

# SAN DIEGO COUNTY SENIOR HEALTH REPORT

## Update and Leading Indicators

HEALTH AND HUMAN  
SERVICES AGENCY



June 2014



# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## SAN DIEGO COUNTY *SENIOR HEALTH REPORT* *UPDATE AND LEADING INDICATORS*

County of San Diego  
Health and Human Services Agency

Public Health Services  
Aging & Independence Services

*June 2014*

**For additional information, contact:**

Community Health Statistics Unit  
6255 Mission Gorge Road  
San Diego, CA 92120  
(619) 285-6429  
[www.sdhealthstatistics.com](http://www.sdhealthstatistics.com)



# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

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**Suggested Citation:** County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. (2014). *San Diego County Senior Health Report: Update and Leading Indicators*. Retrieved MM/DD/YY from [www.SDHealthStatistics.com](http://www.SDHealthStatistics.com).

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# LIVE WELL SAN DIEGO

San Diego County's long-term initiative to achieve the vision of  
**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

Currently under development, this strategy is about promoting a region in which residents can enjoy the highest quality of life

In 2010, the Board of Supervisors adopted a comprehensive initiative called *Live Well San Diego*. This long-term plan to advance the health, safety and overall well-being of the region is being built with community involvement in three parts. The first component – *Building Better Health* – was adopted on July 13, 2010. The second component – *Living Safely* – was adopted on October 9, 2012. Because living well goes beyond health and safety, a third phase – *Thriving* – will be rolled out in 2014 to focus on overall well-being.

There are four major strategies upon which the Live Well San Diego initiative is built:

## 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*



# LIVE WELL SAN DIEGO



## 1 VISION

of a Healthy, Safe and Thriving  
San Diego County

**Living Safely**, launched  
October 2012, focuses on  
three key outcomes:

- 1 Residents are protected from crime and abuse
- 2 Neighborhoods are safe to work, live and play
- 3 Communities are resilient to disasters and emergencies

## 3 COMPONENTS

Building Better Health | Living Safely | Thriving

to be rolled out  
over the long-term initiative

## 4 STRATEGIES

Building a Better Service Delivery System | Supporting Positive Choices | Pursuing Policy & Environmental Changes | Improving the Culture Within

that encompass a comprehensive approach

## 5 AREAS OF INFLUENCE



HEALTH



KNOWLEDGE



STANDARD OF LIVING



COMMUNITY



SOCIAL

that capture overall well-being

## TOP 10 LIVE WELL SAN DIEGO INDICATORS

Life Expectancy  
Quality of Life

Education

Unemployment Rate  
Income

Security Physical Environment  
Built Environment

Vulnerable Populations  
Community Involvement

that measure progress in achieving the vision  
for healthy, safe and thriving communities



# PROGRESS THROUGH PARTNERSHIPS

Live Well San Diego involves everyone. Only through a collective effort can meaningful change be realized in a region as large and diverse as San Diego County. Partners include cities and governments, diverse businesses including healthcare and technology, military and veterans organizations, schools, and community and faith-based organizations. Residents must also get involved to help identify priority needs and drive change.

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* Materials page within the *Live Well San Diego* website: [LiveWellSD.org](http://LiveWellSD.org). This website also includes resources for getting involved and best practice tools for individuals, families, organizations and recognized partners, as well as information about the *Live Well San Diego* Indicators, which measure collective progress.

## REGIONAL LEADERSHIP TEAMS

Teams of community leaders and stakeholders are active in each of the Health and Human Services Agency (HHSA) 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:

### North County

760.967.4633

### North Central

619.668.3990

### East

619.668.3990

### Central

619.338.2528

### South

619.338.2528

## 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 us to connect a wide array of programs and activities to measurable improvements in the health, safety and well-being of every resident. The complete framework is posted on the County of San Diego website, *Live Well San Diego* page: [http://www.sdcounty.ca.gov/hhsa/programs/sd/live\\_well\\_san\\_diego/indicators.html](http://www.sdcounty.ca.gov/hhsa/programs/sd/live_well_san_diego/indicators.html)



### HEALTH

1. Life Expectancy
2. Quality of Life



### KNOWLEDGE

3. Education



### STANDARD OF LIVING

4. Unemployment
5. Income



### COMMUNITY

6. Security
7. Physical Environment
8. Built Environment



### SOCIAL

9. Vulnerable Communities
10. Community Involvement

# AGING & INDEPENDENCE SERVICES (AIS)

## COMMITTEES TO MAKE A DIFFERENCE



**Aging & Independence Services (AIS), a federally designated Area Agency on Aging, provides services to older adults, people with disabilities and their family members, to 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 <http://sandiego.networkofcare.org/aging/>.

