard.org/pubs.html> (last accessed October 30, 2012).

³⁷ Please visit <http://www.insightcced.org/> (last accessed October 30, 2012) for more information on this initiative.

³⁸ San Mateo County data are available for download at <http://www.insightcced.org/communities/cfess/eesiDetail.html?ref=42> (last accessed October 30, 2012)

According to the Elder Index a significant share of seniors, 36 percent or approximately 31,000, struggle to cover their basic expenses because their annual income exceeds federal poverty guidelines and they may therefore not qualify for public assistance programs.

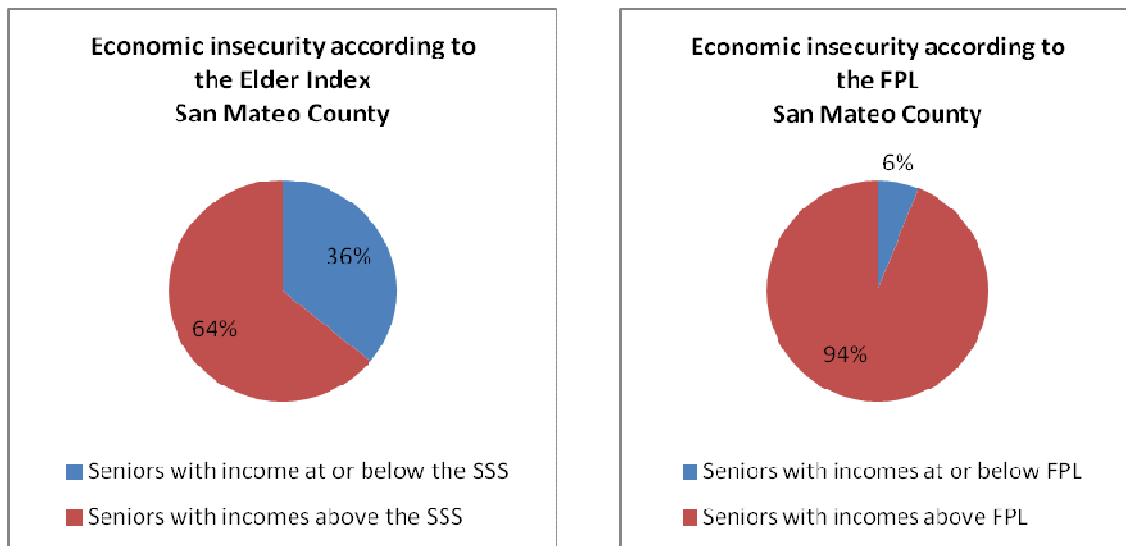


Figure 13: Comparison of economic insecurity among seniors according to the SSS and FPL. Source: Self-Sufficiency Standard and US Census Bureau.

In addition, according to the SSS 43 percent of senior women who live alone are economically insecure. Among senior men, 24 percent live alone and are economically insecure. A total of 30 percent of couples or two-person senior households are economically insecure. The difference in the share of economically insecure men and women reflects the persistent income gap between the genders: the median retirement income of women is \$28,976, while it is \$41,316 for men.

Considering the projected growth in the overall senior population of 72 percent by 2030 and the 148 percent growth projected among the 85+ year olds coupled with the county's high cost of living level, the ability for seniors to live comfortably in San Mateo County is at increased risk and may lead to increased outmigration of seniors. This poses a threat to the county's social cohesion and economic vibrancy.

The San Mateo County Health System's survey of Baby Boomers and results from the aging model also identified some worrisome disparities in perceptions and expectations by race and ethnicity.

- Of those surveyed, **70 percent expect to receive a pension/retirement income.** However, **only 44 percent of African Americans surveyed expect to draw a pension or have retirement income.**
- **In 2030, the majority of people with incomes below 400 percent FPL will be non-Whites** and represent a disproportionate share of the total senior population. While 16 percent of seniors are projected to be Hispanic/Latino and 3 percent Black/African American, **33 percent of the low-income senior population is expected to be Hispanic/Latino and 6 percent Black/African American.** Compared to **48 percent White seniors in 2030, only 32 percent will be low-income.** For Asians and Pacific Islanders in 2030 the shares are estimated to be 32 percent in both the total senior population and the low-income senior population.
- Homeownership, an important factor in determining wealth and economic security, is also divided by race and ethnicity: **11 percent of Whites are renters but this fraction increases to 28 percent for Blacks/African Americans** and 13 percent of Asians and Pacific Islanders. About one in five Latinos is a renter (18%).

The San Francisco Bay Area, including San Mateo County, has long attracted foreign-born people who end up settling in the area for work. The survey found that foreign-born San Mateo County residents are unlikely to return to their native countries for their older adult life. By 2030, 44 percent of older adults in the county are projected to be foreign-born. According to the “healthy migrant effect” it is estimated that healthy foreign-born residents, especially Hispanics/Latinos, are likely to stay in the county and tend to live longer than native residents and foreign-born residents who do return to their native countries.³⁹

2.2.2 Poverty and Education

It is a well-established fact that educational attainment influences incomes (Table 3 illustrates).

Educational Attainment	Poverty Rate (Men and women, all ages)	Poverty Rate (Men, all ages)	Poverty Rate (Women, all ages)
Less than high school	13.9%	12.4%	15.5%
High school or equivalent	8.1%	7.1%	9.1%
Some college or associate’s degree	6.0%	6.2%	5.9%
Bachelor’s degree or higher	3.3%	3.2%	3.4%

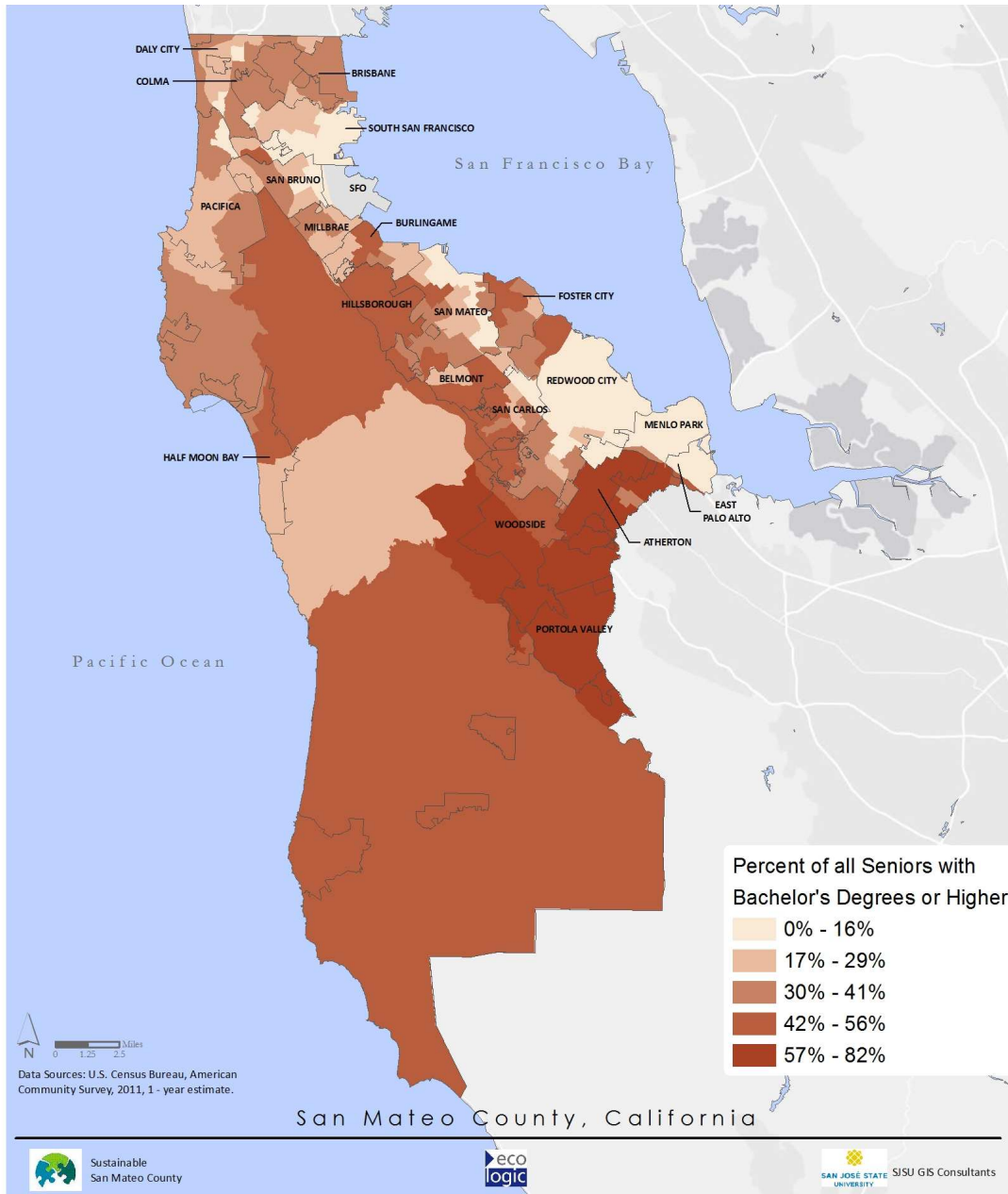
Table 3: Poverty rate (25 years and older) by educational attainment. Source: American Community Survey 2009-2011, 3-year estimates.

Data for poverty by age group and educational attainment are not available for San Mateo County, so that no direct conclusions can be drawn for the elderly population in the county with respect to the correlation between poverty and educational attainment.

According to the 2009 California Health Interview Survey (CHIS), among those 65 years and older in California, 39.7 percent have a high school degree or less and 37 percent have a bachelor’s degree or higher. When looking at Map 3, which shows educational attainment among seniors, there is a considerable spread in terms of senior educational attainment by geographical location and along the income distribution. South San Francisco, Redwood City, Menlo Park, East Palo Alto and some parts of San Mateo have low rates of seniors with bachelor’s degrees or more compared to the total senior population. In comparison, the affluent cities and towns of Hillsborough, Atherton, Portola Valley and Woodside have rates exceeding 57 percent.

³⁹ Turra CM, Elo IT (2008), "The Impact of Salmon Bias on the Hispanic Mortality Advantage: New Evidence from Social Security Data", *Population Research and Policy Review* 27 (5): 515–530, [doi:10.1007/s11113-008-9087-4](https://doi.org/10.1007/s11113-008-9087-4).

Seniors with College & University Degrees by Census Tract



Map 3: Distribution of seniors by educational attainment in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

2.3 Health Status and Disparities

2.3.1 Basic Health Statistics and Epidemiological Data

The following sections draw heavily on data and statistics from the 2011 Community Assessment: Health and Quality of Life in San Mateo County,⁴⁰ the Centers for Disease Control, specifically the Behavioral Risk Factor Surveillance System,⁴¹ and the Health System's publication "Maintaining the Health of an Aging San Mateo County".⁴² They are further complemented by individual data sources such as the County Health Rankings⁴³, Centers for Medicare and Medicaid statistics, and individual scientific studies.

Average Age at Death

Not only is San Mateo County's senior population growing, but life expectancy has also increased. From 1990 to 2008 the average age of death in the county increased from 71.2 years to 75.3 years, while the median age of death increased from 75.4 years to 81 years. Average age at death is a marker of premature death, and it is an important marker of a population's well being. Premature deaths are deaths that occur before a person reaches an expected age, generally taken to be 75 years in the US. Many premature deaths are considered to be preventable.

The following two side-by-side maps show the average age at death and median household income of seniors by city because the wellbeing literature points to positive associations between income on the one hand and life expectancy on the other.⁴⁴ Since the data shown in the two maps were not controlled for age, race and ethnic distribution and other factors, no ultimate conclusions are drawn with respect to the association between income and average age at death aside from a mild positive correlation between the two.

For example, the median household income of seniors in Atherton in 2010 was \$223,611 with an average age at death of 80.6 years. In Hillsborough it was \$209,231 and 79.3 years and in Woodside \$186,359 and 76.2 years. The lowest senior median household incomes persisted in East Palo Alto (\$49,146) with an average age at death of 61.8 years. In Daly City, senior median household income was \$72,307 and average age at death 73.2 years and South San Francisco it was \$72,674 and 74.4 years.

⁴⁰ The Healthy Community Collaborative of San Mateo County (2011). 2011 Community Assessment: Health and Quality of Life in San Mateo County. Online at http://www.plsinfo.org/healthysmc/pdf/Community%20%20Assessment_2011_FINAL1.pdf (last accessed October 4, 2012). We note that the new Community Health Assessment is currently being finalized. The results are expected to be released in 2013 and therefore after the scheduled release date for this study.

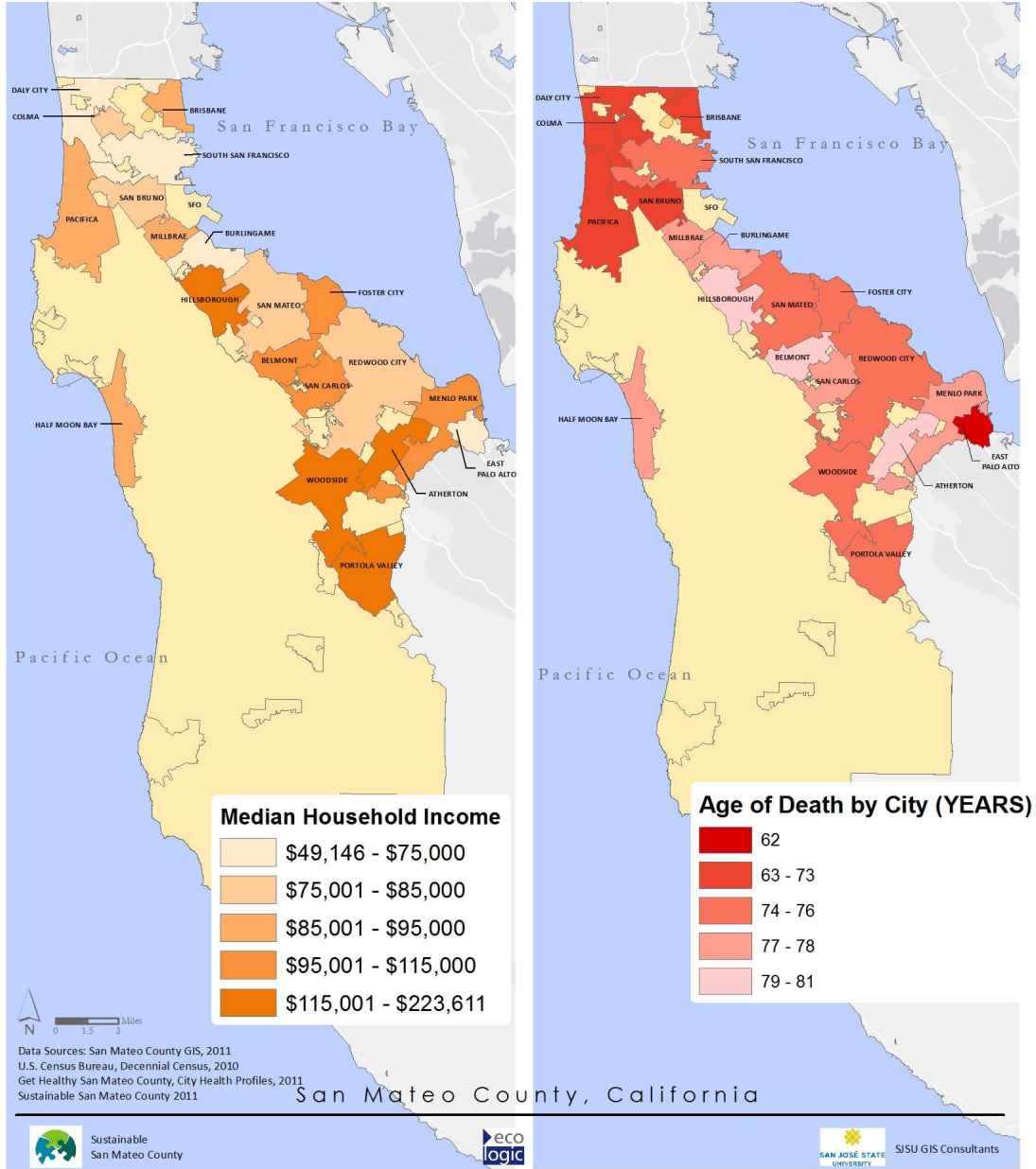
⁴¹ Center for Disease Control, Behavioral Risk Factor Surveillance System (BRFSS). Online at <http://www.cdc.gov/Brfss/> (last accessed September 14, 2012).

⁴² San Mateo Health System, Health Policy and Planning. Online at www.smhealth.org/hpp (last accessed September 30, 2012).

⁴³ University of Wisconsin, Population Health Institute (2012). County Health Rankings Project. Online at <http://www.countyhealthrankings.org/> (last accessed September 28, 2012).

⁴⁴ See, for example, National Bureau of Economic Research (2003). Health, Income and Inequality. Author: Angus Deaton. Available at <http://www.nber.org/reporter/spring03/health.html> (last accessed November 26, 2012).

Median Household Income & Age of Death by City



Map 4: Distribution of seniors by median household income and average age at death in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

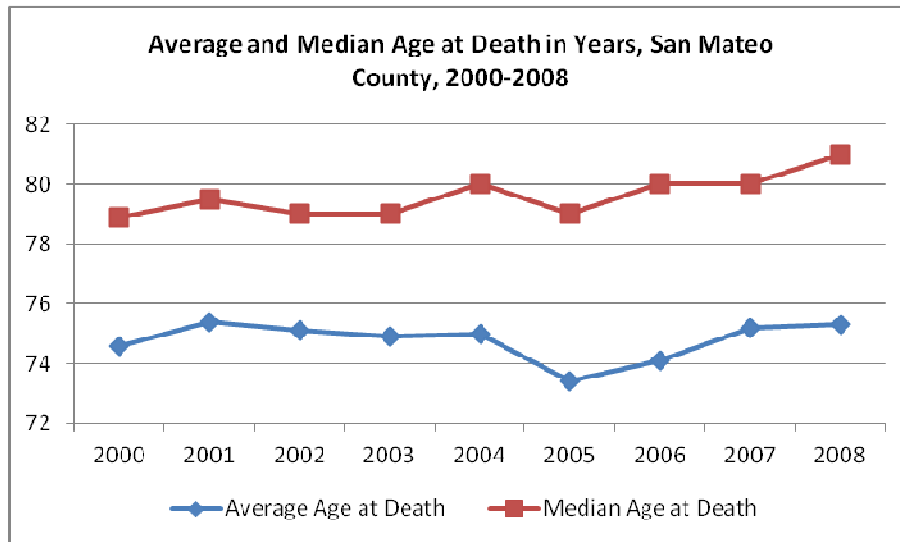


Figure 14: Average and median age at death in years in San Mateo County. Source: 2011 Community Assessment.

Main Causes of Mortality

The two main causes of mortality in San Mateo County are cancer and heart disease. Although mortality rates for these two causes have seen a decline over the period 2000-2008, they remain at a high level, killing approximately 1,100 people each per year. Respiratory and cerebrovascular diseases, and pneumonia and influenza are also important causes of death. Overall, the mortality rate due to these conditions has declined in the county but disparities remain (see charts below).

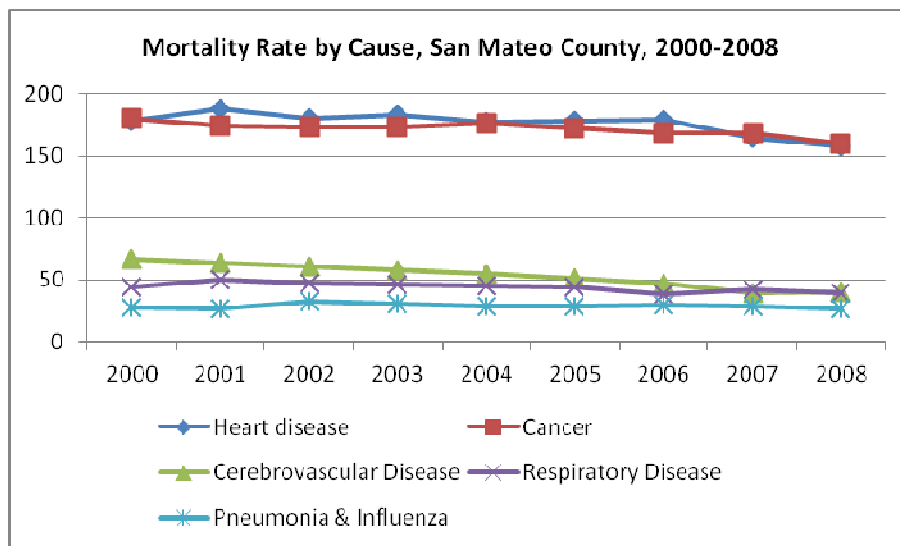


Figure 15: Mortality rates by cause (per 100,000 total population per year) in San Mateo County. Source: 2011 Community Assessment.

Compared to California, San Mateo County has a lower rate of death for most causes, except for Alzheimer’s and pneumonia/influenza (Figure 16).

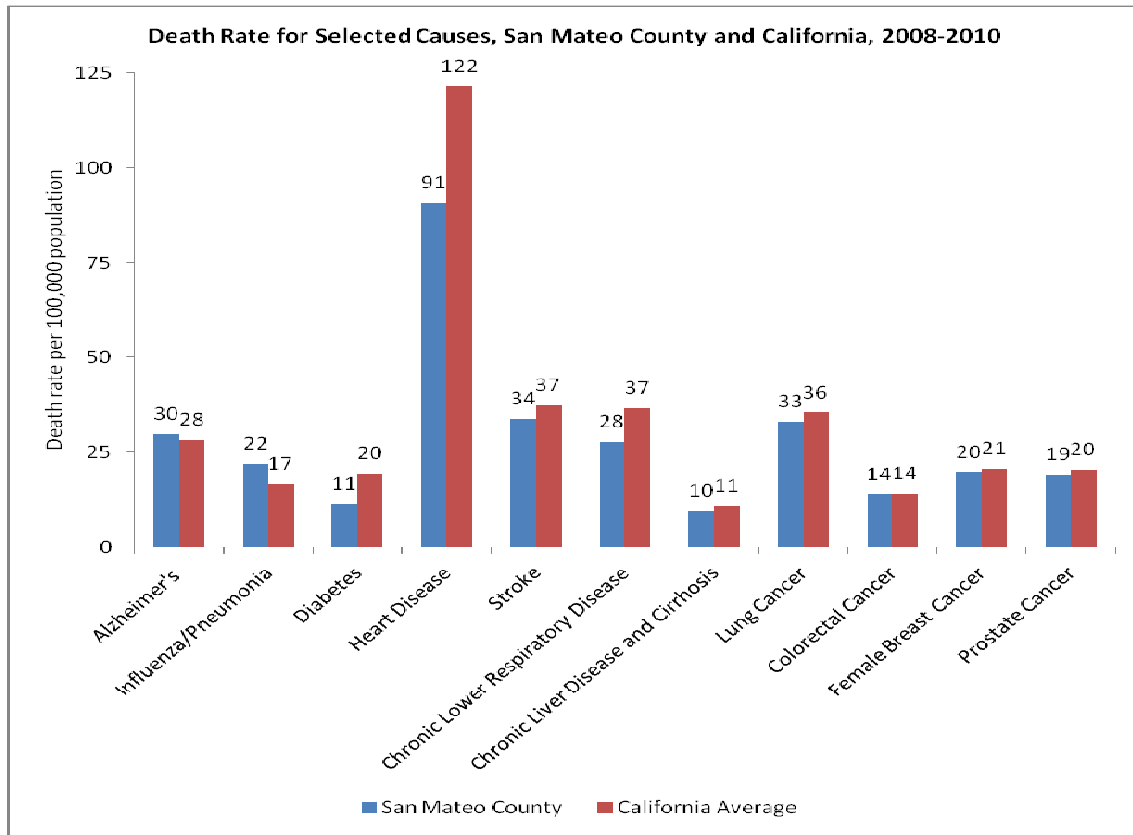


Figure 16: Mortality rates (per 100,000 population) for major causes of death in San Mateo County and California. Source: California Department of Public Health (2012). County Health Profiles 2012.

The mortality statistics by age group (Table 4) are somewhat dated but are still in strong agreement with current cause of death for seniors, except with respect to Alzheimer's. They show that heart disease, cancer and stroke are the leading causes of death amongst seniors.⁴⁵ With increasing age, however, cancer recedes from first rank to third and heart disease and stroke move up instead. Pneumonia and influenza and chronic obstructive pulmonary disease (COPD) are also among the top five.

Rank	65-74 years	75-84 years	85+ years
1	Cancer	Heart Disease	Heart Disease
2	Heart Disease	Cancer	Stroke
3	Stroke	Stroke	Cancer
4	COPD	COPD	Pneumonia & Influenza
5	Pneumonia & Influenza	Pneumonia & Influenza	COPD

Table 4: Leading causes of mortality by age group for 1994-1996. Source: Community Assessment – Health and Quality of Life in San Mateo.

Other chronic conditions and diseases typically associated with “old age” are diabetes, Alzheimer's and Parkinson's. Figure 17 shows how mortality due to these causes has developed from 2000-2008. The rate of Alzheimer's has grown significantly and has risen from 10th rank in 1990 (all ages) to 7th most frequent cause of death in 2008.

⁴⁵ Peninsula Library System (2012). Community Assessment - Health & Quality of Life in San Mateo. Online at <http://www.plsinfo.org/healthysmc/201/mortality.html> (last accessed October 31, 2012).

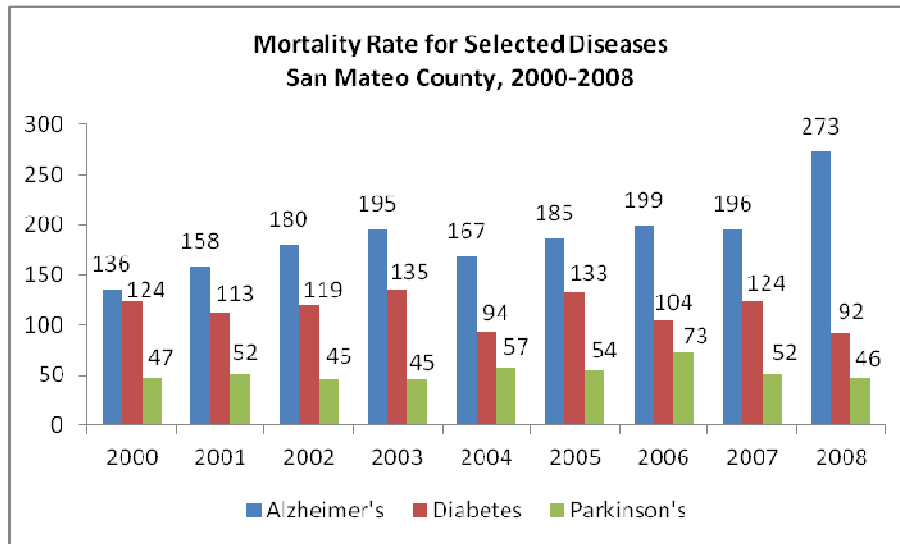


Figure 17: Mortality rates for leading chronic and “old age” diseases (per 100,000 population 65+ years) in San Mateo County. Source: 2011 Community Assessment.

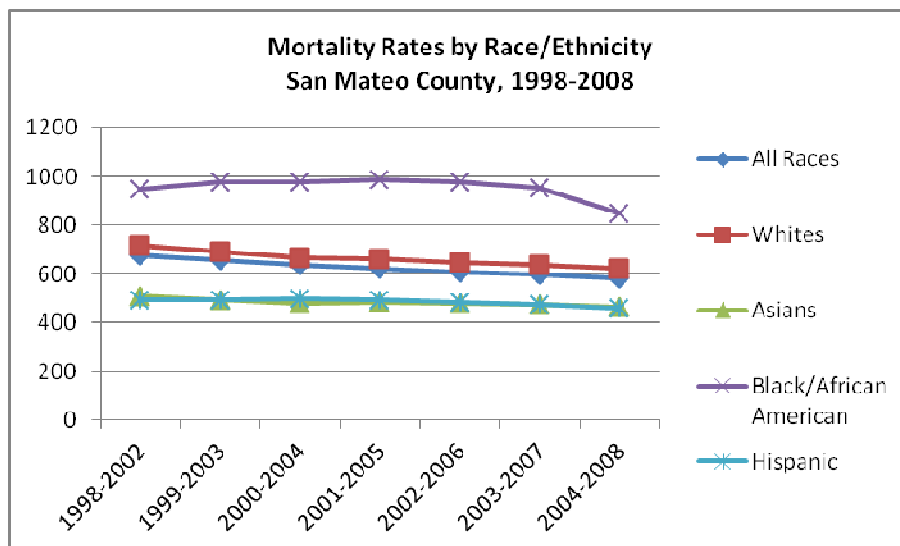


Figure 18: Mortality by race/ethnicity in San Mateo County (5-year moving average, rates are age-adjusted and standardized to the 2000 population). Source: 2011 Community Assessment.

