

SAN DIEGO COUNTY SENIOR HEALTH REPORT

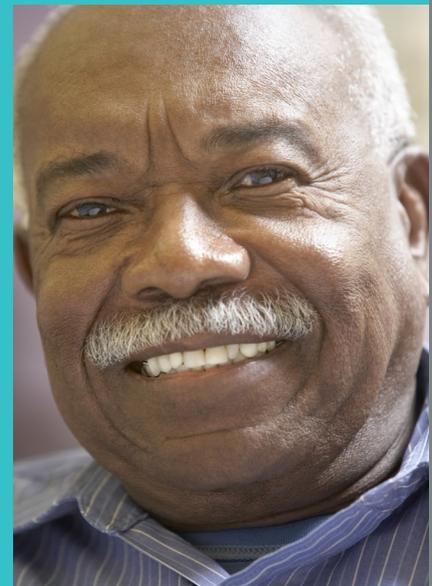
JUNE 2015



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO



EXECUTIVE SUMMARY

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SAN DIEGO COUNTY *SENIOR HEALTH REPORT*

EXECUTIVE SUMMARY

County of San Diego
Health & Human Services Agency

Public Health Services
Aging & Independence Services

June 2015

For additional information, contact:

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SAN DIEGO COUNTY *SENIOR HEALTH REPORT*

EXECUTIVE SUMMARY

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BILL HORN
CHAIRMAN
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

Dear San Diego County Residents:

I am pleased to present the ***San Diego County Senior Health Report***. The goal of our Health and Human Services Agency in creating this document has been to offer a regular health report card, with statistics that are monitored as our community partners work with us on interventions for positive health changes.

The good news is that more San Diego seniors report that they are in good to excellent health, compared with seniors in the state as a whole.

This health report card gives our County and other providers of services for seniors the ability to see what areas might need more effort in prevention and education. For instance, the rate of falls continues to increase, especially among residents who are 85 or older.

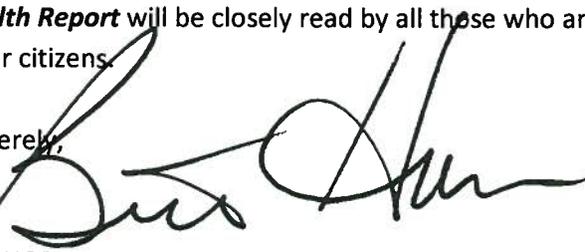
The report also includes statistics on a variety of chronic diseases, plus demographic information. There are details on mental health issues, as well as injuries and other physical concerns.

Sadly, Alzheimer's disease is now the third leading cause of death in San Diego County. This year's report includes a chapter on Alzheimer's disease, with information about the County's Alzheimer's Project.

Having declared 2015 as the Year of the Veteran, I am proud that veteran information is also included. Veterans are such valued members of our neighborhoods, and, according to this report, nearly one-quarter of all older adults in San Diego County are veterans!

This report supports the County's *Live Well San Diego* wellness plan, helping older adults and other residents thrive in communities that are healthy and safe. We hope that the ***San Diego County Senior Health Report*** will be closely read by all those who are interested in improving health and wellbeing for older citizens.

Sincerely,


BILL HORN
Chairman
San Diego County Board of Supervisors



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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DEAN ARABATZIS
CHIEF OPERATIONS OFFICER

Dear San Diegans,

Good health is precious. As we get older, we realize how important it is to us, especially as it impacts our independence. As our population ages, government entities, nonprofit organizations, businesses, and individuals must work together to ensure that our seniors have the best opportunities to remain healthy and active.

This **San Diego County Senior Health Report** offers key health indicators of particular importance to the health and well-being of older adults. Some of the health problems faced by seniors, like the rest of the population, are the result of lifestyle choices that include poor diet, physical inactivity and the use of tobacco products. Together, we can engage our older neighbors to make healthier choices leading to a longer and more enjoyable life.

This report is a collaboration between Aging & Independence Services (AIS) and Public Health Services (PHS), divisions of the County of San Diego's Health and Human Services Agency. The information highlighted in the report is intended to support the County's *Live Well San Diego* vision of a region that is building better health, living safely, and thriving.

We hope you find this report useful. For additional information on the health status of San Diego County residents, please visit the Community Health Statistics website: www.sdhealthstatistics.com.

For more information on programs offered by AIS, contact the AIS Call Center at (800) 510-2020, or visit the AIS websites: www.ais-sd.org or www.sandiego.networkofcare.org/aging.

Live Well,

NICK MACCHIONE, Director
Health and Human Services Agency

WILMA J. WOOTEN, M.D., M.P.H.
Public Health Officer
Director, Public Health Services

ELLEN SCHMEDING, Director
Aging & Independence Services



LIVE WELL SAN DIEGO

San Diego County's long-term initiative for
healthy, safe and **thriving** communities

BUILDING BETTER HEALTH

Improving the health of
residents and supporting
healthy choices

LIVING SAFELY

Ensuring residents are protected
from crime and abuse,
neighborhoods are safe, and
communities are resilient to
disasters and emergencies

THRIVING

Cultivating opportunities
for all people and
communities to grow,
connect and enjoy the
highest quality of life

In 2010, the County Board of Supervisors adopted *Live Well San Diego*, a 10-year plan to advance the health, safety and well-being of the region's more than 3 million residents. Based upon a foundation of community involvement, *Live Well San Diego* includes three components: *Building Better Health*, adopted on July 13, 2010; *Living Safely*, adopted on October 9, 2012; and *Thriving*, adopted on October 21, 2014.