**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**, comprised of representatives from caregiving agencies, offers caregiver workshops, respite care and helps build communication among service providers. Visit: [www.caregivercoalition.org](http://www.caregivercoalition.org)

**Community Action Networks (NorCAN, E-CAN, 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. Two chapters – main chapter meets in Kearny Mesa and North County chapter meets in Carlsbad. Visit: [www.SanDiegoFallPrevention.org](http://www.SanDiegoFallPrevention.org)

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

**IHSS Advisory Committee** has representatives from those receiving IHSS assistance, as well as service providers and other members of the community.

**More on the Menu (MOM)**, a donation-funded program, provides fresh produce on a regular basis to eligible home-bound clients receiving home-delivered meals. Visit: [www.GiveToMOM.org](http://www.GiveToMOM.org)

**Retired and Senior Volunteer Program (RSVP) Advisory Committee** provides feedback and input on the RSVP program.

**For more information about the Aging & Independence Services, please call (800) 510-2020.**

**To learn more about Live Well San Diego, visit [LiveWellSD.org](http://LiveWellSD.org)**

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## EXECUTIVE SUMMARY

San Diego County had 361,908 seniors aged 65 years or older in 2011, representing 11.6% of the total population. This number of seniors, aged 65 years and older, is expected to double to 723,572 by 2030. Notably, the number of seniors aged 85 years and older is projected to increase from 57,917 in 2011 to 84,048 in 2030, making them the fastest growing age group.

### HEALTH STATUS

About four out of every five San Diego seniors reported being in good to excellent health. The leading cause of death among San Diego seniors was heart disease, followed by cancer; these two conditions accounting for almost half of all deaths among seniors.

Nearly all seniors reported a usual place to go when sick or needing health advice. However, seniors in San Diego County use the 9-1-1 system at higher rates than any other age group, with one out of every five seniors calling 9-1-1 for emergency medical care and approximately one third being treated and discharged from the emergency department.

Compared to the rest of the county, rates of coronary heart disease (CHD), stroke, diabetes, respiratory disease, and cancer were higher among seniors aged

65+ years, as were rates of tuberculosis, flu, and pneumonia.

Unintentional injury was among the leading causes of death for seniors in San Diego County, with falls being the most frequent. Fall injuries among county seniors are a growing concern as rates of death, hospitalization, and emergency department (ED) discharge due to falls have increased substantially since 2007.

Alzheimer's disease and other behavioral and mental health outcomes are also of growing concern. Alzheimer's disease was the 3rd overall leading cause of death countywide in 2011, with the majority of deaths among seniors aged 65 years and older. The highest rate of death due to Alzheimer's in 2011 was among those aged 85 years and over.



#### Sources:

1. Current Population Estimates, San Diego Association of Governments (SANDAG), 2012.
2. California Health Interview Survey, UCLA Center for Health Policy and Research, 2011. Accessed online at [www.chis.ucla.edu](http://www.chis.ucla.edu), 05/13/2014.
3. Death Statistical Master Files (CDPH), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
4. Prehospital MICN Database, County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
5. Emergency Discharge Database (CA OSHPD), County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
6. Patient Discharge Database (CA OSHPD), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## HEALTH BEHAVIORS

In 2011, 9 out of 10 seniors reported visiting a doctor at least once, however 1 out of 20 reported delaying or not receiving medical care when needed. In addition, 8.5% were current smokers and 42.6% were former smokers.

About half of county seniors were overweight or obese, which was slightly lower than that among all California seniors. In 2011, 1 out of 10 seniors reported eating fast food three or more times in the past week, which has increased since 2007.

About two-thirds of county seniors reported receiving a flu shot in 2011 and nearly 45,000 reported falling at least once in the past year.