According to a report released by the California Department of Public Health,⁴⁶ San Mateo County ranks 5th in the lowest number of deaths due to all causes, with an age-adjusted death rate of 547.6 deaths per 100,000 population, compared to the California average of 602.2 deaths per 100,000.

San Mateo County also ranks 5th in lowest number of deaths due to all cancers, ranked by the age-adjusted death rate from all cancers with a rate of 147.1 deaths per 100,000

⁴⁶ California Department of Public Health (2012). County Health Profiles 2012 – San Mateo County. Online at <http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx> (last accessed October 15, 2012).

population, compared to the California average of 151.7 deaths per 100,000. The federal Healthy People 2010 National Objective is 158.6.⁴⁷

For other selected causes of deaths – many of which affect primarily seniors – the following Table 5 shows how San Mateo County compares to California and the Healthy People 2010 targets. The county outperforms California and has reached the Healthy People targets for all causes of death shown in the table, except chronic liver disease and accidents.

Cause of death (age-adjusted rate per 100,000 population)	San Mateo County	California	Healthy People 2010 Target	Healthy People 2020 Target
Colorectal cancer*	14.0	14.1	13.7	14.5
Lung cancer*	33	35.5	43.3	45.5
Female breast cancer*	19.8	20.7	21.3	20.6
Prostate cancer*	19.1	20.4	28.2	21.2
Diabetes*	11.4	19.5	--	65.8
Alzheimer's*	29.7	28.2	--	--
Coronary heart disease*	90.9	121.6	162	100.8
Smoking*	33.9	37.4	50.0	--
Influenza/pneumonia*	21.9	16.7	--	--
Lower respiratory disease*	27.8	36.7	--	--**
Chronic liver disease and cirrhosis*	9.6	10.8	3.2	--
Accidents*	20.9	27.1	17.1	--

Table 5: Age-adjusted death rates (per 100,000 population) for major causes in San Mateo County, California and a comparison with the Healthy People 2010 and 2020 targets. Source: California Department of Public Health (2012). Health Profiles 2012: San Mateo County and Healthy People 2020. *age-adjusted death rates 2008-2010 three-year period. ** COPD target is 98.5 per 100,000 population

Falls account for 80 percent of accidental injury deaths in individuals over the age of 85, and 20 percent in ages 75 to 84 in San Mateo County. Seniors aged 85 years and older are 50 times more likely to be hospitalized as a result of a fall than a 25-34 year old and 120 times more likely to die from it. Fall prevention strategies are, therefore, an

⁴⁷ Healthy People 2010 is a federal initiative to use science-based, 10-year national objectives for improving the health of all Americans. The current targets are specified for the year 2020. More information is available at <http://www.healthypeople.gov/2020/about/default.aspx> (last accessed October 31, 2012).

important tool for public health officials and healthcare providers to reduce the burden and risks from falls in the senior population.

The San Mateo Fall Prevention Task Force

Initiated in March 2003, the Fall Prevention Task Force uses advocacy, resource development and community education to reduce the incidence of falls among older adults. It has built a coalition of more than 25 different community provider agencies, hospitals, nonprofit organizations, senior centers and private service providers that serve older adults in the county.

To date, the Task Force has:

- Teamed with Sit & Be Fit TV producers to create exercise videos (English, Spanish and Chinese) for fall prevention and disseminated more than 1,000 of these videos to older adults throughout the county.
- Translated a booklet on fall prevention developed by Alameda County Senior Injury Prevention Project (SIPP) into Spanish and Chinese and disseminated it in local communities.
- Held two fall prevention train-the-trainers courses for individuals working with older adults in physical activity programs to integrate fall prevention practices into their work.

For more information, contact:

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info@smcfallprevention.org

Patrice Christensen, PHN
Injury Prevention Program Coordinator
San Mateo County Health Department
info@smcfallprevention.org

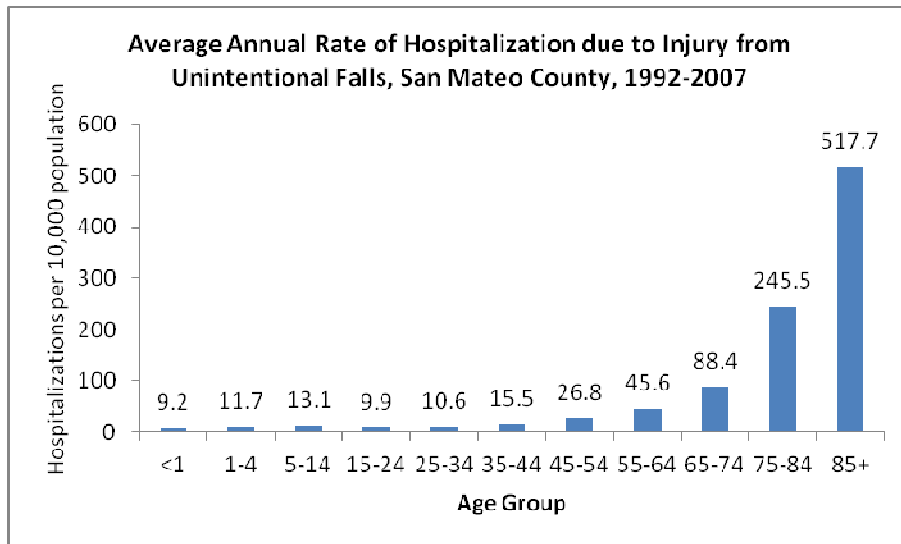


Figure 19: Average annual rate of hospitalization due to injury from unintentional falls in San Mateo County. Data are not age-adjusted. Source: 2011 Community Assessment.

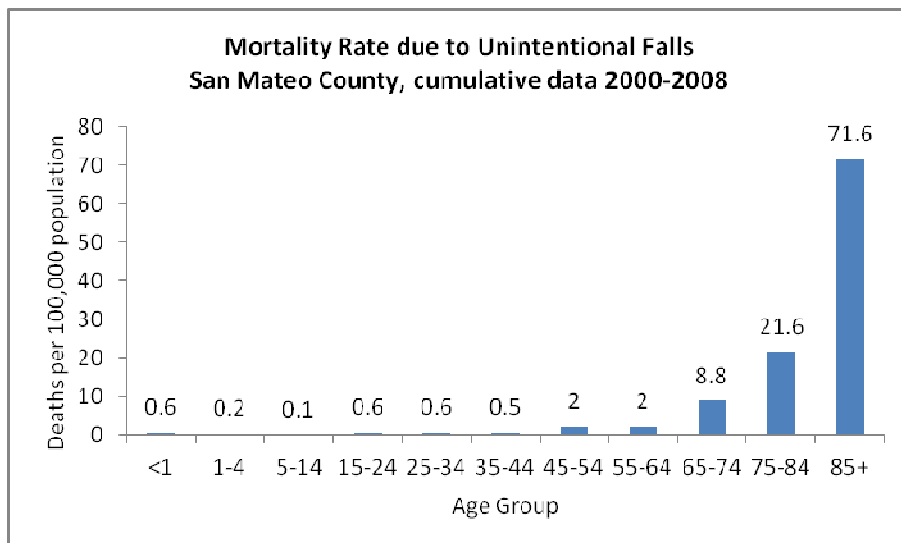


Figure 20: Mortality rate (per 100,000 population) due to unintentional falls in San Mateo County. Data are cumulative for 2000-2008 and not age-adjusted. Source: 2011 Community Assessment.

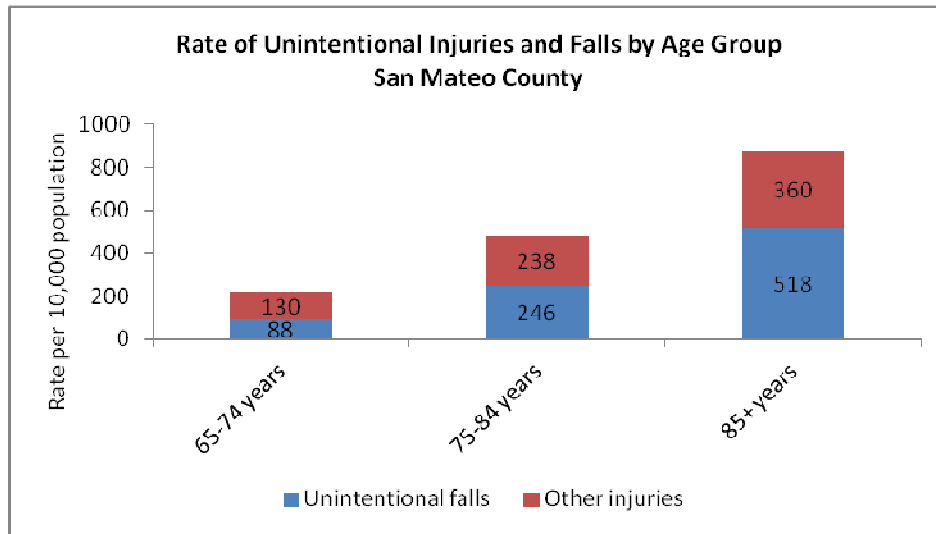


Figure 21: Comparison of falls and other unintentional injuries by age group in San Mateo County. Source: 2011 Community Assessment.

Morbidity

Overall hospitalization rates by age group and gender are shown in Figure 22. Rates are twice as high for men compared to women in the older population and increase with age for both genders.

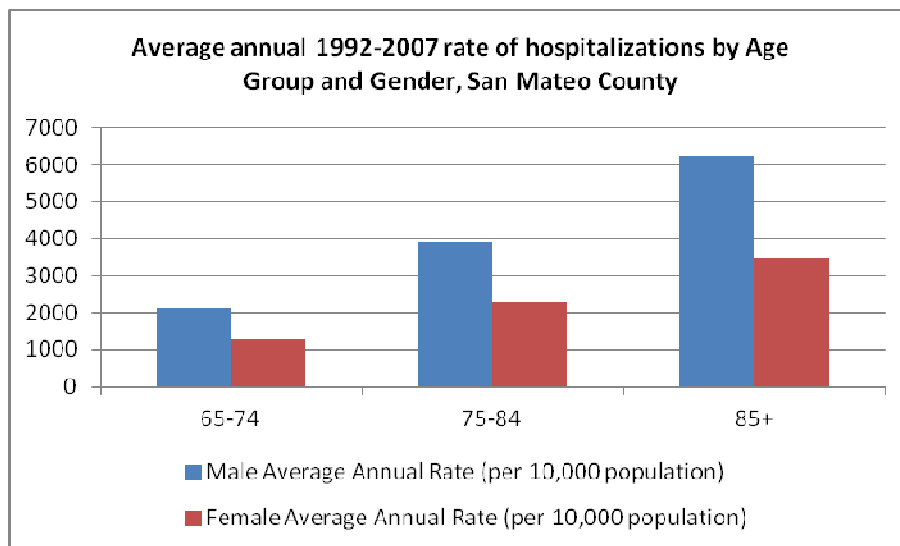


Figure 22: Average annual hospitalization rate 1992-2007 for men and women in San Mateo County. Source: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2007 in 2011 Community Assessment.

The Centers for Medicare and Medicaid Services compile information on health care status of subscribers/beneficiaries. This information can be compared across Hospital Referral Regions (HRRs). HRRs represent regional health care markets for tertiary medical care that generally requires the services of a major referral center.⁴⁸

⁴⁸ See, for example, the Dartmouth Atlas of Health Care developed at Dartmouth University’s Institute for Health Care Policy and Clinical Practice. Online at <http://www.dartmouthatlas.org/data/region/> (last accessed October 31, 2012).

The San Mateo County HRR has Medicare beneficiaries' hospitalization rates are relatively low for age-related illnesses compared to the average of all HRRs nationwide (Figure 23).

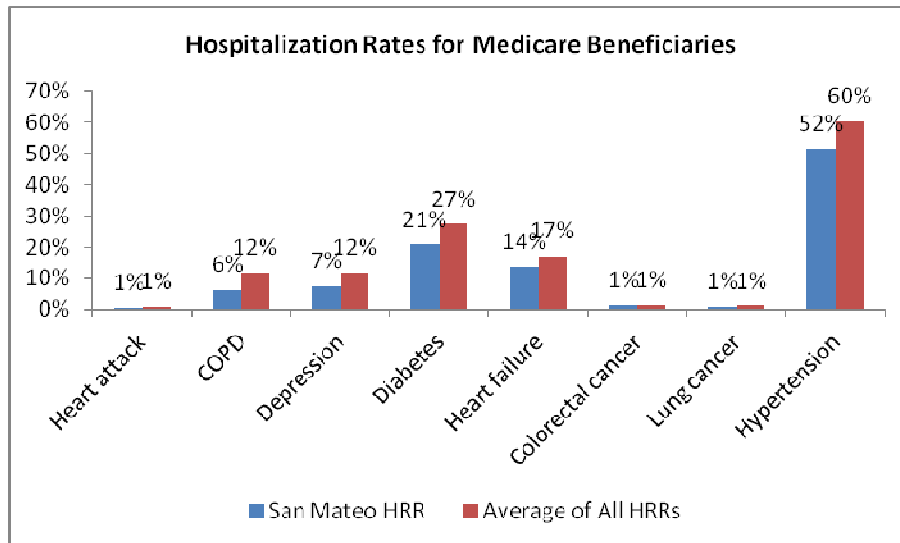


Figure 23: Comparison of hospitalization rates among Medicare beneficiaries in San Mateo County HRR and the average of all HRRs. Source: Center for Medicare and Medicaid Services.

San Mateo County HRR⁴⁹ generally performs well in comparisons with all other HRRs in the US in terms of the prevalence of main cancers and non-cancer diseases (Figure 24 and Figure 25).

⁴⁹ The San Mateo county HRR includes the following hospitals: Mills-Peninsula Health Services in Burlingame, San Mateo Medical Center in San Mateo, Sequoia Hospital in Redwood City, Seton Medical Center in Daly City, and Stanford Hospital and Clinics in Stanford. Kaiser hospitals do not report individual claims to Medicare. They are therefore not included because the statistics only include hospitals that serve fee-for-service patients, not Medicare Advantage/HMOs. Source: Dartmouth Atlas of Health Care at <http://www.dartmouthatlas.org/data/region/profile.aspx?loc=297> (last accessed October 31, 2012) and personal communication.

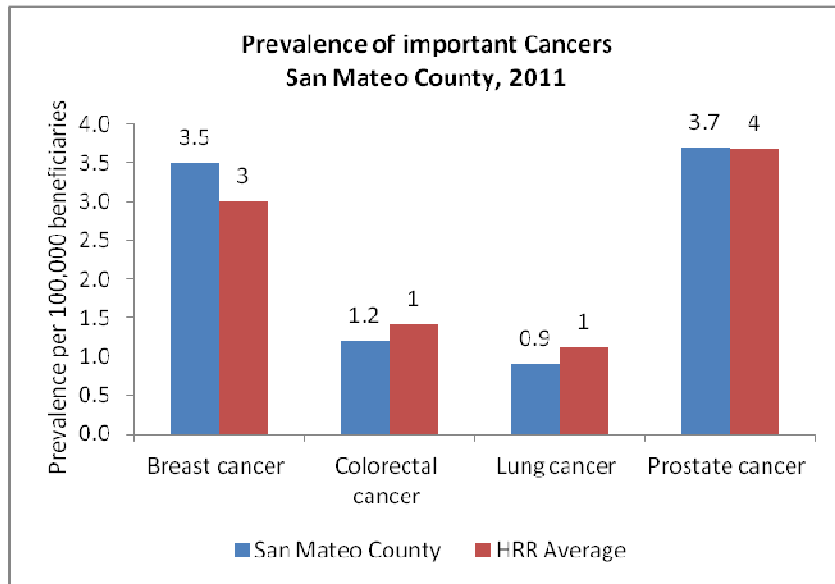


Figure 24: Prevalence of important types of cancer among Medicare beneficiaries (per 100,000 beneficiaries) in San Mateo County and its corresponding HRR. Source: Geographic Variation Public Use File, Policy & Data Analysis Group, Office of Information Products and Data Analytics, Centers for Medicare and Medicaid Services, 2012.

The county also has better health status on all non-cancer causes of morbidity shown in Figure 25 with the exception of asthma and atrial fibrillation.

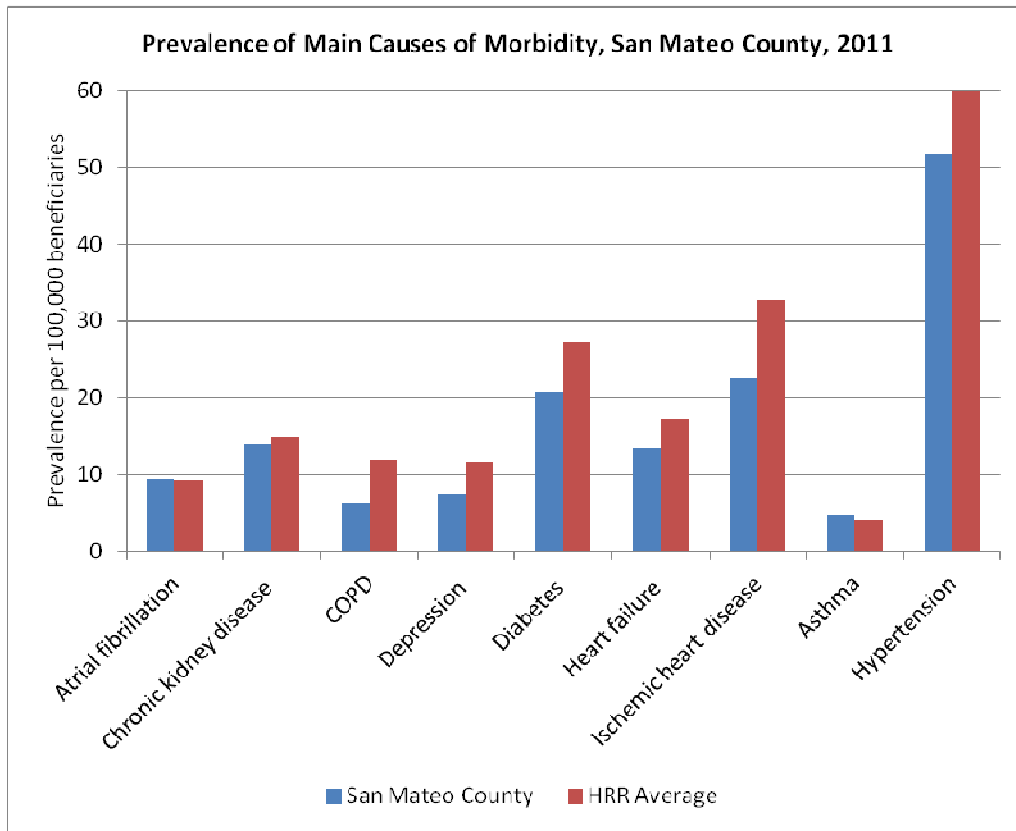


Figure 25: Prevalence among Medicare beneficiaries (per 100,000 beneficiaries) of main causes of morbidity for seniors in San Mateo County and its corresponding HRR. Source: Geographic Variation Public Use File, Policy & Data Analysis Group, Office of Information Products and Data Analytics, Centers for Medicare and Medicaid Services, 2012.

Years of Potential Life Lost (YPLL)

Aside from mortality and prevalence statistics, the health status of a population can also be assessed using the concept of years of potential life lost (YPLL). The YPLL indicator measures the cumulative gap between the actual population’s health status and an ideal or benchmark status, expressed using a standard life expectancy. By doing so, it better captures the number of years of life lost due to specific diseases. YPLL is thus a metric suited to capture the impacts of diseases that strike earlier in life and/or affect a large number of people. YPLL is used here to show the relatively large number of life years lost due to the main causes of death, i.e., cancer and heart disease (compare Figure 15). We note, however, that the statistics presented are calculated for all ages and also based on a reference life expectancy of 75. The latter means that it does not capture years of life lost to people older than 75 years.

The University of Wisconsin’s 2012 County Health Rankings place San Mateo County 3rd best nationwide on mortality with 4,254 years of potential life lost before the age of 75 per 100,000 population. The County also ranks 19th best on morbidity.

All-cause YPLLs have declined since their peak in 2006 of nearly 35,000 years. In 2008 the number of potential life years lost was 16 percent lower than in 2006. YPLLs for selected causes, especially cancer, are also declining. Cancer YPLLs decreased by more than 8

percent since 2000, heart disease YPLL by 16 percent, respiratory disease YPLLs by 13 percent and diabetes YPLL by 46 percent (although the total YPLL is small compared to cancer and heart disease). It remains to be seen if these encouraging trends have continued after 2008.

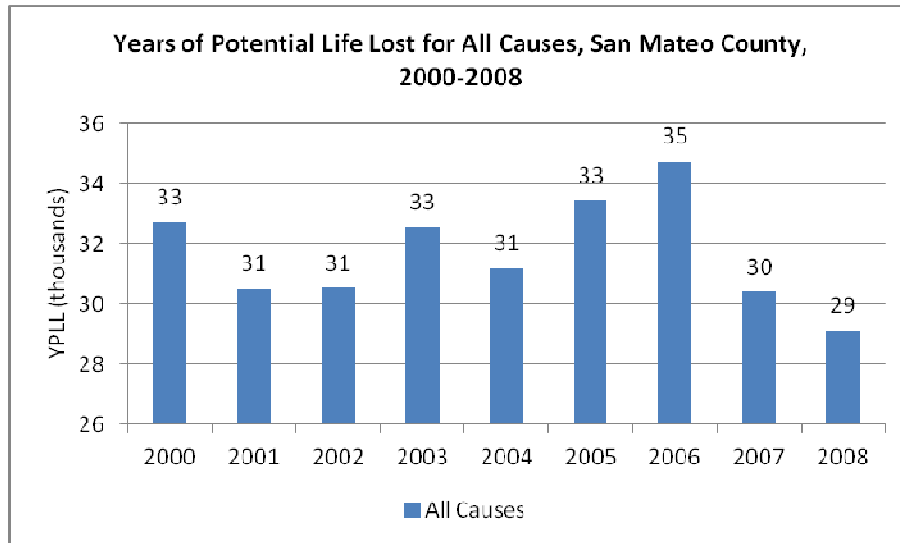


Figure 26: Years of potential life lost due to all causes in San Mateo County. The life expectancy used to calculate the YPLL was 75 years. Source: 2011 Community Assessment.

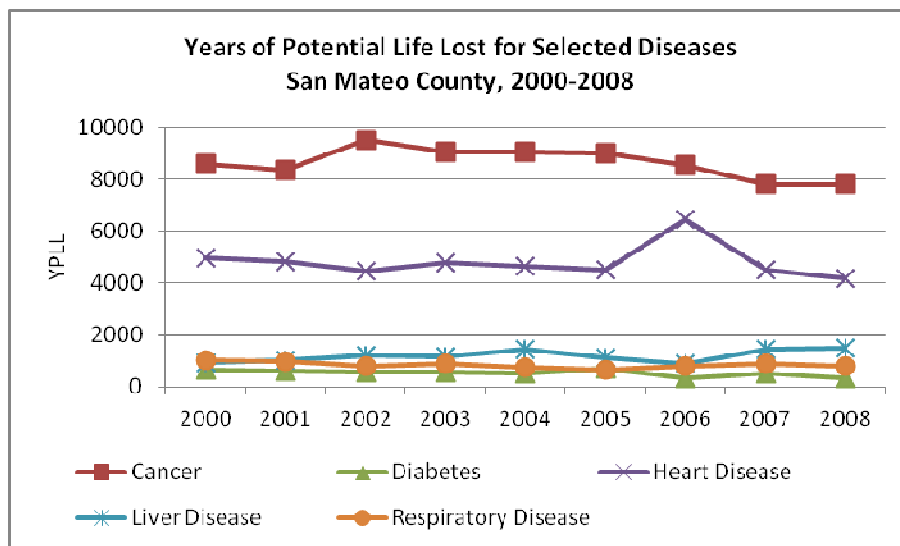


Figure 27: Years of potential life lost due to selected causes relevant to seniors in San Mateo County. The life expectancy used to calculate the YPLL was 75 years. Source: 2011 Community Assessment.

Mental Health

Mental health is an often overlooked issue when it comes to healthcare services in general and senior health in particular.

Studies have shown that seniors are at greater risk of suffering from certain mental disorders and their complications than younger people.⁵⁰ Yet, many of these conditions can be diagnosed and treated, thereby, improving seniors' quality of life and reducing health risks. Like many younger adults, though, seniors are often reluctant to speak with their doctor about mental problems or they do not have access to appropriately trained medical care as a result of limited insurance coverage.

One of the main barriers to protecting mental health and treating mental disorders is the stigma attached to mental illness. Shame and a feeling of lacking control over oneself are frequently stated reasons for not seeking mental healthcare. Sometimes even doctors fail to recognize symptoms of treatable mental illness.

The most prevalent types of mental disorders among seniors nationally are:

- Depression. It is the most common mental disorder among people 65 years and older. It is also a frequently misdiagnosed illness with some estimates going as high as 10 percent of seniors with depression actually being diagnosed as having dementia. Depression is a reversible mental illness.
- Dementia. This condition is commonly associated with growing old and involves loss of memory function, disorientation and confusion. However, only 10 percent of US seniors suffer from dementia (and of that 60 percent from Alzheimer's, see below). Dementia is often caused by more than one condition (e.g., combinations of stroke, depression, Alzheimer's and/or Parkinson's disease). It can be treated to some extent but not reversed.
 - Alzheimer's. This disease involves the gradual death of brain cells for still insufficiently known reasons, and there is presently no cure. The average person's lifetime chance of developing Alzheimer's disease is 1:100, but incidence increases with age. Currently in the US 3 million people 65 years and older are suffering from the disease in its various stages.
 - Lewy body dementia (LBD) is the second leading cause of degenerative dementia, and it can occur by itself or in combination with other conditions, including Alzheimer's disease and Parkinson's disease.
- Parkinson's. This disease begins with involuntary and small tremors that become more severe over time. In advanced stages, Parkinson's patients also suffer from dementia.
- Huntington's. This is a genetic disorder that begins in middle age and has symptoms of changed personality, mental decline, psychosis, and movement disturbance.
- Malnutrition, a relevant issue for seniors living alone and with limited mobility and/or income, can also cause mental problems.

Despite the importance of mental health for senior health, there is a scarcity of statistics on the incidence and prevalence of many mental disorders and impairments. The 2008 Community Assessment found that 3.4 percent of seniors have a history of mental illness and 20.2 percent have experienced periods of depression lasting two or more years. A total of 19.6 percent of seniors sought help for a mental or emotional problem. However, the use of mental health services is particularly low among the older population.⁵¹

⁵⁰ American Psychiatric Association (2012). Healthy Minds. Healthy Lives. Online at <http://healthyminds.org/More-Info-For/Seniors.aspx> (last accessed October 10, 2012).

⁵¹ 2008 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2007.

San Mateo County Health System – Mental Health Services

The Health System's Behavioral Health and Recovery Services (BHRS) at <http://smchealth.org/mh> provide a broad range of mental health services to individuals with mental illness in San Mateo County.

