

San Diego County Senior Cost of Living (Ages 65 and Over) By Subregional Area

April 2018



LIVE WELL
SAN DIEGO

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Live Well San Diego

Live Well San Diego is a regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners and individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components. Building Better Health, adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices; Living Safely, adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, Thriving, adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect and enjoy the highest quality of life.

The *Live Well San Diego* Indicators define what it means to live well in San Diego County. Measured across the lifespan among all residents, the *Live Well San Diego* Indicators capture the collective impact of programs, services and interventions using evidence-based practices.

This document contributes to the *Live Well San Diego* vision by highlighting economic issues facing our aging population, in support of a healthy, safe, and thriving region.

Introduction

The Senior Cost of Living document was created to highlight economic issues facing the aging population in San Diego County. The purpose of this analysis was to determine the actual basic costs of living for older adults (those aged 65 years and over).

San Diego County continues to be one of the most expensive places to live. As many seniors are living on fixed income, this analysis determines affordability of housing, among other essentials, for that segment of the population. As seniors are priced out of living in San Diego County, they become at risk for homelessness, food insecurity, and other issues that affect their ability to live healthy, safe, and thriving lives. This analysis determines the cost of living for seniors at the sub-regional area level. Following the analysis is a description of the methods used to calculate these values. This document also includes a “fact sheet” section which describes the results of the analysis in short, easy to digest facts. These are intended to highlight the most relevant results of the analysis.

Lastly, the document also contains a section on long-term care costs. As many seniors suffer from dementia, or one or more chronic diseases, they may also require long-term care during their later years. In the majority of cases, Medicare does not cover long term care. Few seniors invest in long-term care insurance, and costs of care are staggering.

Introduction

The following analysis was based on methods used by UCLA’s Center for Health Policy Research for their Elder Economic Security Standard™ Index for California, 2011. The purpose of this analysis was to create community level estimates of the costs faced by San Diego’s seniors.

Costs faced by seniors fall into five major categories: Housing, Food, Health Care, Transportation, and Miscellaneous.

Housing costs include those faced by renters, owners with a mortgage and owners without a mortgage. In 2016, 31% of senior homeowners (age 65+) spent more than 30% of their household income on housing costs, while 66% of senior renters also spent more than 30% of their household income on rent alone.^{1,2}

Food costs were determined using USDA’s low cost food plan.³ In San Diego County, 4.3% of senior households received CalFresh benefits (‘food stamps’) in 2016.⁴

Health care costs were estimated for a senior who is on Medicare, and is enrolled in a Medicare Advantage Plan. According to the Kaiser Family Foundation (2015), 47% of those enrolled in Medicare in San Diego County were enrolled in a Medicare Advantage Plan.⁵

Transportation costs were determined countywide by UCLA using the 2009 National Household Transportation Survey.⁶

Miscellaneous costs include costs not explicitly outlined as falling into the categories above, such as telephone service. Miscellaneous costs were assumed to be about 20% of the sum of what was spent in the other four categories.⁶

Table 1: Income in the Past 12 Months (in 2016 Inflation-Adjusted Dollars),
Householder Aged 65 Years and Over, San Diego County, 2016

Income type	Percentage of Households with Income Type	Mean Income (Per Month)	Mean Income (Per Year)
Earnings	40.5%	\$5,953	\$71,436
Social Security Income	85.8%	\$1,658	\$19,895
Supplemental Security Income	9.1%	\$714	\$8,563
Cash Public Assistance	1.3%	\$255	\$3,063
Retirement	48.7%	\$2,937	\$32,245
CalFresh Benefits	4.3%	\$123 [‡]	\$1,471 [‡]

Source: U.S. Census Bureau; 2016 American Community Survey 1-Year Estimates, Table S0103.

[‡] County of San Diego, Health and Human Services Agency, Self-Sufficiency Services, Eligibility Operations, Received December 2017.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2017.

Table 2: Housing Tenure by Type (Owner, Renter) and Mortgage Status, Householders Aged 65 and Over, by Region and Subregional Area, 2015

Almost 3/4 of seniors aged 65 and over were homeowners in 2015 (74.6%). About half of those who owned had a mortgage. About 1/4 of seniors were renters. The Central Region had the largest percentage of senior renters, while the North Coastal Region had the greatest percentage of senior homeowners.

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Table B25007, B25027.

* Zero percent of residents in this geography are homeowners.

§ Housing data not available for this geography

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2017.

1. U.S. Census Bureau; 2016 American Community Survey 1-Year Estimates, Table B25093.
2. U.S. Census Bureau; 2016 American Community Survey 1-Year Estimates, Table B25072.
3. Official USDA Food Plans; Cost of Food at Home at Four levels, U.S. Average, September 2017.
4. U.S. Census Bureau; 2016 American Community Survey 1-Year Estimates, Table S0103.
5. The Henry J. Kaiser Family Foundation. Medicare Advantage and Traditional Medicare: Is the Balance Tipping? October 20, 2015. <https://www.kff.org/report-section/medicare-advantage-and-traditional-medicare-is-the-balance-tipping-appendix-8795/>
6. UCLA Center for Health Policy Research, Elder Economic Security Standard™ Index for California, 2015. <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/elder-index-data.aspx>