## PURPOSE OF REPORT

This report summarizes leading health indicators for seniors in San Diego County to better understand the current health of seniors and identify areas needed for intervention.

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 disabled adults in the following areas: protection and advocacy, health independence, home-based services, enrichment and involvement, and caregiver services.

Sources:

1. California Health Interview Survey, UCLA Center for Health Policy and Research, 2011. Accessed online at [www.chis.ucla.edu](http://www.chis.ucla.edu), 05/13/2014.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## 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 using 2011 as the most current year available, including census data, populations surveys, and hospital data. For more information, see Page 19.

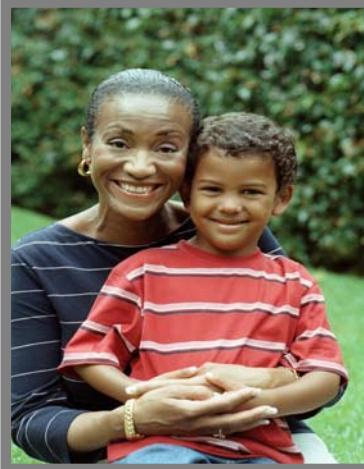
## DEMOGRAPHY

In 2011, 361,908 seniors aged 65 years or older lived in San Diego County, representing 11.6% of the total population of 3.1 million, which was lower than that of the United States as a whole (12.9%). Many of these residents 65 years or older live in communities in the North Regions as well as communities in the East Region 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 57,917 in 2011 to 84,048 in 2030.

For every age group of adults 65 years and older, females outnumber males, with the proportion of females increasing with each older age group. This trend is projected to continue through 2030.

Sources:

1. Current Population Estimates, San Diego Association of Governments (SANDAG), 2012.
2. American Community Survey, U.S. Census Bureau, One-Year Estimates, 2011.



In 2011, 69.3% 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 15.8% in 2011 to an expected 22.9% in 2030).

More than half of all seniors in San Diego County have completed at least some college education with only 20.1% having less than a high school education. Most seniors only speak English (69.5%) and 19.7% of seniors are unable to speak English very well.

In San Diego County, 15.5% of seniors ages 65 and older remain in the labor force and 41.7% of seniors live alone, the vast majority being female (65.1%). The median income in senior households is \$44,453, with seniors living alone having significantly lower median incomes than those who live with others. Nearly all seniors have Social Security income, more than half have income from retirement plans or savings, and approximately one third have earnings.

Just under 9% 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 responsible for their grandchildren.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## HEALTH STATUS

San Diego County seniors reported good to excellent health, better than California seniors overall (79.4% versus 72.6%) in 2011. Nearly all seniors reported a usual place to go when sick or needing health advice. In San Diego County, 8.1% of seniors reported needing help for an emotional/mental health or alcohol/drug problem, higher than the 7.1% in California.

## LEADING CAUSES OF DEATH

In 2011, there were 14,808 deaths among seniors aged 65+ years. The leading cause of death among San Diego seniors was heart disease, followed by cancer. Specifically, there were 4,004 heart disease deaths and 3,366 cancer deaths among residents

**4 out of every 5 San Diego seniors reported being in good to excellent health.**

aged 65 years and older, accounting for nearly half of all deaths among seniors.

Among the 65-74 and the 75-84 years 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.

### LEADING CAUSES OF DEATH AMONG SAN DIEGO COUNTY RESIDENTS AGED 65+, 2011

Rank <sup>1</sup>	Cause of Death <sup>2</sup>	Total
1	Heart Disease	4,004
2	Cancer	3,366
3	Alzheimer's Disease	1,208
4	Chronic Obstructive Pulmonary Disease (COPD) and other Chronic Lower Respiratory Diseases	940
5	Stroke	882
6	Diabetes	449
7	Unintentional Injury	347
8	Influenza and Pneumonia	273
9	Hypertension and Hypertensive Renal Disease	241
10	Parkinson's Disease	206
	All Other Causes	2,888
<b>Total Deaths</b>		<b>14,804</b>

<sup>1</sup> Rank is based on the total number of deaths in each of the National Center for Health Statistics (NCHS) "rankable" categories.