Services include:

- Emergency mental health care: Psychiatric Emergency at San Mateo Medical Center, 222 West 39th Ave., San Mateo, CA, 94403. Phone: (650) 573-2662 or call 911.
- Behavioral Health and Recovery Services ACCESS Call Center for an assessment, information and referral based on individual needs: call ACCESS Call Center at (800) 686-0101, TDD: (800) 943-2833
- Searchable directory for mental health services in San Mateo County
- Support for consumers/clients and family members who deal with mental health problems through the SMC Office of Consumer and Family Affairs at <http://smchealth.org/OCFA>
- The Mental Health ACCESS Team at the San Mateo County Mental Health Services Agency operates a 800-line call center for the county and access to county mental health services for Mental Health Plan members as well as seriously ill individuals. It also provides a range of clinical and managed care services. More information is available through the National Alliance on Mental Illness (NAMI) in San Mateo County at <http://www.namisanmateo.org/38.asp>

San Mateo County Behavioral Health Network of Care

The Network of Care for Mental/Behavioral Health maintains a website of resources for individuals, families and agencies concerned with mental and behavioral health. It provides information about behavioral health services, laws, and related news, as well as communication tools and other features. It is available at: <http://sanmateo.networkofcare.org/mh/index.aspx>

Mills Peninsula Health Services Elderly Mental Health Services

A service offered by Mills Peninsula Health Services at http://www.mills-peninsula.org/behavioralhealth/mental_seniors.html that helps people to cope with depression, anxiety, mental health issues related to difficulty in coping with loss of a spouse or your job, retirement, reduced income and status, isolation and medical problems, addiction to drugs, alcohol and prescription medications and psychiatric/mental health and substance abuse problems (dual diagnosis) through the following programs:

- Outpatient Mental Health Program
- Mental Health and Substance Addiction (Dual Diagnosis) Program
- Transitions After Care Therapy Group

Cordilleras Mental Health Center

Located at 200 Edmonds Road, Redwood City, CA 94062 (Tel: 650-367-1890, Fax: 650-369-6465), Cordilleras Mental Health Center is open 24/7 and offers in-patient non-acute mental health services. More information available at <http://www.telecarecorp.com/programs/8>

Caminar for Mental Health

Caminar's San Mateo mental health services (<http://www.caminar.org>) specialize in providing state-of-the-art mental health treatment programs that focus on health & wellness, recovery, and community integration. It offers programs in 13 cities in San Mateo County, including residential programs, supported independent living, supported housing, medication and clinics, and assistance with education and job search. For all inquiries email info@caminar.org or phone (650) 578-8691

Senior Health in San Mateo County – Current Status and Future Trends

In addition, the AAA's 2012-2016 Area Plan⁵² includes a number of pro-active goals to improve the well-being and mental health of seniors in the county through its "Promotion of a Holistic Approach to Health, Well-being, and Safety", including:

Objective 1.1: The AAA will provide leadership on physical and behavioral health and wellness by:	Projected Start and End Dates
(a) Supporting the community's capacity to assist older adults, adults with disabilities and caregivers in maintaining health by supporting programs serving targeted communities	July 2012-June 2016
(b) Working with the Health Plan of San Mateo on Long-Term Care Integration to improve the health of members, particularly members that are dual eligible (Medi-Cal and Medicare)	July 2012-June 2016
Objective 1.2: The AAA will improve access to behavioral health services through prevention/early detection of disease by:	
(a) Providing information about community based services, such as the Senior Peer Counseling Program, Adult Day services and other community-based programs.	July 2012-June 2016
(b) Collaborating with Behavioral health and Recovery Services' (BHRS) Older Adult Committee on researching tools for screening depression	July 2012-June 2016
Objective 1.3: The AAA will continue partnerships and collaborations to improve health, well-being and safety by:	
(a) Collaborating with BHRS's Older Adult Committee on the planning and implementation of the forum for adult service providers in 2013.	July 2012-June 2013
(b) Collaborating with BHRS' Older Adult Committee on the implementation of a training for older adult service providers on recognizing depression	July 2014-June 2016
(c) Collaborating with BHRS' Health Equity (including the Spirituality and PRIDE Initiatives) and Anti-Stigma Initiatives in order to ensure that the needs of older adults are included.	July 2012-June 2016
(d) Collaborating with BHRS' Older Adult Committee on the Suicide Prevention Workgroup to integrate with existing work on suicide prevention	July 2012-June 2016
(e) Collaborating with BHRS and the Public Authority to train IHSS providers on working with clients with mental health conditions and substance abuse issues.	July 2012-June 2016
(f) Collaborating with the Active Access Collaborative to ensure the physical activity needs of older adults are included.	July 2012-June 2016

⁵² Area Agency on Aging (2012). Four-Year Area Plan 2012-2016 for PSA 8.

Senior Health in San Mateo County – Current Status and Future Trends

(g) Collaborating with the Fall Prevention Task Force (FPTF) in order to address the fall prevention needs of older adults through the implementation of the FPTF Strategic Plan.	July 2012-June 2016
(h) Continually seeking new partners/collaborators that are working on this issue	July 2012-June 2016

3 Access to and Affordability of Healthcare

By 2030 nearly 24 percent of San Mateo County's residents will be 65 years and older. The county will have a larger proportion of older adults than California as a whole. This increase will impact the amount and types of health care services needed. In particular, the San Mateo County Health System's model predictions⁵³ also indicate:

- A 50 percent increase in the demand for physicians
- A 34 percent increase in acute hospital days among older adults
- A 59 percent increase in the demand for hospital beds

The American Hospital Association predicts⁵⁴ that:

- Baby Boomers in particular will have a higher prevalence of chronic diseases than the current senior population – 60 percent of them will suffer from more than one chronic illness and be more likely to be overweight and obese (33 percent) or suffer from diabetes (25 percent).

The number of older adults suffering from Alzheimer's disease is expected to grow from 13,684 in 2008 to 23,298 in 2030 – a 70 percent increase.⁵⁵ And one in five residents over the age of 65 is expected to have a physical or mental disability.⁵⁶

3.1 Access to Physicians and Medical Care

According to the 2010 Census, many seniors experience one or more barriers to medical care, including:

Language barriers: 18.9 percent of senior residents are not proficient in English.

Place of residence: 1.4 percent of senior residents live in areas in San Mateo County that are considered rural.

Healthcare facilities: While the distribution of medical facilities is relatively dense in San Mateo County (also Map 5), there were only 81 mental health providers in 2007, i.e., 1,240 seniors per provider. For dental care, the number of dentists in the same year was slightly better at 102, i.e., 978 seniors per dentist.

Healthcare costs: In 2007, healthcare costs were on average \$7,130 per person per year and 16 percent of adults were uninsured in 2009.⁵⁷ Between 2004 and 2010 almost one out of ten adults (9 percent) could not see a doctor due to cost.

Surveys confirm that people prefer living in closer proximity to services such as healthcare facilities as they age. The following map shows the proximity of senior centers to healthcare

⁵³ San Mateo Health System, Health Policy and Planning (2010). Maintaining the Health of an Aging San Mateo County.

⁵⁴ American Hospital Association (May 2007). "When I am 64: How Boomers Will Change Health Care." Accessed August 30, 2012 at www.aha.org/aha/content/2007/pdf/070508-boomerreport.pdf.

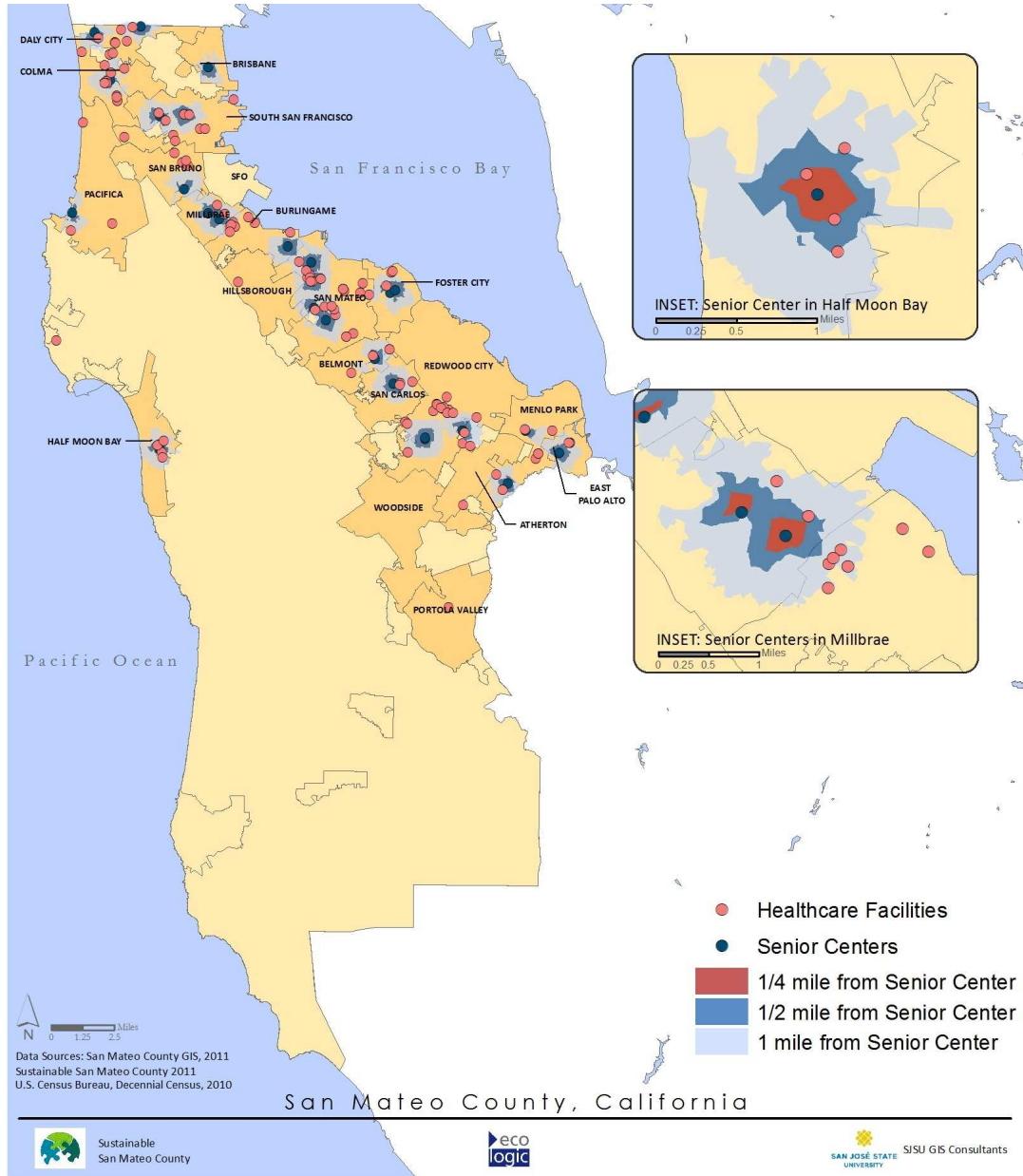
⁵⁵ Alzheimer's Association. California Alzheimer's Disease Data Report. (2008). Accessed August 30, 2012 at www.alz.org/cadata/CAALZ_County_Data.pdf (last accessed November 20, 2012).

⁵⁶ Ibid.

⁵⁷ Although most adults aged 65 and older are eligible for Medicare.

facilities in San Mateo County as measured in $\frac{1}{4}$, $\frac{1}{2}$, and 1 mile distances. Of the 25 senior centers shown only three are not within a mile distance from a healthcare facility. They are the Brisbane Senior Club, the Redwood City Veterans Memorial Senior Center and the San Bruno Senior Center.

Healthcare Access for Seniors



Map 5: Access to medical care for seniors in relation to senior centers in San Mateo County. Source: US Census Bureau, 2010 Census.

Avoidable Hospitalizations

The avoidable hospitalization rate can be used to gauge the availability and utilization of primary medical care. Avoidable hospitalizations, which are conditions for which hospitalizations can be avoided if timely and effective ambulatory care is provided, create extra costs for the healthcare system and can also exert stress, anxiety, and financial strain on patients and their families.

Avoidable hospitalizations are particularly high among the senior population (Figure 28). According to data from the 2011 Community Assessment there were 58,661 avoidable hospitalizations among seniors during 1992-2007, which is equivalent to 58 percent of avoidable hospitalizations among all age groups.

Among seniors, those aged 65 to 74 years have the lowest rate of avoidable hospitalizations (211.8 per 10,000 population) while those 85 and over have the highest at 825.6 per 10,000 population.

While seniors aged 65 and older have by far the highest rate of avoidable hospitalizations, they have also experienced the largest decline of all age groups since 1992. For example, from its peak rate in the 1995-1999 period (634.8 per 10,000 population) avoidable hospitalizations fell to 496.7 in the 2003-2007 period. This is a decrease of 22 percent.

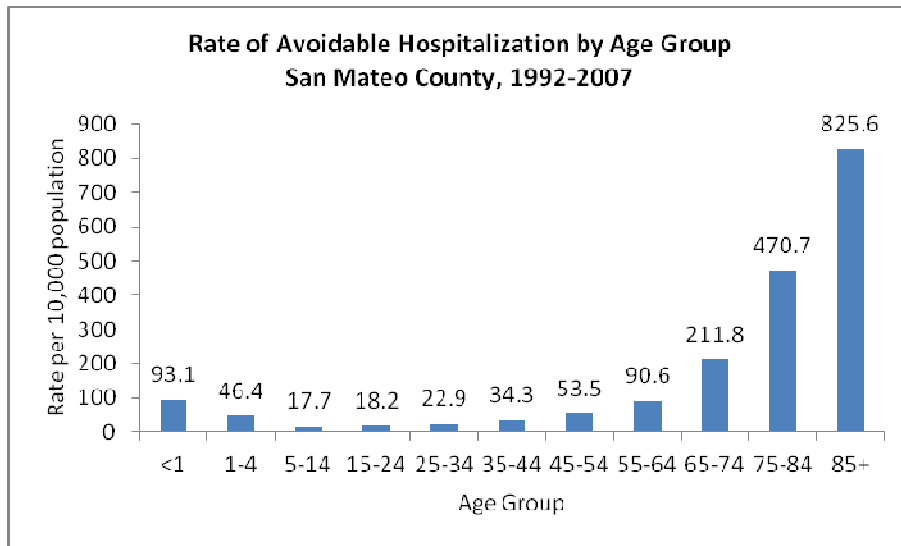


Figure 28: Rate of avoidable hospitalizations (per 10,000 population) by age group in San Mateo County. Rates are not age-adjusted. Source: 2011 Community Assessment.

Since avoidable hospitalizations are linked to ineffective ambulatory care and since healthcare access varies by race/ethnicity (see section 3.1), it is informative to look at the rate of avoidable hospitalizations among seniors by race and ethnicity (Figure 29).

Blacks/African Americans have the highest rates in all three age groups. In the younger seniors (65-74 years) Asians, Whites and Hispanics have almost identical rates but among older seniors the rates of Whites increase more than those of Asians and Hispanics.

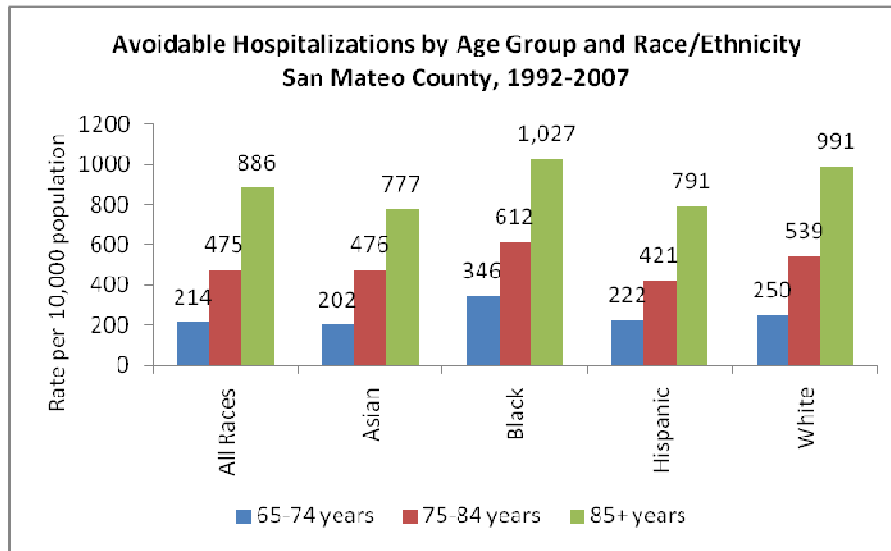


Figure 29: Rate of avoidable hospitalizations by age group and race/ethnicity for 1992-2007 in San Mateo County. Rates are age-adjusted and standardized to 2000 population. Source: 2011 Community Assessment.

Shortage Areas

The US Department of Health and Human Services, Health Resources and Services Administration (HRSA) developed criteria for defining areas, population groups or facilities as a Health Professional Shortage Area (HPSA) or a Medically Underserved Area or Population (MUA/P). HPSAs are designated by HRSA as having shortages of primary medical care, dental or mental health providers. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population.

According to HRSA data, there are 18 primary care and mental care HPSAs (including 15 low-income census tracts in East Palo Alto, the SMC Health Services Agency and the South County Community Health Center), 2 dental HPSAs (SMC Health Services Agency and South County Community Health Center) and 6 MUAs in San Mateo County.

Hospitalization Services

Although primary care and outpatient clinics serve as the first and most important source of medical care, hospitalization may become necessary, especially for older seniors. It is, therefore, informative to look at hospitalization services provided in San Mateo County HRR over the past years. We used data from the Center for Medicare and Medicaid Services 2012 on Medicare beneficiaries⁵⁸ and found that for heart attack and other life-threatening conditions, the hospital system has a high performance rate on most quality-related measures compared to other Hospital Referral Regions nationwide:

- The hospital admission rate was 16.1 percent (rank 231st lowest out of 308).
- There were 418 emergency department visits per 1,000 (5th lowest of 308 HRRs in the country)

⁵⁸ Geographic Variation Public Use File, Policy & Data Analysis Group, Office of Information Products and Data Analytics, Centers for Medicare and Medicaid Services, 2012.

- 99 percent of heart attack patients arriving at the hospital in San Mateo County HRR were given aspirin upon arrival.
- 100 percent of heart attack patients also received fibrinolysis⁵⁹ within 30 minutes of hospital arrival.
- 100 percent of heart attack patients were prescribed angiotensin converting enzyme inhibitor or angiotensin receptor blocker at discharge.
- 98.7 percent of heart attack patients were also prescribed aspirin at hospital discharge.
- 100 percent of heart attack and heart failure patients received smoking cessation counseling during hospital stay, if indicated.
- 98.5 percent of heart failure patients received instructions on post-event care and life style choices (top 5 percent of all HRRs).
- 96.4 percent of pneumonia patients were screened (and administered, if indicated) pneumococcal vaccine (top 25 percent of all HRRs).
- 94.5 percent of pneumonia patients received appropriate initial antibiotic selection for community-acquired pneumonia in immune-competent patients (top 25 percent).

Preventative Services

Preventative care aims to avoid health complications through screening and health-related behavioral changes. Early disease detection can save patients’ lives and reduce healthcare costs. Selected indicators of preventative care among seniors in 2006 are shown in Figure 30. They show that most senior women get mammographies to screen for breast cancer and that seven out of ten seniors get influenza vaccinations. Sigmoidoscopy, a procedure similar to a colonoscopy but only examining the colon up to the sigmoid, is used to detect early signs of colon cancer and potential causes for constipation, abdominal pain and diarrhea. Forty-three percent of seniors used this service in 2006 but the procedure is usually not necessary on an annual basis.

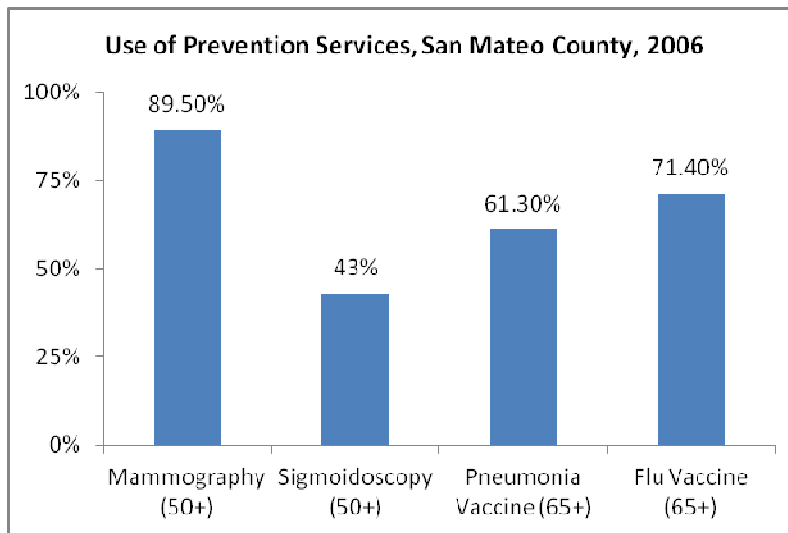


Figure 30: Use of preventative medical services in San Mateo County. Source: San Mateo County Community Health Status Report, 2009.

⁵⁹ This is a process that prevents blood clots from growing and becoming problematic.

For 2012-2016 the AAA's objectives are to further support health promotion through the objectives and actions listed in Table 6.

Objective 1.5: The AAA will support Health Promotion by:	Projected Start and End Dates
(a) Mills-Peninsula Health Services will provide 1,960 contacts of health screenings, nutrition counseling/education services, and medication management by appropriately credentialed practitioners, such as nurses, registered dietitians, and pharmacists.	July 2012 - June 2013
(b) Assisting OAA funded programs that meet the minimal criteria for evidence-based programs to transition to intermediate and/or highest-level criteria.	July 2012 - June 2013
Objective 1.6: The AAA will collaborate on County-wide initiatives that focus on the health of older adults and adults with disabilities by:	
(a) Exploring opportunities to collaborate with San Mateo County's Health Policy and Planning Division on issues such as Built Environment	July 2012 - June 2013

Table 6: Objectives and actions proposed by the Area Agency on Aging to promote health during the 2012-2016 Area Plan. Source: Area Agency on Aging (2012). Four-Year Area Plan 2012-2016.

Long-Term Care Integration (LTCI)

LTCI proposes to improve the delivery of services for older adults and adults with disabilities in SMC. The goal of LTCI is to provide integrated person-centered care, which would lead to improved health and quality of life for older adults and adults with disabilities across the County. By allowing greater access to home- and community-based services, it is expected that lower numbers of people will move to nursing homes prematurely. The Health Plan of San Mateo and Aging and Adult Services will continue to collaborate to build a sustainable model of LTCI in the county. The core concepts of LTCI are to:

- Emphasize home- and community-based services to allow individuals to remain in a community setting.
- Consolidate preventative, acute, long-term, and home- and community-based services and funding.
- Allow for more local control and flexibility.
- Eliminate administrative duplication and complexity.
- Enhance assessment, care planning, and medical management.
- Establish smooth and appropriate transitions between levels of care.
- Reinvest savings back into SMC.
- Improve service delivery and access to care.⁶⁰

⁶⁰ Area Agency on Aging (2012). Four-Year Area Plan 2012-2016, p.46.

3.1.1 Medicare

While San Mateo County residents are paying less than the national average in Medicare expenses each year, the rate is increasing (Figure 31).

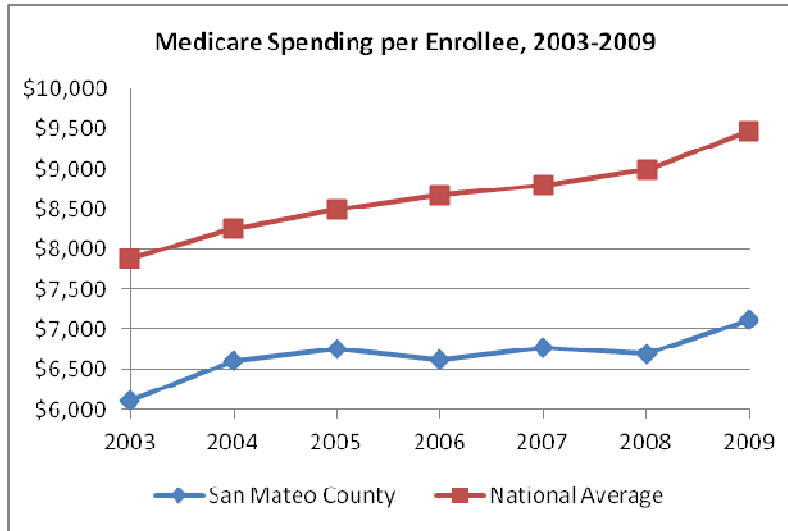


Figure 31: Medicare spending per enrollee in San Mateo County and the national average for 2003-2009. Source: Dartmouth Atlas and U.S. Bureau of Labor Statistics.

In comparison to the national distribution of Medicare spending, enrollees in the San Mateo County HRR are reimbursed at a rate near the 90th percentile (Table 7). For example, compared to the 10th percentile, enrollees in the San Mateo County HRR are reimbursed \$2,285 more per year (2007 dollars). Since 1996, the reimbursement rate has seen a steady increase from \$5,343 to \$9,056 (69 percent increase). However, in comparison to the neighboring HRRs in the San Francisco Bay Area, San Mateo County HRR has the second lowest reimbursement rate after San Jose (Table 8).

Region	Medicare Reimbursements per Enrollee, by Race and Program Component
	(Race: Overall; Program Component: Overall; Year: 2007; Region Levels: HRR)
San Mateo County, CA	\$9,056
National Average	\$8,682
90th Percentile	\$9,995
50th Percentile	\$8,136
10th Percentile	\$6,771

Table 7: Medicare reimbursements per enrollee in San Mateo HRR in 2007 and comparison benchmarks national average, 90th percentile, median, and 10th percentile. Source: Dartmouth Atlas on Health Care.

HRR	Reimbursement rate (2007)
San Jose	\$8,743
San Mateo	\$9,056
San Francisco	\$9,196
Santa Cruz	\$9,701
Alameda	\$9,707
Contra Costa	\$10,772

Table 8: Medicare reimbursement per enrollee in 2007 in San Mateo County HRR and surrounding HRRs. Source: Dartmouth Atlas on Health Care.

3.2 Insurance Coverage

Healthcare insurance shields people from the risk of catastrophic medical expenses. It allows people to plan their lives and careers without the need to worry about the unpredictable economic effects a health problem might cause. More than 46 million people in the US lacked healthcare insurance in 2011 for a variety of reasons, but chief among them the high cost of insurance and the lack of access to (affordable) insurance due to pre-existing conditions. The 2010 Patient Protection and Affordable Care Act contains a series of reforms that aims to increase the number of insured patients by at least 20 million. As the Act’s provisions – such as state-wide health insurance exchanges – are being put into place, we are presenting current insurance coverage statistics.

In San Mateo County, lack of healthcare insurance is primarily a problem among younger and middle-aged residents. There are 20,000 uninsured Baby Boomers in the age group of 45-64 year olds (10 percent of all 45-64 year olds, Figure 32). Therefore, this group may lack the range of preventative and curative healthcare services that could prevent health issues as they age and thereby cause more strain on their finances and Medicare in the future. Information in how access and affordability of healthcare insurance will change under the Patient Protection and Affordable Care Act is given in Section 5.2.

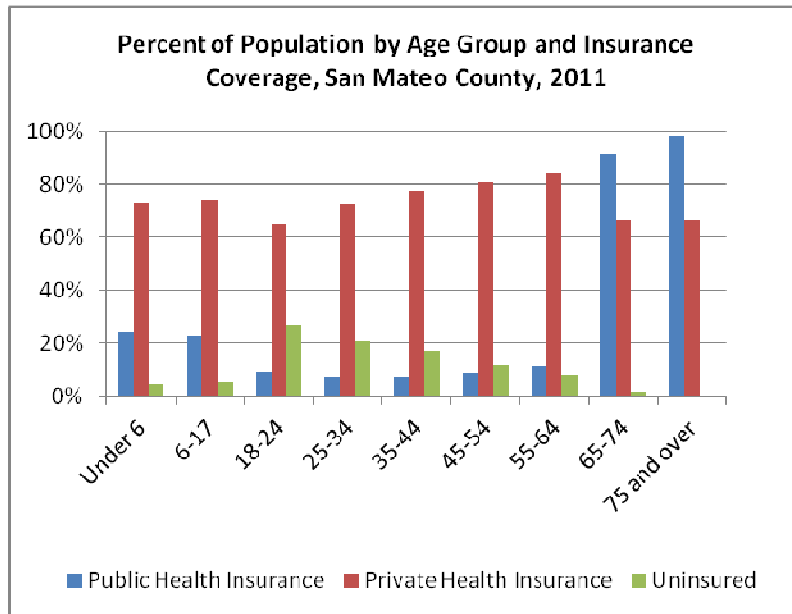


Figure 32: Insurance coverage by age group and type of insurance in San Mateo County. Source: American Community Survey 2011, 1-year estimates.