Live Well San Diego is built on four strategic approaches:

1. BUILDING A BETTER SERVICE DELIVERY SYSTEM.

Improve the quality and efficiency of County government and its partners in the delivery of services to residents, contributing to better outcomes for clients and results for communities

2. SUPPORTING POSITIVE CHOICES.

Provide information and resources to inspire county residents to take action and responsibility for their health, safety and well-being

3. PURSUING POLICY & ENVIRONMENTAL CHANGES.

Create environments and adopt policies that make it easier for everyone to live well, and encourage individuals to get involved in improving their communities

4. IMPROVING THE CULTURE WITHIN.

Increase understanding among County employees and providers about what it means to live well and the role that all employees play in helping county residents live well



PROGRESS THROUGH PARTNERSHIPS

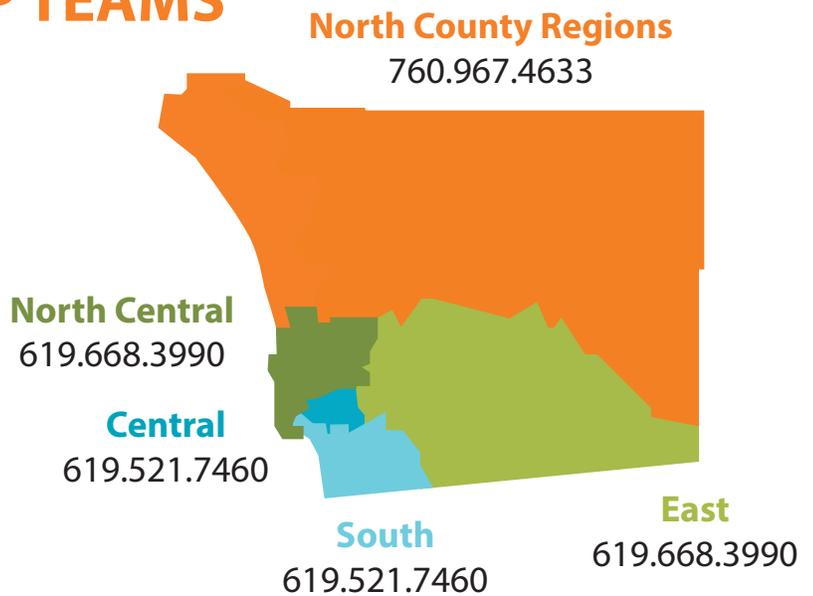
Live Well San Diego involves everyone. Only through collective effort can meaningful change be realized in a region as large and diverse as San Diego County. The County's partners include cities and tribal governments; diverse businesses, including healthcare and technology; military and veterans organizations; schools; and community and faith-based organizations. Most importantly, *Live Well San Diego* is about empowering residents to take positive actions for their own health, safety and well-being.

Every County department is committed to playing an active role and coordinating efforts to make the biggest impact. Annual reports highlight success stories of local communities, organizations and recognized partners who are making positive changes. These reports can be accessed on the *Live Well San Diego* website at LiveWellSD.org/about/live-well-san-diego-materials/. This website also includes resources for getting involved; best practice tools for organizations and recognized partners in every sector; and information about the *Live Well San Diego* Indicators, which measure our region's collective progress.

REGIONAL LEADERSHIP TEAMS

Teams of community leaders and stakeholders are active in each of the Health and Human Services Agency (HHS) service regions. These teams have been involved in community improvement planning and are working to address priority needs over the next few years to realize the *Live Well San Diego* vision. These teams serve as a central point for planning and prioritizing collaborative action at the local level.

Contact your team by calling the phone numbers listed on the map.



RESULTS

How will progress be measured? The Top Ten *Live Well San Diego* Indicators have been identified to capture the overall well-being of residents in the county. These Indicators are part of a framework that allows the County to connect a wide array of programs and activities to measureable improvements in the health, safety and well-being of every resident. The complete framework is posted on the County of San Diego *Live Well San Diego* webpage: http://sdcounty.ca.gov/content/sdc/live_well_san_diego/indicators.html



HEALTH

Life Expectancy
Quality of Life



KNOWLEDGE

Education



STANDARD OF LIVING

Unemployment Rate
Income



COMMUNITY

Security
Physical Environment
Built Environment



SOCIAL

Vulnerable Populations
Community Involvement

AGING & INDEPENDENCE SERVICES (AIS)

COMMITTEES THAT MAKE A DIFFERENCE



Aging & Independence Services (AIS), a federally designated Area Agency on Aging, provides services to older adults, persons with disabilities, and their family members. These services help keep clients safely in their homes, promote healthy and vital living, and publicize positive contributions made by older adults and persons with disabilities.

To get involved in any of the programs and committees listed, call **(800) 510-2020** or visit www.ais-sd.org.

AIS Advisory Council has 30 members representing older adult and special-needs communities; provides input on existing and proposed AIS programs and services.

Caregiver Coalition, with representatives from caregiving agencies, offers workshops, respite care and helps build communication among service providers.
Visit: www.caregivercoalitionsd.org.

Community Action Networks (NorCAN, ECAN, SanDi-CAN, and SoCAN) meet regularly to implement solutions to the specific needs of older adults and adults with disabilities in their region.

Fall Prevention Task Force provides prevention education, fall risk screenings, and resources to older adults and senior service providers. Visit: www.SanDiegoFallPrevention.org.