<sup>2</sup> Cause of death is based on the underlying cause of death reported on death reported on death certificates classified by ICD-10 codes.

Sources:

1. California Health Interview Survey, UCLA Center for Health Policy and Research, 2011. Accessed online at [www.chis.ucla.edu](http://www.chis.ucla.edu), 05/13/2014.

2. Death Statistical Master Files (CDPH), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, 10/2012.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## UTILIZATION OF MEDICAL SERVICES

Seniors in San Diego County use the 9-1-1 system at higher rates than any other age group. In 2011, 68,817 calls were made to 9-1-1 for seniors in need of emergency medical care in San Diego County. This represents a call from one out of every five seniors.

That same year there were 108,853 seniors treated and discharged from San Diego County emergency departments, representing nearly one out of every three senior residents. In 2011, 97,647 seniors aged 65 and over were hospitalized in San Diego County.

## CHRONIC DISEASES

Compared to the rest of the county, rates of coronary heart disease (CHD) and stroke, diabetes, respiratory disease, 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 2011, 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. In the same year, the rates of CHD hospitalization and emergency department (ED) discharge for San Diego County seniors were 178.5 per 100,000 and 1,423.8 per 100,000 respectively. These rates were highest for those aged 85 years and older. The death rate for coronary heart disease was 769.8 per 100,000 in 2011. This rate was highest in those aged 85 years and older.

**882 San Diego seniors died due to stroke in 2011.**

In 2011, 238.7 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 1,306.4 per 100,000. The hospitalization rate was highest for seniors aged 85 years and older. In 2011, the death rate for San Diego County seniors due to stroke was 243.7 per 100,000 and increased with age.

**1 out of every 5 San Diego seniors called 911 for emergency medical care in 2011.**

Sources:

1. Death Statistical Master Files (CDPH), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
2. Prehospital MICN Database, County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
3. Emergency Discharge Database (CA OSHPD), County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
4. Patient Discharge Database (CA OSHPD), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

In San Diego County, 16.0% of seniors reported ever being told by a doctor that they had diabetes, lower than the 19.2% of seniors in California. The rate of emergency department discharge for patients with a principal diagnosis of diabetes was 352.0 per 100,000 in 2011 while the rate of hospitalization was 323.8 per 100,000. Hospitalizations were higher for males and those aged 75-84 years. The death rate from diabetes for San Diego County seniors was 124.1 per 100,000 in 2011. The death rate increased with age.

In 2011, the emergency department discharge rate for San Diego County seniors with a principal diagnosis of chronic obstructive pulmonary diseases (COPD) was 606.8 per 100,000. In the same year, the hospitalization rate for COPD was 609.0 per 100,000. In 2011, the death rate for San Diego County seniors was 251.7 per 100,000 and increased with age.

**Since 2007, rates of diabetes death, hospitalization, and emergency department (ED) discharge among seniors have increased.**



In 2011, there were 4,777 hospitalizations due to cancer among San Diego seniors (1,319.9 per 100,000). In 2011, the death rate from cancer among seniors in San Diego County was 930.1 per 100,000, which has decreased since 2007. The death rate was highest among those aged 85 years and older.

## Sources:

1. Death Statistical Master Files (CDPH), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
2. Emergency Discharge Database (CA OSHPD), County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
3. Patient Discharge Database (CA OSHPD), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

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 850.5 per 100,000 and the hospitalization rate was 1,400.9 per 100,000 in 2011.



**More than 2,204 San Diego seniors were hospitalized due to COPD in 2011.**

In 2011, there were 1,318 residents over 50 years old in San Diego County known to be living with HIV. Only a small number of chlamydia, gonorrhea, and syphilis cases were reported among San Diego County seniors.

## COMMUNICABLE DISEASES

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

In 2011, there were 70 (19.3 per 100,000) new active cases of tuberculosis reported in San Diego County among seniors aged 65 years and older. In the same year, there were a total of 1,150 (317.7 per 100,000) flu and pneumonia discharges from local emergency departments among county seniors aged 65 years and over.

### Sources:

1. Death Statistical Master Files (CDPH), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
2. Emergency Discharge Database (CA OSHPD), County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
3. Patient Discharge Database (CA OSHPD), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.