Overall, the 18-64 year olds have consistently the lowest coverage rates compared with the group of under 18 year olds and seniors aged 65 and older, who are Medicare eligible.

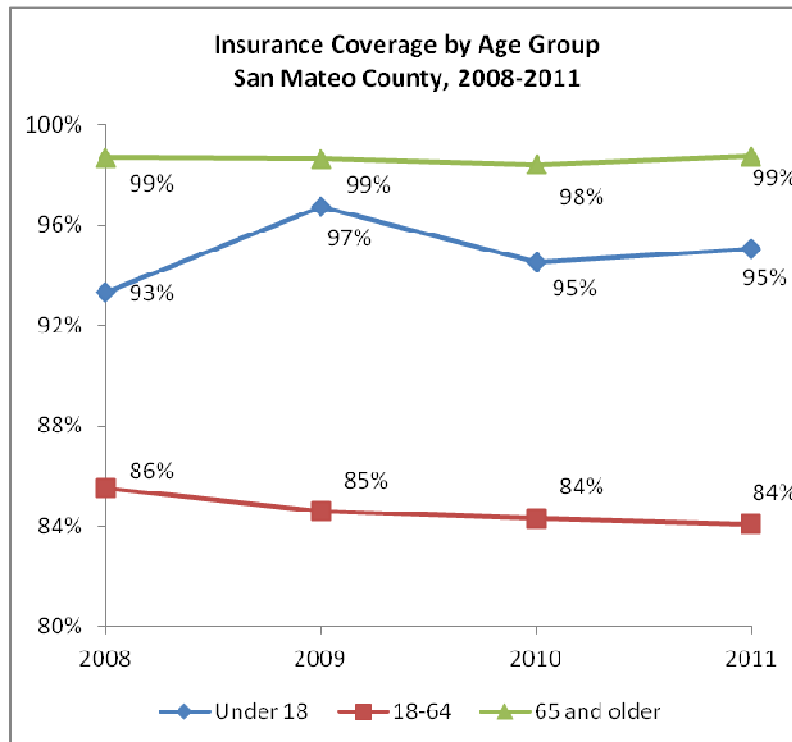


Figure 33: Insurance coverage by age group in San Mateo County for 2008-2011. Source: American Community Surveys 2008, 2009, 2010, 2011, 1-year estimates.

Comparing insurance coverage between men and women we find that more women have insurance in the 18-64 year age group. The gap is most pronounced among the 18-34 year olds.

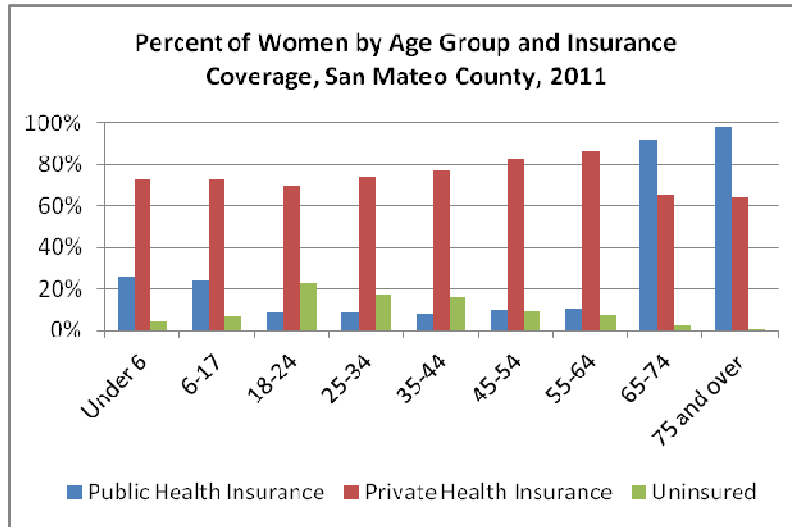


Figure 34: Insurance coverage of women by age group and type of insurance in San Mateo County. Source: American Community Survey 2011, 1-year estimates.

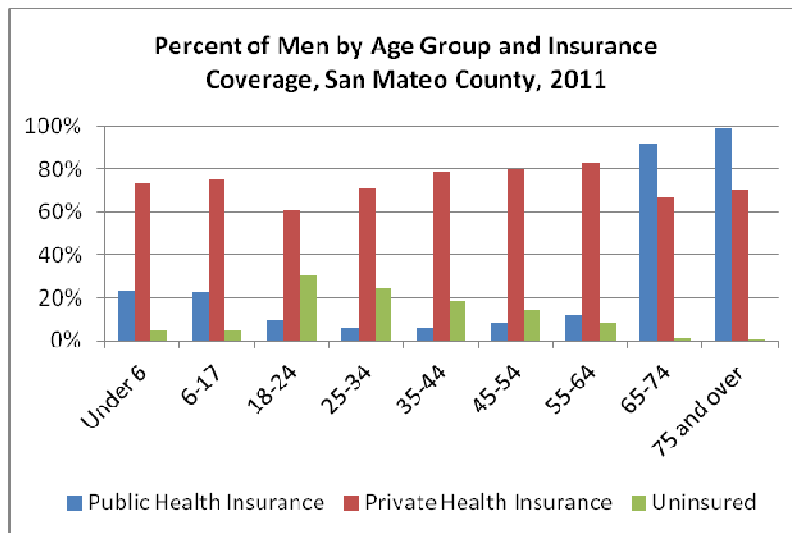


Figure 35: Insurance coverage of men by age group and type of insurance in San Mateo County. Source: American Community Survey 2011, 1-year estimates.

The majority of the uninsured in San Mateo County fall into the 18-64 year age group regardless of race. Especially high rates in single race groups exist among American Indian and Alaska Native (43 percent) and Native Hawaiian and Pacific Islanders (29 percent). The latter are also the only group with high rates of uninsured among those 65 years and older (15 percent) and with the second highest rate for children (7 percent after Other Race Alone).

When looking at the data in absolute terms, the distribution of lack of healthcare insurance by age group remains roughly the same but the picture essentially reverses for the different race groups, because Native Americans and Hawaiians and Pacific Islanders represent only a small fraction of the county’s population. As shown in Figure 37, the largest number of uninsured is White, followed by Asians and Other Race.

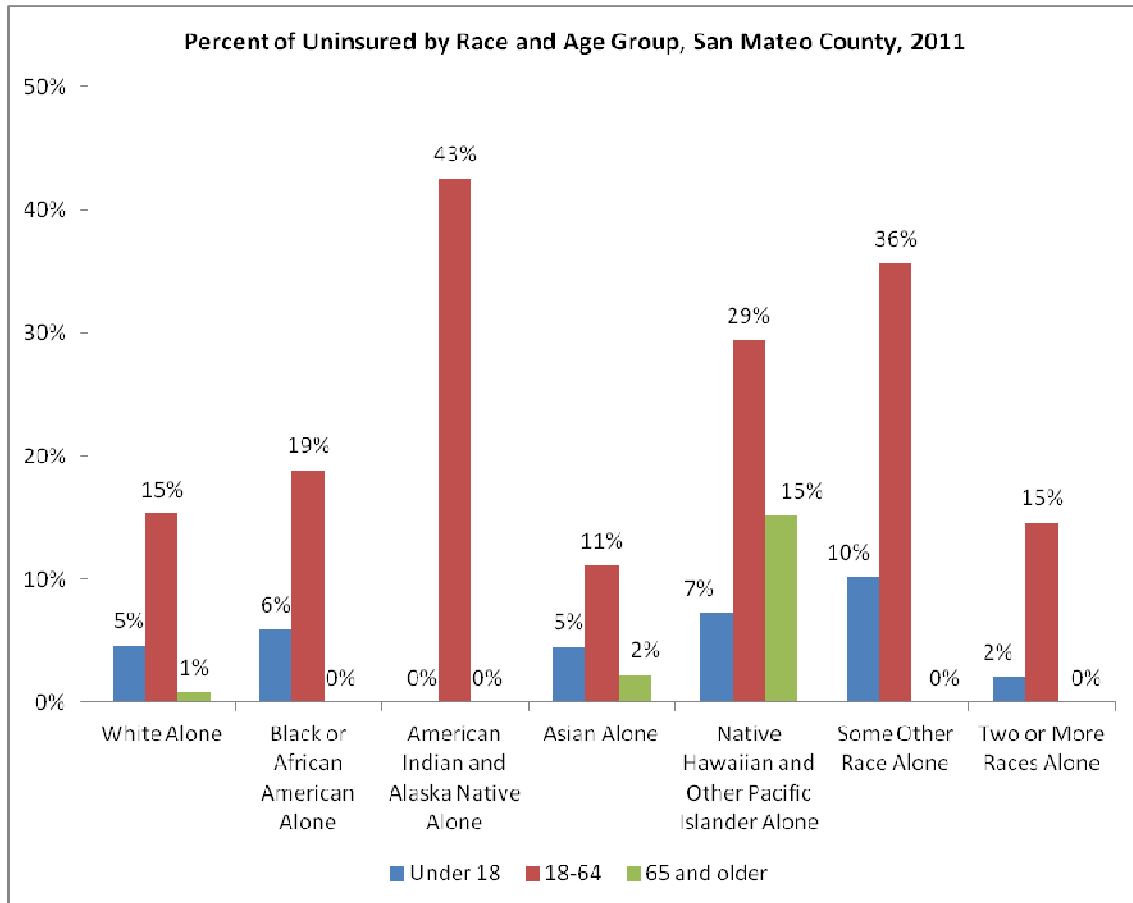


Figure 36: Percent of people lacking healthcare insurance by race and age group in San Mateo County in 2011. Source: American Community Survey 2011, 1-year estimates.

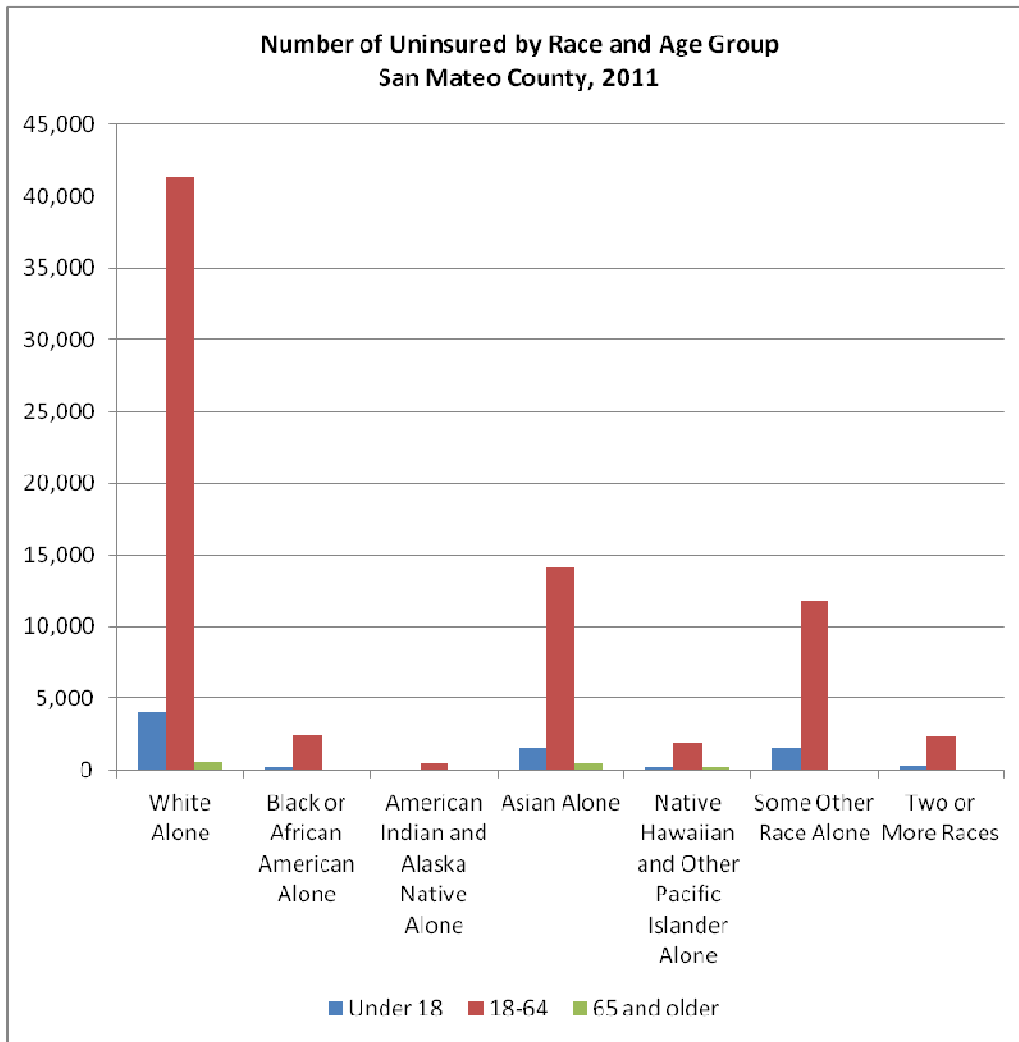


Figure 37: Number of people lacking healthcare insurance by race and age group in San Mateo County in 2011. Source: American Community Survey 2011, 1-year estimates.

San Mateo County seniors (ages 65 and older) obtain health insurance from a variety of both public (Medicare, Medi-Cal) and private providers (Figure 38 and Figure 39). According to the US Census Small Area Health Insurance Estimates, 89.7% of San Mateo County adults ages 50-64 are insured, the fourth highest county coverage in the state. The average coverage for California for 50-64 year olds is 82.1 percent.

Only 1.2 percent of the county’s approximately 97,000 seniors (i.e., approximately 1,200 people) are uninsured. In 2011, nearly 16,000 (16.3 percent) of San Mateo County seniors qualified for Medi-Cal (California’s Medicaid program) in addition to Medicare (“dual-eligibles”, Figure 40).⁶¹

⁶¹ California Department of Health Care Services, Research and Analytic Studies Branch, Medi-Cal/Medicare Dual Eligibles by County – 2011.

Senior Insurance Coverage, San Mateo County, 2011

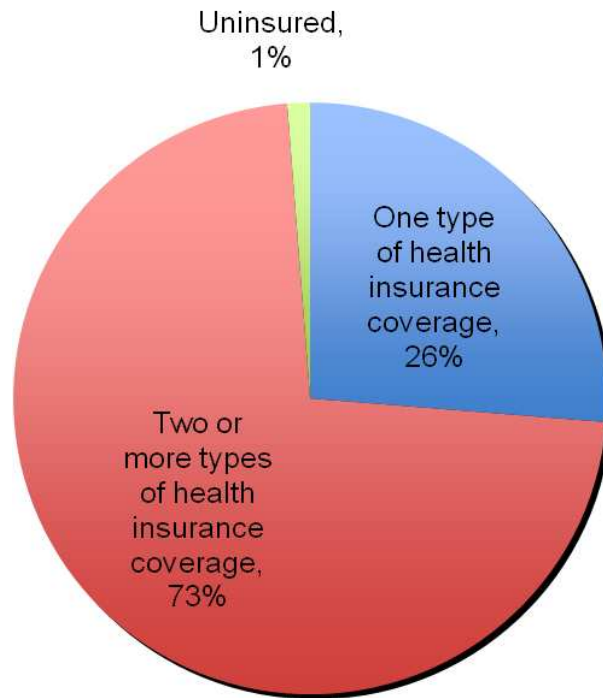


Figure 38: Insurance coverage of seniors (65 years and older) in San Mateo County in 2011. Source: U.S. Census Bureau, American Community Survey 2011, 1-year estimates.

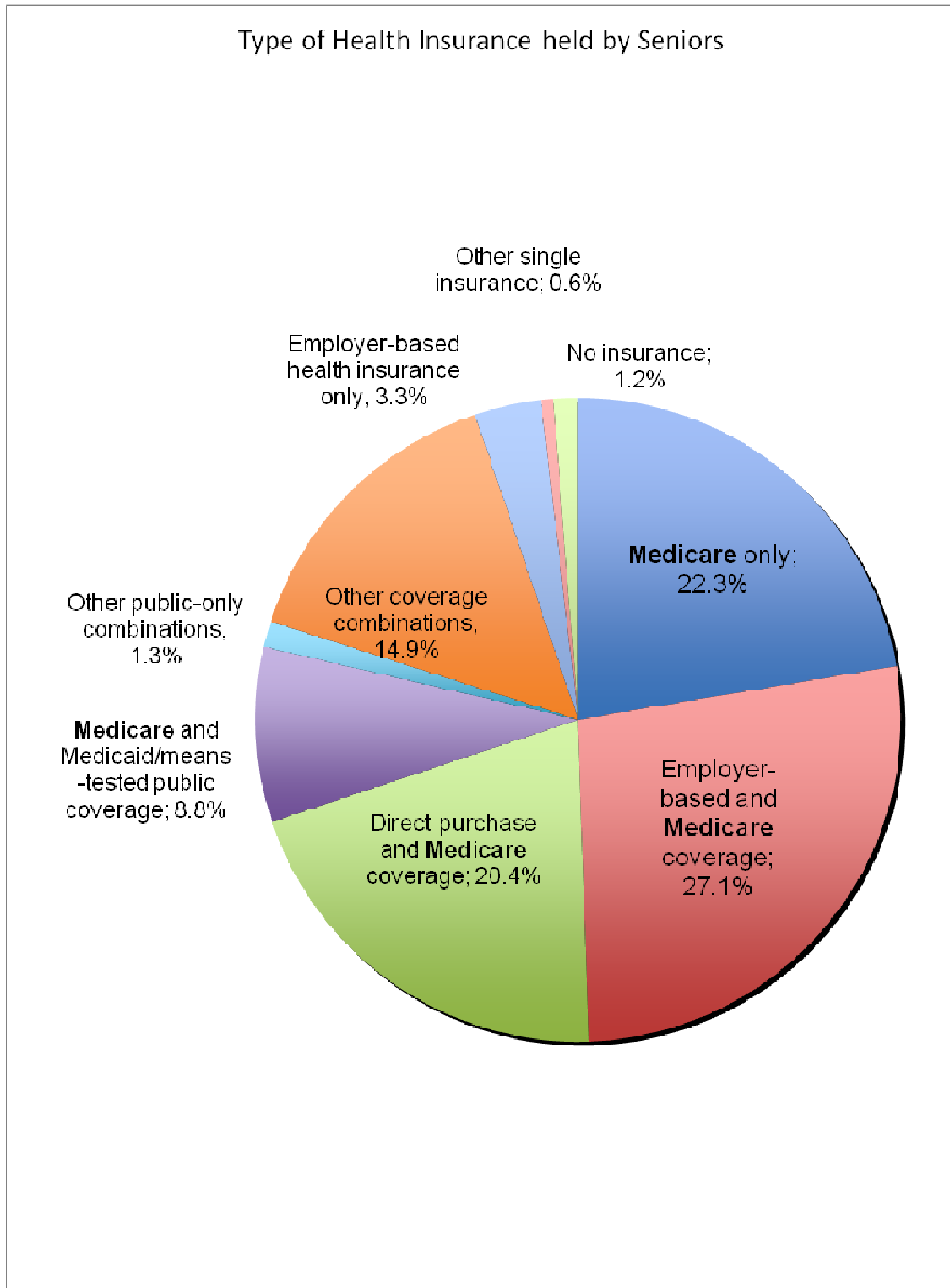


Figure 39: Types of insurance coverages of seniors (65 years and older) in San Mateo County in 2011. Source: U.S. Census Bureau, American Community Survey 2011, 1-year estimates.

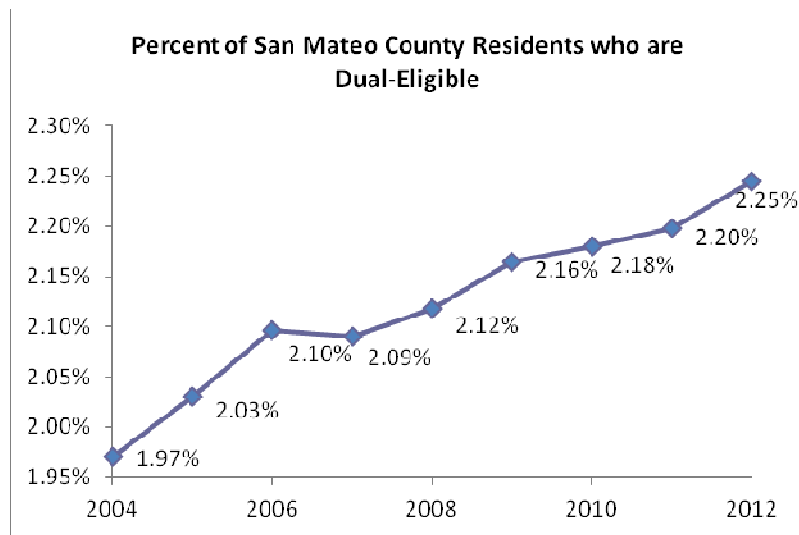


Figure 40: Percentage of San Mateo County residents who are eligible for both Medicare and Medi-Cal. Source: California Department of Health Care Services, Research and Analytic Studies Branch, Medi-Cal/Medicare Dual Eligibles by County – 2011.

3.2.1 Additional Health-Related Costs Incurred by Seniors

According to the Elder Economic Security Standard™ Index, San Mateo County's seniors pay on average \$272.76 per month on healthcare, which includes expenditures for HMO (Medicare Advantage) or a private Medicare supplemental MediGap policy, Medicare prescription drug benefit (Part D), Medicare Plan B monthly premiums and miscellaneous out-of-pocket expenses for a senior in good health.⁶² This compares with \$247.76 in San Francisco County, \$241.76 in Santa Clara County, \$247.76 in Alameda County, \$272.76 in Marin County, and \$255.76 in Contra Costa County.

To this, seniors requiring additional or specialized care and services are estimated to incur the following home- and community-based long-term care service package costs in 2007 (per year):⁶³

- Low (6 hrs/week): \$7,878
- Medium (16 hrs/week): \$20,892
- High (36 hrs/week) with Adult Day Health: \$35,905
- High (36 hrs/week) All In-Home Care: \$45,082

⁶² See Elder Index data available by county at http://www.healthpolicy.ucla.edu/eess0910_pdf/healthcare.pdf (last accessed October 30, 2012)

⁶³ Ibid.

4 External Factors influencing Health Status and Quality of Life

As the sources and materials cited in this study, San Mateo County has long recognized the need to prepare for an aging population. The county's Health System, the Department of Transportation, and many other agencies, non-profits and businesses are taking steps to meet the demands of tomorrow's seniors. They also acknowledge that these demands are likely to be different from today's seniors as was evident in a recent survey conducted by the Health System's Health Policy and Planning Division among Baby Boomers.

A joint vision for a healthy San Mateo County was formulated:

"We must prepare for the aging baby boomer population by developing communities that prevent diseases today and support healthy aging for tomorrow. These are communities where people of all ages have the ability to thrive, including the older adults of today and tomorrow." Source: San Mateo County Health System, Health Planning and Policy. (2010). Maintaining the Health of an Aging San Mateo County.

In addition to high-quality, effective and affordable healthcare services, this statement enshrines the vision for a community where environmental, social and economic features are seen in unison and are protected, strengthened and built to allow people to live healthy, productive lives and to age with dignity and as part of the community at large.

The environmental factors are the focus of this chapter. Research – and common sense – has shown that a livable, healthy community is characterized by:

- Making it easy and safe for people to **walk, bike, ride public transit and engage in everyday physical activity**,
- Having a **diversity of housing options**, including a sufficient amount of affordable housing that brings together people at all stages of life and allows families and friends to remain in close proximity to provide ongoing support and reduce social isolation,
- Designing and maintaining **public gathering and recreation facilities in all neighborhoods** that provide for outdoor activities and enhance a sense of community and facilitate social connections,
- Having a **low crime rate** and a high level of community to keep watch over neighborhood streets and neighbors,
- Making **affordable, fresh and healthy food** accessible,
- Having zoning laws and ordinances that **promote mixed use and place neighborhood services and retail near housing** to allow for an easy walk between home and everyday destinations, including through the creation of neighborhood centers,
- Having communities and **neighborhoods that are diverse and connected by reliable, frequent and safe forms of public transit** so people can get around without a car,
- Facilitating volunteerism and opportunities to **maintain social connections** in order to reduce the risk of social isolation,
- Offering an array of **support services** according to income and as alternatives to institutional care.

The following sections address a number of these design principles for health communities by providing geospatial maps that can help planners to juxtapose the areas where most of the county's current seniors are living with the location of services and amenities that facilitate healthy aging. By doing so the map can help identify areas where services or accessibility are lacking.

4.1 Availability of and location of affordable housing

Many seniors in San Mateo County are homeowners. Owning a home is an important source of financial security but also an emotional connection to a place and community. Seventy-seven percent of Baby Boomers own a single family home and 23 percent no longer carry a mortgage on their property.⁶⁴ On the other hand, single family homes significantly decrease population density and therefore reduce the economic viability of public transit. Remaining mobile becomes an increasing challenge since most single family residences are too far away from transit stops, grocery stores, medical facilities, etc. Single family homes are rarely equipped to accommodate the mobility demands of older persons due to narrow staircases, lack of grab bars and ramps. Seniors living alone in their homes are also more likely to feel isolated and as a result are at higher risk of physical and financial abuse.

From a planning and public policy perspective, there is hence a need to focus on a variety of affordable housing (small condominiums, apartments, townhouses and co-housing arrangements) that is near public transportation, shopping, recreation and medical facilities.

The following map (Map 6) shows homeownership among those 65 years and older in San Mateo County. Homeownership is highest in areas with high median household incomes and as comparisons with other counties show, homeownership is generally high in the county.

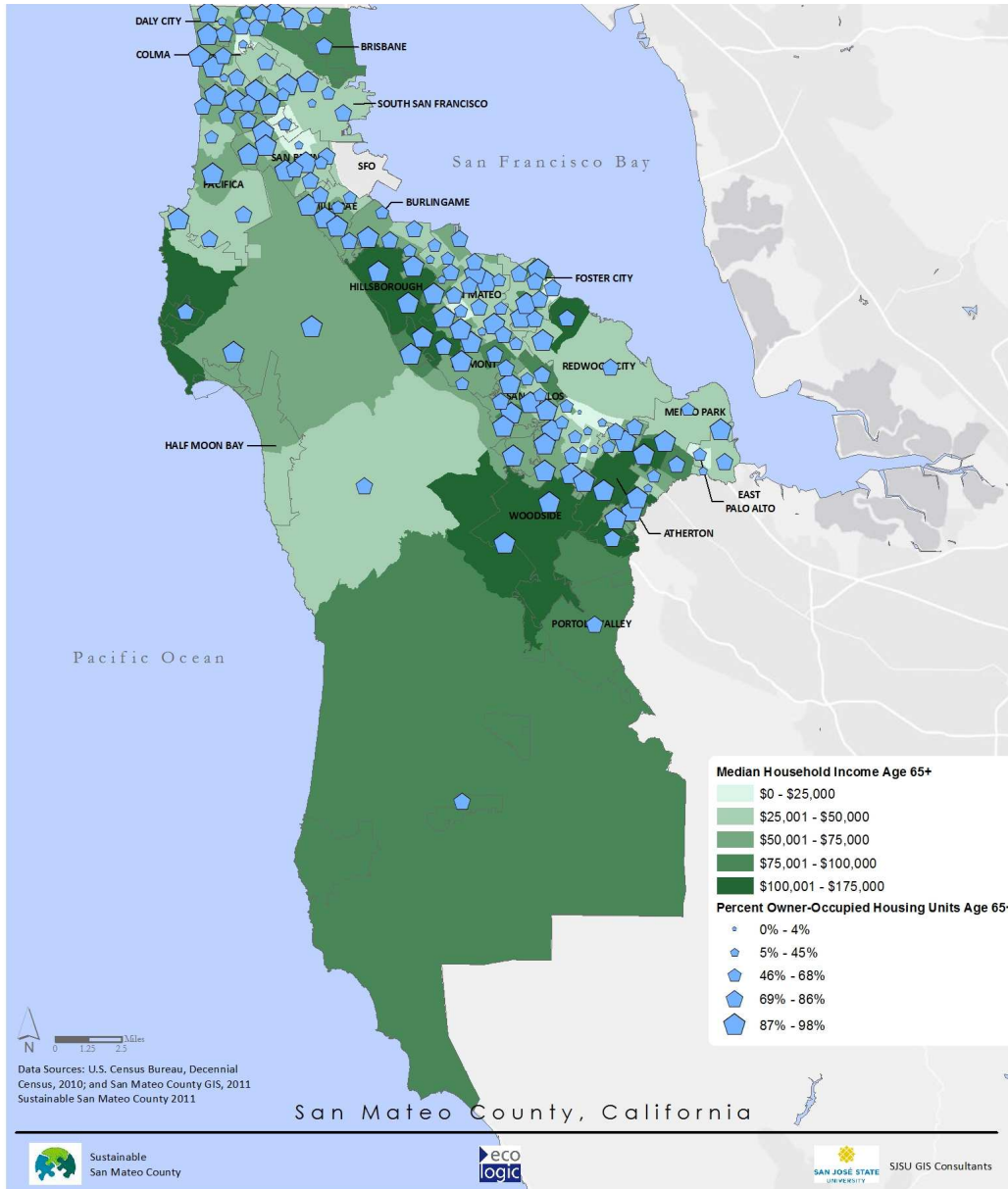
San Mateo County Department of Housing provides a range of services and programs to help very low, low and moderate income residents with rental and housing assistance.

