# Older Adult Health in San Diego County

County of San Diego
Health and Human Services Agency
Public Health Services and Aging & Independence Services

# OLDER ADULT HEALTH IN SAN DIEGO COUNTY

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This document was developed under the Community Health Statistics Unit of Public Health Services, and Aging & Independence Services, both of which are departments of the County of San Diego's Health and Human Services Agency, and is in support of *Live Well San Diego*.

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# OLDER ADULT HEALTH IN SAN DIEGO COUNTY

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# EXECUTIVE SUMMARY

## INTRODUCTION

This report provides demographic and health data for the older adult population in San Diego County. Depending on the data source, data are presented for those aged 60 and older, or age 65 and older. The older adult population is rapidly growing. While this population is living longer lives, including a longer health span, this population faces numerous health and social concerns.

As of 2023, there were an estimated 759,388 older adults aged 60 and older and 565,364 adults aged 65 and older, accounting for 23.1% and 17.2% of the total population, respectively.[3] The San Diego County 60 and older population has a greater proportion of female residents (53.8%), and the majority are non-Hispanic White (58.1%).[3] Among those aged 65 and older, 95.9% were enrolled in Medicare in 2022.[5]

## OVERALL HEALTH, HEALTH BEHAVIORS, AND RISK FACTORS

Many factors increase both the risk and disease burden of cancer and chronic conditions such as diabetes, cardiovascular and respiratory diseases. Risk factors include obesity, alcohol and tobacco use, poor nutrition, and physical inactivity. These risk factors and unaddressed hearing loss are also associated with increased risk of Alzheimer's and non-Alzheimer's dementia.[9, 10, 11, 12] In San Diego County in 2023, the most prevalent of these risk factors among older adults aged 60 and older were physical inactivity, with 35.3% not meeting the recommended 150 minutes of weekly exercise, and obesity, with 39.0% classified as overweight and an additional 24.7% as obese.[16, 28]

In addition to direct risk factors of Alzheimer's and non-Alzheimer's dementia, other notable factors impact overall health of older adults. Food insecurity is associated with a significantly higher risk of having multiple chronic conditions and is prevalent among the San Diego County older adult population. Further, among adults whose income is less than 200% of the federal poverty level (FPL), more than a quarter of those aged 60 and older reporting not being able to afford enough food.[18] Additionally, limited access to and utilization of healthcare leads to worse health outcomes, delayed diagnosis and care, and, therefore, reduced quality of life.[31] A substantial proportion of older adults in San Diego County reported barriers with the healthcare system and some reporting not having a usual source of care.[32]



Older adults also face a significantly higher risk of severe acute infections, including COVID-19. Individuals aged 65 and older account for more than 4 out of 5 COVID-related deaths.[23] Although vaccines are effective at reducing the severity of infection, over 95% of those hospitalized for COVID-19 between 2023 and 2024 in the US were not up to date on their vaccinations.[24]

In identifying prevalent risk factors for various conditions and diseases, as well as minimizing severe infection and improving access and utilization of healthcare, health outcomes can be improved.

## HEALTH OUTCOMES

With an aging population, chronic health diseases are of great concern. For this report, diseases such as Alzheimer's disease and non-Alzheimer's dementia, cancer, heart disease, chronic kidney disease, diabetes, and stroke were examined. Behavioral conditions, including depression, suicide, alcohol-related disorders, and schizophrenia affect older adults. Susceptibility to communicable (infectious) diseases, such as COVID-19, flu, pneumonia, and urinary tract infection is greater among older adults compared to the overall population. Injuries that are most common among older adults include falls, hip fractures, and motor vehicle injuries.

Among these conditions, data for older adults, aged 60 and older, were compared against the overall San Diego County rates, or compared by age group (60-69, 70-79, and 80+), where possible. For most of these conditions, the risk of death or having a medical encounter increases with age; however, behavioral conditions were more common among the younger age range (ages 60-69). Chronic conditions caused many of the highest rates across all medical outcomes, while injuries, such as falls and motor vehicle injuries, or infectious diseases, such as COVID-19 and urinary tract infection, while still deadly, were more likely to cause visits to the hospital or emergency department.

For a few conditions, namely Alzheimer's disease and non-Alzheimer's dementia, depression, and falls, data were available from Medicare Fee-for-Service claims to help determine current prevalence.

## SOCIAL AND ECONOMIC FACTORS

Loneliness, social isolation, poverty, and homelessness limit assistance and support to older adults, leading to worse health outcomes. In 2022, California ranked in the bottom third (37th) for older adult social isolation, indicating higher levels of social isolation than two-thirds of the country.[43] With risk factors such as marital status, housing status, poverty, independence, and disability, improving access to resources is essential to enhancing social connection.

In 2023, nearly one in ten (9.4%) San Diego County older adults aged 65 and older lived below the federal poverty level (FPL), while nearly one in three (31.7%) households headed by adults in the same age group had income below the estimated cost of living for a single adult renter.[47, 50] In the same year, more than a quarter of those experiencing homelessness in the county were aged 55 and older.[52] Economic and social barriers among older adults in San Diego County contribute to challenges in accessing support and treatment.

# INTRODUCTION

## Who Are Older Adults?

The term "older adult" is typically defined in two different ways. In some publications, an older adult may be considered as 65 years and older, more closely aligning to the age for retirement and eligibility for full Social Security retirement benefits. Alternatively, from a programmatic standpoint, at age 60, a person is eligible to receive services through the federally funded Older Americans Act (OAA). In the County of San Diego, when considering older adults, health data are typically analyzed for the 60 and older age group, while demographic data from the Census include those 65 and older.

The population 65 years and older is rapidly growing across the U.S. and locally in San Diego County. From 2010 to 2020, the number of people in the older adult population in the U.S. increased by 15.5 million people, the largest 10-year numeric increase to date.[1] According to the Census, the spike is due to the baby-boomer generation aging into the 65 and over age group. Further, with age, the risk of chronic conditions like dementia, heart disease, type 2 diabetes, arthritis, and cancer increase.[2] As of the 2020 Census, 16.8% of the US population was 65 years and older, but by 2060, older adults are estimated to account for nearly a quarter of the U.S. population.[1,2]

## Demographics

In San Diego County, as of 2023, there were an estimated 759,388 older adults aged 60 and older and 565,364 adults aged 65 and older, accounting for 23.1% and 17.2% of the total population, respectively.[3] The San Diego County older adult population is distributed across age groups, with 5.9% of the total county population (194,024) aged 60-64, 5.4% (178,728) age 65-69, 4.4% (144,293) age 70-74, 3.2% (106,052) age 75-79, and 4.1% (136,291) aged 80 and older.[3]

### OLDER ADULTS AGED 60 AND OLDER

Among San Diego County adults aged 60 and older (759,388), 53.8% are female.[3] While the majority of adults 60 and older in the county are non-Hispanic (NH) White (58.1%), the age group is diverse with 21.9% being Hispanic, 13.0%, NH Asian, 4.0% NH Black, and 1.4% NH two or more races. The remaining 1.5% identifies as a NH unlisted race (0.7%), NH American Indian or Alaska Native (0.4%), and NH Native Hawaiian or Pacific Islander (0.4%).

### Race/Ethnicity
Proportion of Adults Age 60+ by Race/Ethnicity, San Diego County, 2023
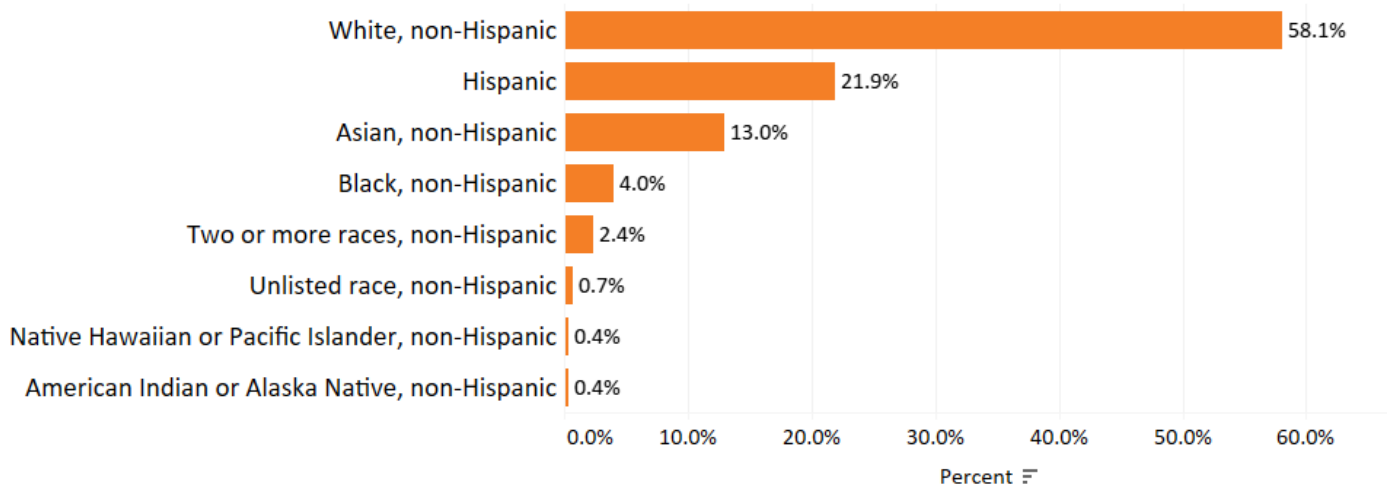
The older adult population is also distributed across the San Diego County Health and Human Services Agency (HHSA) regions. Older adults aged 60 and older represent 24.9% (150,921) of the North Inland Region total population, 24.6% (120,431) of East Region, 24.5% (132,793) of North Coastal Region, 22.4% (147,290) of North Central Region, 21.1% (107,038) of South Region, and 20.7% (100,915) of Central Region's total population.[3]

## OLDER ADULTS AGED 65 AND OLDER[3]

Among those aged 65 and older, 54.8% are female. The majority identify as White (60.1%), followed by 20.1% Hispanic, 13.3% NH Asian, 3.7% NH Black, 1.3% NH two or more races, 0.8% NH unlisted race, 0.4% NH American Indian or Alaska Native, and 0.4% NH Native Hawaiian or Pacific Islander.

Among HHSA regions, older adults aged 65 and older represent 18.6% (112,994) of the North Inland Region's total population, 18.4% (99,558) of North Coastal Region, 18.2% (89,098) of East Region, 16.9% (110,935) of North Central Region, 15.4% (78,207) of South Region, and 15.3% (74,572) of Central Region's total population.