**Over 3,000 San Diego seniors were discharged from an emergency department due to arthritis in 2011.**

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## INJURY

Unintentional injury is among the leading causes of death for seniors in San Diego County. The rate of emergency department discharge for unintentional injuries was 6,501.9 per 100,000 while the hospitalization rate was 2707.3 per 100,000 in 2011. In the same year, the rate of death due to unintentional injuries among seniors was 95.9 per 100,000.

**More than 15,400 San Diego seniors were discharged from an emergency department due to a fall in 2011.**

The most frequent type of unintentional injury among seniors are falls. The San Diego County emergency department discharge rate for seniors was 4,277.6 per 100,000, while the hospitalization rate was 1,995.0 per 100,000 in 2011. Emergency department discharge and hospitalization rates both increased with age. Fall injuries are of growing concern among county seniors as rates of death, hospitalization, and emergency department (ED) discharge due to falls have increased substantially since 2007.

Hip fracture is a common injury due to a fall. With age, the risk of a hip fracture increases. The hospitalization rate due to hip fracture for San Diego County seniors was 595.7 per 100,000 and also increased with age.

Treatment for assault injuries for seniors in San Diego County was low with an emergency department discharge rate of 33.2 per 100,000 and a lower hospitalization rate (13.0 per 100,000) in 2011.

Among the senior population, elder abuse, the intentional or neglectful acts by a caregiver or "trusted" individual that lead to, or may lead to, harm of a vulnerable elder, is of great concern. In fiscal year 2012/2013, there were 7355 investigations of abuse of seniors to Adult Protective Services. Of those investigations, 48.3% were determined to be confirmed cases of abuse. Of the confirmed cases, 7.9% involved allegations of physical abuse, 14.9% financial abuse, 58.2% self-neglect, 4.9% neglect and 13.1% mental suffering.

**Over 2,100 San Diego seniors were hospitalized due to hip fracture in 2011.**

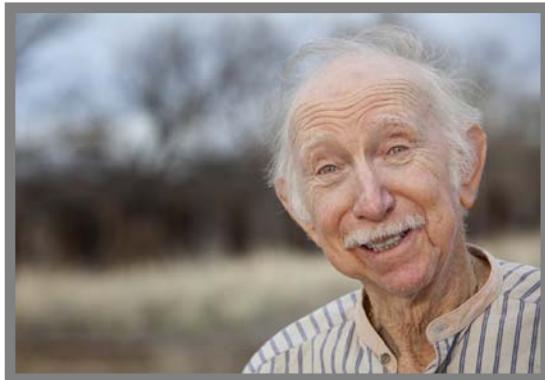
### Sources:

1. Death Statistical Master Files (CDPH), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
2. Emergency Discharge Database (CA OSHPD), County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
3. Patient Discharge Database (CA OSHPD), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
4. County of San Diego, HHSA, Aging & Independence Services, APS Reports, FY 2007-2011.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## BEHAVIORAL & MENTAL HEALTH

Alzheimer's disease, substance use/abuse, and mental illness are behavioral health outcomes of concern among county seniors.



Alzheimer's disease was the 3rd leading cause of death countywide in 2011. The overwhelming majority of these deaths were among seniors aged 65 years and older, with the 85+ age group having the highest rate of death due to Alzheimer's in 2011. Rates of death and hospitalization were highest in the North Inland Region of the county.

Over the past decade, the rates of death, hospitalization, emergency department (ED) discharge, and prevalence of Alzheimer's disease are projected to increase as the county population ages. To address the impact that Alzheimer's will have on

**There were 1,208 deaths due to Alzheimer's Disease among seniors in 2011.**

the county, the County of San Diego's Board of Supervisors has launched the Alzheimer's Project which will oversee the development of countywide strategy to assess the burden of the disease, improve caregiver resources, and support efforts to find a cure.

Since 2007, the rate of substance use/abuse emergency department (ED) discharge has increased among San Diego seniors. Specifically, rates of alcohol-related use/abuse has increased.

The emergency department discharge rate for San Diego County seniors with a diagnosis of mental illness or depression was 442.4 per 100,000 in 2011. In the same year, the hospitalization rate for seniors in San Diego County with a principal diagnosis of mental illness or depression was 625.3 per 100,000.