Among other things, it maintains an affordable housing list, provides a search engine for affordable housing, and has published a brochure "Building for the Boom: Creating Communities that Work for All Generations" in 2009. It contains practical recommendations for increasing the stock of housing in the cities across the county that meets the needs of a growing older population.

For more information, visit www.smchousing.org

⁶⁴ San Mateo County Health System, Health Planning and Policy. (2010). Maintaining the Health of an Aging San Mateo County.

Homeownership (Age 65+) and Income levels (Age 65+)



Map 6: Homeownership of seniors by income in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

4.2 Transportation, mobility and transit- and senior-oriented development

According to the California High-Speed Rail Authority, the demand for housing near transit stops is expected to grow by 25 percent between 2000 and 2030.⁶⁵ Since surveys revealed that Baby Boomers are more likely to want to age in communities in close proximity to public transit options, their special characteristics and needs must be accommodated as well in transit-rich neighborhoods and through Transit-Oriented Development (TOD).

The El Camino Real corridor is one of the main north-south arteries in the county and rich in both residential as well as commercial and industrial areas. El Camino Real also cuts through nearly all of the 20 cities in the county and therefore lends itself perfectly to joint and coordinated planning and development. For example, if the cities who share the El Camino Real corridor prioritize their housing development to create a density of 40 or more units per acre, then the county as a whole will not only meet its necessary housing development⁶⁶ but will do so in a way that further promotes the viability of public transit, increases mixed-use development and grows the kind of multi-age, multi-cultural neighborhood that Baby Boomers are seeking and that facilitates healthy aging in place. In particular, such development would allow the creation of a Bus Rapid Transit (BRT) system with many and frequent stops between San Francisco County in the North and Santa Clara County in the South.⁶⁷

San Mateo County's 21 Elements Initiative⁶⁸ encourages all cities in the county to re-design its housing policies to focus on TOD and the City and County Association of Governments (C/CAG) has created a TOD incentive program. Both initiatives can help meet the projected increase in TOD demand within the next 10-20 years.

Grand Boulevard Initiative (GBI)

The Grand Boulevard is a collaboration of 19 cities, San Mateo and Santa Clara counties, and local and regional agencies united to improve the performance, safety and aesthetics of El Camino Real. The vision of the initiative is that El Camino Real will achieve its full potential as a place for residents to work, live, shop and play, creating links between communities that promote walking and transit and an improved and meaningful quality of life.

Contact Information

Tel: (650) 508-6200

Email: givensp@samtrans.org

www.grandboulevard.net/initiative.html

⁶⁵ California High-Speed Rail Authority (2010). Project Environmental Impact Report/Environmental Impact Statement, Preliminary Alternatives Analysis Report for the San Francisco to San Jose Section.

⁶⁶

San Mateo County Health System, Health Planning and Policy. (2010). Maintaining the Health of an Aging San Mateo County, pp.4-5.

⁶⁷ Ibid, p.5.

⁶⁸ For more information, visit <http://www.21elements.com/>.

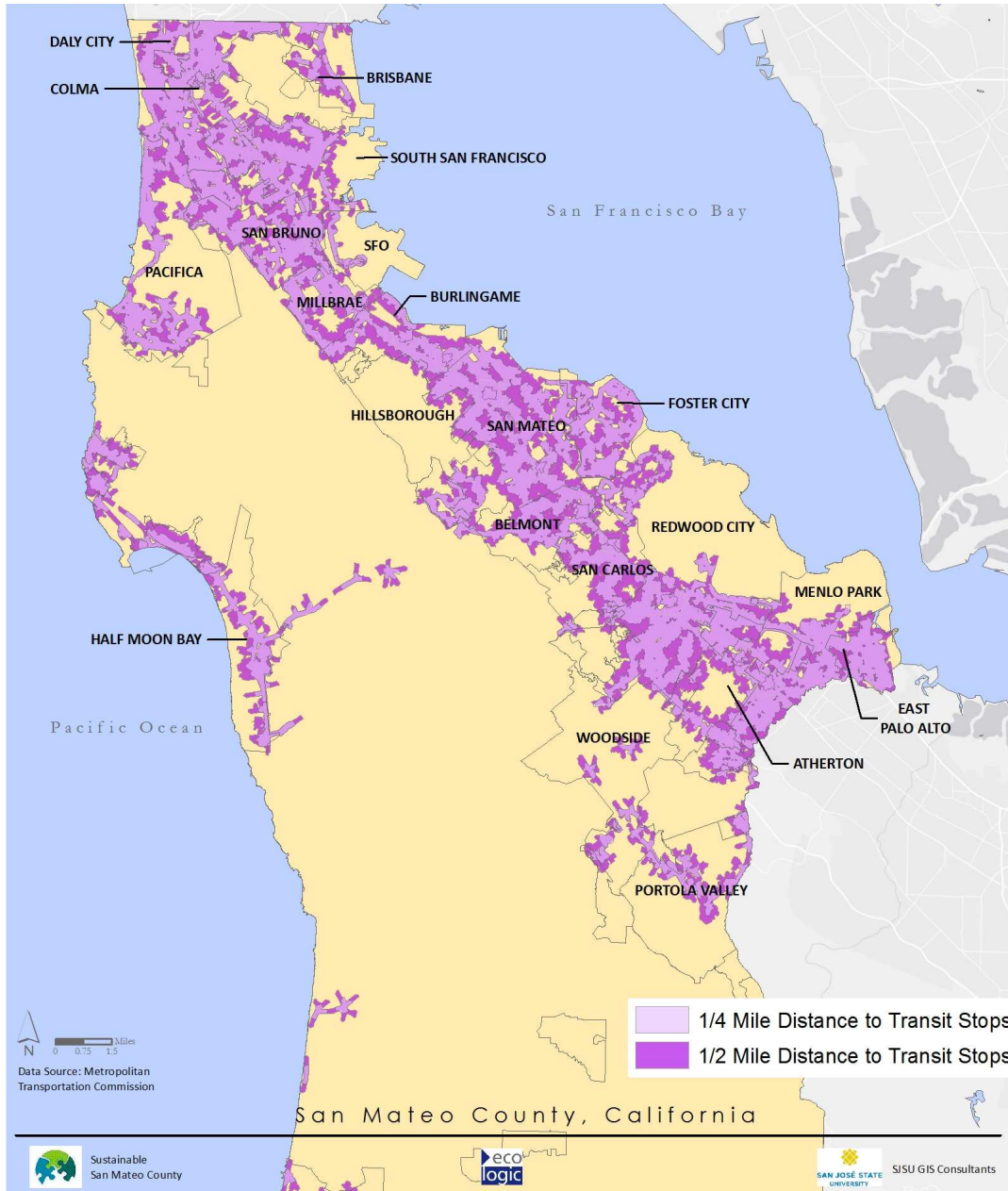
For many older adults, walking a quarter mile is feasible, if streets and neighborhoods are safe. As the next map illustrates, 53 percent (51,000 seniors) of the current senior population lives within a quarter mile of a public transit stop and 73 (69,900 seniors) percent live within a half a mile. Transit access is most readily available in the Northern part of the county and in the central areas along the El Camino Real corridor. Hillsborough, Eastern Menlo Park and large portions of Atherton, Woodside and Portola Valley have very limited access to public transit.

Since many older adults desire to live in diverse, affordable neighborhoods that are close to transit and amenities, and as the county and cities are implementing TOD projects, the share of seniors who can walk to public transportation stops is likely to increase further.

Older adults living in senior living facilities are often particularly dependent on public transportation or others to drive them. Map 8 looks at the accessibility of public transportation in the vicinity of senior living facilities. The results show that these facilities are generally served by at least one mode of transportation within a short distance. In addition, SamTrans provides paratransit options for persons with disabilities who cannot independently use regular bus service some or all of the time. The San Mateo County Transit District provides paratransit using Redi-Wheels on the bayside of the county and RediCoast on the coastside. Trips must be prearranged.⁶⁹

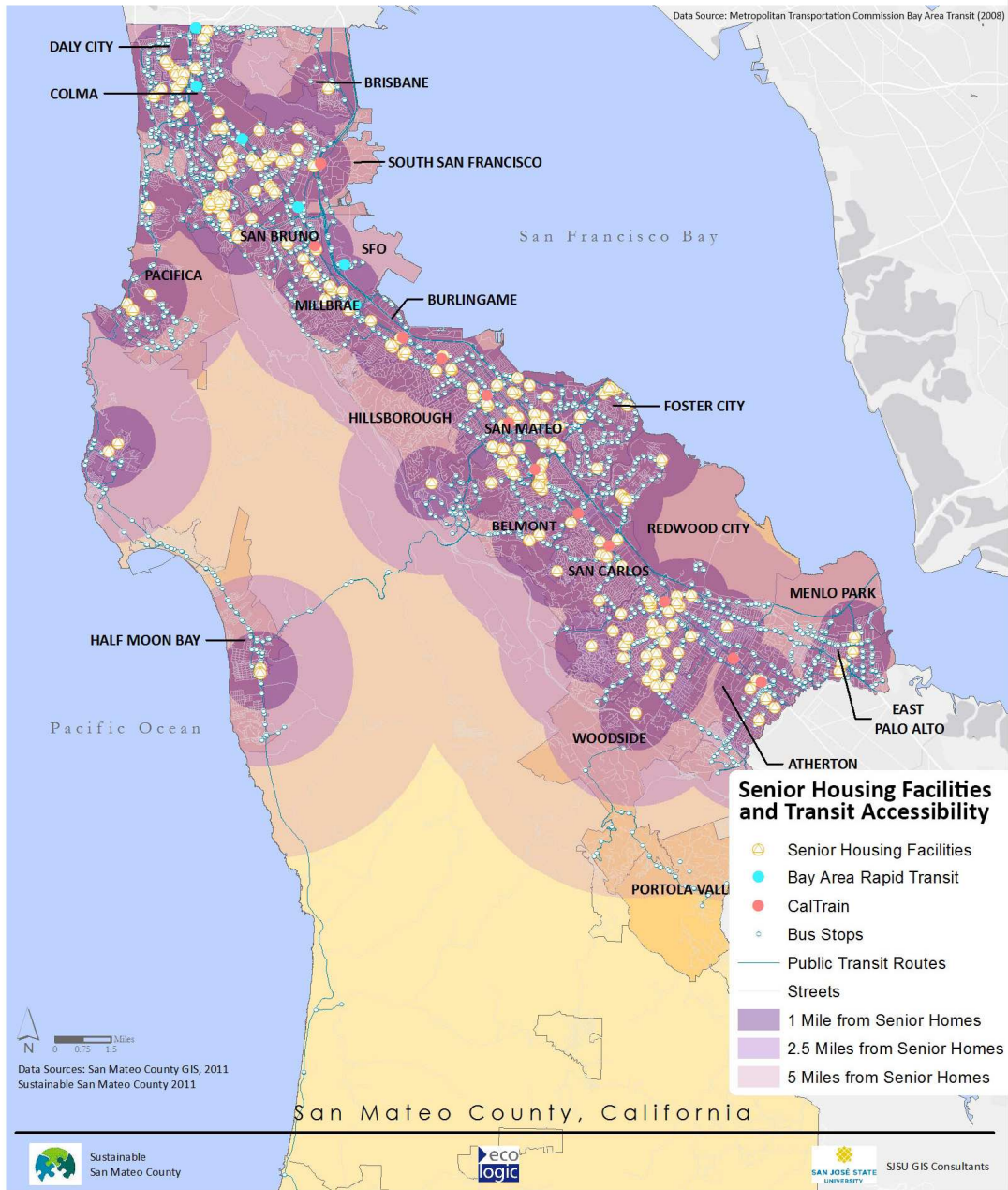
⁶⁹ SamTrans (2012). <http://www.samtrans.com/Accessibility/Paratransit.html> (last accessed November 26, 2012).

Senior Population and Transit Access



Map 7: Distribution of the senior population and public transit stops in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates. Note: the distances were calculated using spatial mapping software and are based on census tract centroids and road information.

Access to Transit near Senior Housing Facilities



Map 8: Accessibility of public transit in the vicinity of senior living residences. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

4.3 Access to Healthy Food Choices

Healthy aging requires not only walkable neighborhoods and easy access to transportation and medical services, but also a diversity of healthy food options. Since supermarkets and other food retailers offering fresh fruit and produce are often located in population-dense areas, it can be challenging for seniors living farther away from these areas to have access to healthy foods. The Retail Food Environment Index is a measure that gauges the relative availability of healthy food choices compared to fast food outlets.

As the map shows, fast food restaurants and convenience stores – which are less likely to offer fresh, healthy food options – are abundant throughout most of San Mateo County. No RFEI is available for Hillsborough and Atherton, which – together with Portola Valley, Woodside and Millbrae – have the highest shares of seniors.

Farmers' markets offer a range of benefits to farmers, consumers and communities as well as the environment.

Consumer benefits include:

- Their location often reduces the need for driving, parking, etc
- The opportunity to buy fresher, seasonal and healthier foods
- Greater variety
- More locally produced foods and varieties, e.g., organic foods, pasture-raised meats, free-range eggs and poultry, handmade farmstead cheeses, heirloom produce heritage breeds of meat and many less transport-immune cultivars disfavored by large grocers

Among the community benefits are:

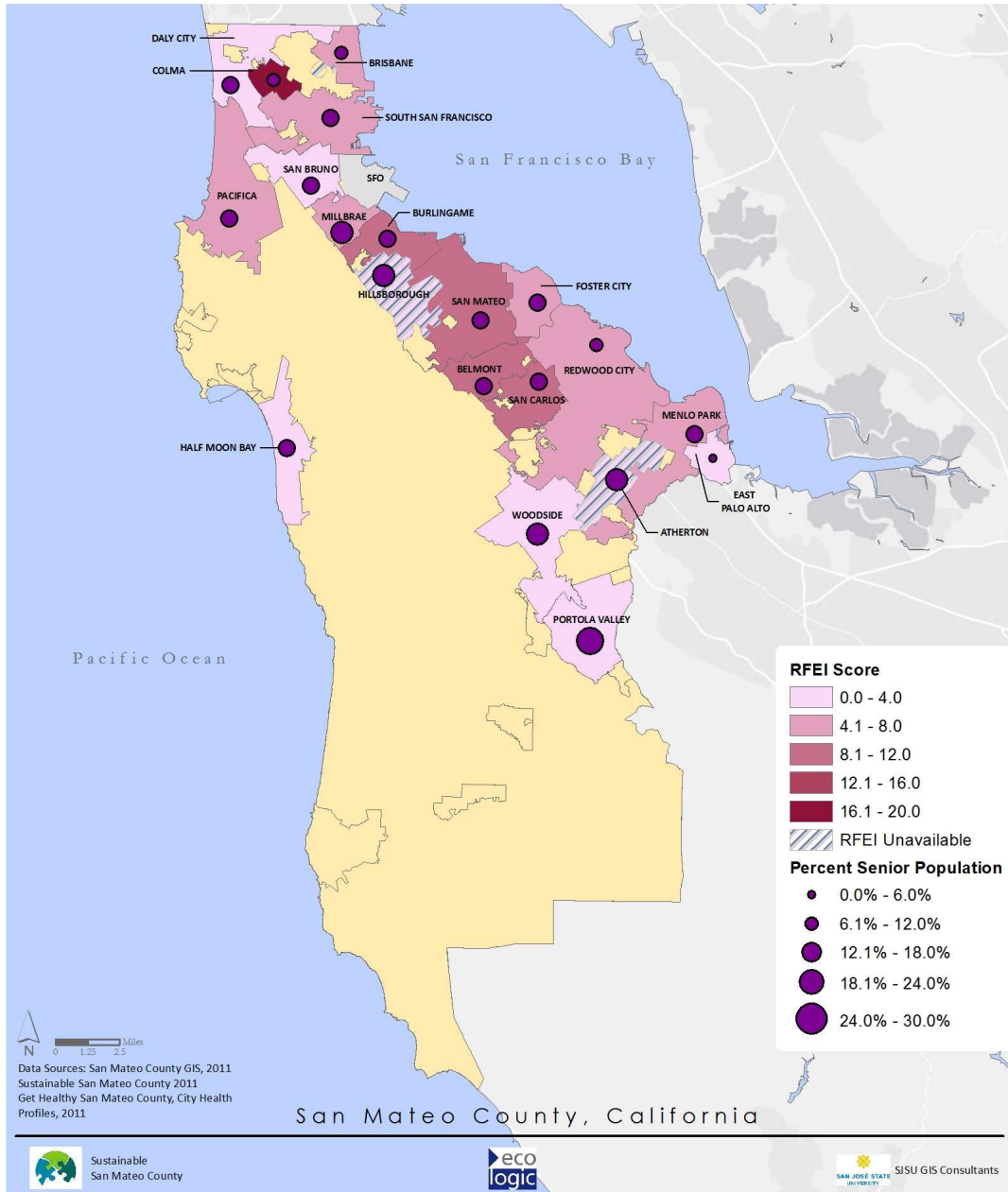
- Farmers' markets help maintain important social ties, linking rural and urban populations and even close neighbors in mutually rewarding exchange.
- Market traffic generates traffic for nearby businesses
- A place to meet neighbors, chat, etc.
- A place to enjoy an outdoor walk while getting needed groceries

Increasing the number of farmers markets can thus help older persons eat healthier, connect with friends and neighbors, and stay physically active.

Nearly every city in San Mateo County has a farmers market. To obtain information on their location and times of operation, please visit

<http://www.co.sanmateo.ca.us/> and search for Farmers' Markets.

Retail Food Environment Index Score (RFEI) by City



Map 9: Retail Food Environment Index in San Mateo County’s cities and senior population density. Source: Get Healthy San Mateo County, City Health Profiles 2011 and US Census Bureau, American Community Survey 2011, 1-year estimates.

4.4 Access to Parks and Open Space

Outdoor activities are an excellent way to stay healthy and fit. Regular physical activity helps to prevent serious injuries from falls and also promotes mental health. San Mateo County is densely populated but still has approximately 80 percent of unincorporated land. Both the cities and the county maintain a diversity of parks and open spaces for residents. The next map shows the areas in San Mateo County that are within a quarter and half a mile to a park and open space.

The darker green colors reflect walking distances to a park or open space of up to ¼ mile, while the lighter green areas measure distances of up to ½ mile. These distances correspond to approximately 5 and 10 minute walking times for an able-bodied person and can be used to estimate the accessibility of parks and open space by seniors.

As the map shows, the densely populated parts of San Mateo County generally have good access to outdoor recreation spaces with the exception of Brisbane, parts of Foster City, Pacifica, South San Francisco and Menlo Park. The large properties found in Woodside, Atherton and Portola Valley make up for the lack in public parks and open spaces.

Overall, 40 percent of all seniors living in San Mateo County live within a half mile of parks and open spaces and 10 percent live within a quarter mile. More seniors aged 75 years and older live within a half mile from a park or open space (42 percent compared to 38 percent of all 65-74 year olds) (Table 9).

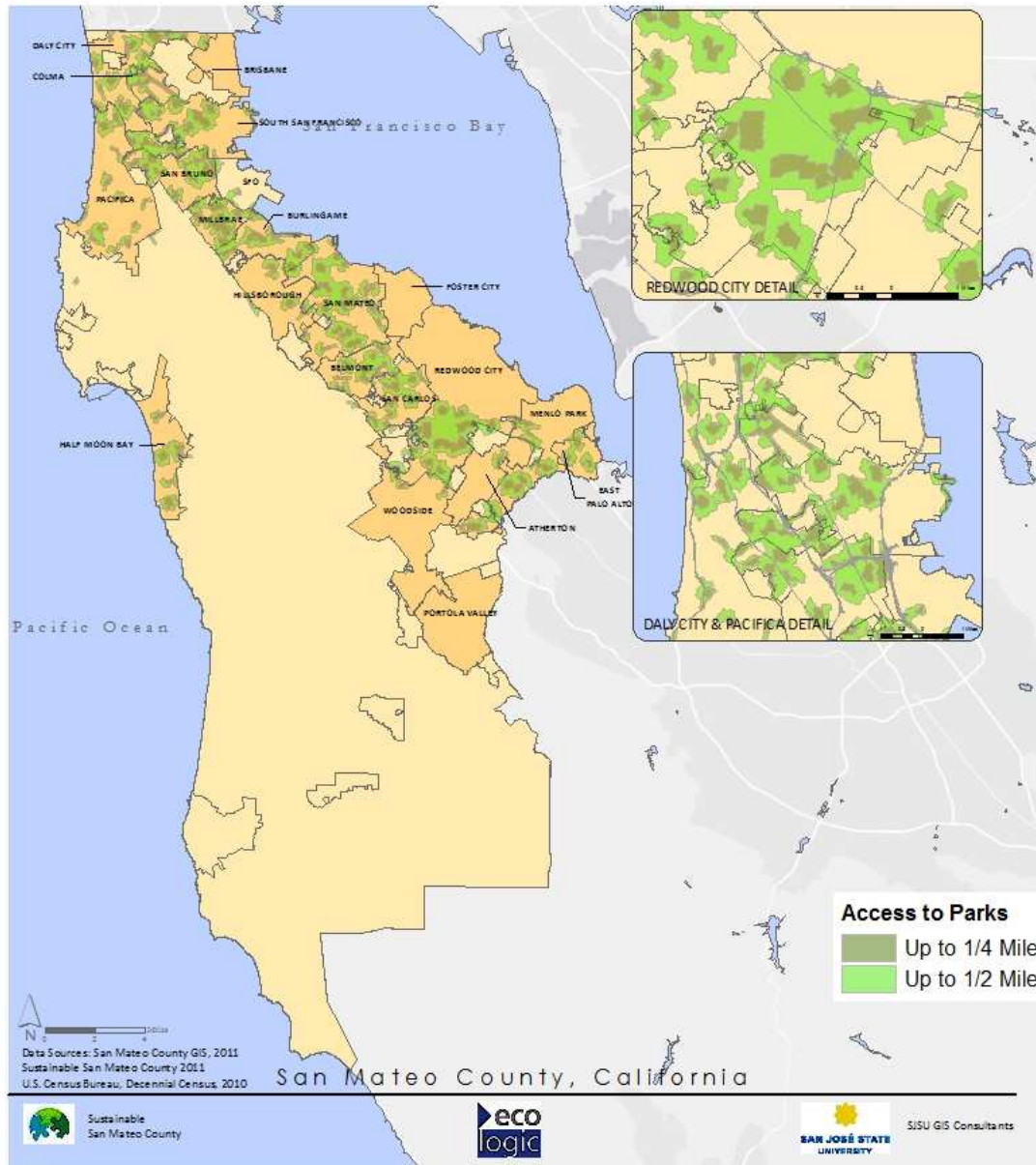
Age Range	Estimated number of people within ½ mile of park or open space	Percentage of seniors in given age group living within ½ mile of park or open space	Estimated number of people with ¼ mile of park or open space	Percentage of seniors in given age group living within ¼ mile of park or open space
65-74 yrs	19,129	38%	4,683	9.4%
75+	19,486	42%	4,838	9.9%
All seniors	38,608	40%	9,521	10%

Table 9: Seniors living within walking distance to a park or open space by age group and distance.

Many cities in the county have set themselves goals to increase the area and usability of parks and open spaces for their residents. Pacifica has the most acres of city-owned parks per 1,000 residents (14.6), followed by Brisbane (12.2) and Menlo Park (10.0). Hillsborough (0.2), Half Moon Bay (0.7) and Woodside (1.1) have the least amount of park area per 1,000 residents.

San Mateo County increased its parks from 14,149 acres in 2000 to 16,043 acres in 2010 (13 percent increase). However, multi-year budget cuts also threaten the planned acquisition of property and regional trail improvements in the county.

Access to Parks and Open Spaces



Map 10: Accessibility of public parks and open spaces by the senior population in San Mateo County. Source: 2010 US Census.

4.5 Integration of Seniors into Local Communities

Seniors are an important part of every community. Their growing share means that the contributions seniors make to our communities, culture and economy are also poised to grow. Involving seniors in community life, through volunteer opportunities, extended labor force participation and through other forms of interaction requires good knowledge of where seniors live and what their expectations and preferences are as they age.

The following collection of maps gives a snapshot of the current senior population in San Mateo County by age, race/ethnicity, mobility status, income and whether they are likely to live alone.

Map 11 shows the share of seniors, age 65 and older, in the total population by census tract in San Mateo County. Census tracts with at least 20 percent senior residents include south Half Moon Bay, Hillsborough, Atherton, Portola Valley, Woodside, Millbrae and parts of Burlingame, Pacifica, San Bruno and Daly City. Smaller percentages of seniors live in East Palo Alto, Menlo Park and along the El Camino Real corridor of Belmont, San Carlos and Redwood City.

Maps Map 12 and Map 13 show the share of seniors by age group in the total population. They indicate that older seniors tend to live closer to the North-South corridor of El Camino Real while younger seniors are more spread out across the entire county, with significant shares along the coast and Bay.