Grandparents Raising Grandchildren Workgroup meets quarterly to coordinate services and support to grandparents raising their grandchildren and other kinship families.

Health Promotion Committee meets regularly to help plan the biannual Vital Aging conference and work on older adult community health projects.

In-Home Support Services (IHSS) Advisory Committee has representatives from those receiving IHSS assistance, as well as service providers and other members of the community.

Long-Term Care Integration Project Planning Committee involves consumers, providers, and an array of service and care organizations that give guidance on long-term care issues.

Mature Worker Coalition meets quarterly to work on aiding older adults who want to remain in or return to the workforce. Visit: www.sdmatuworkers.org.

Senior Volunteers in Action (SVA) and Retired and Senior Volunteer Program (RSVP) Advisory Committee provides feedback and input on promoting volunteer opportunities.

Veterans Advisory Council provides input on services for veterans and their families.

For more information about the Aging & Independence Services, visit www.ais-sd.org or call (800) 510-2020.

To learn more about *Live Well San Diego*, visit LiveWellSD.org

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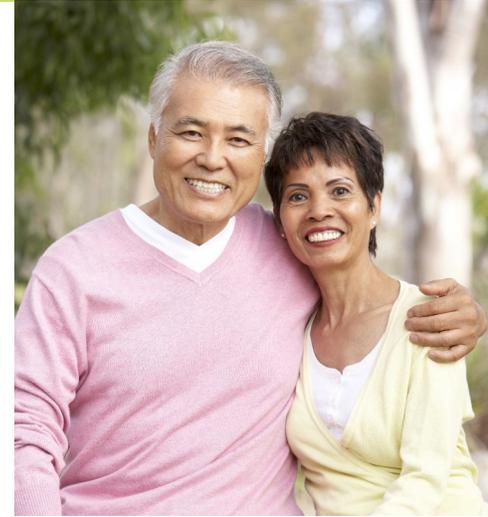
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DEMOGRAPHY

INTRODUCTION

The San Diego County Senior Health Report brings together health indicators for seniors in San Diego County in one place. The purpose for this compilation is to better understand the current health of seniors, opportunities for enhancements to existing programs, and areas needed for intervention. This report pulls together information from several data sources, including census data, population surveys, and hospital data, using 2012 as the most current year available. Unless otherwise noted, “seniors” refers to adults 65 years of age and older. This Executive Summary features highlights from the Senior Health Report. To access the full report, visit www.SDHealthStatistics.com or www.ais-sd.org.



DEMOGRAPHY

In 2012, San Diego County was home to 374,535 seniors aged 65 years or older, representing 11.9% of the County’s total population of 3.1 million, which was lower than that of the United States as a whole (13.7%). Many of these residents 65 years or older lived in communities in the western half of the county. By 2030, the number of seniors aged 65 years and older in San Diego County is expected to double to 723,572. Importantly, the fastest growing age group, those aged 85 years and older, is projected to increase from 59,666 in 2012 to 84,048 in 2030.

For every age group of adults 65 years and older, females outnumbered males, with the proportion of females increasing with each older age group. This trend is projected to continue through 2030. In 2012, 69.4% of all San Diego County seniors were white. This percentage is expected to decrease between now and 2030, primarily because of an increase in the number of Hispanic seniors (from 16.0% in 2012 to an expected 22.9% in 2030).

More than half of all seniors in San Diego County completed at least some college education with only 17.6% having less than a high school education. As of 2012, 23.8% of seniors were veterans, and among those veterans, 6.5% had an income below the federal poverty level.

In San Diego County, 16.7% of seniors aged 65 and older remained in the labor force. Forty-two percent of San Diego County seniors lived alone, the vast majority of these being female (67.9%). The median income in senior households was \$44,975, with seniors living alone having significantly lower median incomes than those who live with others. Nearly all senior households have Social Security income, about half have income from retirement plans or savings, and over a third have earnings from someone in the household.

Approximately 8% of seniors in San Diego County live with grandchildren under the age of 18 years. Of those living with grandchildren, one out of six are financially responsible for their grandchildren.

**In 2012,
San Diego County
was home to
374,535 seniors
aged 65 years and
older. By 2030,
this number will
double to 723,572.**



HEALTH STATUS

In 2012, San Diego County seniors reported good to excellent health, better than California seniors overall (79.4% versus 72.6%) Nearly all seniors reported a usual place to go when sick or needing health advice. In addition, 8.1% of San Diego County seniors reported needing help for an emotional/mental health or alcohol/drug problem, higher than the 7.1% in California.

79.4% of San Diego seniors reported being in good to excellent health in 2012.

HEALTH BEHAVIORS & PREVENTION

Preventing disease and other poor health outcomes can increase the life span and quality of life of seniors. The following section offers prevention strategies and provides data on health behaviors, by indicator group.

ALZHEIMER'S DISEASE AND OTHER DEMENTIAS (ADOD)

Although currently there is no cure for Alzheimer's disease and other dementias (ADOD), several studies have suggested that it may be possible to delay or prevent the onset of ADOD by practicing brain health strategies. Many of the recommendations for maintaining physical health can be used for brain health, such as eating a balanced diet, managing chronic conditions, and being physically active.

NON-COMMUNICABLE (CHRONIC) DISEASE

Eliminating tobacco use, adopting active lifestyles, eating healthier diets, and decreasing excessive use of alcohol are key transformations that can reduce the burden of non-communicable (chronic) disease among San Diego County seniors.