Compared to the county overall, seniors aged 65+ years were at higher risk for suicide. In 2011, the rate of suicide among San Diego County seniors was 19.1 per 100,000, which was higher than that of all California seniors.

**1 out of every 18 San Diego Seniors reported ever seriously thinking about committing suicide.**

### Sources:

1. Death Statistical Master Files (CDPH), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
2. Emergency Discharge Database (CA OSHPD), County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
3. Patient Discharge Database (CA OSHPD), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## ORAL HEALTH

Oral health among San Diego County seniors is also of concern. Nationally, a quarter of all seniors have gum disease. Eighty-five percent of respondents to the *Survey of Older Americans Living in San Diego County* reported having a dental exam within the past three years. In addition, rates of emergency department (ED) discharge rate due to dental-related injuries among seniors has decreased since 2009 to 47.2 per 100,000, which was significantly lower than the county overall.



## HEALTH BEHAVIORS & DISEASE PREVENTION

Preventing disease and other poor health outcomes can increase the life span and quality of life among San Diego County seniors. In 2011, 94% of all San Diego seniors reported visiting a

**9 out of every 10 San Diego seniors reported visiting a doctor at least once**

doctor at least once. In the same year, nearly 1 out of 20 reported delaying or not receiving medical care when needed.

### 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 chronic disease among San Diego County seniors.

- In 2011, 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 2011, 8.5% of San Diego County seniors were current smokers and 42.6% of San Diego seniors were former smokers.
- 57% of respondents to the *Survey of Older Americans Living in San Diego County* reported engaging in 30 minutes of moderate physical activity 3 or more days of the week.

#### Sources:

1. California Health Interview Survey, UCLA Center for Health Policy and Research, 2011. Accessed online at [www.chis.ucla.edu](http://www.chis.ucla.edu), 05/13/2014.
2. Death Statistical Master Files (CDPH), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
3. Emergency Discharge Database (CA OSHPD), County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
4. Patient Discharge Database (CA OSHPD), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
5. Survey of Older Americans Living in San Diego County 2012. San Diego Association of Governments (SANDAG) Bureau. April 2012.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

Being overweight or obese, as well as having high blood pressure can contribute to or worsen many other health conditions. In 2011, 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 control it.



**Half of San Diego seniors were overweight or obese.**

safer communities are key ways to reduce the burden of injury.

An estimated 45,000 San Diego seniors reported falling at least once in the past year. Of those that did fall, nearly half reported receiving medical care because of their fall and 42% reported receiving professional advice about how to avoid falls. 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.

## 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 2011, two-thirds of county seniors reported receiving a flu shot.

## Injury

Of the major causes of disability and death, injuries are among the most preventable. Increased safety education, awareness of fall prevention strategies, and investing in

## 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 county seniors.

- Only two-thirds of seniors who needed help for an emotional, mental, or alcohol/drug issues reported receiving treatment in 2011.

### Sources:

1. California Health Interview Survey, UCLA Center for Health Policy and Research, 2011. Accessed online at [www.chis.ucla.edu](http://www.chis.ucla.edu), 05/13/2014.
2. Death Statistical Master Files (CDPH), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
3. Emergency Discharge Database (CA OSHPD), County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
4. Patient Discharge Database (CA OSHPD), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## LIVE WELL SAN DIEGO

Creating an environment that encourages residents to live healthy, safe, and thriving lives is a priority in San Diego County. The *Live Well San Diego* initiative is a comprehensive, long term plan to advance the health and overall well-being of all San Diegans through a collective effort that involves residents, community and faith-based organizations, businesses, schools, law enforcement, local city and tribal jurisdictions, and the County of San Diego. For more information on Live Well San Diego, visit [www.LiveWellSD.org](http://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 disabled adults. 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 elder abuse reporting. You can also visit [www.sandiego.networkofcare.org/aging/](http://www.sandiego.networkofcare.org/aging/). In fiscal year 2010/2011, there were 49,068 calls made to the AIS Call Center.