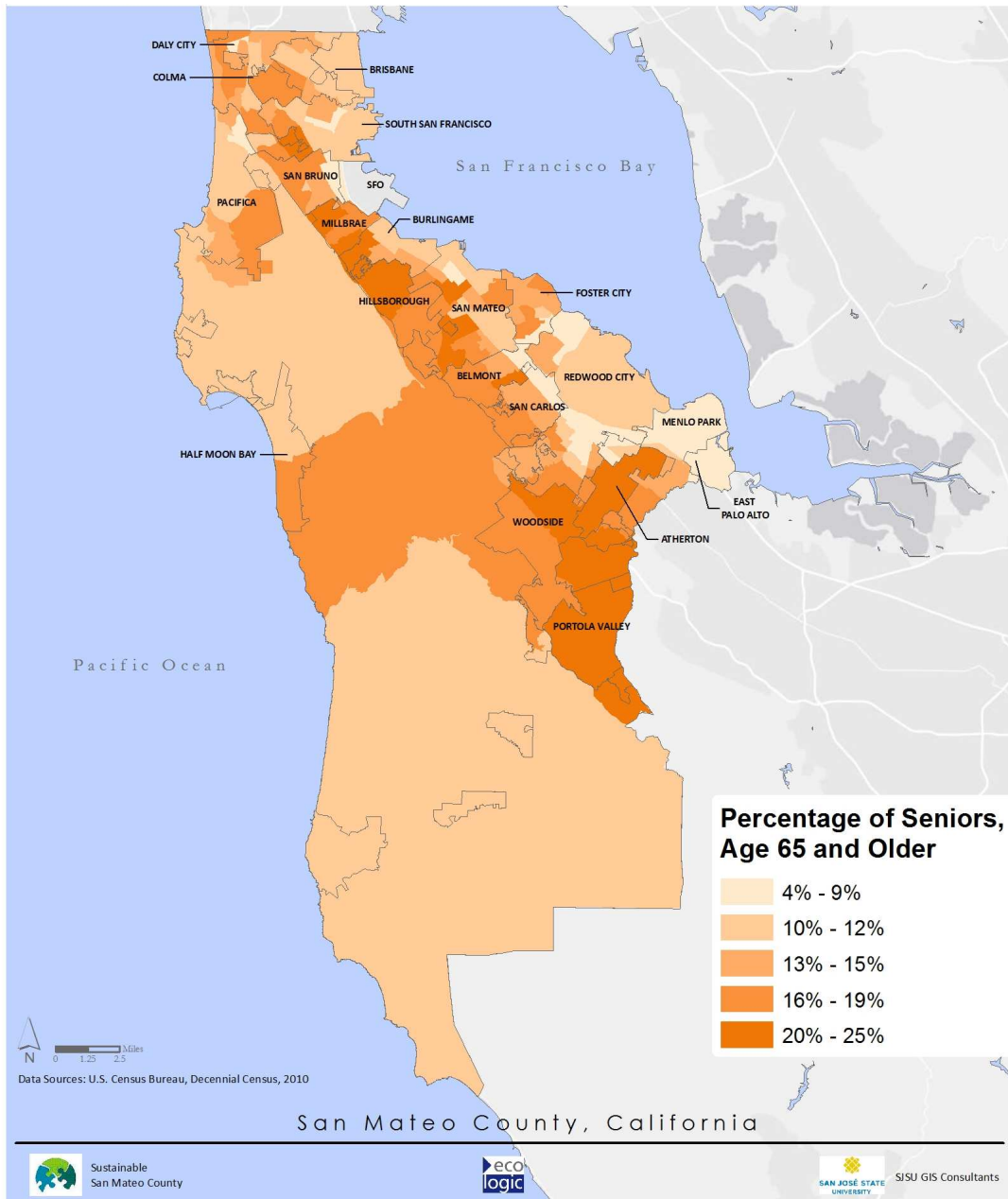
Maps Map 14 to Map 17 show the distribution of seniors by race and ethnicity in San Mateo County. Black/ African American seniors are concentrated in urban parts along the peninsula, especially in East Palo Alto, Menlo Park and parts of San Mateo. Asian and Pacific Islander seniors are more concentrated in the Northern part of the county. Hispanic/Latino seniors make up a growing share of the total senior population in the county (10.9 percent in 2010) and are widely dispersed. Many of them live in Menlo Park, North Fair Oaks, parts of San Carlos, San Mateo, Belmont and the Northern part of the county, including Millbrae, San Bruno, South San Francisco and Daly City. The Southern part of Half Moon Bay also has a larger number of Hispanic/Latino seniors.

Map 18 depicts the percentage of new senior residents, age 65 and older, that moved from within the county or from a different county to this San Mateo County census tract in the 12-months preceding the American Community Survey 2011. Senior citizens have moved inland to the Southern portion of the county, along the San Francisco Bay. However, in the Northern part of San Mateo County seniors settled on the Western coast along the Pacific Ocean.

Map 19 shows the number of men and women, age 65 and older, who have incomes below the Federal Poverty Level (FPL) in 2010. Larger circles represent more seniors with incomes below the FPL. Comparing senior men and women, the data indicate that women overall are more likely to have incomes below the FPL and that they are concentrated in Foster City and South San Francisco. The number of men with incomes below the FPL is highest in East Palo Alto and South San Francisco.

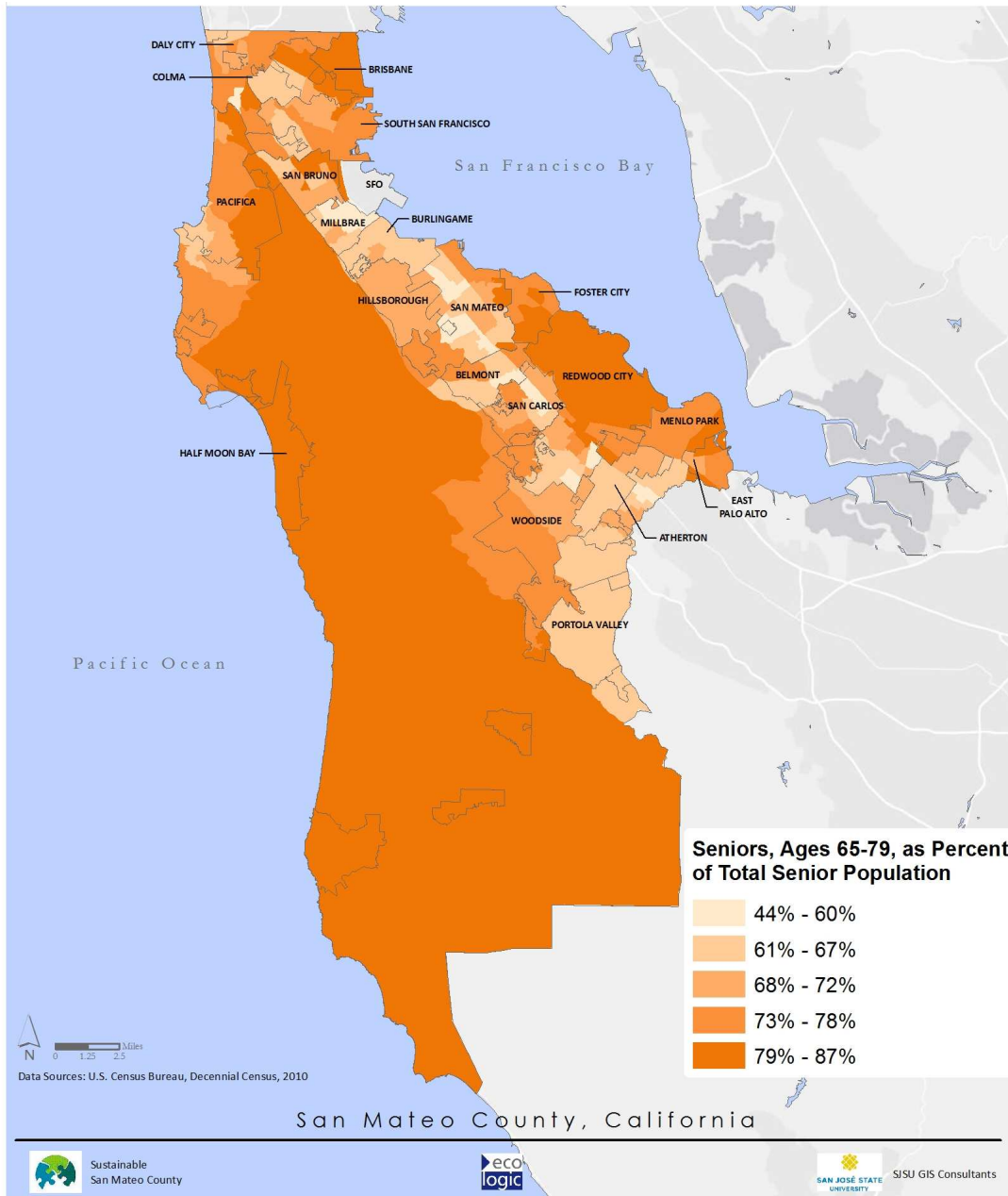
Lastly, Map 20 shows the percentage of all seniors, age 65 and older, who are likely to live alone. Shown are the percent of seniors who have never married, are now married but the spouse is absent, who are widowed or divorced. The census tracts with the highest percentage of seniors falling into these categories are located in Burlingame, Menlo Park, Redwood City and San Bruno.

Percentage of Senior Population by Census Tract



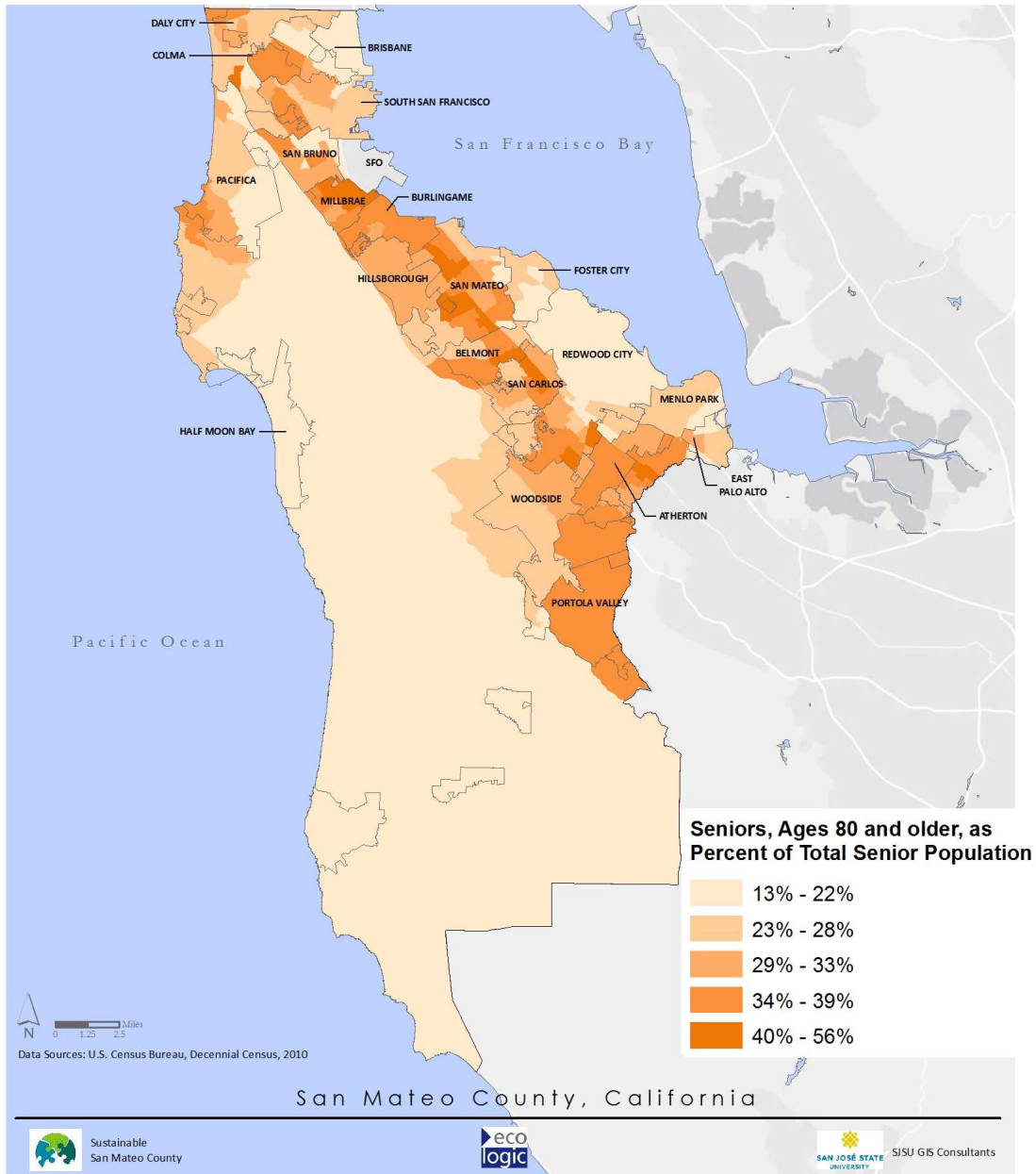
Map 11: Distribution of seniors aged 65 and older in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

Population, Ages 65-79, as Percentage of Total Senior Population by Census Tract



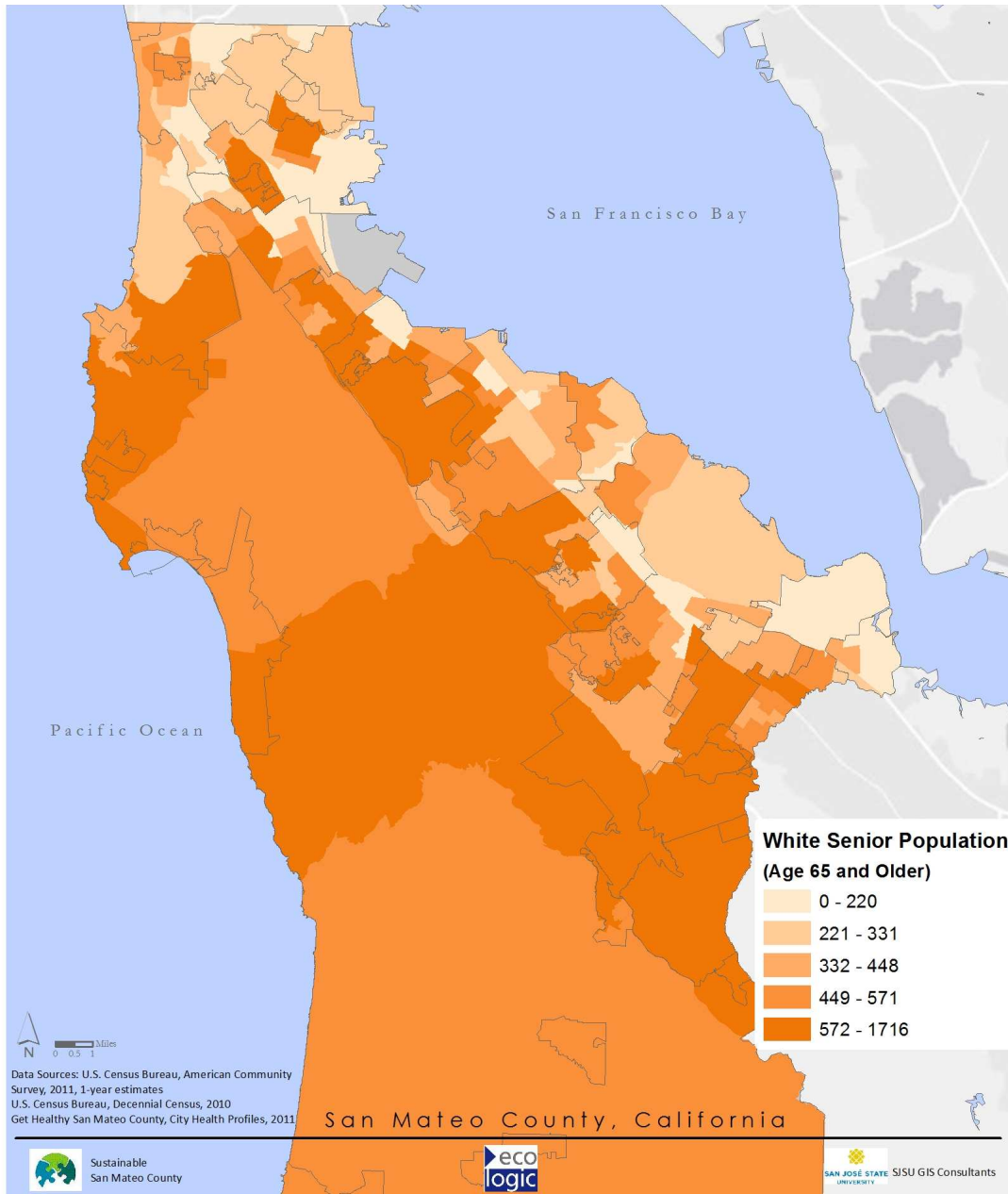
Map 12: Distribution of seniors aged 65-79 years in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

Population, Ages 80 and older, as Percentage of Total Senior Population by Census Tract



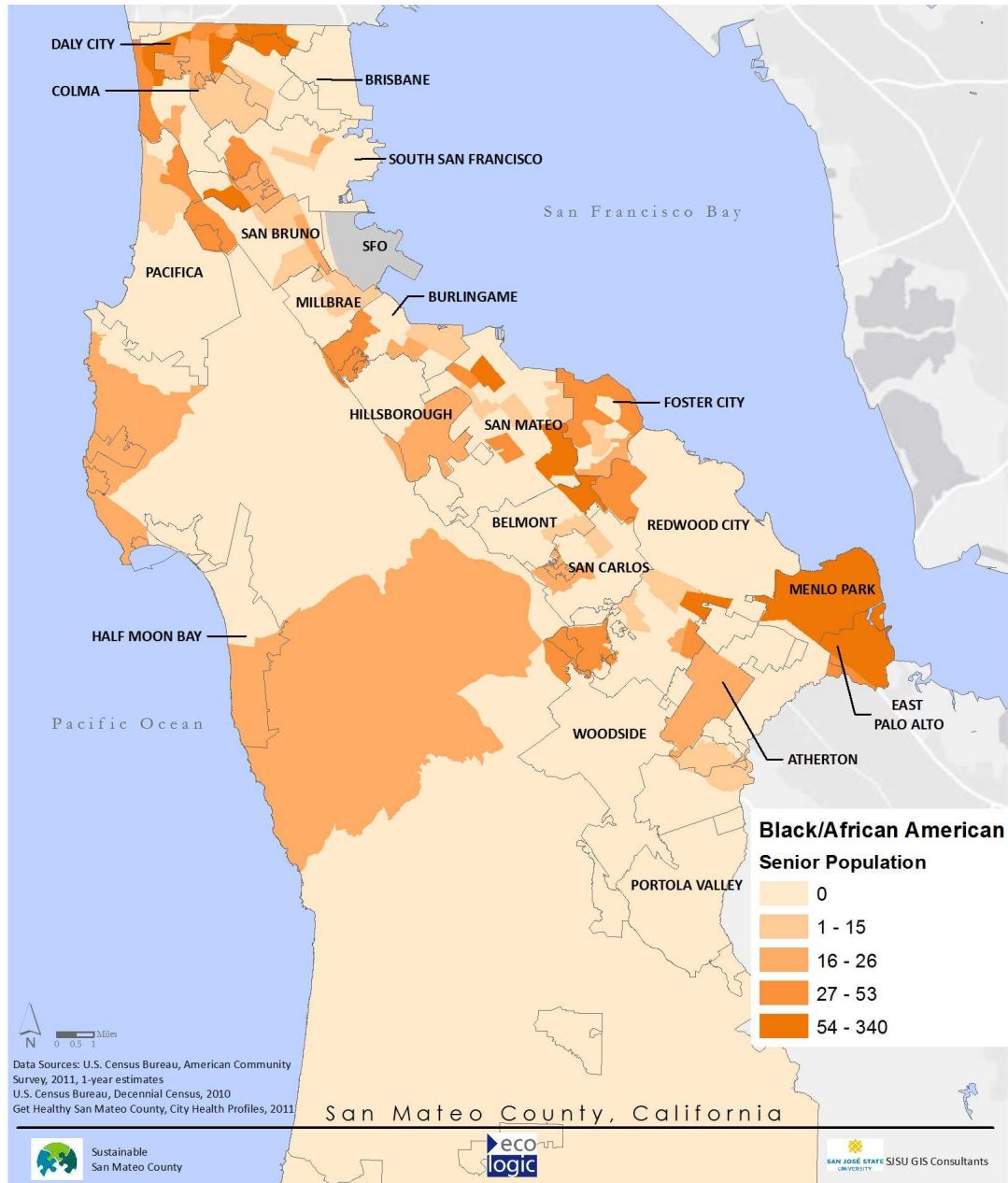
Map 13: Distribution of seniors aged 80 and older in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

White Senior Population by Census Tract



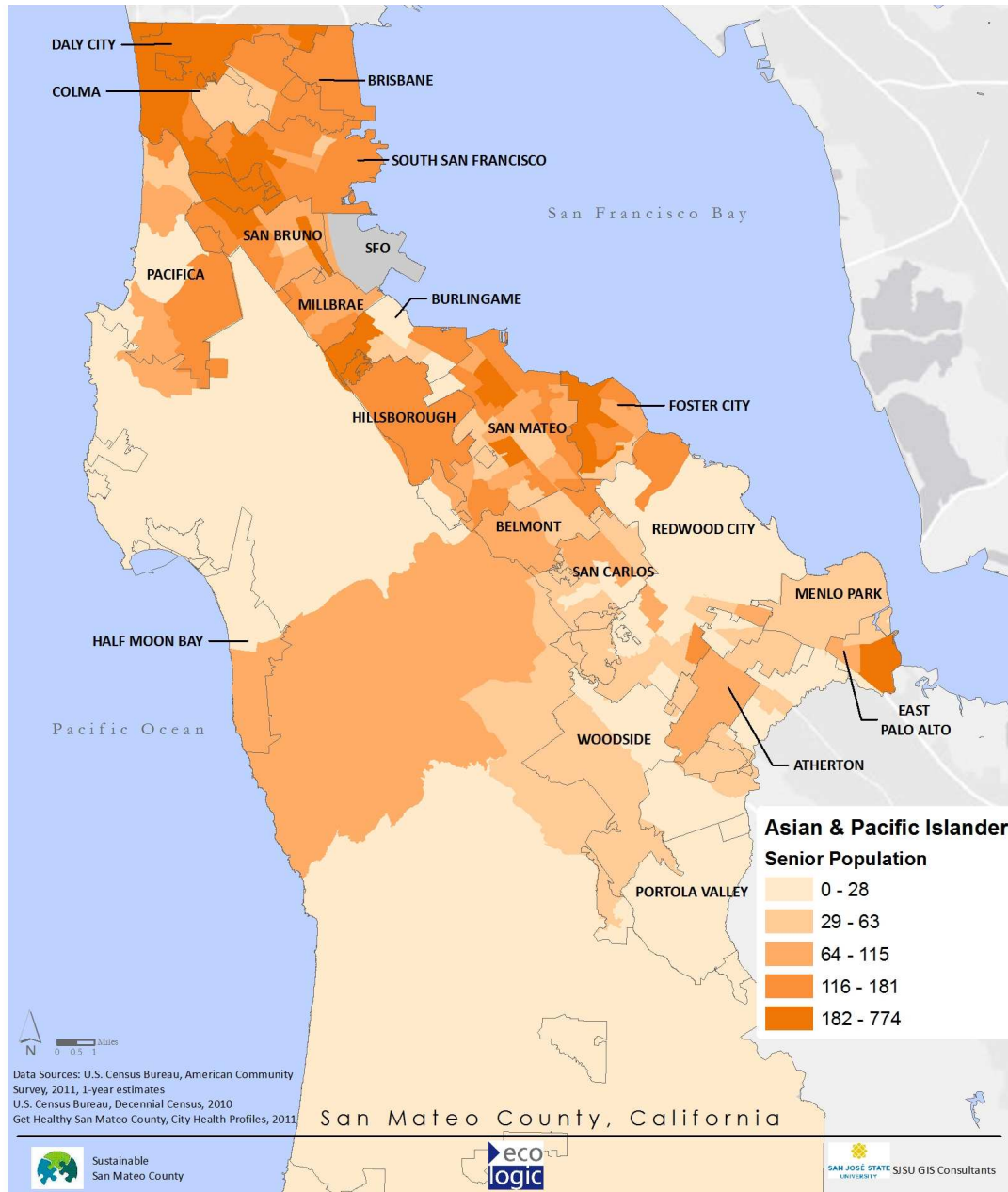
Map 14: Distribution of the senior population by race – Whites Non-Hispanic – and census tract in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

Black/African American Senior Population by Census Tract



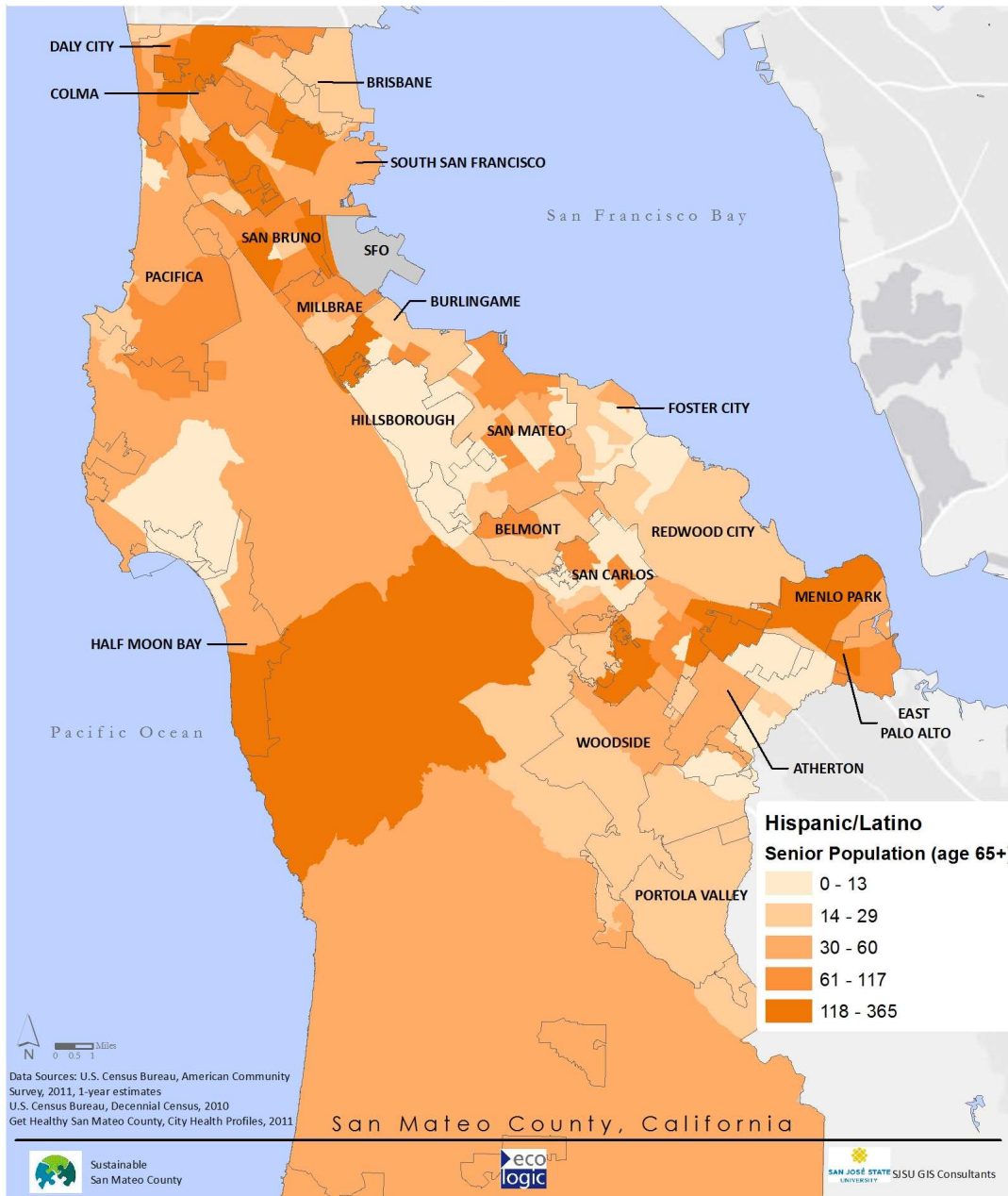
Map 15: Distribution of the senior population by race – Black/African American Non-Hispanic – and census tract in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