- In 2012, 10.2% of San Diego County seniors reported eating fast food three or more times in the past week, higher than the 8.8% reported in 2009.
- Thirteen percent of San Diego County seniors reported binge drinking in the past year, higher than the 9.3% reported in California.
- In 2012, 8.6% of San Diego County seniors were current smokers.

Being overweight or obese, as well as having high blood pressure can contribute to or worsen many other health conditions. In 2012, 36.6% of seniors were overweight and 19.3% were obese, which was slightly lower than that of California seniors. In addition, nearly 61% of seniors in the county had ever been told that they have high blood pressure, with 89.5% taking medication to manage it.



In 2012, 55.9% of San Diego seniors were overweight or obese.

HEALTH BEHAVIORS & PREVENTION

BEHAVIORAL & MENTAL HEALTH

Seeking help for an emotional, mental health, or alcohol/drug problem, engaging in activities to reduce stress, avoiding social isolation, and fostering environments that reduce the stigma of behavioral health issues are major prevention strategies that can help reduce poor behavioral health outcomes among San Diego County seniors.

- In 2012, only two-thirds of San Diego County seniors who needed help for an emotional, mental health, or alcohol/drug problem reported seeing their primary care physician or another professional for their problem.

One third of seniors who needed help for an emotional, mental health, or alcohol/drug problem did not receive treatment.

INJURY

Of the major causes of disability and death, injuries are among the most preventable. Increased safety education, awareness and implementation of fall prevention strategies, and investing in safer communities are key ways to reduce the burden of injury.

An estimated 45,000 San Diego seniors reported falling more than once in the past year. Of those, 42% reported receiving professional advice about how to avoid falls. In addition, nearly half of seniors who fell more than once in the past year reported receiving medical care. Research shows that individuals can reduce their risk of falls by exercising to improve balance and mobility, getting a medication review, having their vision checked, and improving home safety. It is important that older adults talk with their doctors about their fall risk.

Among seniors who fell more than once in the past year, 42% received professional advice about how to avoid falls.

COMMUNICABLE DISEASE

Taking protective measures including vaccination and avoiding close contact with sick individuals, seeking testing and early treatment, and visiting a doctor regularly are key strategies that can reduce the burden of communicable disease among seniors. In 2012, two-thirds of county seniors reported receiving a flu shot.

Two out of every three seniors reported receiving a flu shot in the past year.

UTILIZATION OF MEDICAL SERVICES LEADING CAUSES OF DEATH SENIOR HEALTH INDICATORS

UTILIZATION OF MEDICAL SERVICES

Seniors in San Diego County use the 9-1-1 system at higher rates than any other age group. 71,655 calls were made to 9-1-1 for seniors in need of emergency medical care in San Diego County in 2012. This represents a call from one out of every five seniors.

There were 108,745 seniors treated and discharged from San Diego County emergency departments, representing nearly one out of every three senior residents in 2012. That same year, 95,679 seniors aged 65 and over were hospitalized in San Diego County.



LEADING CAUSES OF DEATH

In 2012, there were 14,929 deaths among seniors aged 65+ years. The leading cause of death among San Diego seniors was heart disease, followed by cancer.

Among the 65-74 and the 75-84 year old age groups, the leading cause of death was cancer, followed by heart disease and chronic obstructive pulmonary disease (COPD)/chronic lower respiratory diseases. Among the 85+ years age group, the leading cause was heart disease, followed by cancer and Alzheimer's disease.

The leading cause of death among seniors aged 65 years and older was heart disease, followed by cancer.

ALZHEIMER'S DISEASE AND OTHER DEMENTIAS (ADOD)

In 2012, there were 1,420 deaths due to ADOD (379.1 per 100,000) in San Diego County among seniors aged 65 years and older. More than 19,000 San Diegans age 55 years and older were discharged from the emergency department (ED) or hospital with ADOD in 2012. The discharge could result from a visit to the ED or hospital due to ADOD or for another reason but ADOD was also noted.

In 2012, an estimated 60,000 San Diegans age 55 years and older were living with ADOD, accounting for 8.3% of the 55 years and older population. Countywide, the number of San Diegans age 55 years and older living with ADOD is expected to increase by 55.9% between 2012 and 2030, an increase from 60,000 to nearly 94,000 residents living with ADOD by 2030.

60,000
San Diegans
aged 55 years and
older were living
with Alzheimer's
disease and other
dementias in
2012.

SENIOR HEALTH INDICATORS

NON-COMMUNICABLE (CHRONIC) DISEASE

Compared to the rest of the county, rates of coronary heart disease (CHD), stroke, diabetes, respiratory disease, and cancer are higher among seniors aged 65+ years, as older adults are at higher risk for these diseases. Three behaviors, lack of physical activity, poor diet, and tobacco use, lead to these four diseases, which account for over 50% of all deaths among seniors.

In 2012, 20.1% of San Diego County seniors had been told by a doctor that they have any kind of heart disease, about the same as seniors in California. The death rate for coronary heart disease was 700.1 per 100,000 in 2012. In the same year, the rates of CHD hospitalization and emergency department (ED) discharge for San Diego County seniors were 1,178.0 per 100,00 and 162.9 per 100,000, respectively.

An estimated 6.5% of San Diego County seniors have been told by a doctor that they have had a stroke. The death rate for San Diego County seniors due to stroke was 228.6 per 100,000 and increased with age. In addition, 332.1 per 100,000 county seniors were treated and discharged from the emergency department due to stroke. The hospitalization rate for stroke among San Diego County seniors was 1,213.2 per 100,000.