Geography	Renter	Owner with Mortgage	Owner without Mortgage
Central Region	40.4%	30.1%	29.5%
Central SD	51.1%	24.5%	24.4%
Mid-City	45.6%	24.5%	29.9%
Southeastern SD	20.4%	43.4%	36.2%
East Region	26.0%	33.0%	41.1%
Alpine	17.9%	40.4%	41.7%
El Cajon	32.0%	29.4%	38.6%
Harbison Crest	4.1%	35.8%	60.1%
Jamul	4.3%	50.0%	45.6%
La Mesa	36.8%	25.3%	37.9%
Laguna-Pine Valley	6.9%	43.9%	49.1%
Lakeside	22.2%	30.5%	47.3%
Lemon Grove	33.9%	33.5%	32.6%
Mountain Empire	16.0%	39.9%	44.1%
Santee	13.4%	38.1%	48.5%
Spring Valley	28.6%	36.1%	35.3%
North Central Region	22.0%	36.3%	41.7%
Coastal	23.5%	35.1%	41.4%
Del Mar-Mira Mesa	15.4%	50.3%	34.3%
Elliot-Navajo	15.7%	36.7%	47.6%
Kearny Mesa	20.9%	32.1%	47.0%
Miramar	§	§	§
Peninsula	30.7%	31.6%	37.7%
University	37.1%	30.4%	32.5%
North Coastal Region	19.9%	38.9%	41.2%
Carlsbad	17.9%	42.7%	39.4%
Oceanside	21.0%	36.8%	42.2%
Pendleton	100.0%	*	*
San Dieguito	24.0%	35.6%	40.4%
Vista	15.1%	40.7%	44.2%
North Inland Region	20.4%	39.4%	40.2%
Anza-Borrego Springs	15.1%	22.0%	62.9%
Escondido	29.5%	32.5%	38.0%
Fallbrook	12.7%	46.6%	40.7%
North SD	25.7%	40.0%	34.2%
Palomar-Julian	5.9%	39.3%	54.8%
Pauma	3.4%	41.9%	54.8%
Poway	14.7%	45.8%	39.5%
Ramona	9.6%	53.9%	36.6%
San Marcos	23.2%	31.5%	45.3%
Valley Center	7.9%	49.8%	42.3%
South Region	31.8%	30.8%	37.4%
Chula Vista	34.8%	22.8%	42.4%
Coronado	23.7%	35.1%	41.2%
National City	56.2%	17.2%	26.6%
South Bay	35.9%	28.6%	35.5%
Sweetwater	13.7%	50.6%	35.6%
COUNTY TOTAL	25.4%	35.4%	39.2%

Single Older Adult

In San Diego County, almost two in five of seniors live in households where they are the sole resident of the home (no spouse present).⁷ Single older adults will typically pay as much as an older adult couple in housing costs. Food costs are more expensive for one person, as it is less expensive per unit to buy food in bulk for a larger family. Health care costs are the same per person in each household. Transportation costs are slightly less expensive for single older adults.⁶ Costs by expense type, and by region and subregional area are broken out in the table below (continued on next page).

Table 3: Single Older Adult Cost of Living by Expense Type by Region and Subregional Area, San Diego County, 2015

SINGLE OLDER ADULT							
Geography	Housing	Food	Health Care	Transportation	Miscellaneous	TOTAL COST PER MONTH	TOTAL ANNUAL COST
Central Region	\$1,220	\$272	\$355	\$228	\$415	\$2,489	\$29,869
Central SD	\$1,282	\$273	\$355	\$228	\$428	\$2,565	\$30,785
Mid-City	\$1,144	\$271	\$355	\$228	\$400	\$2,398	\$28,781
Southeastern SD	\$1,144	\$271	\$355	\$228	\$400	\$2,397	\$28,770
East Region	\$1,262	\$271	\$355	\$228	\$423	\$2,540	\$30,477
Alpine	\$1,587	\$271	\$355	\$228	\$488	\$2,928	\$35,142
El Cajon	\$1,215	\$272	\$355	\$228	\$414	\$2,483	\$29,797
Harbison Crest	\$1,188	\$272	\$355	\$228	\$408	\$2,451	\$29,407
Jamul	\$1,921	\$274	\$355	\$228	\$556	\$3,333	\$40,002
La Mesa	\$1,172	\$271	\$355	\$228	\$405	\$2,431	\$29,174
Laguna-Pine Valley	\$1,158	\$272	\$355	\$228	\$403	\$2,415	\$28,985
Lakeside	\$1,232	\$271	\$355	\$228	\$417	\$2,503	\$30,039
Lemon Grove	\$1,195	\$271	\$355	\$228	\$410	\$2,459	\$29,507
Mountain Empire	\$878	\$273	\$355	\$228	\$347	\$2,081	\$24,978
Santee	\$1,263	\$271	\$355	\$228	\$423	\$2,541	\$30,488
Spring Valley	\$1,306	\$271	\$355	\$228	\$432	\$2,592	\$31,106
North Central Region	\$1,506	\$272	\$355	\$228	\$472	\$2,833	\$33,998
Coastal	\$1,701	\$272	\$355	\$228	\$511	\$3,067	\$36,802
Del Mar-Mira Mesa	\$1,774	\$271	\$355	\$228	\$526	\$3,154	\$37,844
Elliot-Navajo	\$1,333	\$271	\$355	\$228	\$437	\$2,625	\$31,495
Kearny Mesa	\$1,250	\$272	\$355	\$228	\$421	\$2,526	\$30,313
Miramar	\$	\$	\$	\$	\$	\$	\$
Peninsula	\$1,583	\$272	\$355	\$228	\$488	\$2,926	\$35,114
University	\$1,551	\$271	\$355	\$228	\$481	\$2,886	\$34,629

[§] Housing data not available for this geography, so cost of living estimate was not generated.

Sources: UCLA Center for Health Policy Research, Elder Economic Security Standard™ Index for California, 2015; U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Table B25007, B25027, B25008, B25064; Official USDA Food Plans; Cost of Food at Home at Four Levels, U.S. Average, September 2017; U.S. Centers for Medicare & Medicaid Services, Medicare.gov Medicare Plan Finder 2018 plan data; U.S. Department of Transportation, Bureau of Transportation Statistics, National Household Transportation Survey, 2009

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2017.

6. UCLA Center for Health Policy Research, Elder Economic Security Standard™ Index for California, 2015. <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/elder-index-data.aspx>

7. U.S. Census Bureau; 2011-2015 American Community Survey 5-year Estimates, Table B09020.

Table 3: Single Older Adult Cost of Living by Expense Type by Region and Subregional Area, San Diego County, 2015—CONTINUED