**Older Adult Population by Region**
Count of Older Adult Population and Percent of HHSA Region's Total Population, San Diego County, 2023

| | Age 60+ | Age 65+ |
|---|---|---|
| Central Region | 100,915 (20.7%) | 74,572 (15.3%) |
| East Region | 120,431 (24.6%) | 89,098 (18.2%) |
| North Central Region | 147,290 (22.4%) | 110,935 (16.9%) |
| North Coastal Region | 132,793 (24.5%) | 99,558 (18.4%) |
| North Inland Region | 150,921 (24.9%) | 112,994 (18.6%) |
| South Region | 107,038 (21.1%) | 78,207 (15.4%) |
| **Total** | **759,388** | **565,364** |

## INSURANCE COVERAGE

In 2023, nearly all adults aged 65 and older in San Diego County (99.0%) had at least one form of health insurance, with more than half having two or more forms of insurance.[4] The primary source of insurance coverage for adults aged 65 and over across the U.S. is the publicly funded Medicare program. Medicare eligibility is not income-based and is generally available to older adults who have forty quarters of social security credits. In 2022, 95.9% of older adults aged 65 and older in San Diego County were covered by Medicare.[5] Medicare beneficiaries have a choice of "original" Medicare, which is traditional fee-for-service in which the beneficiary may go to any provider that accepts Medicare. Medicare Advantage is the managed care version of Medicare in which the health plan member must see a provider within the particular health plan's network. In San Diego County, nearly half (47.7%) of Medicare beneficiaries have original Fee-for-Service Medicare.[5]

Medicaid, known as Medi-Cal in California, is available for people of all ages whose income falls under certain thresholds. Medi-Cal supplements Medicare and can be the primary insurance for eligible people without Medicare. In 2022, 1 in 5 (20.1%) San Diego County Medicare recipients also had Medi-Cal (known as "dually eligible").[6] Nearly 11,000 adults aged 65 and older had Medi-Cal not in combination with Medicare - though this group may also have had other forms of coverage in combination with Medi-Cal, such as Veterans Affairs benefits.[6]

Some Medicare beneficiaries without Medi-Cal have secondary insurance to supplement their Medicare coverage. This can be direct-purchase or offered by the recipient's past or current employer.

# OVERALL HEALTH, HEALTH BEHAVIORS, AND RISK FACTORS

## General Well-being

**In 2023, nearly 4 out of 5 adults (78.2%) in San Diego County aged 60 and older self-reported their overall health status as good, very good, or excellent.[7]** Specifically, 15.4% reported excellent overall health, while 35.8% reported very good

health and an additional 27.0% reported good health. The remaining 21.9% of older adults reported fair or poor overall health.

**In 2023, nearly 1 in 3 (31.3%) San Diego County adults aged 65 and older had a disability.[8] By age group, 20.7% of those age 65 to 74 years of age and 46.9% of those age 75 and older had a disability.** The most common type of disability among those aged 65 and older was an ambulatory disability (20.0%) and an independent living disability (14.8%). However, 12.0% of older adults reported a hearing disability, 8.5% had a cognitive disability, 8.1% had a self-care disability, and 5.3% had a vision disability. Disability status increased with age, even among those aged 65 and older, for each disability type. Compared to those aged 65-74, San Diego County residents aged 75 and older were 3.8 times more likely to have a self-care disability, 3.7 times more likely to have an independent living disability, 3.1 times more likely to have a hearing disability, 2.9 times more likely to have a cognitive disability, 2.5 times more likely to have an ambulatory disability, and 2.4 times more likely to have a vision disability.

# Life Expectancy

As of 2022, the life expectancy in San Diego County was 80.8 years. This means that a baby born in San Diego County in 2022 is expected to live for 80.8 years. Across the United States, the average life expectancy at birth has steadily increased, with exception to recent years, though there are differences in life expectancy in various demographic groups. For example, female residents have a higher life expectancy than male residents. In San Diego County in 2022, female residents had a life expectancy of 83.6 years, while male residents had a life expectancy of 78.2 years. Additionally, Asian residents (85.4 years) had the highest life expectancy in 2022, followed by Hispanic (81.3 years), White (80.3 years), and Black residents (72.8 years). Life expectancy varied among the HHSA regions, with the highest life expectancy in North Central Region (85.3 years) and the lowest in East Region (78.5 years).

**Life Expectancy Trends**
by Sex, San Diego County, 2010-2022*
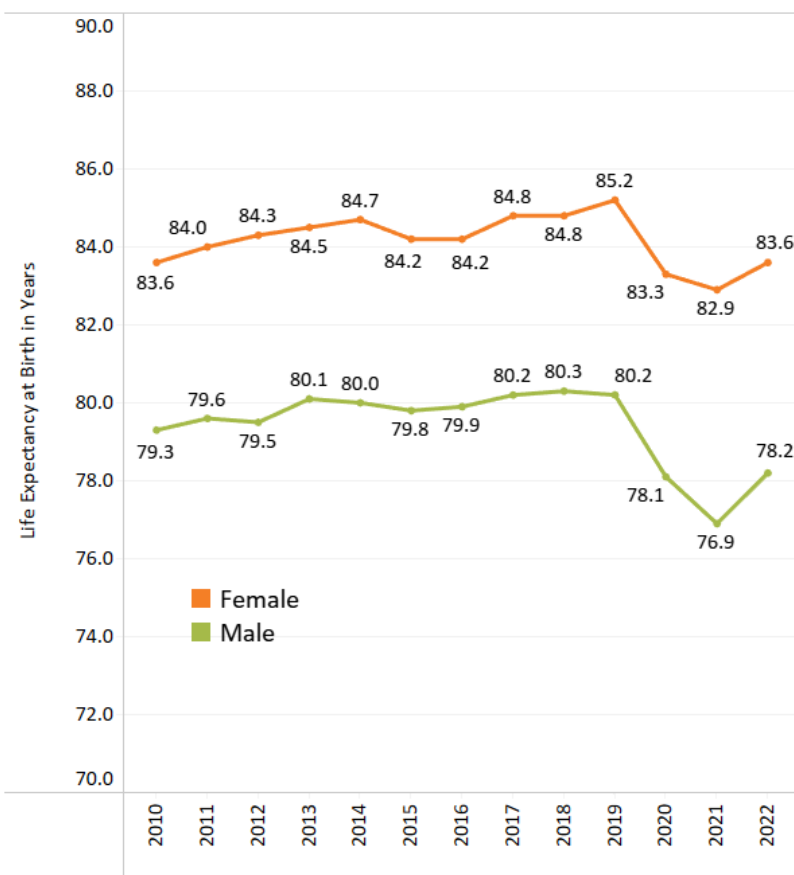


*See methodology.

# Health Behaviors

Through literature review, health behaviors and risk factors that often lead to health concerns in older age were identified. Chronic conditions, such as Alzheimer's disease and dementia, cancers, heart conditions, respiratory issues, or diabetes; infectious diseases; and injuries may have multiple causes. Factors such as smoking, physical inactivity, poor nutrition, alcohol use, not receiving vaccinations, obesity, not wearing hearing aids if they are recommended, and not seeking care or having medical care options all contribute to poor health outcomes.[9, 10, 11, 12]

## SMOKING

In 2023, 4.5% of the San Diego County population reported being a current smoker and an additional 18.2% reported being a former smoker.[13] However, smoking is more prevalent among older adults, with 6.5% of those aged 60 and older reporting being a current smoker and an additional 29.6% reporting former smoking. Cigarette smoking is known to cause cancer, heart disease and stroke, lung diseases, diabetes, and other diseases, such as eyes diseases and rheumatoid arthritis.[14] Further, smoking has been recognized as a measure of prevention against Alzheimer's disease and dementia.[15]

## PHYSICAL ACTIVITY

Physical activity is essential for healthy aging, helping to reduce falls, improve mobility and mental health, improve blood pressure and cardiovascular health, and reduce the risk of diabetes, Alzheimer's disease, and dementia. Among older adults aged 60 and older in San Diego County in 2023, nearly 2 in 3 (64.7%) reported engaging in at least 150 minutes of moderate physical activity in the past week.[16]

## NUTRITION

Food insecurity among older adults increases the risk of having multiple chronic conditions including asthma, chronic bronchitis or chronic obstructive pulmonary disease (COPD), chronic pain, diabetes, kidney disease, and sleep disorders.[17] Older adults with food insecurity have significantly higher odds of having two or more chronic health conditions compared to having one or no chronic conditions. In 2023, **more than one in four adults aged 60 and older in San Diego County who lived under 200% of the federal poverty level (FPL) reported not being able to afford enough food (26.8%).**[18] In the same year, 18.7% of adults aged 60 and older reported receiving food stamps with an income under 200% the federal poverty level (FPL).[19]
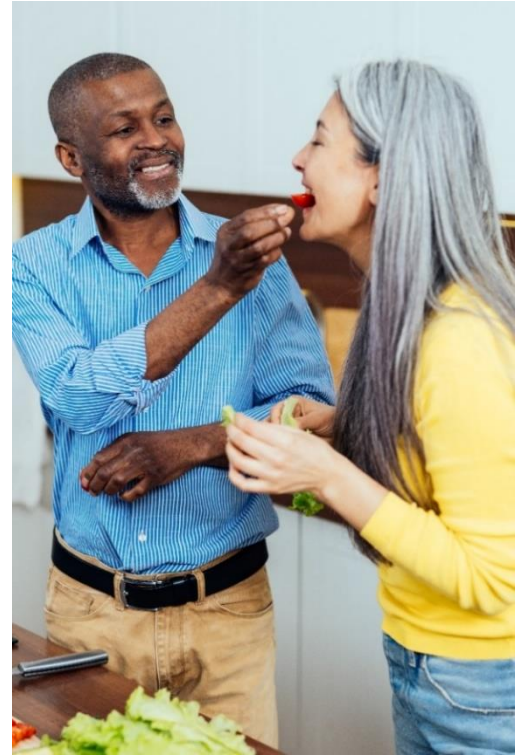
## ALCOHOL USE

Drinking alcohol can have short and long-term effects. In addition to cancer, excessive alcohol use can contribute to chronic conditions such as high blood pressure, heart disease, liver disease, stroke, alcohol use disorder, digestive problems, and a weaker immune system, increasing the chance of getting an infectious disease.[20] Alcohol use also affects mental health, can cause relationship problems, and can affect memory, including dementia.[9, 18] In 2023, 71.3% of adults aged 60 and older in San Diego County had alcohol in the past 30 days.[21] Further, 11.3% of older adults 60 years and older engaged in binge drinking in the past month.[22]

## VACCINATION

Older adults have the highest risk of severe COVID-19 infection, with more than 81.0% of all COVID-related deaths occurring in those aged 65 and older.[23] Among those hospitalized for COVID-19 from 2023-2024, more than 95% had not received the latest vaccine.[24] As of March 20, 2025, 35% of all COVID-19 cases in San Diego County during the 2024-2025 season were among adults aged 65 and older.[25] To prevent severe infection, including hospitalization and death, two doses of the COVID-19 vaccine are recommended annually for those aged 65 and older.[26] As of March 20, 2025, 38.5% of vaccine-eligible adults aged 65 and older in San Diego County were up to date on COVID-19 vaccination.[27] Among those who received their recent vaccination, 56.9% were White, followed by Other or Multiple Races (13.9%), Hispanic or Latino (12.9%), Asian (9.2%), Black (3.2%), unknown (3.0%), Native Hawaiian or Pacific Islander (0.4%), and American Indian or Alaska Native (0.4%).