In San Diego County, 16.0% of seniors reported ever being told by a doctor that they had diabetes. In addition, 14.3% of San Diego seniors had been told they had prediabetes or borderline diabetes. However, according to the CDC, nine out of ten adults who have prediabetes do not know they have it. The death rate from diabetes for San Diego County seniors was 130.3 per 100,000 in 2012. The rate of emergency department discharge for patients with a principal diagnosis of diabetes was 339.1 per 100,000 while the rate of hospitalization was 308.4 per 100,000.

In 2012, the chronic obstructive pulmonary disease (COPD) death rate for San Diego County seniors was 240.8 per 100,000 and increased with age. The emergency department discharge rate for seniors with a principal diagnosis of COPD was 549.2 per 100,000. In the same year, the hospitalization rate for COPD was 550.3 per 100,000.

In addition, the death rate from cancer among seniors in San Diego County was 928.9 per 100,000, which has decreased since 2007.

Since 2007, rates of medical encounters due to arthritis have increased among San Diego seniors aged 65 years and over. The rate of emergency department discharge due to arthritis for seniors in San Diego County was 865.6 per 100,000 and the hospitalization rate was 1,449.5 per 100,000 in 2012.

700 per 100,000 seniors died due to coronary heart disease in 2012.



An estimated 6.5% of San Diego county seniors have been told by a doctor that they have had a stroke.

SENIOR HEALTH INDICATORS

BEHAVIORAL & MENTAL HEALTH

Behavioral health is an important factor that contributes to the disease burden of the elderly. The risk of depression increases for the elderly when other illnesses are present, and when the ability to function normally becomes limited. Further, alcohol and substance use may be used as coping mechanisms.

In 2012, 65 seniors were admitted to a hospital (17.4 per 100,000) and 786 seniors were treated and discharged from an emergency department (209.9 per 100,000) for an anxiety disorder-related condition. The rate of hospitalization and ED discharge due to a mood disorder was 266.2 per 100,000 and 107.9 per 100,000, respectively. In addition, 655 seniors aged 65 years and older were also hospitalized (174.0 per 100,000) and 352 were discharged from an emergency department (94.0 per 100,000) for schizophrenia and other psychotic disorders.

In the United States, older adults are at an increased risk of suicide. In San Diego County, 69 seniors committed suicide in 2012 (18.4 per 100,000). Additionally, 124 seniors were hospitalized (33.1 per 100,000) and 68 seniors were treated and discharged from an emergency department (18.2 per 100,000) due to self-inflicted injury.

In 2012, there were 177 seniors aged 65 years and older hospitalized (47.3 per 100,000) and 313 seniors treated and discharged from an emergency department (83.6 per 100,000) due to an acute alcohol-related disorder. Additionally, 115 seniors aged 65 years and older were admitted to a hospital (30.7 per 100,000) and 89 seniors were treated and discharged from the emergency department for an acute substance-related disorder (23.8 per 100,000).

INJURY

Unintentional (accidental) injuries are among the leading causes of death for seniors, most of which are preventable. In 2012, there were 337 seniors that died due to an unintentional injury (90.0 per 100,000). Additionally, 10,040 seniors were hospitalized for an unintentional injury (2,680.7 per 100,000) in 2012. The hospitalization rate increased with age to 6,335.3 per 100,000 for seniors aged 85+ years; 4.5 times greater than 65 to 74 year-olds. There were also 24,615 seniors aged 65 years and older discharged from an emergency department due to unintentional injury (6,572.1 per 100,000).

The most frequent type of unintentional injury among seniors are falls. Risk factors for falls include lack of physical activity, lower limb weakness or trouble walking, impaired vision, medications, low vitamin D, osteoporosis, and environmental hazards.

786 seniors were treated and discharged from an emergency department for an anxiety-disorder related condition.

124 seniors were admitted to a hospital for a self-inflicted injury.

6,335 per 100,000 San Diego seniors were hospitalized due to unintentional injury.

SENIOR HEALTH INDICATORS

227 seniors died due to unintentional fall injury (60.6 per 100,000) in 2012. The death rate was nearly fifteen times higher for seniors aged 85+ years than for seniors aged 65 to 74 years. That year, 7,303 seniors were also hospitalized (1,949.9 per 100,000) and 16,076 seniors were treated and discharged (4,292.3 per 100,000) for an unintentional fall injury. Hip fracture is a common injury due to a fall. In 2012, there were 2,127 seniors hospitalized (567.9 per 100,000) and 279 seniors discharged from an emergency department due to a hip fracture (74.5 per 100,000).

In addition, 42 seniors died due to motor vehicle injury (11.2 per 100,000), which included occupants, pedestrians, and cyclists. There were also 344 hospitalizations (91.8 per 100,000) and 1,184 emergency department discharges (316.1 per 100,000) among seniors due to motor vehicle injury. That same year, 44 seniors died (11.7 per 100,000), 504 were hospitalized (134.6 per 100,000), and 409 were treated and discharged from emergency department (109.2 per 100,000) due to overdose/poisoning. Twenty-one seniors aged 65 years and older also reported heat-related illness that year.