SINGLE OLDER ADULT							
Geography	Housing	Food	Health Care	Transportation	Miscellaneous	TOTAL COST PER MONTH	TOTAL ANNUAL COST
North Coastal Region	\$1,487	\$272	\$355	\$228	\$468	\$2,810	\$33,720
Carlsbad	\$1,674	\$271	\$355	\$228	\$506	\$3,034	\$36,411
Oceanside	\$1,262	\$272	\$355	\$228	\$423	\$2,539	\$30,471
Pendleton	\$1,813	\$278	\$355	\$228	\$535	\$3,208	\$38,501
San Dieguito	\$1,815	\$271	\$355	\$228	\$534	\$3,203	\$38,431
Vista	\$1,288	\$271	\$355	\$228	\$428	\$2,571	\$30,852
North Inland Region	\$1,452	\$271	\$355	\$228	\$461	\$2,768	\$33,211
Anza-Borrego Springs	\$681	\$273	\$355	\$228	\$307	\$1,844	\$22,130
Escondido	\$1,274	\$271	\$355	\$228	\$426	\$2,554	\$30,645
Fallbrook	\$1,553	\$271	\$355	\$228	\$481	\$2,889	\$34,666
North SD	\$1,603	\$271	\$355	\$228	\$491	\$2,948	\$35,382
Palomar-Julian	\$887	\$270	\$355	\$228	\$348	\$2,088	\$25,056
Pauma	\$1,280	\$272	\$355	\$228	\$427	\$2,562	\$30,745
Poway	\$1,831	\$271	\$355	\$228	\$537	\$3,221	\$38,653
Ramona	\$1,684	\$271	\$355	\$228	\$508	\$3,046	\$36,554
San Marcos	\$1,224	\$271	\$355	\$228	\$416	\$2,493	\$29,917
Valley Center	\$1,600	\$271	\$355	\$228	\$491	\$2,945	\$35,346
South Region	\$1,273	\$271	\$355	\$228	\$425	\$2,552	\$30,627
Chula Vista	\$981	\$271	\$355	\$228	\$367	\$2,202	\$26,429
Coronado	\$2,149	\$273	\$355	\$228	\$601	\$3,606	\$43,268
National City	\$970	\$271	\$355	\$228	\$365	\$2,189	\$26,271
South Bay	\$1,107	\$271	\$355	\$228	\$392	\$2,353	\$28,236
Sweetwater	\$1,724	\$271	\$355	\$228	\$516	\$3,094	\$37,125
SAN DIEGO COUNTY	\$1,331	\$271	\$355	\$228	\$437	\$2,622	\$31,466

Sources: UCLA Center for Health Policy Research, Elder Economic Security Standard™ Index for California, 2015; U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Table B25007, B25027, B25008, B25064; Official USDA Food Plans; Cost of Food at Home at Four Levels, U.S. Average, September 2017; U.S. Centers for Medicare & Medicaid Services, Medicare.gov Medicare Plan Finder 2018 plan data; U.S. Department of Transportation, Bureau of Transportation Statistics, National Household Transportation Survey, 2009

Prepared by: County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, 2017.



Older Adult Couple

In San Diego County, almost half of seniors live in married couple households.⁷ Older adults living together will typically pay just as much as an older adult couple in housing costs, as renting costs do not depend on the number of people occupying a unit. Food costs are less expensive for two people, as it is less expensive per unit to buy more food for a larger family. Health care costs are the same per person in each household. Transportation costs are slightly more expensive for couples, but are not double because couples often travel together.⁶ Costs by expense type and by region and subregional area are broken out in the table below (continued on next page).

Table 4: Older Adult Couple Cost of Living by Expense Type by Region and Subregional Area, San Diego County, 2015

OLDER ADULT COUPLE							
Geography	Housing	Food	Health Care	Transportation	Miscellaneous	TOTAL COST PER MONTH	TOTAL ANNUAL COST
Central Region	\$1,220	\$452	\$710	\$320	\$540	\$3,242	\$38,907
Central SD	\$1,282	\$452	\$710	\$320	\$553	\$3,317	\$39,809
Mid-City	\$1,144	\$452	\$710	\$320	\$525	\$3,152	\$37,824
Southeastern SD	\$1,144	\$452	\$710	\$320	\$525	\$3,151	\$37,816
East Region	\$1,262	\$452	\$710	\$320	\$549	\$3,293	\$39,519
Alpine	\$1,587	\$452	\$710	\$320	\$614	\$3,683	\$44,196
El Cajon	\$1,215	\$452	\$710	\$320	\$539	\$3,236	\$38,836
Harbison Crest	\$1,188	\$452	\$710	\$320	\$534	\$3,204	\$38,446
Jamul	\$1,921	\$452	\$710	\$320	\$681	\$4,084	\$49,011
La Mesa	\$1,172	\$452	\$710	\$320	\$531	\$3,185	\$38,225
Laguna-Pine Valley	\$1,158	\$452	\$710	\$320	\$528	\$3,168	\$38,016
Lakeside	\$1,232	\$452	\$710	\$320	\$543	\$3,257	\$39,085
Lemon Grove	\$1,195	\$452	\$710	\$320	\$535	\$3,213	\$38,552
Mountain Empire	\$878	\$452	\$710	\$320	\$472	\$2,833	\$33,992
Santee	\$1,263	\$452	\$710	\$320	\$549	\$3,295	\$39,535
Spring Valley	\$1,306	\$452	\$710	\$320	\$558	\$3,346	\$40,150
North Central Region	\$1,506	\$452	\$710	\$320	\$598	\$3,586	\$43,037
Coastal	\$1,701	\$452	\$710	\$320	\$637	\$3,820	\$45,840
Del Mar-Mira Mesa	\$1,774	\$452	\$710	\$320	\$651	\$3,907	\$46,887
Elliot-Navajo	\$1,333	\$452	\$710	\$320	\$563	\$3,379	\$40,543
Kearny Mesa	\$1,250	\$452	\$710	\$320	\$547	\$3,279	\$39,351
Miramar	§	§	§	§	§	§	§
Peninsula	\$1,583	\$452	\$710	\$320	\$613	\$3,678	\$44,141
University	\$1,551	\$452	\$710	\$320	\$607	\$3,639	\$43,673

§ Housing data not available for this geography, so cost of living estimate was not generated.

Sources: UCLA Center for Health Policy Research, Elder Economic Security Standard™ Index for California, 2015; U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Table B25007, B25027, B25008, B25064; Official USDA Food Plans; Cost of Food at Home at Four Levels, U.S. Average, September 2017; U.S. Centers for Medicare & Medicaid Services, Medicare.gov Medicare Plan Finder 2018 plan data; U.S. Department of Transportation, Bureau of Transportation Statistics, National Household Transportation Survey, 2009

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2017.