## Additional Risk Factors

### OBESITY

Reducing obesity has been recognized as a prevention measure against dementia and Alzheimer's disease. In San Diego County in 2023, more than one in three (34.3%) adults aged 18 and older were overweight, and an additional 23.5% were classified as obese.[28] Obesity is more prevalent among older adults in the county, with 39.0% of adults aged 60 and older being classified as overweight and an additional 24.7% being considered obese.[28] Adults with obesity are more likely to have other serious chronic conditions, such as high blood pressure, which can lead to heart disease, or diabetes.[29]

### HEARING LOSS

Research has shown that hearing loss increases risk of dementia, except among those utilizing hearing aids. In 2023, more than 1 in 10 (12.0%) adults aged 65 and older in San Diego County had a hearing disability, including nearly 39,400 (20.0%) of adults aged 75 and older.[30]

### ACCESS TO CARE AND UTILIZATION

Access to healthcare and having a usual source of care, particularly in older adulthood, is crucial for managing chronic conditions and reducing preventable emergency visits.[31] **In 2023, more than 1 in 10 (11.7%) adults aged 60 and older in San Diego County reported not having a usual source of care when sick or in need of health advice**.[32] In the same year, a similar proportion of older adults (11.4%) delayed or forewent needed medical care.[33] Among those who had delayed or forewent care, more than half (54.2%) cited issues and barriers with the healthcare system or providers as to why care was not accessed, while 1 in 3 (33.8%) reported personal or other reasons and 12.0% cited cost, lack of insurance, or other insurance-related reasons.[34] Additionally, in 2023, 1 in 4 older adults (25.6%) in San Diego County reported that their doctor's office connected them with community-based services.[35]

# HEALTH OUTCOMES

## Chronic Conditions

### ALZHEIMER'S DISEASE AND NON-ALZHEIMER'S DEMENTIA

According to the Centers for Disease Control and Prevention (CDC), dementia is a general term for the loss of memory, problem-solving, and thinking abilities that interfere with daily life.[36] Alzheimer's disease is the most common type of dementia, yet its causes are not fully understood. Factors that may influence Alzheimer's disease include genes, family history, environmental factors, and lifestyle behaviors.[36] Non-Alzheimer's dementias include *vascular dementia* resulting from reduced blood flow to the brain, *Lewy body dementia* due to abnormal deposits of protein in the brain, *frontotemporal dementia* from damage to nerve cells in the brain, or a mixture of multiple types of dementia affecting the brain at the same time.[37]

Across the US, an estimated 6.9 million people aged 65 and older were living with Alzheimer's dementia in 2024, meaning about 1 in 9 people aged 65 and older could have Alzheimer's disease.[38] As of 2022, the most recent year for which death data are available, Alzheimer's disease was the 7th leading cause of death in the US.[36] In 2022, **Alzheimer's disease was the 6th leading cause of death in San Diego County**.

The rate of death due to Alzheimer's disease or non-Alzheimer's dementia varies by geography, as well as by factors like age, sex, or race/ethnicity. In 2022, among those aged 60 and older, the rate of death due to Alzheimer's disease in the

United States was 151.6 per 100,000, while in California the rate was 204.5 per 100,000.[39] Among San Diego County residents aged 60 and older, the rate of death due to Alzheimer's disease was 184.6 per 100,000 in 2022.

To estimate the number of older adults, aged 65 and older, currently living with Alzheimer's disease or dementia in San Diego County, Medicare Fee-for-Service data from clinics, such as Federally Qualified Health Centers (FQHCs), emergency departments (ED), and hospitals were analyzed. In San Diego County, 19,595 unique individuals with Alzheimer's disease or non-Alzheimer's dementia had a Medicare claim between 2020 and 2022. These individuals represent 10% of the total number of unique Medicare Fee-for-Service beneficiaries from 2020 to 2022 aged 65 and older.

The risk of having Alzheimer's disease or dementia increases with age. From 2020 to 2022, nearly half (46.6%) of San Diego County residents who had Alzheimer's disease or non-Alzheimer's dementia in their medical record were 85 years and older, while 34.9% were 75 to 84 years, and 18.5% were 65 to 74 years. Alzheimer's disease and non-Alzheimer's dementia are also more common among female residents, with 59.5% of the Medicare claims between 2020 and 2022 being from female claimants and 40.5% from male claimants. Additionally, from the Medicare claims in San Diego County from 2020 to 2022, most claimants with Alzheimer's disease or non-Alzheimer's dementia were non-Hispanic (NH) White (74.9%), and the remainder were 7.1% NH Asian, 6.2% Hispanic, 4.9% NH Black, 4.7% were NH and some unlisted race, 1.9% were an unknown race/ethnicity, and 0.4% were NH North American Native.



**Demographics of Medicare Claimants with Alzheimer's Disease or Non-Alzheimer's Dementia**
San Diego County Residents Aged 65+, 2020-2022
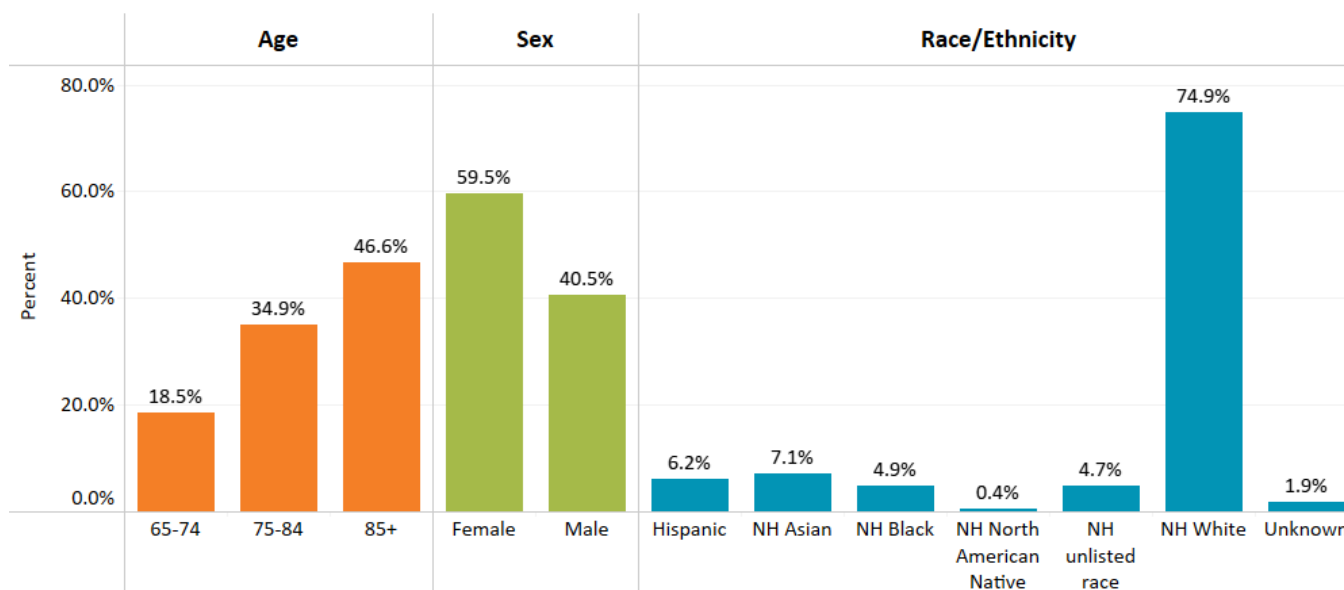
Based on the above proportions from Medicare claims, **as of 2022, there were an estimated 49,500 to 53,500 individuals aged 65 or older living with Alzheimer's disease or non-Alzheimer's dementia in San Diego County**. In other words, in 2022, the estimated prevalence of Alzheimer's disease or non-Alzheimer's dementia in San Diego County was between 9.5% to 10.3% of the population aged 65 and older. By 2050, these estimates indicate there could be between 76,000 to 91,000 individuals in the county living with Alzheimer's disease or non-Alzheimer's dementia.

In addition, as of 2022, there were an estimated 94,500 to 102,000 unpaid caregivers of people with Alzheimer's disease or non-Alzheimer's dementia in San Diego County. These caregivers provided an estimated 128.3 million to 138.6 million hours of unpaid care, with the value of this time costing between $3.0 billion to nearly $3.3 billion.