## SELECTED SENIOR HEALTH INDICATORS

The following tables show some of the leading health indicators discussed in this report. These indicators were selected because they represent issues affecting older adults and are those which the County's programs could have measurable impacts. These indicators cut across different areas and are compiled for quick reference. These selected indicators will be tracked over time.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## LEADING INDICATORS

INDICATOR	MEASURE	SD			CA		
<i>General Health<sup>1</sup></i>		2007	2009	2011	2007	2009	2011
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 Behaviors<sup>1</sup></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	68.3%	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%	8.5%	6.4%	7.5%	6.4%
<i>Prevention Activities<sup>1</sup></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%	N/A	77.4%	80.1%	N/A

<sup>\*\*N/A = Not available.</sup>

<sup>1</sup>Source: California Health Interview Survey (CHIS), UCLA Center for Health Policy and Research, 2007-2011.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## LEADING INDICATORS

INDICATOR	MEASURE	SD			CA			
<i>Chronic Disease Indicators</i> <sup>2,3</sup>		2007	2009	2011	2007	2009	2011	
9	Diabetes	Rate of death due to diabetes	110.7 per 100,000	111.1 per 100,000	124.1 per 100,000	135.9 per 100,000	119.1 per 100,000	122.0 per 100,000
		Rate of death due to CHD	829.2 per 100,000	773.7 per 100,000	769.8 per 100,000	978.0 per 100,000	869.3 per 100,000	782.2 per 100,000
		Rate of death due to stroke	277.3 per 100,000	249.6 per 100,000	243.7 per 100,000	311.4 per 100,000	272.4 per 100,000	249.3 per 100,000
		Rate of death due to asthma	3.2 per 100,000	3.0 per 100,000	3.9 per 100,000	5.4 per 100,000	5.1 per 100,000	4.7 per 100,000
		Rate of death due to COPD	252.8 per 100,000	220.3 per 100,000	251.7 per 100,000	268.1 per 100,000	262.0 per 100,000	249.3 per 100,000
		Rate of death due to all cancer	992.9 per 100,000	904.1 per 100,000	930.1 per 100,000	961.3 per 100,000	929.1 per 100,000	854.8 per 100,000
<i>Mental Health Indicators</i> <sup>4,5</sup>								
15	Mental Illness	Rate of ED discharges with mental illness as a principal diagnosis	461.7 per 100,000	506.1 per 100,000	442.4 per 100,000	N/A	N/A	N/A
		Rate of ED discharge with Alzheimer's as any diagnosis	547.1 per 100,000	494.1 per 100,000	703.5 per 100,000	N/A	N/A	N/A
		Rate of ED discharge with SUA as a principal diagnosis	96.8 per 100,000	141.0 per 100,000	131.0 per 100,000	N/A	N/A	N/A

<sup>\*\*</sup>N/A = Not available.

<sup>2</sup>Source: Death Statistical Master Files (CDPH), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.

<sup>3</sup>Source: Death Statistical Master Files, CA Department of Public Health, 2011.

<sup>4</sup>Source: Emergency Discharge Database (CA OSHPD), County of San Diego, HHSA, Emergency Medical Services Branch, 2011.

<sup>5</sup>Source: Patient Discharge Database (CA OSHPD), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## LEADING INDICATORS

INDICATOR		MEASURE	SD			CA		
<i>Injury Indicators</i>			2007	2009	2011	2007	2009	2011
18	Unintentional Injury <sup>2,3</sup>	Rate of death due to unintentional injury	82.5 per 100,000	79.0 per 100,000	95.9 per 100,000	70.5 per 100,000	68.2 per 100,000	65.2 per 100,000
19	Unintentional Fall Injury <sup>3,4</sup>	Rate of ED discharge due to fall injury	3,267.0 per 100,000	3,595.8 per 100,000	4,277.6 per 100,000	3,309.9 per 100,000	3,619.7 per 100,000	4,018.8 per 100,000
20	Hip Fracture <sup>5</sup>	Rate of hospitalization due to hip fracture	595.5 per 100,000	591.5 per 100,000	595.7 per 100,000	N/A	N/A	N/A
21	Suicide <sup>2,3</sup>	Rate of death due to suicide	19.0 per 100,000	17.1 per 100,000	19.1 per 100,000	14.8 per 100,000	15.9 per 100,000	16.2 per 100,000
<i>Service Indicators</i> <sup>6</sup>								
22	Elder Abuse	Number of investigations of elder adult abuse	6,902	6,423	7,355	N/A	N/A	N/A
	Elder Abuse	Percent confirmed cases of elder adult abuse	19.7%	22.4%	48.3%	N/A	N/A	N/A

<sup>\*\*</sup>N/A = Not available.