6. UCLA Center for Health Policy Research, Elder Economic Security Standard™ Index for California, 2015. <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/elder-index-data.aspx>

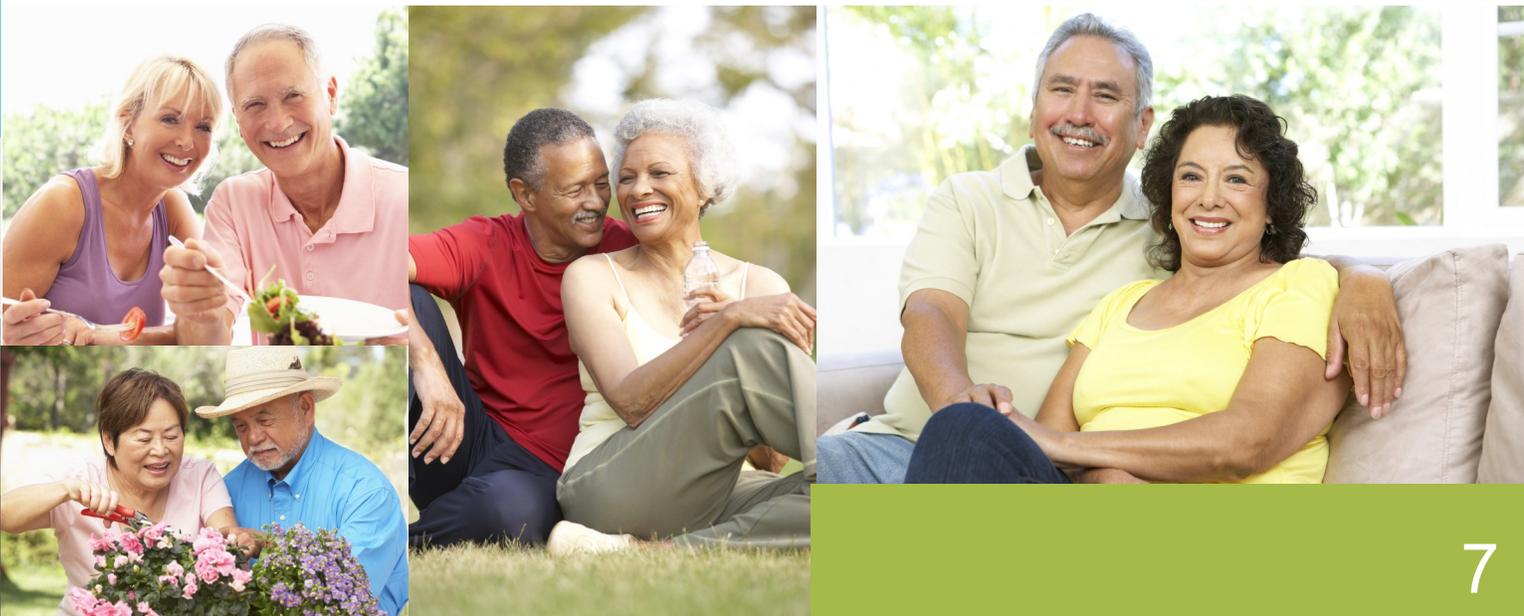
7. U.S. Census Bureau; 2011-2015 American Community Survey 5-year Estimates, Table B09020.

Table 4: Older Adult Couple Cost of Living by Expense Type by Region and Subregional Area, San Diego County, 2015 —CONTINUED

OLDER ADULT COUPLE							
Geography	Housing	Food	Health Care	Transportation	Miscellaneous	TOTAL COST PER MONTH	TOTAL ANNUAL COST
North Coastal Region	\$1,487	\$452	\$710	\$320	\$594	\$3,563	\$42,756
Carlsbad	\$1,674	\$452	\$710	\$320	\$631	\$3,788	\$45,455
Oceanside	\$1,262	\$452	\$710	\$320	\$549	\$3,293	\$39,511
Pendleton	\$1,813	\$452	\$710	\$320	\$659	\$3,954	\$47,452
San Dieguito	\$1,815	\$452	\$710	\$320	\$659	\$3,957	\$47,478
Vista	\$1,288	\$452	\$710	\$320	\$554	\$3,324	\$39,894
North Inland Region	\$1,452	\$452	\$710	\$320	\$587	\$3,521	\$42,257
Anza-Borrego Springs	\$681	\$452	\$710	\$320	\$433	\$2,596	\$31,148
Escondido	\$1,274	\$452	\$710	\$320	\$551	\$3,307	\$39,687
Fallbrook	\$1,553	\$452	\$710	\$320	\$607	\$3,642	\$43,710
North SD	\$1,603	\$452	\$710	\$320	\$617	\$3,703	\$44,434
Palomar-Julian	\$887	\$452	\$710	\$320	\$474	\$2,843	\$34,112
Pauma	\$1,280	\$452	\$710	\$320	\$552	\$3,315	\$39,779
Poway	\$1,831	\$452	\$710	\$320	\$663	\$3,975	\$47,705
Ramona	\$1,684	\$452	\$710	\$320	\$633	\$3,800	\$45,598
San Marcos	\$1,224	\$452	\$710	\$320	\$541	\$3,247	\$38,966
Valley Center	\$1,600	\$452	\$710	\$320	\$616	\$3,699	\$44,387
South Region	\$1,273	\$452	\$710	\$320	\$551	\$3,306	\$39,671
Chula Vista	\$981	\$452	\$710	\$320	\$493	\$2,956	\$35,475
Coronado	\$2,149	\$452	\$710	\$320	\$726	\$4,358	\$52,293
National City	\$970	\$452	\$710	\$320	\$490	\$2,943	\$35,312
South Bay	\$1,107	\$452	\$710	\$320	\$518	\$3,107	\$37,280
Sweetwater	\$1,724	\$452	\$710	\$320	\$641	\$3,847	\$46,170
SAN DIEGO COUNTY	\$1,331	\$452	\$710	\$320	\$563	\$3,376	\$40,507

Sources: UCLA Center for Health Policy Research, Elder Economic Security Standard™ Index for California, 2015; U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Table B25007, B25027, B25008, B25064; Official USDA Food Plans; Cost of Food at Home at Four Levels, U.S. Average, September 2017; U.S. Centers for Medicare & Medicaid Services, Medicare.gov Medicare Plan Finder 2018 plan data; U.S. Department of Transportation, Bureau of Transportation Statistics, National Household Transportation Survey, 2009

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2017.