Of note, other research that does not use medical records, rather evaluations of cognitive function, estimated there were over 58,000 people, of any age, currently living with Alzheimer's disease dementia in San Diego County.[40]
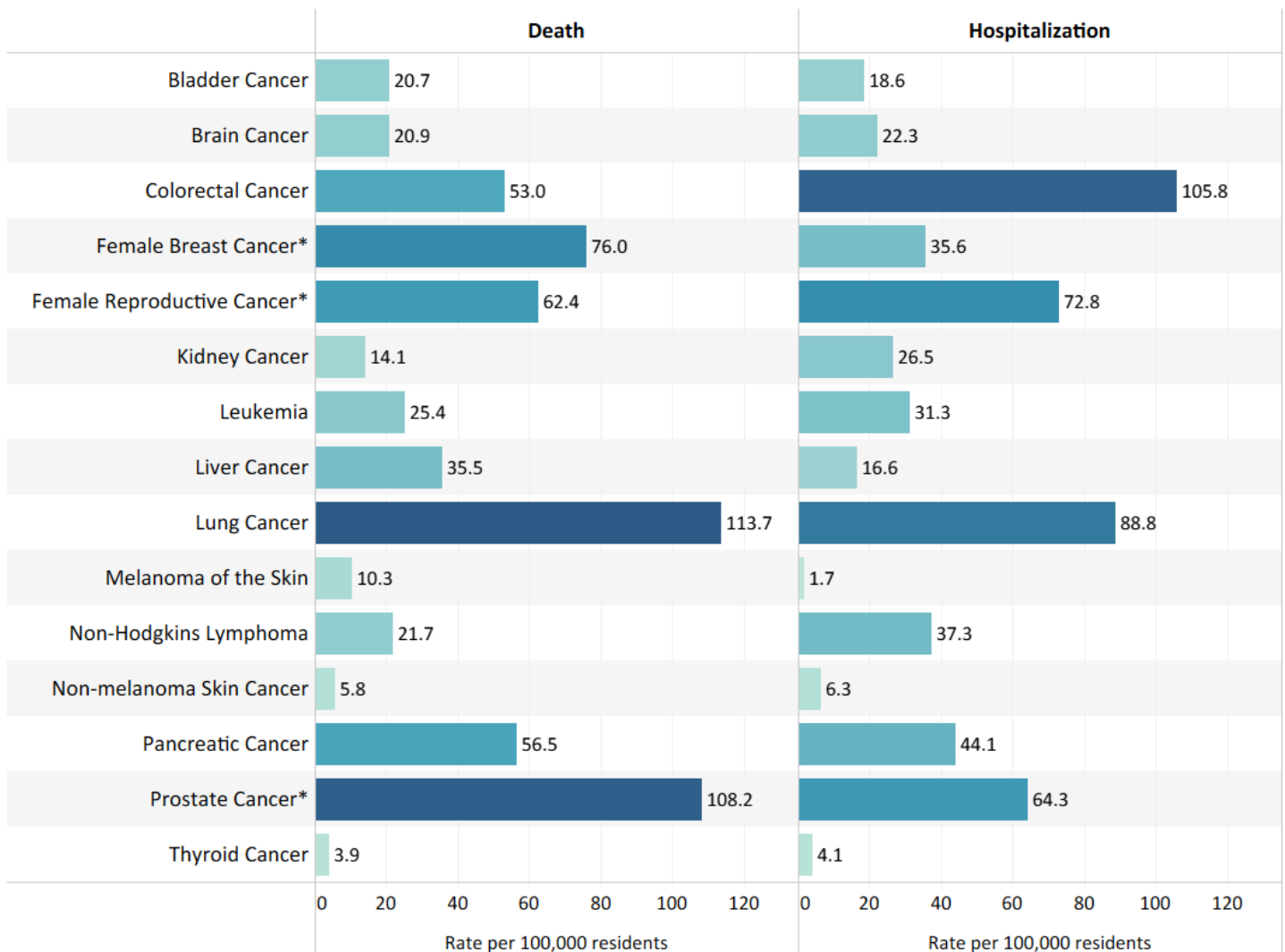
# CANCER

Overall cancer is a leading cause of death and hospitalization among older adults. Specifically, cancer has been the number one leading cause of death among San Diego County residents for over ten years. In San Diego County in 2022, about one in five (20.8%) deaths were due to cancer.

Among San Diego County residents aged 60 years and older in 2022, the rate of death due to overall cancer was 629.9 per 100,000. Across the HHSA regions, the overall cancer death rate among adults 60 and older was highest in East Region (718.4 per 100,000). Among San Diego County residents aged 60 and older, the rate of hospitalization due to overall cancer was 813.3 per 100,000, with the highest rate across the regions occurring in South Region (967.5 per 100,000).

In 2022, **the most common cancers impacting older adults in San Diego County were lung cancer, colorectal cancer, prostate cancer, female breast cancer, and female reproductive cancer.** Among cancers, lung cancer caused the highest rate of deaths among adults aged 60 and older (113.7 per 100,000), while colorectal cancer had the highest rate of hospitalization (105.8 per 100,000).

## Common Cancers
Among San Diego County Residents Aged 60+ by Rate, 2022

| | Death | Hospitalization |
|---|---|---|
| Bladder Cancer | 20.7 | 18.6 |
| Brain Cancer | 20.9 | 22.3 |
| Colorectal Cancer | 53.0 | 105.8 |
| Female Breast Cancer* | 76.0 | 35.6 |
| Female Reproductive Cancer* | 62.4 | 72.8 |
| Kidney Cancer | 14.1 | 26.5 |
| Leukemia | 25.4 | 31.3 |
| Liver Cancer | 35.5 | 16.6 |
| Lung Cancer | 113.7 | 88.8 |
| Melanoma of the Skin | 10.3 | 1.7 |
| Non-Hodgkins Lymphoma | 21.7 | 37.3 |
| Non-melanoma Skin Cancer | 5.8 | 6.3 |
| Pancreatic Cancer | 56.5 | 44.1 |
| Prostate Cancer* | 108.2 | 64.3 |
| Thyroid Cancer | 3.9 | 4.1 |

Rate per 100,000 residents

*Sex-specific population utilized to calculate rate.

## HEART DISEASE

In 2022, among older adults aged 60 years and older, overall **heart disease was a leading health condition for rates of death, hospitalization, and emergency department discharge**. In 2022, the rate of death due to overall heart disease among older adults in San Diego County was 639.4 per 100,000. Among older adults in San Diego County, there were over 25,000 hospitalizations (3,587.1 per 100,000 residents) and over 26,000 emergency department discharges (3,671.2 per 100,000 residents) due to overall heart disease in 2022.

The most common heart diseases affecting older adults in San Diego County are overall hypertensive diseases, heart failure, coronary heart disease (CHD), and acute myocardial infarction (AMI). Among these, in San Diego County in 2022, CHD caused the highest rate of death, while overall hypertensive diseases caused the highest rates of hospitalization and emergency department discharge. Notably, among the HHSA regions, **the rates of overall hypertensive disease hospitalizations and emergency department discharges were nearly 40% higher among older adults in South Region, compared to the rates of the county overall**.
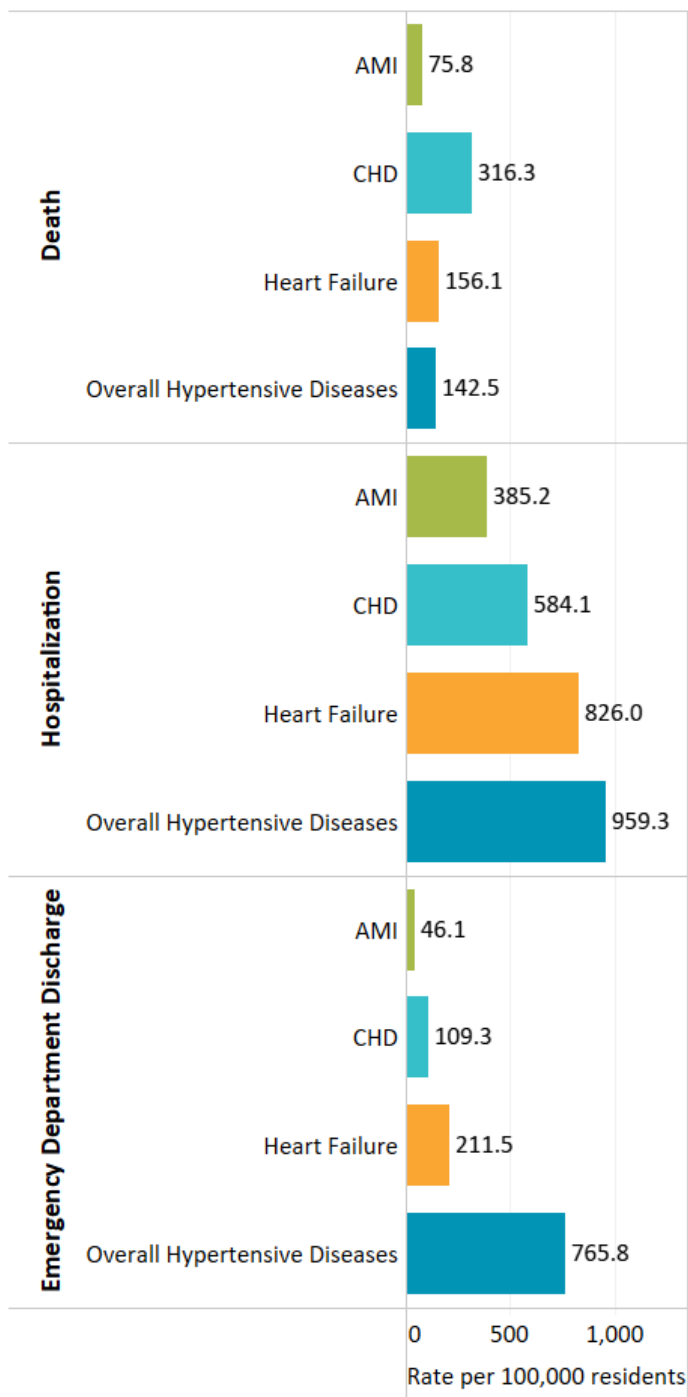
Across residents of all ages in San Diego County, overall heart disease death was most common among non-Hispanic White and male residents. Among all residents, overall heart disease hospitalization was highest for non-Hispanic Black and male residents, while overall heart disease emergency department discharge was highest among non-Hispanic Black and female residents.

## CHRONIC KIDNEY DISEASE

Among San Diego County residents aged 60 and older, chronic kidney disease (CKD) was a leading cause of death in 2022, with a death rate of 244.2 per 100,000. The rate of death due to CKD increased rapidly with age; residents aged 80 and older were 3.2 times more likely to die from CKD than residents aged 70 to 79. The highest rates of death, hospitalization, and emergency department discharge due to CKD among older adults occurred in South Region. Across residents of all ages in San Diego County, CKD death was most common among non-Hispanic Black and male residents.