Asian and Pacific Islander Senior Population by Census Tract



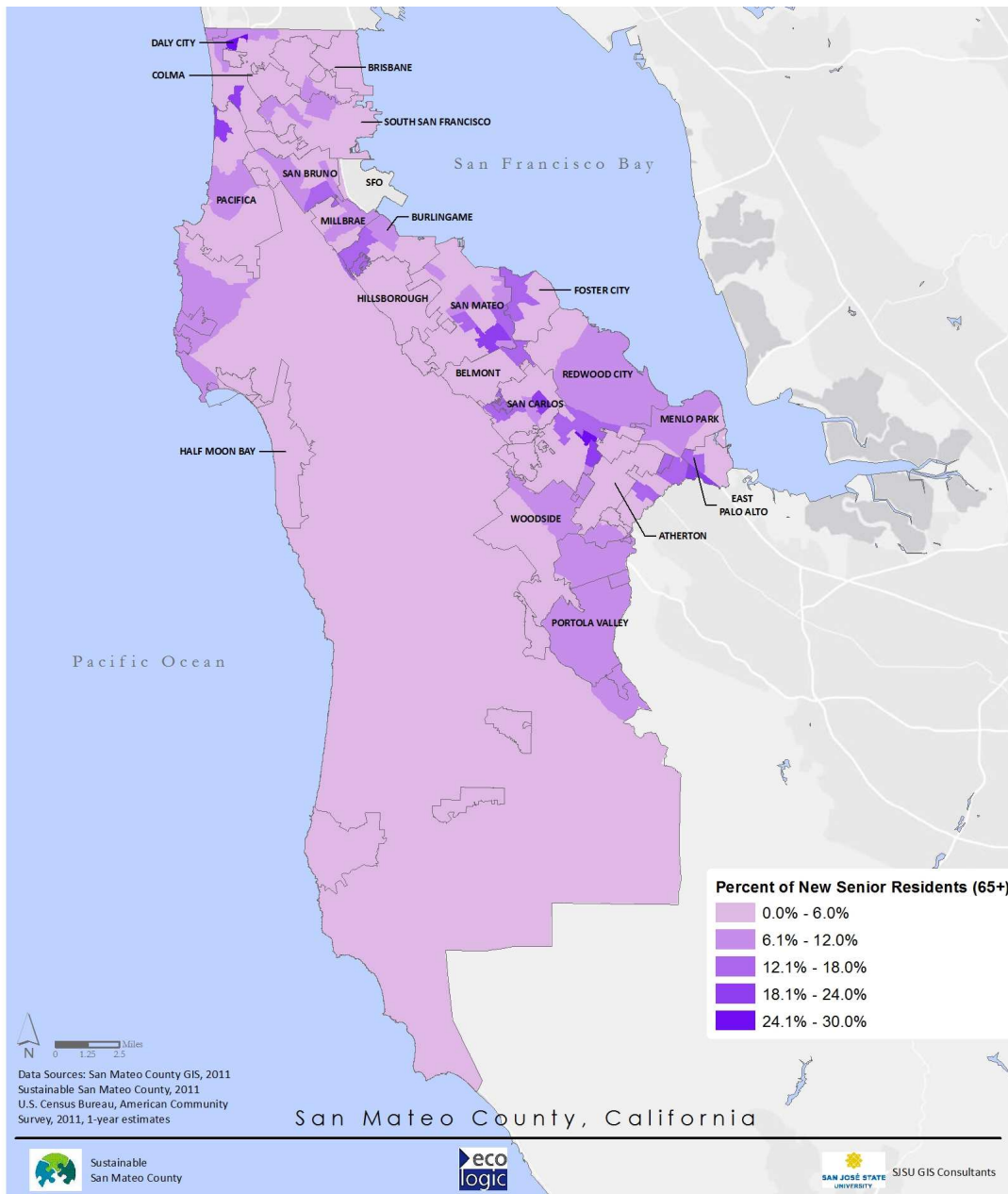
Map 16: Distribution of the senior population by race – Asian and Pacific Islander Non-Hispanic – and census tract in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

Hispanic/Latino Senior Population by Census Tract



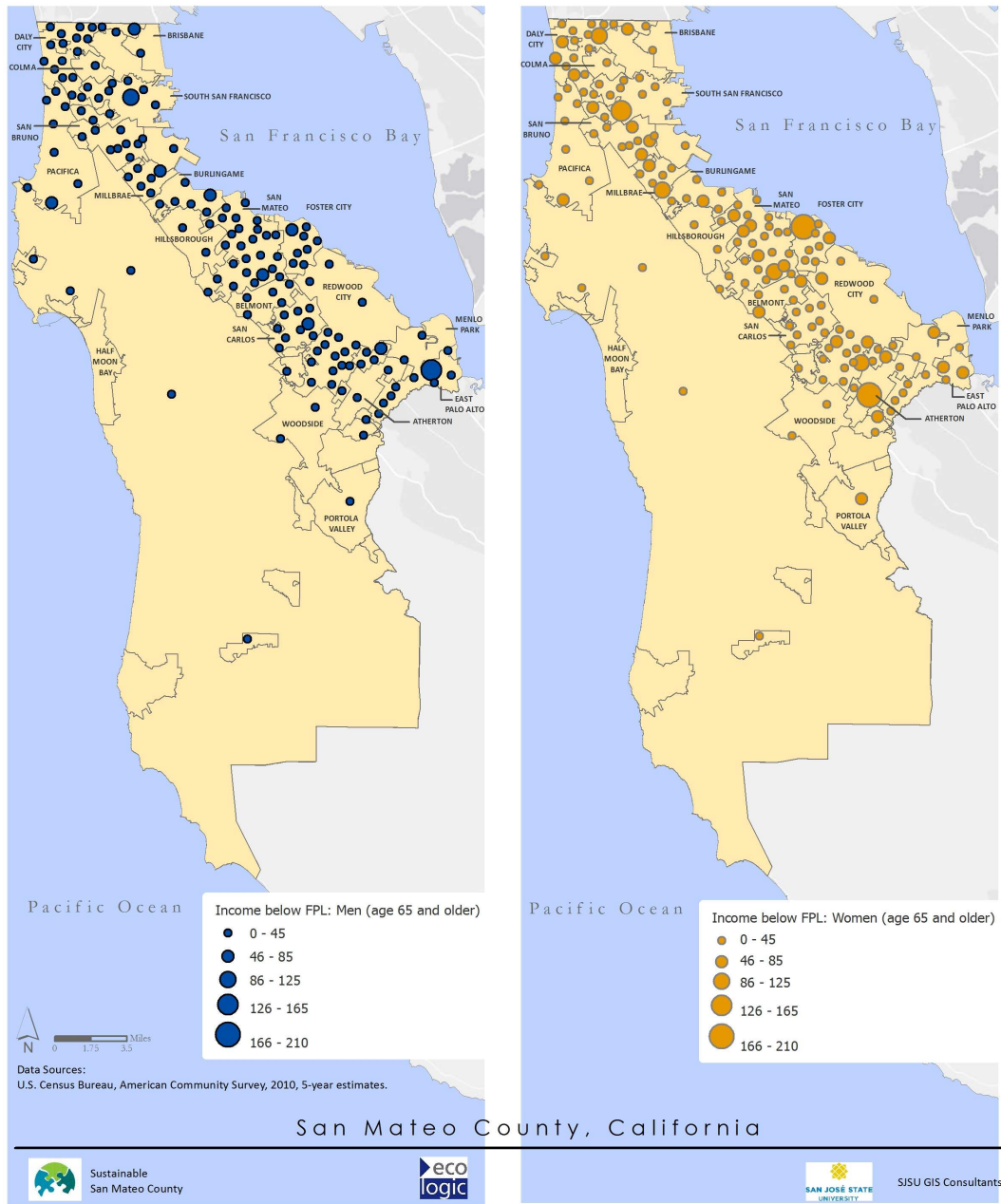
Map 17: Distribution of the senior population by ethnicity – Hispanic/Latino – and census tract in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

Geographic Mobility of Senior Citizens by Census Tract



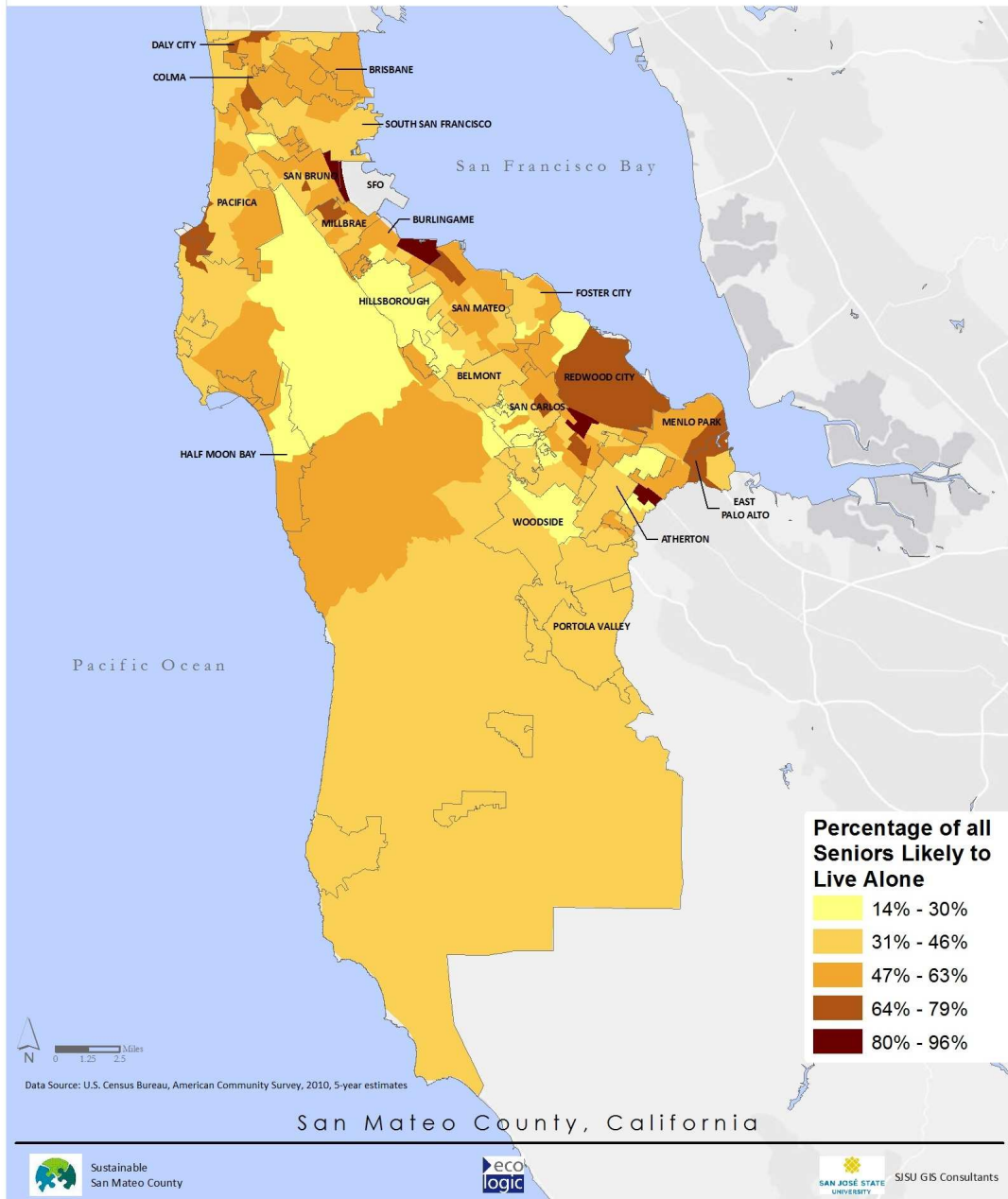
Map 18: Distribution of seniors who moved within the past 12 months of the 2011 American Community Survey. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

Seniors in Poverty by Census Tract



Map 19: Distribution of the senior population by income – men and women – and census tract in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

Marital Status of Seniors by Census Tract



Map 20: Distribution of seniors who are likely to be living alone in San Mateo County.
Source: US Census Bureau, American Community Survey 2011, 1-year estimates.

5 Planning for the Future

5.1 San Mateo County

Numerous departments, agencies, non-profit and advocacy groups in San Mateo County and in the San Francisco Peninsula region are working together to serve seniors today and tomorrow and to make the county a vibrant, livable place for everybody. How intertwined the mandates, missions and activities of the different stakeholders are, is illustrated in the following table showing the goals, strategies and resources compiled by the San Mateo County Health System to prepare for an aging population.

Goal: Older adults must be able to get around without driving	
Recommendations for City and Regional Planning Agencies	
Prioritize the development of housing in transit-rich centers	Policylink www.policylink.org
Expand public transit connections	Senior Mobility Initiative and Guide http://www.seniormobility.org/ National Complete Streets Coalition www.completestreets.org
Increase the number of neighborhood destinations that can be reached on foot and bike	Grand Boulevard Initiative www.grandboulevard.net National Complete Streets Coalition www.completestreets.org
Implement street designs that are safe and inviting	Public Health Law and Policy www.phlpnet.org
Goal: Older adults need accessible homes in accessible places	
Recommendations for Cities and Developers	
Prioritize affordable housing for both renters and homeowners, increase the stock of TOD units	21 Elements in San Mateo County www.21elements.com
Implement universal design standards	Concrete Change www.concretechange.org

	<p>Baby Boomers Get Smart: Local and State Strategies to Prepare for the Aging Population</p> <p>www.epa.gov/agingepa/resources/presentations/2008_0208_smart-growth-conference-markwood.pdf</p>
Increase the number of public gathering places	<p>Grand Boulevard Initiative</p> <p>www.grandboulevard.net</p> <p>Project for Public Places</p> <p>www.pps.org</p> <p>Growing Smarter, Living Healthier: A Guide to Smart Growth and Active Aging</p> <p>www.epa.gov/aging/bhc/guide/index.html</p>
Organize volunteer opportunities	<p>Portland Parks and Recreation and Bureau of Transportation, Oregon</p> <p>www.epa.gov/aging</p>
Engage the local community in conceiving new mobility options	<p>Environmental and Policy Change for Healthy Aging</p> <p>www.agingfriendly.org</p> <p>NACCHO Community Design/Land Use Planning</p> <p>www.naccho.org</p>
Reinvent the traditional senior center	<p>Lesley Senior Communities</p> <p>http://www.lesleyseniorcommunities.org/</p>
Support community capacity that assists older adults in maintaining health	<p>AARP</p> <p>www.aarp.org</p> <p>San Mateo County Aging and Adult Services, Network of Care</p> <p>http://sanmateo.networkofcare.org/mh/</p> <p>Department of Health and Human Services, Eldercare Locator</p> <p>www.eldercare.gov</p>

Table 10: Goals, strategies and resources compiled by San Mateo County Health System to prepare for the aging population in the county. Source: San Mateo County Health System, Health Planning and Policy. (2010). Maintaining the Health of an Aging San Mateo County, pp.10-11.

In addition to these more longer-term oriented changes in community planning and design, Aging and Adult Services of San Mateo County provides numerous services and programs to today's seniors and adults with disabilities, including:

- Home and community-based services contracts include:
 - Nutrition
 - Transportation
 - Ombudsman
 - Adult Day Care and Adult Day Health
 - Legal Aid

In addition, AAS serves as the Area Agency on Aging and prepares the multi-year area plans in collaboration with organizations throughout the county. The Four-Year Plan includes:

- Needs assessment
- Plan for addressing the needs of older adults and adults with disabilities across our county

The 2012-2016 needs assessment identified the issues and concerns that are listed in Table 11. The issues named in bold font are addressed in this report.

Accidents	Obtaining information
Employment	Transportation
Money to live on	Taking care of a child
Crime	Isolation
Taking care of an adult	Receiving services
Household chores	

Table 11: The issues and concerns reported by respondents to the 2012-2016 needs assessment survey conducted by the AAA.

5.2 Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act of 2010 (ACA) is bringing several changes to the way seniors can obtain medical services. The ACA strengthens Medicare and helps seniors take charge of their health. The law provides important benefits such as free preventive services, free annual wellness visits, and a 50 percent discount on prescription drugs for Medicare recipients in the coverage gap known as the "donut hole."⁷⁰

In addition, the ACA provides for

- Lower premiums and extend the solvency of Medicare
- Lower drug costs
- Protected and improved access to health care providers
- Focus on primary care
- Prioritize prevention

For people without healthcare insurance, especially those in the age bracket of 45-64 years, the ACA is bringing several important changes that will help them obtain coverage:

- Affordable Insurance Exchanges are designed to make buying health coverage easier and more affordable. Starting in 2014, these Exchanges will allow individuals and small businesses to find the health plan that meets their needs. The Exchange is also the single place where consumers can enroll in private or public health insurance coverage.
- Beginning September 2012, when shopping for health insurance, consumers will be able to compare plans on the basis of the new short and plain language Summary of

⁷⁰ <http://www.healthcare.gov/news/factsheets/2011/08/seniors.html> (last accessed November 2, 2012).

Benefits and Coverage, or SBC, form, which all health insurers have to make available for their plans. The SBC form can be requested in different languages.

- The ACA improves state-level Consumer Assistance Programs (CAPs) services aimed at providing consumers with more relevant information when they experience a health insurance problem, including enrolling in a health plan.
- Since July 2011, the Pre-Existing Condition Insurance Plan makes health coverage available to U.S. citizens and legal residents that have been denied health insurance because of a pre-existing condition, and have been uninsured for at least six months.
- By January 2014, the ACA provides for a new type of non-profit health insurer, called a Consumer Operated and Oriented Plan (CO-OP). These insurers are run by their customers. CO-OPs are meant to offer consumer-friendly, affordable health insurance options to individuals and small businesses.

San Mateo County was selected by the California Department of Health Care Services (DHCS) to be one of eight counties in its proposal to the Centers for Medicare and Medicaid Services to run demonstration projects. If approved, the Health Plan of San Mateo in collaboration with the SMC HS will aim to integrate medical benefits and home and community-based supports for dual-eligibles (Medicare and Medicaid recipients) and:

- To avoid nursing home care when possible
- To improve care coordination and patient outcomes

Looking forward, the health system in San Mateo County plans to work to address the impacts stemming from a growing number of older adults with⁷¹

- Chronic illness
- Need for link to primary care
- Need for link to medication management, care coordination
- Cultural awareness across the health care setting
- Need for greater housing options for low income older adults

To do so, it has initiated a series of steps, including

- Focused effort across the Health System and Community Partners to build residential alternatives for low low-income, medically fragile older adults
- Collaborative work with HPSM to link older adults to primary care
- Seek evidence-based “best practices” for care coordination, evaluation methods, and expansion of coverage
- Engage community partners in the preparations for the aging population.

⁷¹ Programs, Initiatives and Planning for the Aging Community in San Mateo County by Lisa Mancini, Director, Aging and Adult Services, August 14, 2012.

6 Stakeholder Survey

As part of the research for this study we also conducted a stakeholder survey amongst public officials, representatives of non-profit organizations and members of faith-based groups. The survey was not intended to be representative of all the organizations and people working on senior health issues but to support and enhance the statistics and data with qualitative context. We also wanted to gauge the experts' opinions on how they see the issues they are working on evolve in the future.

Of an initial 22 invitations to complete the online survey, 15 responded (68 percent). Three respondents coordinated their answers such that a single response was submitted and one respondent wrote that senior issues were only marginally part of her job.

Responses were treated confidentially and in this chapter we therefore only summarize the results from the survey.

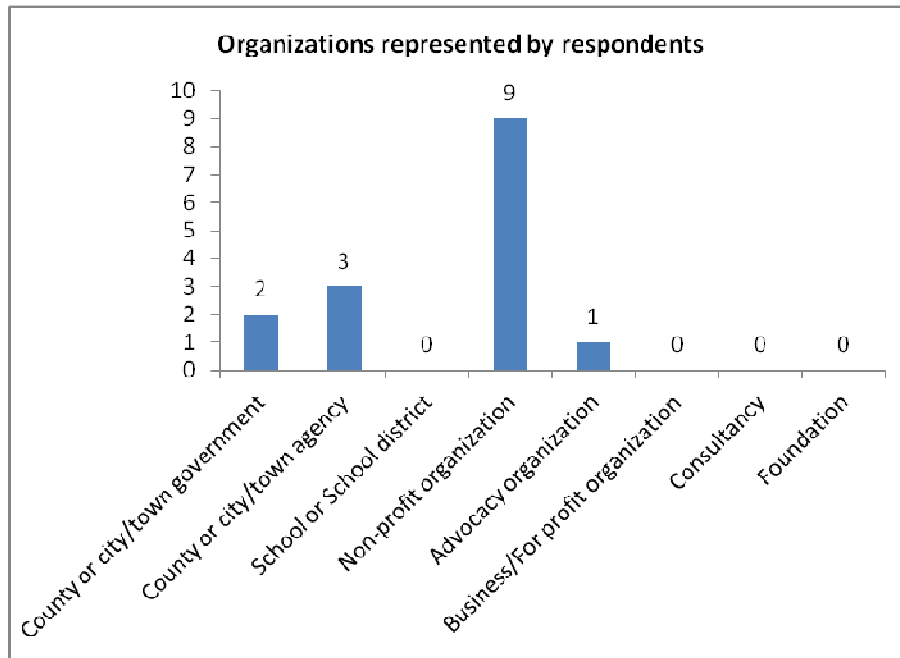
6.1 Question 1: Name of Organization

We received responses from the following 13 organizations (number of responses in parentheses)

Kaiser Permanente (1)	Catholic Charities CYO (1)
Lesley Senior Communities (1)	SMC Commission on Aging (1)
Ombudsman Services of SMC, Inc. (1)	Hospital Consortium of SMC (1)
SMC Health System (2)	Peninsula Family Service (1)
SMC Aging and Adult Services (2)	Self-Help for the Elderly (1)
Mission Hospice & Home Care (1)	Peninsula Volunteers, Inc. (1)
Veterans Mem. Senior Center, Adaptive Phys. Ed. Program (1)	

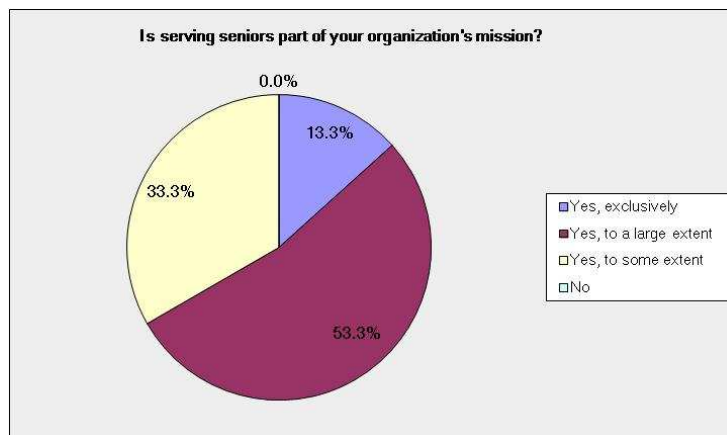
6.2 Question 2: Organization

The majority of respondents represent non-profit organizations (9 out of 15), five work for city or county governments or agencies and one respondent is affiliated with an advocacy organization.



6.3 Question 3: Organization’s Mission

While all of the respondents state that their organizations and agencies deal with senior issues to some extent, more than 66 percent (10 out of 15) said they do so to a large extent or even exclusively.



6.4 Question 4: Types of work undertaken by the organization

This question provides some insight on the specific areas that non-profit organizations as well as government and public agencies work on to improve senior health in the county. The most frequently selected answer categories were injury prevention and social support (80 percent each), followed by support with healthy aging at home (73.3 percent) and access to medical care (66.7 percent).

Answer Options	Response Percent	Response Count
Provision of medical care	40.0%	6
Provision of mental care	33.3%	5
Provision of dental care	13.3%	2
Provision of vision care	20.0%	3
Access to medical care	66.7%	10
Access to mental care	40.0%	6
Access to dental care	26.7%	4
Access to vision care	33.3%	5
Support with healthy aging at home	73.3%	11
Support with transition to retirement home	33.3%	5
Transportation services	53.3%	8
Injury prevention support	80.0%	12
Social support	80.0%	12
Senior abuse prevention and/or support	60.0%	9
Legal services for seniors	6.7%	1
Information on available resources	60.0%	9
Other (please specify)		6

In addition, six respondents added

- Provision of affordable housing and services
- Advocates for seniors and dependent adults living in long-term care facilities
- Hospice, palliative, home and transition care
- Primarily fall prevention and physical fitness enhancement
- Senior Nutrition programs, Health Insurance Counseling & Advocacy Program (HICAP), Health Education and Prevention programs.
- Housing, nutrition, adult day care.

6.5 Question 5: Time that the organization has been doing this work

The majority of organizations represented by the respondents have worked for more than ten years on senior health issues and two for 4-10 years.

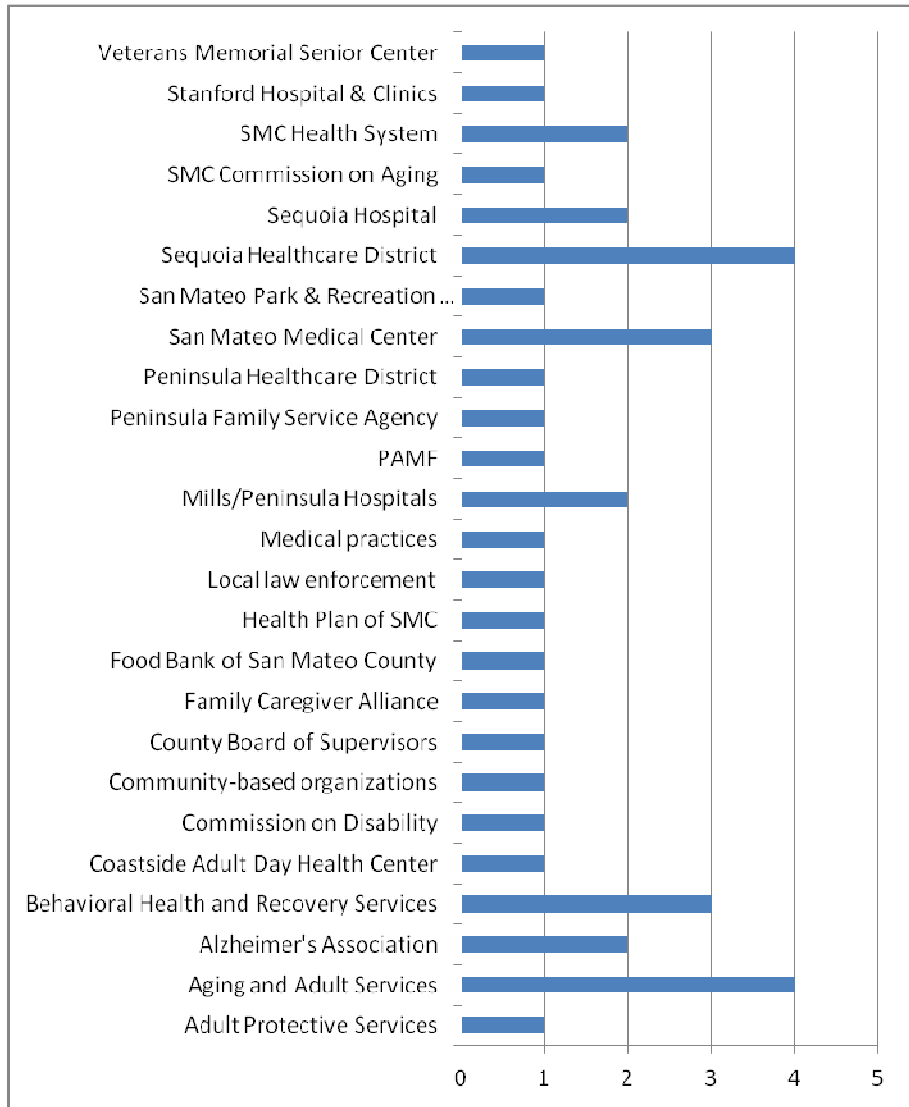
6.6 Question 6: Cooperation with other organizations

This question allowed multiple selections but it is remarkable that all organizations represented in the survey are engaged in one or more forms of cooperation with others. The most frequently selected answer options are referral service (100 percent of respondents) and collaborative work (93.3 percent).