Among the senior population, elder abuse is of great concern. In fiscal year 2013/2014, there were 6,131 investigations of abuse of seniors to Adult Protective Services, of which 34.0% were confirmed cases of abuse. Of the confirmed cases, the most common allegations involved were physical abuse, financial abuse, mental suffering, and neglect. In addition, 60 seniors were hospitalized (16.0 per 100,000) and 151 seniors were treated and discharged from an emergency department for an assault injury (40.3 per 100,000). Fewer than five seniors died as a result of an assault injury (homicide).

COMMUNICABLE DISEASE

Compared to the rest of the county, seniors aged 65 years and older were at higher risk for tuberculosis, flu, and pneumonia.

In 2012, there were 261 deaths due to influenza (flu) and pneumonia among individuals aged 65 years and older in San Diego County (69.7 per 100,000). There were also 94 hospitalizations (25.1 per 100,000) and 77 emergency department discharges (20.6 per 100,000) of seniors for influenza (flu). Compared to influenza, there was an even greater number of hospitalizations and ED discharges due to pneumonia in 2012. Among seniors aged 65 years and older, there were 3,235 hospitalizations due to pneumonia (863.7 per 100,000) and 1,102 discharges from an emergency department (294.2 per 100,000).

In the same year, there were 48 (12.8 per 100,000) new active cases of tuberculosis reported in San Diego County among seniors aged 65 years and older. In 2012, there were 556 seniors aged 55 years and older in San Diego County known to be living with HIV or AIDS. Only a small number of chlamydia, gonorrhea, and syphilis cases were reported among San Diego County seniors.



The death rate due to falls was nearly 15 times higher for seniors aged 65 years and older compared to those aged 65 to 74.

Among seniors aged 65 years and older, there were 3,235 hospitalizations due to pneumonia in 2012.

LIVE WELL SAN DIEGO SELECTED SENIOR HEALTH INDICATORS

LIVE WELL SAN DIEGO

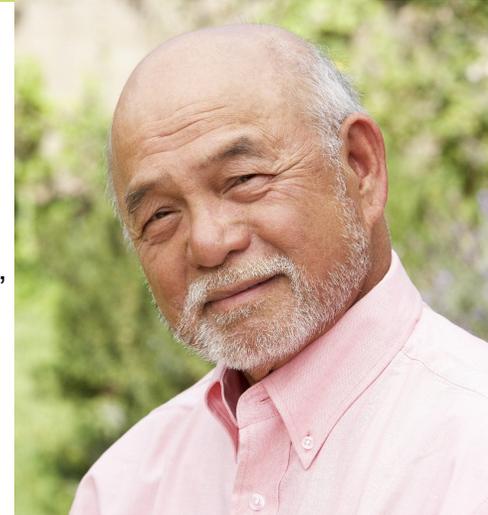
Through the leadership of the Board of Supervisors, the County of San Diego is committed to advance the health and overall well-being for all residents. The County's *Live Well San Diego* vision of a region that is building better health, living safely, and thriving is a collective effort and involves residents, community and faith-based organizations, businesses, schools, law enforcement, local city and tribal jurisdictions, and other partners. For more information on *Live Well San Diego*, visit www.LiveWellSD.org.

The County of San Diego's Aging & Independence Services (AIS) helps to support *Live Well San Diego* by offering more than 30 programs for seniors and persons with disabilities. These programs are in the following areas: protection and advocacy, health independence, home-based services, enrichment and involvement, and caregiver services. A list of some of these programs can be found at the end of this document.

AIS also offers a single phone number, (800) 510-2020, as the gateway for services and reporting elder abuse. You can also visit www.sandiego.networkofcare.org/aging/. In fiscal year 2013/2014, there were 61,167 calls made to the AIS Call Center.

SELECTED SENIOR HEALTH INDICATORS

The following table (Table 1) shows some of the leading health indicators discussed in this report. These indicators were selected because they represent issues affecting older adults and can be improved upon through participation in the county's programs. These indicators cut across different areas and are compiled for quick reference. These selected indicators will be tracked over time.



**In fiscal year
2013/2014, there
were 61,167 calls
made to the
AIS Call Center.**



LEADING HEALTH INDICATORS

TABLE 1: LEADING HEALTH INDICATORS

INDICATOR		MEASURE	SD			CA		
<i>General Health¹</i>			2007	2009	2012	2007	2009	2012
1	Health Status	Percent of population reporting excellent, very good, or good health	76.2%	81.0%	79.4%	69.4%	72.4%	72.6%
2	Needed Help for Mental Health/ Substance Abuse	Percent of the population that needed help for emotional/ mental health problems or use of alcohol/drugs in past year	5.1%	6.9%	8.1%	6.0%	6.0%	7.1%
<i>Health Behaviors¹</i>								
3	Overweight and Obese	Percent of population that is overweight and/or obese	56.0%	58.2%	55.9%	55.7%	58.6%	61.4%
4	Physical Activity	Percent of population that walks for transportation, fun, or exercise in past week	N/A	68.9%	N/A	N/A	67.3%	N/A
5	Diet	Percent of population that ate fast food 3 or more times in the past week	7.9%	8.8%	10.2%	6.6%	7.7%	9.5%
6	Smoking	Percent of population that currently smokes	6.4%	7.0%	8.6%	6.4%	7.5%	6.5%
<i>Prevention Activities¹</i>								
7	Flu Vaccination	Percent of population that reported they had a flu vaccine in past 12 months	71.2%	69.4%	66.7%	68.9%	65.9%	68.3%
8	Mammogram Screening	Percent of female population who had a mammogram in past 2 years	75.6%	81.9%	81.9%	77.4%	80.1%	81.4%