### Common Heart Diseases
Rates (per 100,000) Among Older Adults Aged 60+, San Diego County, 2022

**Death**
- AMI: 75.8
- CHD: 316.3
- Heart Failure: 156.1
- Overall Hypertensive Diseases: 142.5

**Hospitalization**
- AMI: 385.2
- CHD: 584.1
- Heart Failure: 826.0
- Overall Hypertensive Diseases: 959.3

**Emergency Department Discharge**
- AMI: 46.1
- CHD: 109.3
- Heart Failure: 211.5
- Overall Hypertensive Diseases: 765.8

Rate per 100,000 residents

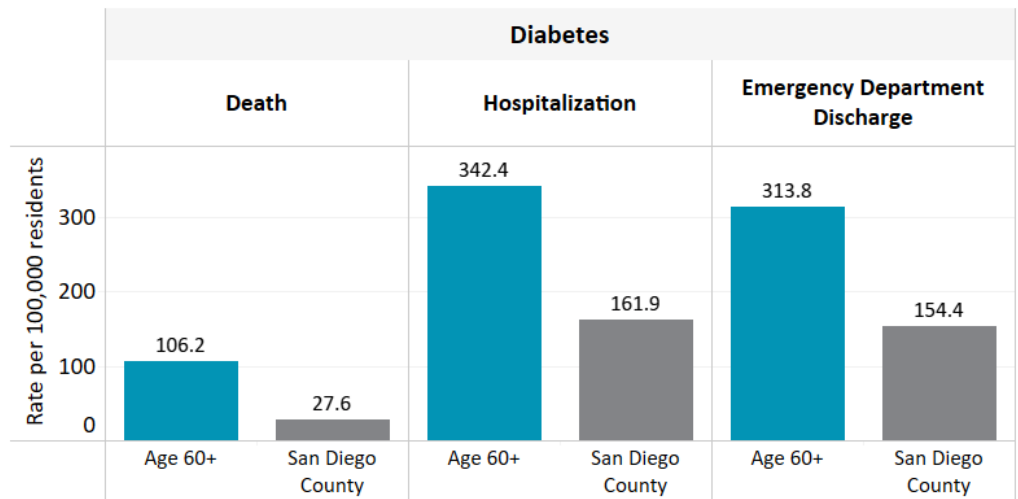AMI: Acute Myocardial Infarction
CHD: Coronary Heart Disease

## DIABETES

In San Diego County in 2022, diabetes was the 8th leading cause of death among residents. In 2022, the rate of death due to diabetes among the entire San Diego County population was 27.6 per 100,000. Comparatively, **among residents aged 60 years and older in 2022, the rate of death due to diabetes was 106.2 per 100,000 (3.9 times higher than the overall county).** However, diabetes was more often the cause for visits to the

**Medical Outcomes Due to Diabetes**
Older Adults Age 60+ Compared to the County Overall, San Diego County, 2022



hospital or emergency department.  Among residents aged 60 and older, the rates of emergency department discharge and hospitalization were 313.8 per 100,000 and 342.4 per 100,000, respectively. Among older adults across the HHSA regions, the rate of emergency department discharge due to diabetes was highest in Central Region (522.8 per 100,000), while the rate of hospitalization due to diabetes was highest in South Region (509.8 per 100,000). Across residents of all ages in San Diego County, diabetes medical encounters and death were most common among non-Hispanic Black and male residents.
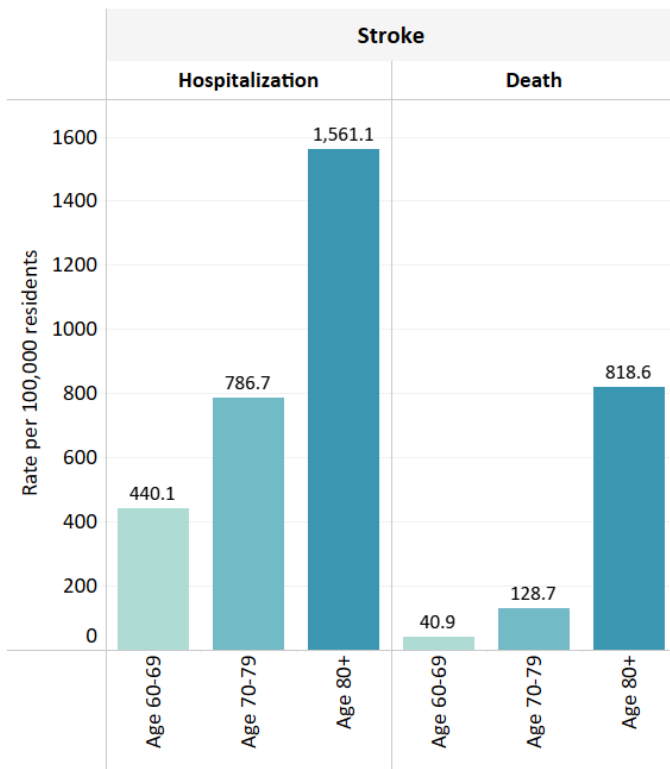
**Hospitalization and Death Rates Due to Stroke**
by Older Adult Age Group, San Diego County, 2022



## STROKE

A stroke can occur in one of two ways – when something blocks blood supply to part of the brain, or when a blood vessel in the brain bursts – leaving lasting brain damage or causing death.[41] Strokes can occur at any age, however, the older someone is, the more likely they are to have a stroke. Further, in the US, **the chance of having a stroke about doubles every 10 years after age 55**.[42] This is shown at the local level through hospitalization and death rates due to stroke by age group. The rate of hospitalization due to strokes in 2022, for residents ages 60 to 69, was 440.1 per 100,000, 786.7 per 100,000 for residents ages 70 to 79, and 1,561.1 per 100,000 for residents 80 years and over. The rates of death due to stroke rose more drastically as age increased. In 2022, the rate of death due to stroke among residents 60 to 69 was 40.9 per 100,000, residents ages 70 to 79 had a rate of 128.7 per 100,000, and residents 80 years and older had a rate of 818.6 per 100,000. Across residents of all ages in San Diego County, stroke death was most common among non-Hispanic White and female residents, while stroke hospitalization was most common among non-Hispanic Black and male residents.

# Behavioral Conditions

## DEPRESSION

In 2022, the rate of in-patient treatment due to depression among residents 60 years and older was 64.8 per 100,000. Within the older adult age group, **those aged 60 to 69 were most likely to be discharged from in-patient treatment for depression**, with a rate of 73.1 per 100,000. However, in 2022, among residents 60 and older, those aged 70 to 79 were most likely to be discharged from the emergency department (41.7 per 100,000). Among the 60 and older population, the rates of in-patient treatment (79.8 per 100,000) and emergency department discharge (50.7 per 100,000) were highest in Central Region, compared to the other HHSA regions.
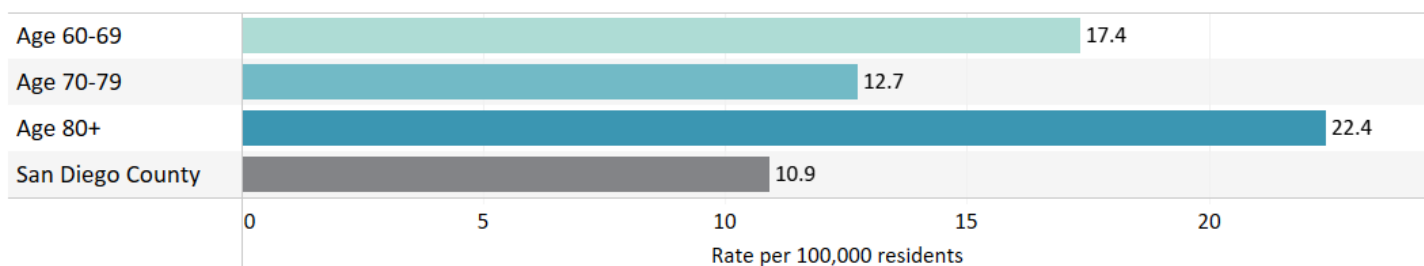
Notably, among Medicare Fee-for-Service claims, 23,349 unique individuals aged 65 and older in San Diego County had indication of depression in their medical records between 2020 and 2022. This shows that while depression may not be the primary reason they came to the doctor, it is a large issue among the older population. Among older adults with depression in their medical records, the condition was most prevalent among the younger age range, 65 to 74 years old (54.4%), compared to San Diego County residents 75 to 84 years (30.4%) and 85 years and older (15.2%). Further, older adult female Medicare claimants had a higher proportion of depression (65.6%), compared to male claimants (34.4%). When examining claims by race/ethnicity, among those with depression, the majority were non-Hispanic (NH) White (77.5%), followed by Hispanic (6.6%), NH Black (4.5%), NH Asian (3.9%), some unlisted NH race (3.6%), unknown race/ethnicity (3.5%), and North American Native (0.5%).

## SUICIDE

In 2022, **the rate of death due to suicide among adults aged 80 and older was over double that of the county overall** (22.4 per 100,000 and 10.9 per 100,000, respectively).

**Death Due to Suicide**
by Older Adult Age Group, San Diego County, 2022



| Age Group | Rate per 100,000 residents |
|---|---|
| Age 60-69 | 17.4 |
| Age 70-79 | 12.7 |
| Age 80+ | 22.4 |
| San Diego County | 10.9 |

Rates of hospitalization and emergency department discharge due to suicide attempt, ideation, or intentional self-harm were lower among adults aged 60 and older, compared to the overall county rates. However, among the older adult age group, the rate of emergency department discharge due to suicide attempt, ideation, or intentional self-harm was highest among the 60 to 69 age group, with a rate of 111.7 per 100,000, compared to the 60 and older rate of 86.0 per 100,000. Compared to the other HHSA regions, among residents 60 years and older in 2022, the rate of suicide death was highest in North Central Region (21.5 per 100,000) and the highest rates of hospitalization (21.6 per 100,000) and emergency department discharge (139.0 per 100,000) due to suicide attempt, ideation, or intentional self-harm were in Central Region.
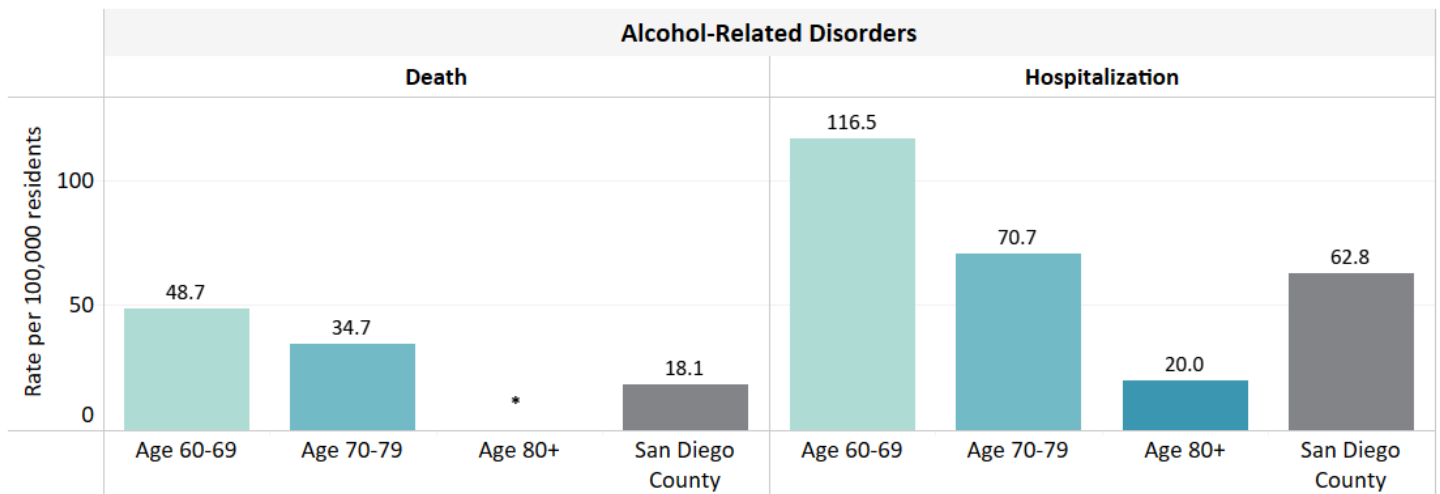
## ALCOHOL-RELATED DISORDERS

Older adults, aged 60 and older, were twice as likely to die from alcohol-related disorders than the overall San Diego County population (37.2 per 100,000 and 18.1 per 100,000, respectively). Among older adults, in 2022, **alcohol-related disorders were most prevalent among those aged 60 to 69 years in San Diego County**. Further, among the HHSA regions, Central Region residents aged 60 to 69 had a rate of 62.6 deaths per 100,000 due to alcohol-related disorders, which was 3.5 times higher than the overall county rate.