Methods

This analysis was based on methods used by UCLA’s Center for Health Policy Research for their Elder Economic Security Standard™ Index for California, 2011, documented in their June 2013 Methodology Report, available at the following website: http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/EIRD2011/Documents/elderindex_methodology2011.pdf.

For some categories, the same data sources were used for this analysis. For others, such as housing, the data was not available at the level needed to aggregate to the 41 subregional areas within the county. Estimates for transportation costs countywide were taken directly from UCLA’s calculator, as no newer data was available.

Below is a comparison of the San Diego County overall calculation to the UCLA calculated values for San Diego County for both a single older adult and a couple, with no older adult children or grandchildren in the household, and with the older adult as the primary householder, obtained from UCLA’s Elder Index Dashboard (2015; <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/CostOfLiving.aspx>). Despite using different sources for the housing cost estimates, the figures for San Diego County are comparable to those obtained by UCLA. Therefore these calculations can be used to produce smaller-area estimates.

Table 5: Estimated Senior Cost of Living by Housing Tenure and Household Type per Month, San Diego County, 2009-2015 (UCLA)

Table 6: Estimated Senior Cost of Living by Housing Tenure and Household Type per Month, San Diego County, 2009-2018

Housing Tenure	Household Type	
	Single	Couple
Renter	\$1,974	\$2,557
Owner without Mortgage	\$1,385	\$1,968
Owner with Mortgage	\$2,822	\$3,405

Housing Tenure	Household Type	
	Single	Couple
Renter	\$2,638	\$3,392
Owner without Mortgage	\$1,659	\$2,412
Owner with Mortgage	\$3,676	\$4,430

Sources: UCLA Center for Health Policy Research, Elder Economic Security Standard™ Index for California, 2015; U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Table B25007, B25027, B25008, B25064; Official USDA Food Plans; Cost of Food at Home at Four levels, U.S. Average, September 2017; U.S. Centers for Medicare & Medicaid Services, Medicare.gov Medicare Plan Finder 2018 plan data; U.S. Department of Transportation, Bureau of Transportation Statistics, National Household Transportation Survey, 2009.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2017.

Methods

The purpose of this analysis is to determine what the cost of living is, per month, for seniors living in San Diego County. Costs are determined countywide, by Health and Human Services Agency Service Region, and by subregional area.

Costs faced by seniors fall into five major categories: Housing, Food, Health Care, Transportation, and Miscellaneous. Methods for calculating costs for each of these categories are described below.

HOUSING

Housing costs include those faced by renters and owners (with and without mortgages).

The UCLA Center for Health Policy Research determined housing costs by county using Integrated Public Use Microdata Series data. This data was not available at the sub-county level. As a result, American Community Survey (ACS) 5-year estimates for housing tenure and housing costs were used to create a surrogate estimate for average housing costs for those aged 65 and over.

The housing tenure for those householders aged 65 and over were determined using ACS tables B25007 (Tenure by Age of Householder) and B25027 (Mortgage Status by Age of Householder). The resulting percentages reflect the proportion of seniors who rent, own and have a mortgage payment, and own and do not have a mortgage payment. These percentages were applied to figures determined using ACS tables B25088 (Median Selected Monthly Owner Costs [Dollars] by Mortgage Status) and B25064 (Median Gross Rent [Dollars]). The result is an estimate of monthly housing costs weighted by housing tenure for those 65 years and older.

FOOD

The United States Department of Agriculture's (USDA) Low-Cost Food Plan provides a low-cost nutritionally adequate diet for persons based on age and gender. The costs provided in the 2017 Official USDA Food Plans: Cost of Food at Home at Four levels, U.S. Average, September 2017 worksheet reflects food consumption at the 25th-50th percentile of average food expenditures nationally. For seniors, costs are available for adults ages 51-70 and 71+. The estimate for those aged 71 and over was used for this calculation, as it is a more conservative spending estimate. It is assumed that food in San Diego County is 7% more expensive than it is nationally, and so the 2017 estimate obtained from USDA was multiplied by 1.07 to reflect this cost increase.

For single adults, the estimate was weighted to represent the gender distribution in each SRA. To account for per unit pricing being less expensive for those buying for more people in the household, food was assumed to be 20% more expensive for single older adults. The cost for a single adult was determined as follows:

$$[(\text{Male 71+ food plan cost} * \text{Male SRA \%}) + (\text{Female 71+ food plan cost} * \text{Female SRA \%})] * 1.07 * 1.2$$

For older adult couples, the costs for males and females 71+ were added together, and were assumed not to vary by SRA. The same 1.07 multiplier was used to determine the figure for food costs for older adult couples. The calculation is described below.

$$[(\text{Male 71+ food plan cost}) + (\text{Female 71+ food plan cost})] * 1.07$$

Methods

HEALTH CARE

UCLA assumes that each older adult is:

1. Enrolled in Medicare;
2. Enrolled in HMO/Medicare Advantage plan or has a Medigap Policy; and
3. Has Part D coverage.

For their county calculator, UCLA looked at the Medicare Advantage penetration rates for each county. For those counties with a penetration rate greater than 20%, the figure used to represent healthcare costs was based on the Kaiser HMO/Medicare Advantage plan premium for that area. The penetration rate for Medicare Advantage plans in San Diego County among those with Medicare was 47% in 2015.[†]

The figure used was the sum of the Medicare Part B premium, the Kaiser HMO/Medicare Advantage plan premium (which is \$0 for San Diego County), and average out-of-pocket costs. UCLA used an average of out-of-pocket costs from the Agency for Healthcare Research and Quality Medical Expenditure Panel Survey. The local calculations used out-of-pocket costs from Medicare.gov's Medicare Plan Finder for 2018.

For a single older adult, the monthly costs was the sum of the components described above. For a couple, this cost was doubled, as it assumes both members of the couple are on Medicare Advantage and have the same out-of-pocket costs.

TRANSPORTATION

UCLA calculated transportation costs based on the 2009 National Household Transportation Survey (2009). According to the 2011 U.S. Consumer Expenditure Survey, 93% of transportation costs were automobile costs for older adults, therefore automobile costs were chosen to represent transportation costs for seniors.