LEADING HEALTH INDICATORS

INDICATOR		MEASURE	SD			CA		
<i>ADOD Indicators</i> ^{2,3}			2007	2009	2012	2007	2009	2012
9	Alzheimer's Disease and Other Dementias	Rate of death due to ADOD	N/A	N/A	379.1 per 100,000	N/A	N/A	N/A
<i>Non-Communicable (Chronic) Disease Indicators</i> ^{2,3}								
10	Diabetes	Rate of death due to diabetes	110.7 per 100,000	111.1 per 100,000	130.3 per 100,000	135.9 per 100,000	119.1 per 100,000	124.7 per 100,000
11	Heart Disease	Rate of death due to CHD	829.2 per 100,000	773.7 per 100,000	700.1 per 100,000	978.0 per 100,000	869.3 per 100,000	764.9 per 100,000
12	Stroke	Rate of death due to stroke	277.3 per 100,000	249.6 per 100,000	228.6 per 100,000	311.4 per 100,000	272.4 per 100,000	249.2 per 100,000
13	Asthma	Rate of death due to asthma	3.2 per 100,000	3.0 per 100,000	3.7 per 100,000	5.4 per 100,000	5.1 per 100,000	4.5 per 100,000
14	COPD	Rate of death due to COPD	252.8 per 100,000	220.3 per 100,000	240.8 per 100,000	268.1 per 100,000	262.0 per 100,000	240.0 per 100,000
15	All Cancer	Rate of death due to all cancer	992.9 per 100,000	904.1 per 100,000	928.9 per 100,000	961.3 per 100,000	929.1 per 100,000	870.8 per 100,000
<i>Behavioral Health Indicators</i> ^{4,5}								
16	Suicide	Rate of death due to suicide	19.0 per 100,000	17.1 per 100,000	18.4 per 100,000	14.8 per 100,000	15.9 per 100,000	16.5 per 100,000
17	Acute Substance-Related Disorder	Rate of hospitalization due to an acute substance-related disorder	N/A	N/A	30.7 per 100,000	N/A	N/A	N/A

LEADING HEALTH INDICATORS

INDICATOR		MEASURE	SD			CA		
<i>Injury Indicators</i>			2007	2009	2012	2007	2009	2012
18	Unintentional Injury ^{2,3}	Rate of death due to unintentional injury	82.5 per 100,000	79.0 per 100,000	90.0 per 100,000	70.5 per 100,000	68.2 per 100,000	70.1 per 100,000
19	Unintentional Fall Injury ^{3,4}	Rate of ED discharge due to fall injury	3,267.0 per 100,000	3,595.8 per 100,000	4,292.3 per 100,000	3,309.9 per 100,000	3,619.6 per 100,000	4,108.9 per 100,000
20	Hip Fracture ⁵	Rate of hospitalization due to hip fracture	595.5 per 100,000	591.5 per 100,000	567.9 per 100,000	N/A	N/A	N/A
<i>Service Indicators⁶</i>								
21	Elder Abuse	Number of investigations of elder adult abuse	6,902	6,423	6,131	N/A	N/A	N/A
	Elder Abuse	Percent confirmed cases of elder adult abuse	19.7%	22.4%	34.0%	N/A	N/A	N/A

**N/A = Not available.

² Source: Death Statistical Master Files (CDPH) County of San Diego, Health & Human Services Agency, Epidemiology & Immunization Services Branch, 2012.

³ Source: Death Statistical Master Files, CDPH, 2012.

⁴ Source: Emergency Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Emergency Medical Services Branch, 2012.

⁵ Source: Patient Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Epidemiology & Immunization Services Branch, 2012.

⁶ Source: County of San Diego, Health & Human Services Agency, Aging & Independence Services, APS Data, FY 2013/2014.

AGING & INDEPENDENCE SERVICES HEALTH SUPPORT PROGRAMS

Aging & Independence Services (AIS), a federally designated Area Agency on Aging, provides a variety of services to older adults and persons with disabilities. Below is a snapshot of AIS programs that support health self-management, care coordination and improved health outcomes.

CARE TRANSITIONS INTERVENTIONS (CTI)

The human and financial cost of unnecessary hospital readmissions is astonishing. Addressing the issue of avoidable readmissions requires a community approach in which healthcare and community-based social service professionals partner to achieve better health outcomes. The Care Transitions Intervention (CTI), a four week evidence based program developed by Dr. Eric Coleman, supports patients with complex needs who are at high risk for readmissions to transition from hospital to home. Through one hospital and one home visit and a series of follow-up phone calls by a trained Transitions Coach whose primary role is “to coach, not do”, patients with chronic health conditions develop improved capacity in the areas of medication management, personal health record keeping, knowledge of “Red Flags,” and follow-up care with primary care providers and specialists.

Contact: Brenda Schmitthenner at 858-495-5853 or Brenda.Schmitthenner@sdcounty.ca.gov

COMMUNITY-BASED CARE TRANSITIONS PROGRAM (CCTP)

AIS in partnership with Scripps Health, Sharp HealthCare, Palomar Health, and University of California San Diego (UCSD) Health System (13 hospitals) was awarded the largest Community-based Care Transitions Program (CCTP) in the country by the Centers for Medicare and Medicaid Services (CMS) to provide comprehensive, patient-centered, hospital and community-based care transition services to high-risk, fee-for-service (FFS) Medicare patients as they transition across care settings. Patients receive specialized care that includes support from transitional care nurses, licensed pharmacists, healthcare coaches and social workers. CCTP significantly reduces the 30-day all cause readmission rate for medically and socially complex patients and dramatically reduces healthcare costs.