Older adults, aged 60 and older, were also 35% more likely to be hospitalized for alcohol-related disorders than the overall population (84.8 per 100,000 and 62.8 per 100,000, respectively) and rates were especially high for those aged 60 to 69. In San Diego County in 2022, older adults aged 60 to 69 had a hospitalization rate of 116.5 per 100,000 due to alcohol-related disorders, with the highest rate occurring in East Region, where there was a rate of 192.1 per 100,000.

### Death and Hospitalization Due to Alcohol-Related Disorders
by Older Adult Age Group, San Diego County, 2022



*Events less than 11 are suppressed.

Across residents of all ages in San Diego County, death and hospitalization due to alcohol-related disorders were most common among non-Hispanic White and male residents.

## SCHIZOPHRENIA

Among older adults, between 60 and 79 years old, schizophrenia was a leading cause for in-patient treatment discharge. In 2022, due to schizophrenia, San Diego County residents aged 60 to 69 had an in-patient treatment discharge rate of 111.7 per 100,000, and those aged 70 to 79 had a rate of 63.7 per 100,000. Among residents 60 to 69, the highest rate of in-patient treatment due to schizophrenia occurred in East Region, with a rate of 234.1 per 100,000. The 60 to 69 age group was also the most likely to be hospitalized due to schizophrenia, compared to the county overall, with rates of 10.9 per 100,000, and 6.4 per 100,000, respectively. Across residents of all ages in San Diego County, in-patient treatment and hospitalization due to schizophrenia were most common among non-Hispanic Black and male residents.
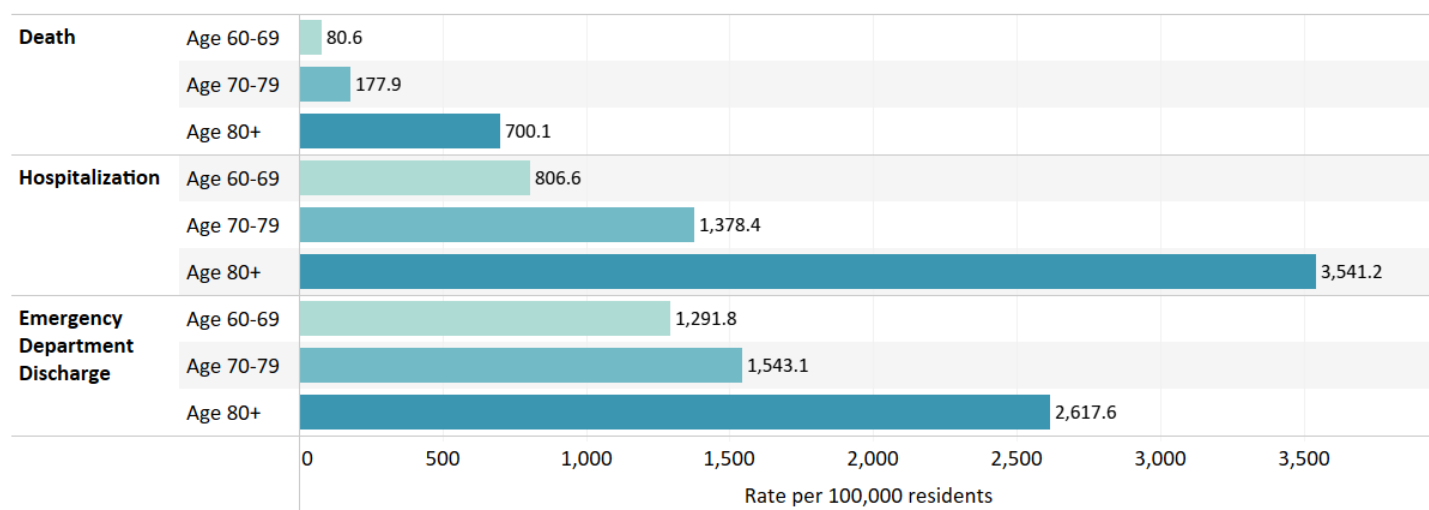
# Communicable (Infectious) Diseases

## COVID-19

COVID-19 has been a leading concern for older adults since the pandemic began. Among San Diego County residents aged 60 and older, the rates of death (220.8 per 100,000), hospitalization (1,471.1 per 100,000), and emergency department discharge (1,605.6 per 100,000) due to any mention of COVID-19 were all higher than the overall county rates in 2022. The risk of death, hospitalization, and emergency department discharge due to COVID-19 largely increases with age. Notably, among those with any mention of COVID-19 in their record in San Diego County in 2022, the rate of death was nearly four times higher among residents aged 80 and older, compared to those between the aged 70 to 79.

**Medical Outcomes Due to Any Mention of COVID-19**
by Older Adult Age Group, San Diego County, 2022

| | | Rate per 100,000 residents |
|---|---|---|
| **Death** | Age 60-69 | 80.6 |
| | Age 70-79 | 177.9 |
| | Age 80+ | 700.1 |
| **Hospitalization** | Age 60-69 | 806.6 |
| | Age 70-79 | 1,378.4 |
| | Age 80+ | 3,541.2 |
| **Emergency Department Discharge** | Age 60-69 | 1,291.8 |
| | Age 70-79 | 1,543.1 |
| | Age 80+ | 2,617.6 |

Among residents aged 60 and older, the rates of death (310.2 per 100,000) and hospitalization (1,998.5 per 100,000) due to any mention of COVID-19 were highest in East Region, while the rate of emergency department discharge (2,158.1 per 100,000) was highest in South Region.

## FLU

**Compared to the overall county population, older adults were less likely to go to the emergency department due to the flu, but more likely to be hospitalized**. Among older adults aged 60 and older, the flu hospitalization rate was 68.2 per 100,000, which was 3.2 times higher than the rate for the overall San Diego County population in 2022. Among the HHSA regions, the highest rates of death, hospitalization, and emergency department discharge due to flu among the older adult population occurred in South Region. Across residents of all ages in San Diego County, flu hospitalization was most common among non-Hispanic Black and female residents.
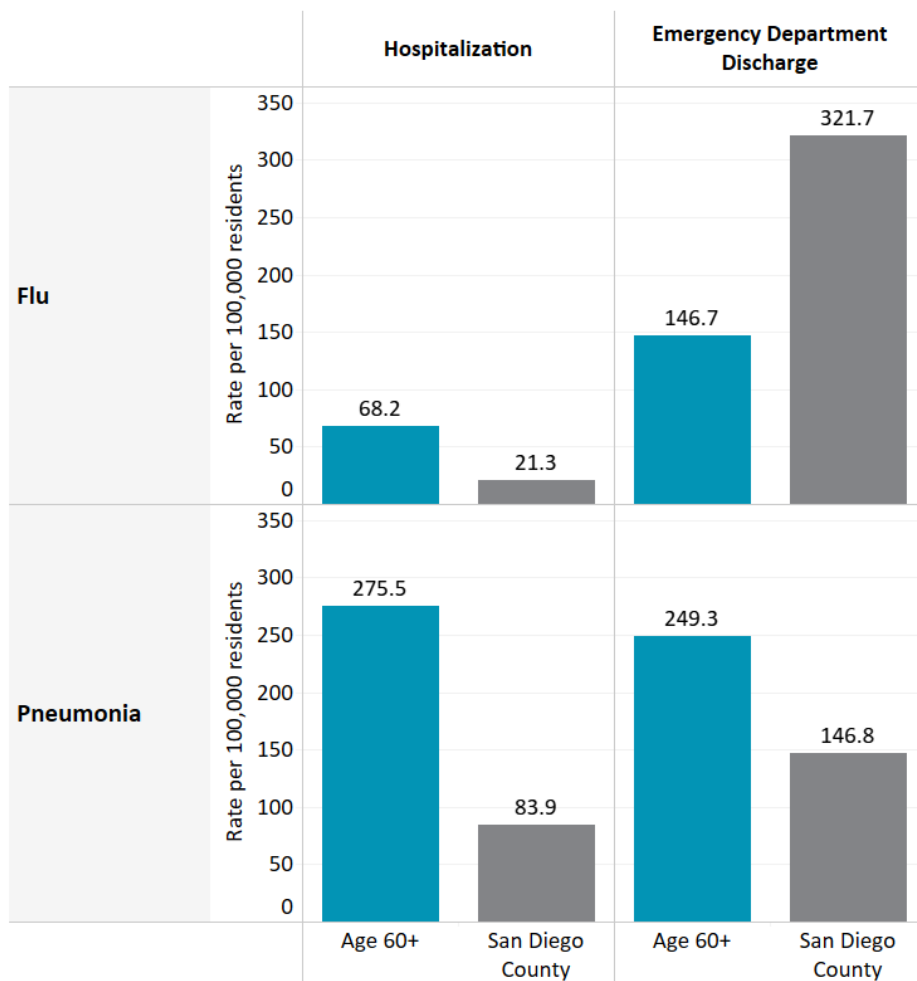
## PNEUMONIA

**Among older adults in 2022, pneumonia caused higher rates than the flu in the hospitals and emergency departments in San Diego County.** Adults aged 60 and older had a hospitalization rate of 275.5 per 100,000 and an emergency department discharge rate of 249.3 per

### Hospitalization and Emergency Department Discharge Due to Flu and Pneumonia

Older Adults Age 60+ Compared to the County Overall, San Diego County, 2022



100,000 due to pneumonia in 2022. The rate of death due to pneumonia was 4.3 times higher for older adults than for the county overall (26.3 per 100,000 for older adults and 6.2 per 100,000 for the county overall). Notably, the rate of death due to pneumonia among the San Diego County population aged 80 and older was 99.3 per 100,000, which made this age group 16 times more likely to die from pneumonia than the overall county population.