The median annual miles driven for those with any miles driven for California residents age 65 and over, and the person weight was applied. For two-person households, the person file was used to sum household miles, and the household weight was applied. The IRS allowable amount per mile was multiplied by the median annual miles driven, a three-year average was calculated, and then this amount was divided by 12 for a monthly estimate. There was no newer data available, and nothing was available at a small enough geography to be recalculated, therefore the same figures for singles and couples were used.

MISCELLANEOUS

Miscellaneous costs were assumed to be 20% of the sum of the other four categories, and account for costs not covered elsewhere such as home repair costs and landline telephone costs.

[†] The Henry J. Kaiser Family Foundation. Medicare Advantage and Traditional Medicare: Is the Balance Tipping? October 20, 2015. <https://www.kff.org/report-section/medicare-advantage-and-traditional-medicare-is-the-balance-tipping-appendix-8795/>

Senior Cost of Living in San Diego County: Fact Sheet

OVERALL COST OF LIVING

- The SRAs with the lowest senior costs of living were in the rural East and North Inland Regions, such as Anza Borrego Springs, Mountain Empire, and Palomar-Julian. The SRA with the highest senior cost of living was Coronado.
- Housing costs drive the amount needed to make ends meet for seniors in San Diego County. The SRAs with the lowest housing costs were also in the rural East and North Inland Regions, such as Anza Borrego Springs, Mountain Empire, and Palomar-Julian. The SRA with the highest senior housing cost was Coronado.

HOUSEHOLD INCOME

- One in six of seniors aged 65 and over were still working (16.9%).¹
- Two out of five households with at least one member aged 65 and over relied on earnings to supplement their income (40.5%).²
- Only half of senior households report having retirement income (48.5%).²
- The majority of senior households relied on Social Security income to supplement their income (85.8%), and a substantial amount of those households relied on Social Security alone.²
- One in ten senior households received Supplemental Security Income (a program designed to help aged, blind, and disabled people who have little or no income) (9.1%).^{2,3}
- Nearly one in 20 senior households received CalFresh benefits in order to be able to afford food (4.3%).² CalFresh is a government program that provides monthly food benefits to assist low-income households in purchasing the food they need to maintain adequate nutrition.⁴
- One in 70 senior households received cash public assistance through CalWORKS (TANF) to supplement their income (1.3%).² The CalWORKS (TANF) program is designed to provide immediate short-term help to families needing housing, food, utilities, clothing, or medical care.⁵
- The mean amount received as Social Security income was less than \$20,000 per year.²
- Based on the county and sub-county level calculations for senior costs of living, it is impossible to live on Social Security alone without additional income or support.

HOUSING COSTS

- Rent costs were up 5.1% over the last year (2016–2017).^{6,7}
- One-quarter of senior households rent their housing.^{8,9}
- As it is already impossible for senior householders in San Diego County to live on social security alone, these households will need retirement savings or other assistance to make ends meet as rent rises.²
- Subregional areas where more seniors were renters include National City (56.2%), Central San Diego (51.1%), and Mid-City (45.6%). Seniors living in these areas will be disproportionately affected as rent continues to rise, because less own their homes and have fixed mortgage payments.⁸
- Almost three-quarters of senior householders aged 65 and over own their homes (74.6%). Of these, about half own their home outright, and the remaining half still have a mortgage.⁹

HOUSING COSTS (CONTINUED)

- Housing costs inflated 23.8% from 2006-2016. If the same holds true, by 2055, seniors will be paying over \$3,000 per month for housing (\$1,300 in 2015).^{10,11}
- The average cost of residence at an assisted living facility was \$4,500 in San Diego, more than three times what the average senior household spends on housing monthly.¹²
- The average cost of dementia care in a long term care facility in 2015 was over \$5,500 per month, over 4.2 times the average monthly housing cost for seniors in San Diego County.¹³
- Health insurance typically does not cover long term care (assisted living or memory care). As seniors need more help or more care, they will have to rely on other sources to finance the specialized care they need, since the average housing cost is already too much to cover with Social Security income alone.

AS COSTS CONTINUE TO RISE...

- The leading edge of the baby boom (born in 1944) is now past 70 years old.¹⁴
- As the population ages, more people will be living on fixed incomes. With 25% of senior households renting, increasing rent amounts puts seniors at risk for homelessness and food insecurity, medication lapse, etc.^{8,9}
- Older seniors are living longer, and younger seniors are putting pressure on the senior housing market. The baby boom is depleting resources in an already scarce market.
- Some seniors cannot afford basic costs of living in San Diego County as it is, and as costs continue to rise, they are at risk for homelessness and food insecurity. Some seniors are not able to finance dementia care, which may increase homelessness among those with dementia.

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Long Term Care Costs

LONG TERM SERVICES AND SUPPORTS

Long term services and supports (LTSS) is the general name for assistance provided to people who are unable to perform one or more Activities of Daily Living (ADLs) on their own, due to cognitive limitations, functional limitations, or both. LTSS may be provided by trained professionals, as paid or formal care. LTSS may also be informal, or provided free of cost by family and friends of the Alzheimer's disease and related dementia (ADRD) patient.¹

Types of Paid or Formal Care

Paid care may be necessary for ADRD patients. Different levels of care exist for those with ADRD, depending on how much help they need. Options for paid care range from adult day care, to assisted living, where residents typically need help with less than two activities of daily living (ADLs), to skilled nursing care provided by trained medical staff, for those who need help with three or more ADLs.²

Adult day care or respite care is an option for those with ADRD whose family or community caregivers work during the day, or need a break from their responsibilities as a caregiver. This kind of care costs anywhere from \$25-\$100 per day (nationally), based on the services offered. This type of care is not covered by Medicare, although financial assistance is available for those enrolled in qualifying Medi-Cal managed care plans.^{3,4}

According to the Assisted Living Federation of America, assisted living is “a special combination of housing, personalized supportive services, and health care designed to meet the needs – both scheduled and unscheduled – of those who need help with activities of daily living.” Assisted living also involves a living environment with around-the-clock staff oversight, housekeeping, provision of at least two meals per day and assistance with at least two ADLs.⁵ Assisted living is typically more expensive for those requiring dementia care (also called memory care) in addition to assistance with ADLs, as compared to those who do not need dementia care. The difference in cost, nationally, is an average of \$1,150 higher.⁶ Assisted living is sometimes covered by long term care insurance, but is not typically covered by traditional health insurance.⁷ An Assisted Living Waiver (financial supplement) does exist in San Diego County for those on full-scope Medi-Cal who require care and are willing to reside in assisted living instead of a nursing facility.⁸