Contact: Brenda Schmitthenner at 858-495-5853 or Brenda.Schmitthenner@sdcounty.ca.gov

CHRONIC DISEASE SELF-MANAGEMENT (AKA, “HEALTHIER LIVING WITH CHRONIC CONDITIONS”)

Designed at Stanford University and for people with conditions such as arthritis, depression, heart disease, diabetes, COPD, or *any* chronic illness, this program has been proven to achieve positive health outcomes and reduced health care expenditures. The program consists of a workshop that meets 2 ½ hours per week for six weeks, led by two trained peer educators, who also have a chronic condition. It promotes patient activation by teaching behavior management and personal goal setting. Topics include diet, exercise, medication management, cognitive symptom management, problem solving, relaxation, communication with healthcare providers, and dealing with difficult emotions. These “Healthier Living” workshops are available at sites throughout the county in English, Spanish, Arabic, Somali, and Tagalog.

For schedule, visit: www.HealthierLivingSD.org or call 858-495-5500 Ext 3.

DIABETES SELF-MANAGEMENT (AKA, “HEALTHIER LIVING WITH DIABETES”)

Designed at Stanford University and for people with type 2 diabetes, this program has been proven to achieve positive health outcomes and reduced health care expenditures. The program consists of a workshop in groups of 10 – 16 people that meet 2 ½ hours per week for six weeks, led by two trained peer educators, who also have diabetes. Topics include diet, exercise, medication management, blood glucose monitoring and management, foot care, complications of diabetes, problem solving, stress reduction, and communication with healthcare providers. The Healthier Living with Diabetes workshops are available at sites throughout the County. Available in English and Spanish

For schedule, visit: www.HealthierLivingSD.org or call 858-495-5500 Ext 3.

NATIONAL DIABETES PREVENTION PROGRAM (NDDP)

Government-led research found that the NDPP, led by the Centers for Disease Control and Prevention (CDC), can help people cut their risk of developing type 2 diabetes in half. The NDPP is a lifestyle change program, where a group of participants, led by a trained lifestyle coach, learns how to make changes to help prevent type 2 diabetes. The NDPP focuses on lifestyle changes such as losing a modest amount of weight, being more physically active, and managing stress. The group meets weekly for 16 “core sessions” and then meets monthly for the remainder of a year. The group setting provides a motivating and supportive environment with people who are facing similar challenges and trying to make the same changes.

For more information, call Kyra Reinhold at 858-495-5710.

FALL PREVENTION

Scientific evidence indicates that comprehensive fall prevention for older adults include management of medical risk factors, environmental safety, safe behaviors, and exercise that focuses on strength, flexibility and balance (such as our Feeling Fit program, and Tai Chi). Our website, www.SanDiegoFallPrevention.org offers a Toolkit and Resource Guide, including contact information for local organizations that address different facets of fall prevention, such as home modification, PT's, exercise classes, etc. The website also has a variety of educational videos, including English and Spanish videos for seniors, and a short video for clinicians.

Tai Chi: Moving For Better Balance

The TCMBB program is a modified version of the Yang style of Tai Chi that commonly is done using either 108, or, in the "short form," 24 different positions. TCMBB further simplifies the traditional style and has only 8 essential positions. This program was developed by Dr. Fuzhong Li at Oregon Research Institute (ORI) and was designed especially for older adults to reduce their risk of falls.

Older adults learn and practice the TCMBB form in a free group fitness class. Classes are ongoing and held for one hour, two times per week. Evidence suggests participating in TCMBB reduces falls and fear of falling; and increases functional balance and physical performance.

For schedule, visit: www.HealthierLivingSD.org or call 858-495-5500 Ext 3.

- ◆ **Stepping On** - This program is designed to reduce the risk of falling for people at moderate risk of falls. Throughout this program participants learn balance and strength exercises, vision's role in balance, how medication can contribute to falls, staying safe when out in the community, how to identify safe footwear, and how to check the home for safety.

For information, call Kari Carmody at (858) 495-5998.

FEELING FIT CLUB

The Feeling Fit Club is a functional fitness exercise program offered via three different delivery methods throughout San Diego County: 1) on-site classes with trained instructors at various community sites, 2) a television program that is shown twice daily on three stations, and 3) a video/DVD program for home use. All moves and exercises are designed to be adapted to various physical abilities and can be performed from a seated or standing position. Program evaluation has shown improvement in participants' strength, flexibility, balance, and ability to perform activities of daily living. The exercises in the home based program are focused on more frail seniors who are home-bound. The television programs are shown twice per day, Monday through Friday at 8:00 a.m. and 1:00 p.m.

For schedule, visit: www.HealthierLivingSD.org or call 858-495-5500 Ext 3.

DATA SOURCES

1. California Health Interview Survey, 2012; Accessed online at www.chis.ucla.edu.
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7. County of San Diego, Health & Human Services Agency, HIV/AIDS Epidemiology Unit, HIV/AIDS Reporting System, 2012.
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9. Death Statistical Master Files (CDPH) County of San Diego, Health & Human Services Agency, Epidemiology & Immunization Services Branch, 2012.
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11. Emergency Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Emergency Medical Services Branch, 2012
12. Patient Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Epidemiology & Immunization Services Branch, 2012.
13. SANDAG Population Estimates, 2012
14. U.S. Census Bureau, American Community Survey, 2012

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