Across residents of all ages in San Diego County, pneumonia hospitalization was most common among non-Hispanic Black residents, followed closely by non-Hispanic White residents. Female residents were slightly more likely to be hospitalized for pneumonia than male residents.
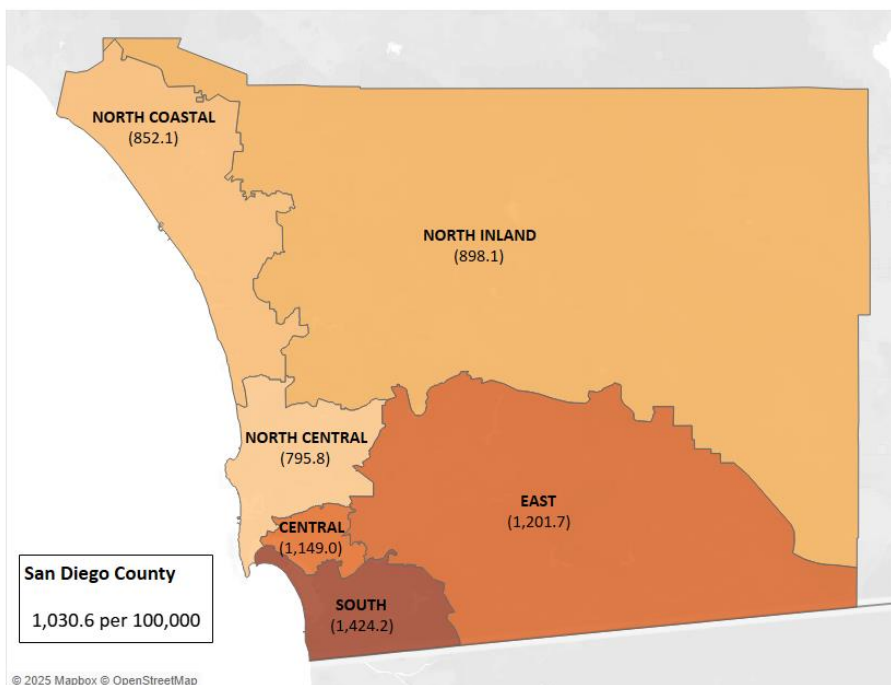
## Urinary Tract Infection Emergency Department Discharge

Rates Among Older Adults Age 60+ by Health and Human Services Agency Region, San Diego County, 2022



**NORTH COASTAL** (852.1)

**NORTH INLAND** (898.1)

**NORTH CENTRAL** (795.8)

**CENTRAL** (1,149.0)

**EAST** (1,201.7)

**SOUTH** (1,424.2)

**San Diego County** 1,030.6 per 100,000

© 2025 Mapbox © OpenStreetMap

## URINARY TRACT INFECTION

Urinary tract infections can be particularly harmful for older adults. In 2022, the rate of death due to urinary tract infectious was 16.1 per 100,000 among residents aged 60 and older, however, among residents 80 years and older, the rate of death was 56.9 per 100,000. Further, **adults 80 years and older were 16.3 times more likely to die from urinary tract infections than county residents of all ages** (56.9 per 100,000 compared to 3.5 per 100,000). Notably, the rate of emergency department discharge due to urinary tract infection among residents 60 years and older was highest in South Region, with a rate of 1,424.2 per 100,000.

Across residents of all ages in San Diego County, female residents were most prone to urinary tract infections. In 2022, urinary tract infection death and hospitalization were most common among non-Hispanic White residents, while emergency department rates were highest among Hispanic and non-Hispanic Black residents.

# Injuries

## FALLS

Falls were the leading cause of emergency department discharges among adults aged 60 years and older in 2022. Further, in San Diego County, there were **30,379 emergency department discharges due to falls among those age 60 and older in 2022 (4,280.6 per 100,000) and 11,744 hospitalizations due to falls (1,654.8 per 100,000).** Among adults 80 years and older, falls were more likely to be fatal, compared to those aged 60 to 69 or 70 to 79 in 2022.

Among the HHSA regions, the highest rates of hospitalization (1,843.4 per 100,000) and emergency department discharge (4,868.0 per 100,000) due to falls among older adults occurred in East Region, while the highest rate of death (72.3 per 100,000) due to falls occurred in North Coastal Region. Across residents of all ages in San Diego County, falls were most common among non-Hispanic White residents. Female residents had higher rates of hospitalization and emergency department discharge, while male residents had higher rates of death due to falls.

Among Medicare Fee-for-Service claims from 2020 to 2022, there were 9,283 unique individuals aged 65 and older in San Diego County who visited the emergency department, hospital, or Federally Qualified Health Center due to a fall. Among older adults with an indication of a fall in their medical record, the prevalence of falls was relatively equal among all older adult age groups. From 2020 to 2022, 35.4% of falls among Medicare claimants that resulted in medical care were among those 65 to 74 years, 34.1% were among those 75 to 84 years, and 30.5% were among those 85 years and older. When examining claims by race/ethnicity, falls were most prevalent among non-Hispanic (NH) White (74.9%) residents, followed

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by Hispanic (6.8%), NH Asian (6.2%), an unlisted NH race (4.7%), NH Black (3.6%), an unknown race/ethnicity (3.0%), and North American Native (0.9%).

## HIP FRACTURES

Among the county population aged 60 and older in 2022, the rate of hospitalization due to hip fracture was 320.6 per 100,000 and the rate of emergency department discharge due to hip fracture was 51.9 per 100,000. However, the rates rose steeply when examined by older adult age group. In 2022, San Diego County **residents aged 80 and older were over eleven times more likely to be hospitalized due to hip fractures than those aged 60 to 69** (1,043.7 per 100,000 and 91.0 per 100,000, respectively). Among residents aged 80 and older, the greatest rates of emergency department discharge and hospitalization due to hip fractures occurred in North Coastal Region.

**Hospitalization and Emergency Department Discharge Due to Hip Fractures**
by Older Adult Age Group, San Diego County, 2022
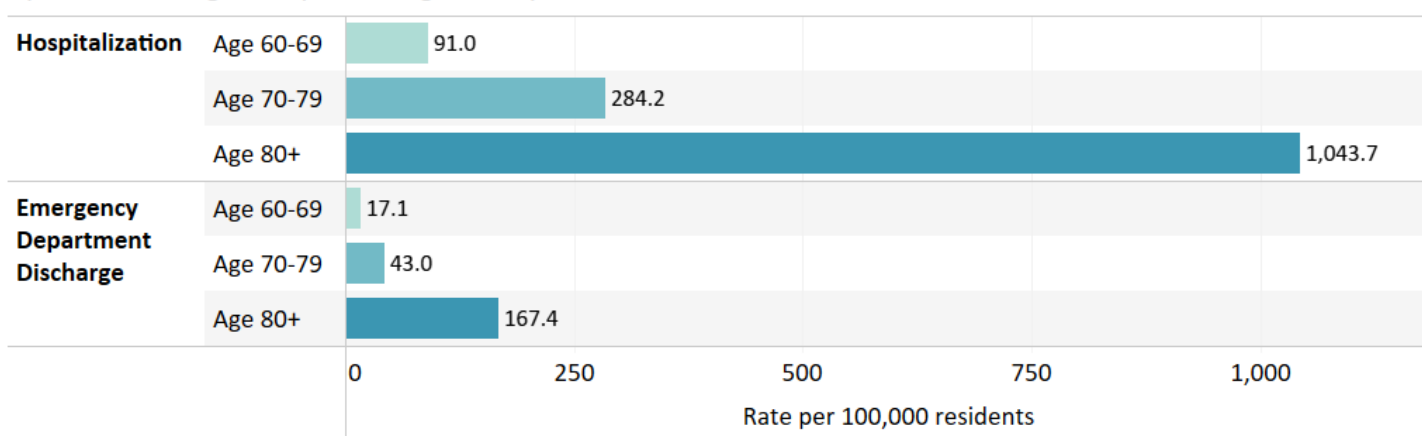


Across residents of all ages in San Diego County, emergency department discharge and hospitalization due to hip fractures were most common among non-Hispanic White and female residents.

## MOTOR VEHICLE INJURIES

Among the older adult age group, the rate of emergency department discharge due to motor vehicle injury decreased with age. In 2022, the **60 to 69 age group had the highest rate of emergency department discharge due to motor vehicle injury** (394.8 per 100,000) compared to 70- to 79-year-olds and those 80 years and older. Notably, among the older adult population, residents aged 60 to 69 in Central Region had the highest rate of emergency department discharge due to motor vehicle injuries, with a rate of 598.0 per 100,000. However, compared to all other age groups across the county, residents 80 years and older had the highest rate of death from motor vehicle injuries in 2022, with a rate of 17.6 per 100,000.
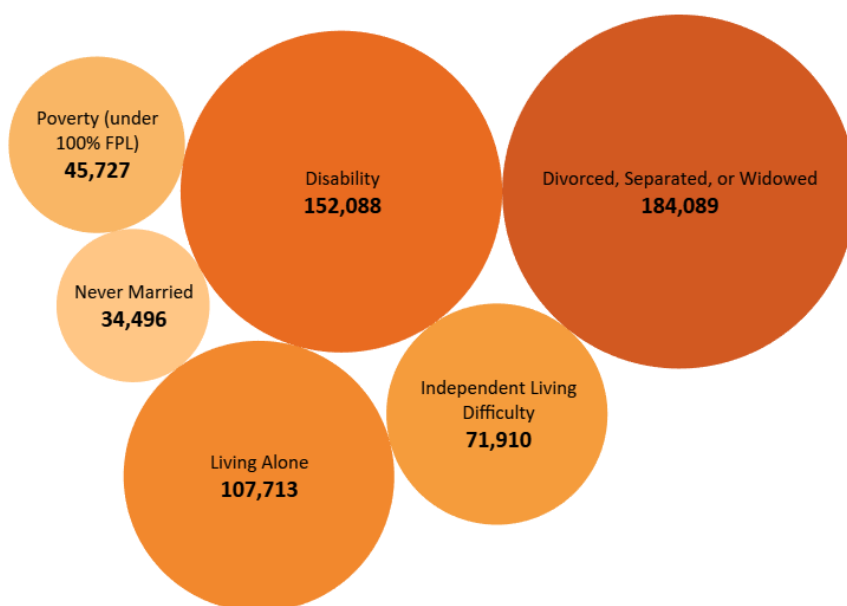
# SOCIAL AND ECONOMIC FACTORS