In California, assisted living facilities are called Residential Care Facilities for the Elderly (RCFE).² There are several licensed RCFEs in San Diego County. In December 2017, there were 607 licensed facilities of this kind in the county, including 11 licensed continuing care retirement communities (CCRC).⁹ This type of facility provides care on a continuum throughout the resident's lifetime, as they may require more care as they age. Most communities have an independent living section, an assisted living section and a skilled nursing facility on-site or nearby.²

Depending on the affected individual's level of need, specialized dementia care may be required. This is usually a level above care provided through traditional assisted living. Specific services available vary from facility to facility, but may include staff with specialized training, and structuring the day around the individual's preferred activities and strengths. Visible cues, such as signs or pictures, help residents maintain independence, and specialized safety measures, such as secured exits, are typical.¹⁰

Long Term Care Costs

Skilled nursing care is another paid care option for those with ADRD. Admission to a skilled nursing facility (SNF) typically occurs after a hospital stay of three or more days.¹¹ Skilled nursing care includes rehabilitation services, and other care that can only be provided by a nurse or a doctor.¹² Medicare Part A covers up to 100 days of SNF care post-hospital stay. Days 1-20 require no coinsurance by the patient. Days 20-100 have coinsurance of \$167.50 per day (in 2018). The patient is required to cover all costs starting on day 101 of his or her stay.¹¹ In 2016, 20 long term care facilities in San Diego County reported up to the California Office of Statewide Health Planning and Development (OSHPD) that they had Alzheimer's programs available, and cared for a total of 446 Alzheimer's patients. In total, there are 80 SNFs within the county.¹³

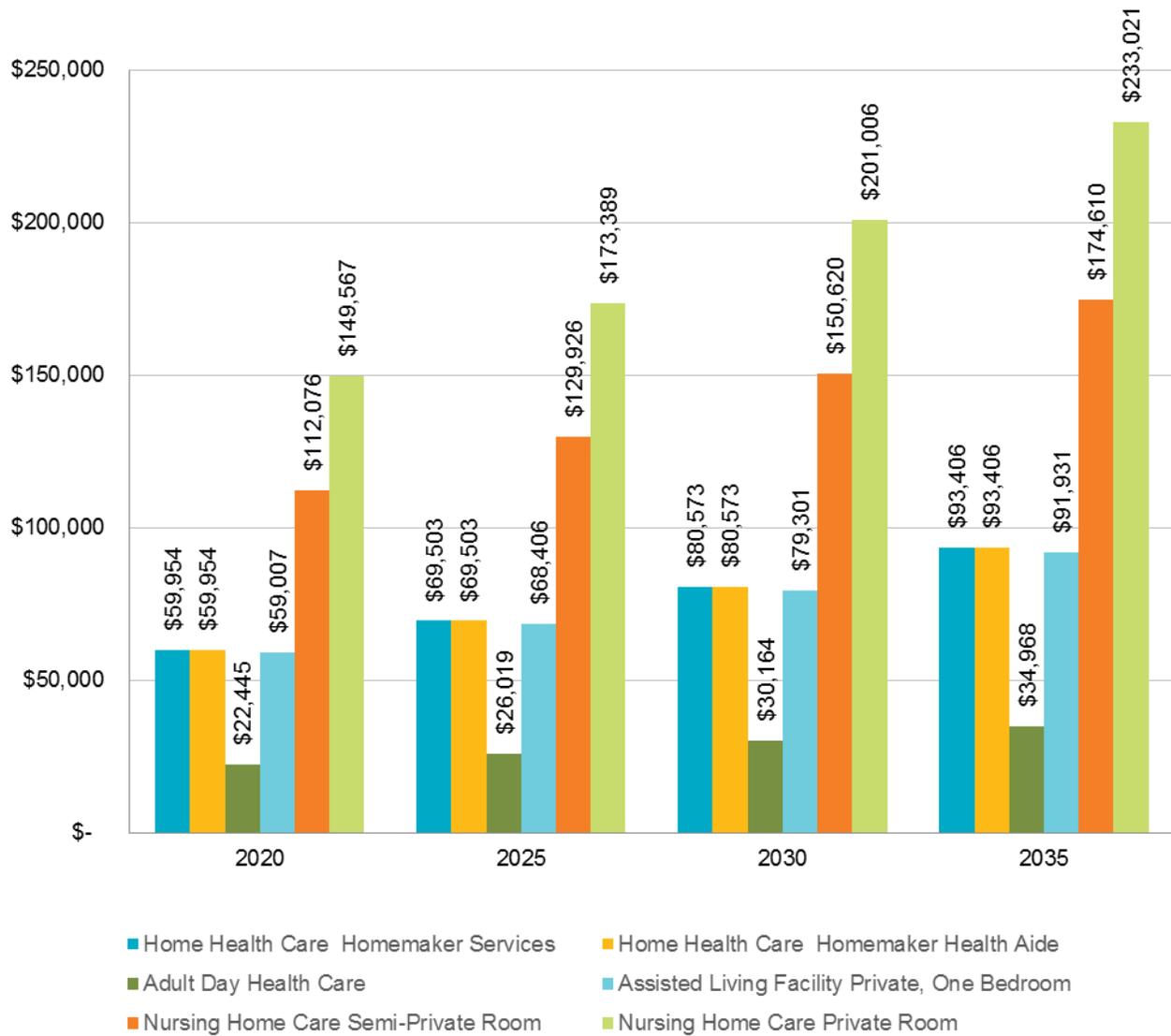
Costs of Care

In San Diego County in 2017, the cost of care for one adult senior were substantial. For in-home care homemaker services and for homemaker health aide services averaged \$54,866 annually. These services allow seniors to remain in their homes by providing assistance with meals, housekeeping, bathing and dressing. The annual cost for adult day health care was \$20,540. Adult day health care provides a safe, engaging and supportive environment for a senior allowing a spouse or family caregiver to continue working or handling other responsibilities. The average annual cost of an assisted living facility with a private, one bedroom space was \$54,000. Assisted living facilities generally provide congregate dining, community activities, laundry and light housekeeping services as well as medication management, assistance with and transportation to medical appointments. The average annual cost of skilled nursing for a semi-private room was \$102,565 and a private room was \$136,875. The costs associated with nursing home care may be covered under health insurance, Medicare or Medicaid, depending on the treatment needed. By 2035, costs associated with home health care and assisted living are projected to exceed \$90,000 annually.¹⁴



Long Term Care Costs

Figure 1: Projected Annual Cost of Care—San Diego County, 2020-2035



Source: Genworth. Compare Long Term Care Costs Across the United States: Annual Costs: San Diego Area, CA (2017). <https://www.genworth.com/about-us/industry-expertise/cost-of-care.html>. Accessed December 8, 2017.