6.7 Question 7: Primary collaborators

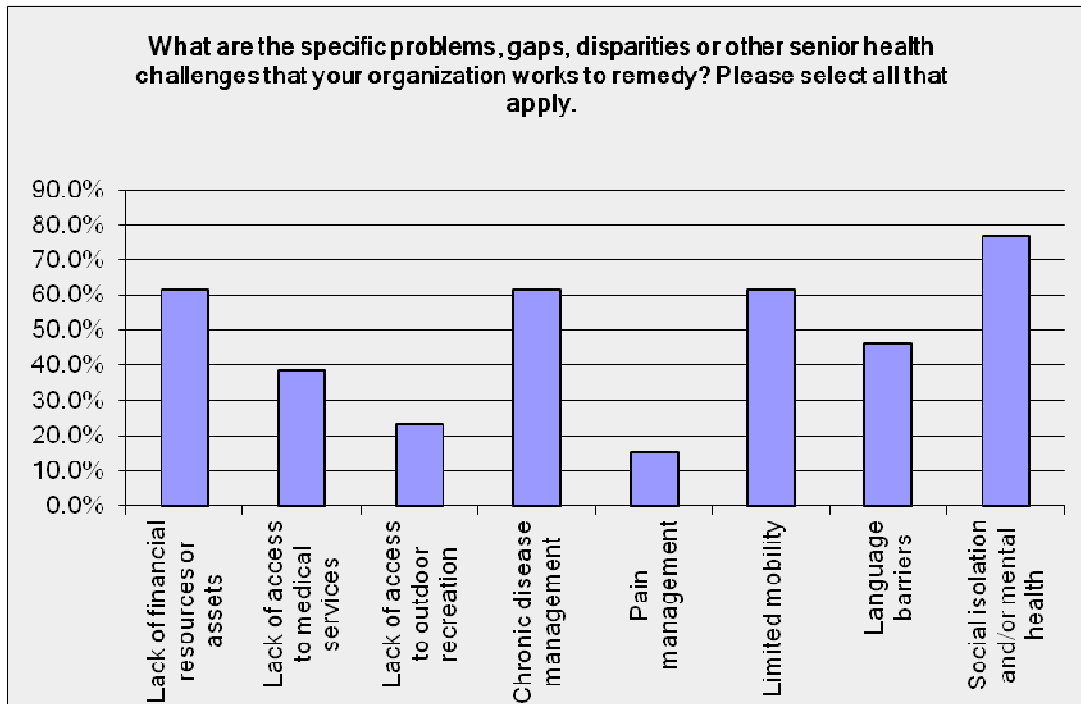
This question asked the respondents to name the three organizations that they primarily work with. Among the numerous names given, Aging and Adult Services, Behavioral Health and Recovery Services and Sequoia Healthcare District were named most often.



PAMF=Palo Alto Medical Foundation

6.8 Question 8: Specific problems, gaps and disparities addressed by organization

Social isolation and mental health are the challenges that most respondents state their organizations work on (77 percent), followed by lack of financial resources or assets, chronic disease management and limited mobility (all 61.5 percent). Lack of access to outdoor recreation is selected least often (23.1 percent).



6.9 Question 9: Programs run by organization

There is substantial diversity in the programs and services provided by the organizations surveyed. While some organizations focus on specific aspects, others provide a wide spectrum of services and information. We did not attempt to categorize these programs and services because it would inevitably lead to an information loss. The following table therefore lists the programs and services as stated by the respondents.

Kaiser Permanente	Senior Advantage Medicare Coverage
Lesley Senior Communities	Food Program that provides 730 meals per day; Assisted Living that provides a range of services including med management and assistance with ADL's; Recreation Program available to all 550 residents
Ombudsman Services of San Mateo County, Inc	Advocacy
San Mateo County Aging and Adult Services	Adult Protective Services, In Home Supportive Services, Public Guardian, Multi-Purpose Senior Services Program, Area Agency on Aging
San Mateo County Aging and Adult Services	In Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Linkages, Information and Referral (TIES Line), Adult Protective Services, Public Guardian, 24-Hour Response Team, Public Authority, Representative Payee, Area Agency on Aging
Mission Hospice and Home Care	Hospice, home care and transition services
Veterans Memorial Senior	Adaptive Physical Education; Active Aging Week

Center--Adaptive Physical Education Program	
Catholic Charities CYO	Silver Alert, Continuum of Care, Adult Abuse
San Mateo County Commission on Aging	Case Management, Adult Day Services, Alzheimer's Day Care Resource Center, Senior Center, Counseling and Behavioral Health Care
Hospital Consortium of San Mateo County	POLST, Fall Prevention, Community Health Needs Assessment, Stroke Prevention, Reducing Hospital Readmits/Transition of Care from Hospitals
Peninsula Family Service	Sequoia Hospital Homecoming Program, Peninsula Circle of Care, Senior Peer Counseling, Elder Talk, Case Management, Fair Oaks Wellness Services
Self-Help for the Elderly	HICAP, Senior Nutrition and Home Delivered Meals, Case Management, Wellness Programs, Chronic Disease Self-Management Program, Weekly Brown Bags, Specific interest/hobby classes, Daily Exercises.
Peninsula Volunteers, Inc.	Little House Adult Activity Center, Rosener House Adult Day Service, Meals on Wheels, Peninsula Volunteer Properties

6.10 Question 10: Targeted recipients of programs or services

Almost all respondents state that their organizations serve all seniors (92.3 percent), followed by seniors living in senior living facilities (69.2 percent). Six respondents each appear to focus on either older men or women (46.2 percent each). One respondent lists adults with disabilities.

Who are the targeted recipients of these programs? Please select all that applies.		
Answer Options	Response Percent	Response Count
All seniors	92.3%	12
Male seniors	46.2%	6
Female seniors	46.2%	6
Younger seniors (appr. 65-79 years)	53.8%	7
Older seniors (appr. 80+ years)	53.8%	7
Healthy seniors	53.8%	7
Seniors with certain health conditions	53.8%	7
Mobile seniors	53.8%	7
Seniors confined to the home or bed	53.8%	7
Seniors with immigrant background	61.5%	8
US-born seniors	61.5%	8
Seniors living at home	53.8%	7
Seniors living in senior living facilities	69.2%	9
Low-income seniors	61.5%	8
Middle-income seniors	53.8%	7
High-income seniors	38.5%	5
Low-income, asset-rich seniors	61.5%	8
Other (please specify)		1

6.11 Question 11: Approaches and methods used to address senior health issues

The most commonly used path to reach and support seniors is through information material (91.7 percent). Seventy-five percent organize community activities for seniors. At home visits and the provision of health products and services also rank high at 66.7 percent each. In contrast, telephone information or hotlines are only listed by a third of the respondents.

What approaches, methods and tools does your organization use to address senior health issues? Please select all that apply.

Answer Options	Response Percent	Response Count
Financial support to seniors	25.0%	3
Provision of health products or services to seniors	66.7%	8
Provision of transportation services	50.0%	6
Support with grocery shopping and/or other errands	25.0%	3
Workshops for seniors	58.3%	7
Information material for seniors	91.7%	11
Community activities for seniors	75.0%	9
Operation of telephone information lines or hotlines	33.3%	4
At home visits	66.7%	8
Other (please specify)		5

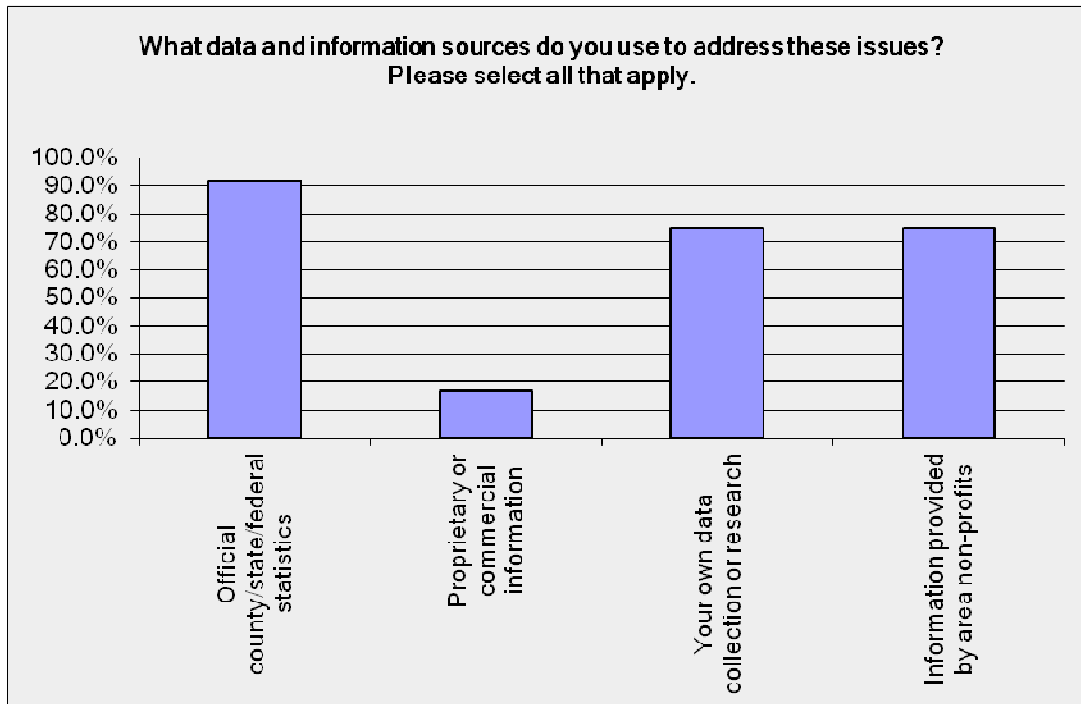
Additionally named methods are:

- Making unannounced visits to facilities and work to resolve problems on behalf of the residents
- Providing financial assistance as requested; our service/workshops are exercise and health related; we provide some transportation, and coordinate Redi-Wheels as needed; we have information and referral information to distribute as needed⁷²
- Supporting accessing services, caregiver education and support, counseling services
- Providing bilingual and bicultural services to Asian seniors to increase their access to existing services in San Mateo Count
- Providing Meals on Wheels, low-income senior subsidized housing, adult day care.

6.12 Question 12: Information sources used

As part of the work done by the respondents' organizations, data and information may play a crucial role. The majority of respondents state that they use official statistics (91.7 percent). Many also collect their own data or use information provided by non-profits in the area (75 percent each). One respondent states that they have access to records (e.g., medical, financial, etc) on an as need basis and with the senior's prior consent.

⁷² Slightly edited.

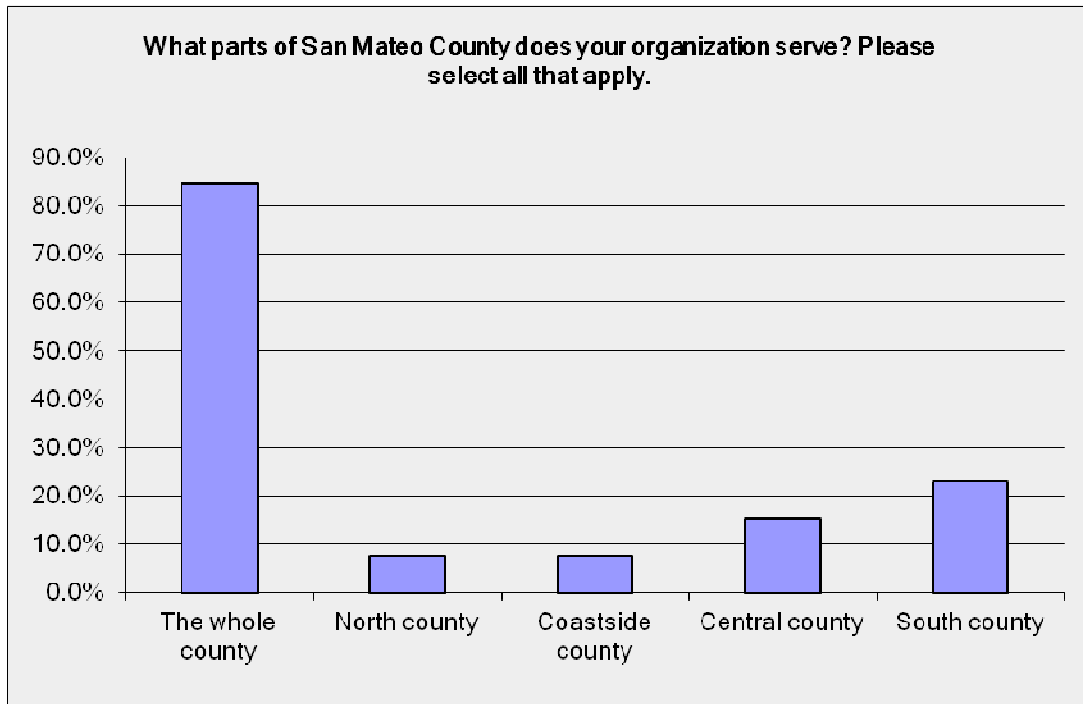


6.13 Question 13: Part of San Mateo County served

Eighty-five percent of respondents said that their organization serves the entire county, while nearly a quarter focus on the South County and even smaller proportions on Central (15 percent), North and Coastside (7.7 percent each) parts of the county.

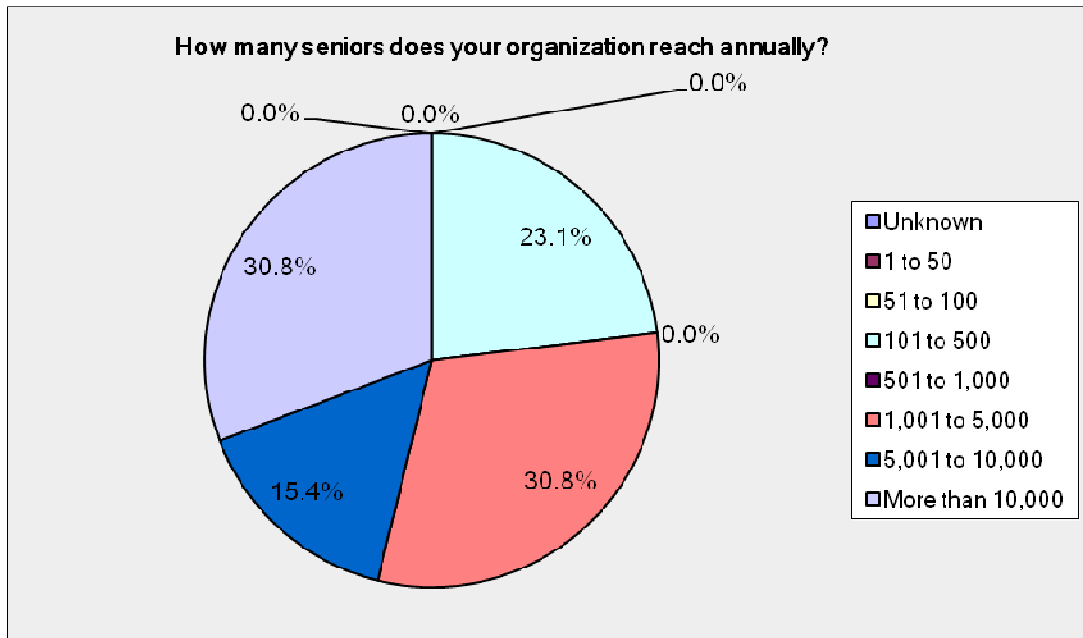
Two additional comments state that their organization

- primarily serves the South county but do not turn anybody away
- also has programs in San Francisco and Marin Counties.



6.14 Question 14: Number of seniors reached annually

A quarter of respondents say their organizations reach between 101 and 500 seniors annually. All other respondents work with at least 1,001 per year and a 30 percent reach more than 10,000.



6.15 Question 15: Measuring effectiveness of organization’s work

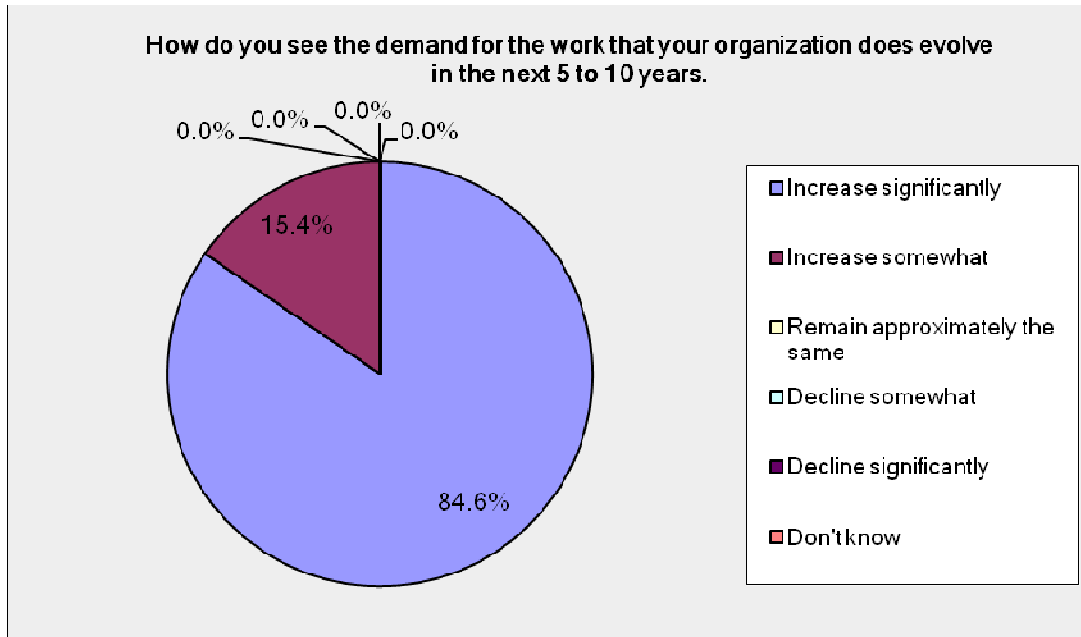
The majority of respondents say that their organizations make use of surveys to gauge the effectiveness of their work. Since collaboration with other organizations and stakeholders is the norm, it is also not surprising that feedback from partner organizations is another main avenue for assessing efficacy. Also relevant from an accountability and transparency perspective is that independent reviews are used by the organizations of six respondents.

How does your organization measure the effectiveness of its work. Please select all that apply.

Answer Options	Response Percent	Response Count
Independent review	50.0%	6
Survey among those served	91.7%	11
Feedback solicitation at time of service	66.7%	8
Feedback from partner organizations	75.0%	9
Based on material or services provided during the year	50.0%	6
Annual sales	0.0%	0
Other (please specify)		4

6.16 Question 16: Future demand for organization’s work

Not unexpectedly, almost all respondents expect a significant growth in demand for their organization’s work while 15.4 percent see a more moderate increase in demand.



6.17 Question 17: Main obstacles or challenges to organization's work aside from financial resources

The open-ended question highlights the diversity and complexity of constraints faced by the organizations represented in the survey:

- Senior Population is a growing demographic in San Mateo County. Housing, Home Care, Extended Care, Hospice, Caregiver Relief and Support
- Transforming old housing stock into healthy and supportive living environments; Securing additional rental subsidies for extremely low income residents; Competing for funds with so many other organizations in this economy; Expanding relationships with healthcare providers
- Recruitment of field ombudsman (volunteers) to make the visits and work to resolve the residents' complaints
- Integration of resources and services, staffing resources, increased demand
- Reaching/educating doctors, nurses, discharge social workers, i.e. the referral sources for the clients we serve
- Available staff to do outreach education
- Getting the word out to older adults, getting older adults to accept help, remove the stigma of behavioral help support
- We only have one site and inadequate resources to open other sites especially in the southern part of San Mateo county
- Overcoming resistance to using day care, marketing to those who could really use the programs, sufficient staff/volunteers to expand Meals on Wheels, coordination with hospitals and health care providers, available properties to build senior housing.

Some common threads appear to be the need to (and challenges posed by) better integrate and coordinate services, reaching different segments of the senior population (outreach, cultural differences), problems associated with a lack of economies of scale (staff, sites), competition among the various organizations for limited funds (grants and other types of funding), and removing stigmata and resistance.

6.18 Question 18: Steps taken to address these challenges

From the respondents answers to this open-ended question transpires that the organizations are actively seeking new and effective means to address the challenges they face:

- We are constantly working on improving the quality and continuum of care for our senior population
- We are currently experimenting with increasing the number of trainings we hold each year; in addition we will hold the trainings at alternative times, including nights/weekends, in an attempt to attract a younger demographic
- Coordinated with other agencies, promoted long term care integration of service
- Hiring staff and inter agency collaboration
- Potential partnership with YMCA for expansion
- Working collaboratively with our nonprofit partners to develop a speakers bureau
- Inventory meeting to decide what we can and cannot reasonably achieve

- Applying for grant to subsidize a Health Educator
- work with our marketing department to reach the media
- Outreach to more funders to increase capacity to serve more seniors
- Much outreach, seeking marketing assistance, collaborations, public relations and information campaigns.

6.19 Question 19: Additional comments

Some respondents provided additional thoughts and comments:

- There is a critical lack of low income assisted living facilities.
- "So long as one remains a monk, one goes on ringing the bell."
- Seniors need prevention oriented services, not simply disease amelioration. Future health planning and health financing needs to emphasize that direction much more than the current system does or than we see anticipated by health care insurers/HMIOs. Adult Day Care needs far more financial support, as it's more cost-effective than alternatives.

7 Conclusions

The present report aims to provide those working to improve senior health in San Mateo County with a wide variety of information on current and projected senior health. To achieve this, it relies on many sources of information, chief among them the San Mateo County Health System, specifically the Aging and Adult Services Division and the Health Policy and Planning Division. Their work is supplemented with statistics from the US Census Bureau, especially the American Community Survey, as well as a broad range of academic and policy studies, geospatial statistics and visualizations, and the results from a small, targeted stakeholder survey.

The report is not an advocacy tool nor does it aim to make conclusions with respect to the underlying causes of the status and trends in the health status of older adults living in the county. This is best left to the experts and practitioners who not only work with the data every day but with the people they concern.

So what then can be concluded from the report and its detailed statistics and charts on demographic trends, major causes of death and illness among seniors, the financial burden of healthcare, and the importance of health insurance, access to and quality of care and the changes that the Patient Protection and Affordable Care Act are bringing to the county in the next few years?

First, the detailed statistics can help to identify areas in need of more specific information and/or further research into the underlying causes of the issues. Experts will undoubtedly raise a number of follow-up questions related to the data and information presented in the report and thereby initiate a deeper conversation about specific aspects of senior health or the broader policy approaches taken.

For example, the authors see the following areas that could benefit from increased attention emerge from the report:

- Beyond the surveys conducted by the SMC Health System little information exists regarding the perceptions, expectations and plans that San Mateo County residents, especially the Baby Boomer generation, have with respect to their retirement age. This concerns, in particular, detailed breakdowns by age, sex, race/ethnicity, nativity and socio-economic status. Since the county's senior population is projected to grow the most rapidly over the next twenty years, it is important for planning purposes to know more about its characteristics.
- More emphasis could be placed on understanding senior health issues in the context of place. The maps presented in the report are only a first cursory look at how healthy aging is influenced by place and neighborhood. More spatially explicit analyses can help our understanding of differences and similarities among older adults aside from the typical features age, sex, race/ethnicity and income. They can improve our understanding why a program succeeds in one area but fails in another or help identify and reallocate resources to locations that would otherwise have gone unnoticed and thereby lead to efficiency gains in public spending.
- The increased recognition of the linkages between and synergistic benefits of horizontal cooperation between different sectors of government, e.g., the public health system, the housing department and transportation agencies, should be promoted further through the development of systems-oriented, quantitative indicators that capture how each component is contributing to enhancing the overall quality of life in the county for seniors and how their maximum impact is tied to the others.

A second way to view the report is to step back and consider the broader picture that emerges. This approach may serve as input for a larger conversation regarding the formulation of a vision for the county and its residents with respect to aging and senior health. Within this context, a few generalizations are possible on the basis of the report, each with its own opportunities and challenges that are summarized in the following.

- San Mateo County is an aging county. Notwithstanding migration patterns and other factors influencing life expectancy and the decision to age in the county, the county is expected to see a significant rise in the number of older people by 2030 and seniors are expected to be the fastest growing population segment.

Opportunities	Challenges
<p>Older adults are a significant contributor to the local economy and studies have shown that they benefit in particular from the growing knowledge economy, which means they are likely to be an active part of the economy for longer and adding higher value to it than in the previous, manufacturing dominated economy.</p>	<p>Employers need to better recognize the contributions of older adults to their businesses and workplaces should become more flexible in terms of work models and ways to harness those contributions.</p> <p>For the county, having more and a larger share of seniors in the total population will require expanding certain types of services such as medical care, transportation and senior-appropriate housing.</p>

- Racial and ethnic diversity are also expected to grow.

Opportunities	Challenges
<p>Diversity can be a catalyst for openness, tolerance, innovation, and creativity.</p>	<p>Increased racial and ethnic diversity among seniors requires greater adaptation of service providers to understand and respond to customs and cultural characteristics.</p> <p>If socio-economic divisions run alongside racial and ethnic differences, there is an increased potential for exclusion, prejudices, and misconceptions.</p>

- Health disparities will remain an issue of concern.

Opportunities	Challenges
<p>Improving the health status of the most disadvantaged produces social and economic benefits that can exceed the costs of the programs and policies.</p> <p>Senior health is also tied closely to healthy life at younger ages. Therefore, today's investments in healthy lifestyles, prevention, and medical care, especially for disadvantaged populations will pay off in the future.</p>	<p>Disparities by income, race/ethnicity and educational attainment remain persistent, despite many efforts.</p> <p>Tackling these complex challenges requires multi-pronged efforts that already start in childhood and are not limited to health but include education, justice and social inclusion. This requires a long-term strategy and commitment of resources that is difficult maintain in current economic conditions.</p>

- The healthcare system will need to accommodate more seniors and their specific healthcare needs, such as chronic conditions, overweight and obesity and associated co-morbidities.

Opportunities	Challenges
<p>The increasing focus on healthy aging, active living, and prevention can help the county manage the needs and costs associated with a growing, aging population.</p> <p>Better horizontal coordination among the different sectors of county and city governments and agencies as well as a focus on continuous lines of service across the full spectrum of senior health needs will allow targeting resources better and more holistically.</p> <p>Programs focusing on healthy eating, active lifestyle, etc. that are useful for all of the county's residents will also benefit seniors.</p> <p>Studies show that while life expectancy grows and more seniors will suffer from some health impairments, this does not translate into an equivalent need for additional hospital beds or capacity if care is coordinated better, ambulant services are expanded, and innovative technology used smartly.</p>	<p>Making more with less in the context of tight public finances will be critical.</p> <p>Having accurate and timely information for planning will also need to be a focus to prepare for the "silver tsunami".</p> <p>A generally low ratio of certain healthcare providers, e.g., mental health professionals and general practitioners, can create bottlenecks in availability of care, especially for socio-economically disadvantaged seniors.</p>

- The high cost of living, especially housing, in the county will pose challenges to seniors living on limited incomes.

Opportunities	Challenges
While the county is nearly built out, affordable housing can be created and built in a variety of ways and non-profit organizations have identified and successfully tested different approaches.	There is already a shortage of affordable senior housing in the county and adding spaces in response to a growing senior population will require innovative solutions.

- Mobility is a key ingredient for health aging and a growing number of seniors will not be able to drive independently anymore.

Opportunities	Challenges
<p>Senior mobility can be supported through a variety of means, including SamTrans' senior mobility initiative, expansion of TOD housing that is suitable for seniors, partnerships with NGOs providing senior mobility solutions, and expansion of public transportation alternatives through SamTrans, CalTrain and BART.</p> <p>Mobile and communication technology can also play a role in matching transportation needs with supply in the future.</p>	<p>Building transportation and mobility networks is costly, time-intensive and often requires infrastructure that is built for the long-term and hence less adaptive to changing situations. The difficulties surrounding the high-speed rail project between San Francisco and Los Angeles demonstrate the complexity of transportation issues.</p> <p>Aside from bigger infrastructure investments (e.g., Grand Boulevard Initiative), nimbler and more flexible solutions must be developed.</p>

- Healthcare insurance, especially Medicare, is a key instrument to ensure that older adults have access to medical care when they need it.

Opportunities	Challenges
<p>The ACA is bringing a number of important changes and improvements to the way healthcare is delivered and charged for in the country. Coverage expansion for younger adults today may reduce prevalence of chronic conditions and other health issues in the long-term as these adults enter senior age.</p> <p>Better coverage and the orientation towards quality and performance metrics in healthcare can also help reduce avoidable hospitalizations.</p>	Healthcare costs are expected to continue to rise faster than inflation, putting more pressure on public finances, including the county's. The implementation of the ACA will yield new insights into what works and what does not, but a number of years will go by before this information will be available.

Together with the specific goals formulated by SMC Health System (see 5.1) we hope that these broad strokes at the opportunities and challenges lying ahead we hope to help frame and contribute to the debates that are underway in San Mateo County to make it a more vibrant, livable place for all residents in the long-term.