## Loneliness and Social Isolation

Risk of social isolation is an index of these risk factors: living in poverty; living alone; being divorced, separated, or widowed; having never married; having a disability; and having an independent living difficulty.[43] Using these factors, the index ranked California as 37th in the nation in 2022, indicating a higher risk of isolation among older adults. In 2023, among the San Diego County population aged 65 and older, there were over 184,000 individuals who were divorced, separated, or widowed, and an additional 34,500 who were never married.[44] Among this population, over 152,000 individuals had a disability, and nearly 72,000 had an independent living difficulty.[45, 46]

**Social Isolation Risk Factors**

Number of San Diego County Residents Age 65+, 2023

- Poverty (under 100% FPL) **45,727**
- Disability **152,088**
- Divorced, Separated, or Widowed **184,089**
- Never Married **34,496**
- Independent Living Difficulty **71,910**
- Living Alone **107,713**

## Poverty

In 2023, an estimated 66,230 (9.8%) of older adults aged 60 and older and 45,727 (9.4%) of older adults aged 65 and older in San Diego County were living below the poverty level.[47] However, the estimated cost of living for a single older adult renter in 2023 was more than $45,000 annually and nearly $44,000 annually for owner-occupied households—over $30,400 and $29,400 more than the 2023 federal poverty level (FPL), respectively.[48, 49] **Nearly one in three (31.7%) households headed by adults aged 65 and older had an income less than the estimated cost of living for a single older adult renter in 2023**.[50] Additionally, among those with an annual household income less than 200% FPL in San Diego County, 16.1% of older adults aged 60 and older and 18.8% aged 65 and older reported receiving Supplemental Security Income (SSI) from 2022 to 2023.[51]

## Homelessness

In 2023, more than 1 in 4 (26.0%) persons experiencing homelessness in San Diego County were aged 55 and older. Specifically, 18.7% of those experiencing homelessness were aged 55 to 64 and an additional 7.3% were aged 65 and older.[52] More than half of older adults experiencing homelessness were unsheltered, including 56.2% of adults aged 55 and older and 52.7% of those aged 65 and older. Of unsheltered persons of all ages experiencing homelessness, more than 1 in 4 (29.0%) were aged 55 and older.

In 2022 in San Diego County, more than 1 in 3 (36.1%) deaths that occurred among persons experiencing homelessness occurred among those aged 60 and older, including 65 deaths among those aged 60 to 69 (29.0%) and 16 deaths among those aged 70 to 79 (7.1%).[53]

# RESOURCES

## Aging & Independence Services

Aging & Independence Services (AIS) provides services to older adults and persons with disabilities in the community. Call the Aging & Independence Services (AIS) Call Center at (800) 339-4661 or visit http://aging.sandiegocounty.gov to find more information on:

- Help with living at home
- Healthy living
- Meals and senior dining
- Safety
- Mental health
- Transportation
- Social participation
- Caregiver support
- Financial/legal and health insurance services
- Additional programs and resources

## *Live Well San Diego* and the Aging Roadmap

*Live Well San Diego* is a vision for a region that is Building Better Health, Living Safely, and Thriving. Through collective impact and the diverse resources and backbone support of the County of San Diego, the vision aligns efforts across sectors to help all 3.3 million San Diego County residents live well.

The Aging Roadmap is the County's regional vision and framework for supporting healthy aging for people of all ages. It is the product of ongoing community input and collaboration that began in 2016 when the County joined the AARP Network of Age-Friendly Communities. Building upon initial age-friendly efforts, the Aging Roadmap was approved by the San Diego County Board of Supervisors on September 24, 2019, and serves as the local "Master Plan for Aging" for our region. Within the Aging Roadmap are programs and initiatives designed to create age-friendly and dementia-friendly communities so that we can all age well. For more information, visit: www.aging.sandiegocounty.gov.

## Healthy Aging at Any Age

The CDC offers additional information and resources on health aging. The habits to support healthy aging that can be adopted early in life include:

- Maintaining a healthy, balanced diet.
- Staying physically active.
- Keeping one's mind stimulated and getting enough sleep.
- Staying socially connected and engaged with others.

- Taking care of one's emotional well-being, including managing stress, having a positive outlook, and seeking support when needed.
- Trying to avoid falls and other injuries by taking precautions and practicing safe driving.
- Keeping up with regular health checkups, vaccines, and screenings; and managing any chronic conditions.

For more information, visit https://www.cdc.gov/healthy-aging/about/index.html.

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52. Regional Task Force on Homelessness, Reports & Data (2024*). 2023 PITC Sheltered and Unsheltered Report.* https://www.rtfhsd.org/wp-content/uploads/2025/01/PITC-Summary_2023_All.xls

53. California Department of Public Health, Centers for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System, 2022.

# APPENDIX: METHODOLOGY

## Demographic Data, Overall Health, Behavior and Risk Factor Data

Population estimates from the San Diego Association of Governments (SANDAG) 2023 estimates report, including population by age group and race/ethnicity, were used to describe demographic characteristics of the older adult population. The general well-being, health behaviors, and risk factors sections of this report contain data from the California Health Interview Survey (CHIS), conducted annually by the University of California Los Angeles (UCLA) Center for Health Policy Research. CHIS data were primarily from the 2023 survey, with some indicators utilizing pooled year estimates for statistical stability. CHIS data were limited to those aged 60 and older or 65 and older, with some comparisons made to those aged 18 and older. Additional metrics in these sections were obtained using American Community Survey (ACS) 2019-2023 5-year estimates. Both CHIS and ACS data were specific to San Diego County.

Annual Medicare enrollment estimates for 2022 were derived from the Centers for Medicare and Medicaid Services (CMS) Medicare monthly enrollment dataset. The proportion of Medicare enrollees aged 65 and older was calculated using SANDAG 2022 population estimates. Medi-Cal enrollment data - including both Medicare/Medi-Cal dual enrollment and non-dual enrollment - were obtained from California Health and Human Services Medi-Cal certified eligibles data.

Life expectancy data were generated internally using California Department of Public Health Vital Records Business Intelligence System (VRBIS) data, California Comprehensive Birth Files, and California Vital Data (Cal-Vida); County of San Diego Health and Human Services Agency Maternal, Child and Family Health Services; California Department of Finance Report P-3: Population Projections (California, 2020-2060, Baseline 2019 Population Projections, Vintage 2023 Release); and 2022 SANDAG Population Estimates (vintage: 11/2023) derived from the 2020 decennial census. The COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality including Life Expectancy with both SANDAG population estimates (2020-2022) and California Department of Finance population projections for California by county. Life expectancies were constructed by taking death rates from the population in question and calculating abridged life tables from which probability of surviving to certain ages could be calculated.

Vaccination data was prepared internally by the County of San Diego Health and Human Services Agency, Epidemiology and Immunization Services Branch using the California Immunization Registry (CAIR2), San Diego Immunization Registry (SDIR), County of San Diego's communicable disease registry (WebCMR), National Healthcare Safety Network (NHSN), and VRBIS data with 2021 SANDAG estimates. Hispanic or Latino individuals may belong to any of the listed race groups.

## Health Data

San Diego County data were prepared internally by the County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. Health indicators selected were based on the San Diego County Community Profiles which contain medical encounter and death rates for approximately 70 conditions. Death data were retrieved from the California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS). Morbidity data were derived from the California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database.

Rates were calculated per 100,000 residents of San Diego County age 60 and older treated at a state-licensed facility in San Diego County. The population size and demographic breakdowns (age, sex, and race/ethnicity) were determined using SANDAG population estimates.

Medical encounters included discharge from an acute care facility (hospitalization), discharge from an in-patient chemical or psychiatric facility (in-patient treatment), and/or discharge from an emergency department. Discharges were not

unduplicated patients, unless otherwise indicated; therefore, the same individual may have been discharged more than once and/or from multiple facilities over the course of the year. For technical notes on the Community Profiles' morbidity and mortality data, see the Community Profile Data Guides and Data Dictionaries at www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/health-data.html.

Additional health data for the following conditions were generated using Centers for Medicare and Medicaid Services Fee-for-Service Medicare claims: Alzheimer's disease and non-Alzheimer's dementia, depression, and falls. Data from 2020 to 2022 were analyzed to determine the unduplicated number of individuals (or unique individuals) with the above-mentioned conditions in San Diego County during this time frame. Additionally, the data were only available for individuals aged 65 and older. These claims come from Federally Qualified Health Centers (FQHCs), emergency departments, and hospitals. Included in this data are claims from facilities such as general acute care hospitals, skilled nursing facilities, and psychiatric units, among others, and do not include primary care other than that which was provided in FQHCs.

## Alzheimer's Disease and Non-Alzheimer's Dementia Methods

Among the total count of unique Fee-for-Service beneficiaries, the proportion of claimants with Alzheimer's disease and non-Alzheimer's dementia was applied to the entire 65 and older San Diego County population to estimate the prevalence of these conditions. Population growth forecasts from SANDAG were utilized to forecast Alzheimer's disease and non-Alzheimer's dementia prevalence among the older adult population through 2050 by age group, sex, and race/ethnicity.

The Alzheimer's disease and non-Alzheimer's dementia prevalence estimates for 2020 through 2022 presented in this report should not be trended with, or compared to, previous Alzheimer's disease and related dementias (ADRD) estimates. This new analysis follows a different methodology than estimates presented in previous reports, utilizes different ICD-10 codes, was performed using a different dataset, and presents estimates for a different age group, to be more comparable with state and national estimates. These prevalence estimates are conservative based on the methodology used.

The unpaid caregiver estimates for San Diego County were based on the Alzheimer's Association's estimates for California. The proportion of San Diego County residents with Alzheimer's disease or non-Alzheimer's dementia, compared to the total state prevalence, was applied to the California estimates for the number of unpaid caregivers, unpaid hours, and the cost of these unpaid hours.

# Social and Economic Factor Data

Loneliness and social isolation risk factor data, as well as estimates and percentages for older adults living below the federal poverty level (FPL) and income distribution among older adults, were from ACS 2019-2023 5-year estimates for San Diego County. Cost of living data was generated internally using data from the ACS, Department of Housing and Urban Development (HUD), U.S. Department of Agriculture (USDA), U.S. Bureau of Labor Statistics Consumer Expenditures, Kaiser Permanente, Centers for Medicare and Medicaid Services, and UCLA Elder Index. Income distribution was compared to the estimated cost of living.

Estimates of those experiencing homelessness and proportions of those unsheltered were prepared internally using Regional Task Force on Homelessness (RTFH) 2023 Point-In-Time Count data. Mortality data among those experiencing homelessness utilized VRBIS data. In the data from VRBIS, a person was considered to have been experiencing homelessness if the homeless status was entered as 'Yes.'