Prepared by: County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, 2017.

Long Term Care Costs

PAYING FOR CARE

Long Term Care Insurance

About two thirds of 65 year olds today will need long term care services at some point in their lifetime. The average number of years that people require long term care services is three years. Forty-two percent of people who receive care at home by family members will also receive paid care.¹⁵

As was mentioned previously, Medicare and Medi-Cal will pay for some types of care under certain circumstances, but in most cases, the patient is responsible for the costs of his or her care.¹⁶ Long term care insurance policies are available for older adults, and most are comprehensive – meaning they cover care given at home by skilled professionals, as well as homemaker services, including housekeeping and meal preparation. The policy will also typically cover services provided at adult day care centers, hospice facilities, respite facilities, assisted living facilities, Alzheimer’s special care facilities and nursing homes.¹⁷

People who currently use long term care services or already have a diagnosis of Alzheimer’s disease or a related dementia may not be able to purchase long term care insurance. However, if they purchase the insurance prior to developing the condition, then any long term care they need as a result of that condition will be covered under their policy. The average age of a person purchasing long term care insurance is 60 years.¹⁸

People may also choose to use another private payment option to finance their care, such as a reverse mortgage, some types of life insurance policies, and annuities.¹⁶

Less than 5% of adults in San Diego County have purchased long term care insurance. San Diego County households spent almost \$120 million in long term care insurance premiums in 2016. The likelihood of having purchased long term care insurance is correlated with residing in a higher income community, and increasing age.¹⁹

Table 2: Long Term Care (LTC) Insurance Uptake & Total Household Dollars spent on LTC Insurance, by Community, 2016

Region	Percent of Adults with LTC Insurance	Total Long Term Care Insurance Premiums Paid by All Consumers within Region (Annually)
Central	3.62%	\$11,746,688
East	4.31%	\$17,057,245
North Central	5.26%	\$30,778,126
North Coastal	4.64%	\$21,916,009
North Inland	5.00%	\$26,274,704
South	3.71%	\$11,905,354
San Diego County	4.47%	\$119,678,126

Source: ESRI Market Potential Database, 2016; ESRI Consumer Expenditure Survey, 2016.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2017.

Long Term Care Costs

Medicare

Medicare is the federal health insurance program for people aged 65 or older. It consists of four parts: Part A (Hospital), Part B (Supplemental), Part C (Medicare Advantage/Managed Care), and Part D (prescription drug).²⁰ Every eligible senior is encouraged to apply for Medicare three months prior to their 65th birthday. Every person enrolled in Medicare also has coverage for an annual wellness physician visit and health risk assessment.²¹

Part A covers inpatient hospital care, skilled nursing home care, nursing home care (beyond custodial services), home health care, and hospice care.²² Part A coverage is made available to every person aged 65 or older.²⁰ Part A covers hospital stays up to 90 days at a time, plus an additional 60 lifetime reserve days after the initial 90 day stay (one-time only; reserve days do not replenish with a new hospital admission/stay). Part A also covers skilled nursing care, as discussed in the long term care section. Hospice care is covered for two 90-day periods or an unlimited number of 60-day periods.²² It is difficult for physicians to determine when patients with advanced dementia are ready for hospice care, and as a result, patients suffering from ADRD are underserved by hospice services. If the patient is admitted to hospice, it is not uncommon for them to outlive their initial benefit and need to recertify for additional 60-day periods.²³

Part B is supplemental health insurance. This policy covers physician services, outpatient hospital services, physical, occupation and speech therapy, diagnostic x-rays, durable medical equipment, blood work, and mental health services. It also covers preventive services and unlimited home health visits, if certain conditions apply.²² This is an optional service, and is bundled with Part A if the individual should enroll in Part C (also known as a Medicare Advantage Plan, where all benefits are administered through a Health Maintenance Organization [HMO]).²⁴ Part D is prescription drug coverage. These plans are provided by private insurance companies, and are an optional add-on to original Medicare.²²

Coverage for certain services by Medicare changes for those with diagnosed Alzheimer's disease. Medicare will cover the initial diagnosis, evaluation and treatment for Alzheimer's disease. It does not cover over-the-counter nutritional supplements and vitamins. It does not cover adult day care, respite care (except under Part A hospice benefit), personal aid assistance (except as provided under the home health care benefit), custodial care in a nursing home (non-medical care help with ADLs), or incontinence supplies. Even though mental health services are typically covered under Part B, some mental health and rehabilitation services will not be covered for those with Alzheimer's disease. Medicare may determine that the patient will not benefit from these services.²² New to Medicare in 2017 is coverage for cognitive assessments and care planning sessions with a medical professional, providing more support to those suffering from ADRD.²¹

Medicare Reimbursement

In traditional fee-for-service/original Medicare, medical providers bill Medicare for the services they provide. Medicare sets an allowable amount for the cost of the service provided, and will not pay the provider more than that amount.²² The amount charged for each service is dependent on region, where the care is obtained (hospital, etc) and on diagnosis.²⁵

Long Term Care Costs

Several ADRD patients will also be covered by Medi-Cal, California's Medicaid program. States receive Disproportionate Share Hospital (DSH) funding from the federal government. In California, hospitals that serve a large number of senior Medi-Cal beneficiaries and uninsured patients are eligible for DSH funding. There is an annual DSH allotment to each state from the federal government, based on the previous year's allotment, inflation, and the total amount of Medicaid expenditures in that state.²⁶

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