<sup>2</sup>Source: Death Statistical Master Files (CDPH), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.

<sup>3</sup>Source: EPICenter California Injury Data Online, California Department of Public Health, Safe and Active Communities Branch Report, 2011.

<sup>4</sup>Source: Emergency Discharge Database (CA OSHPD), County of San Diego, HHSA, Emergency Medical Services Branch, 2011.

<sup>5</sup>Source: Patient Discharge Database (CA OSHPD), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.

<sup>6</sup>Source: County of San Diego, HHSA, Aging & Independence Services, APS Reports, FY 2007-2011.

## 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.**

### **AIS CALL CENTER**

The Call Center is your gateway to AIS services, information and referrals. Personnel are specially trained to assess callers' needs. If an AIS service is not appropriate, callers are referred to private and community programs that can help.

**For information, call (800) 510-2020 or (800) 339-4661 for outside San Diego County.  
For additional information, visit: <http://sandiego.networkofcare.org/aging/>.**

### **Help in the Home**

For homebound county residents, we bring care to their door, and prevent the need for institutionalization, through programs such as Care Management and In-Home Supportive Services (IHSS).

### **Nutrition Programs**

The purpose of our nutrition programs are to offer social contact while providing basic nutritional needs for adults age 60+. Our nutrition providers offer lunch for a suggested donation at their sites, plus home-delivered meals for homebound older adults.

### **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 health care 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 (858)495-5853 or [Brenda.Schmitthenner@sdcounty.ca.gov](mailto:Brenda.Schmitthenner@sdcounty.ca.gov)

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## CHRONIC DISEASE SELF-MANAGEMENT (AKA, "HEALTHIER LIVING")

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.

Contact: Charlotte Tenney, (858)495-5230 or [Charlotte.Tenney@sdcounty.ca.gov](mailto:Charlotte.Tenney@sdcounty.ca.gov)

## DIABETES SELF-MANAGEMENT

### (AKA, "HEALTHIER LIVING WITH DIABETES")

Designed for people with type 2 diabetes, this program has been proven to achieve positive health outcomes (including reduced HbA1c levels) and reduced health care expenditures. The program consists of two individual consultations with a Registered Dietician and a group workshop designed at Stanford University. The workshop meets 2 ½ hours per week for six weeks and is led by two trained peer educators who also have diabetes. It promotes patient activation by teaching behavior management and personal goal setting. 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 programs are available at sites throughout the county.

Contact: Kristen Smith (858)495-5061 or [Kristen.Smith@sdcounty.ca.gov](mailto:Kristen.Smith@sdcounty.ca.gov)

# SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE

## 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. Our website, [www.SanDiegoFallPrevention.org](http://www.SanDiegoFallPrevention.org) offers a Toolkit and Resource Guide for service providers, including contact information for local organizations that address different facets of fall prevention. In addition, AIS offers two nationally recognized and standardized evidence-based fall prevention programs:

- ◆ **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.
- ◆ **Tai Chi Moving for Better Balance**- This program is designed to reduce the risk of falling for people at moderate risk of falls. Program goals include improvement in: mental wellbeing, balance , physical functioning, and self-confidence in performing daily activities as well as an increase in social participation, enhanced life independence and overall health.

Contact: Kari Carmody, 858-495-5998, [Kari.Carmody@sdcounty.ca.gov](mailto:Kari.Carmody@sdcounty.ca.gov)

## 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.

Contact: Kari Carmody, 858-495-5998, [Kari.Carmody@sdcounty.ca.gov](mailto:Kari.Carmody@sdcounty.ca.gov)



# THE SAN DIEGO CARE TRANSITIONS PARTNERSHIP



## Program Description:

The Community-Based Transitions Program (CCTP) is a federal program that provides funding for community-based organizations (CBOs) partnering with hospitals to test models for improving care transitions for high risk, fee-for-service Medicare patients. Partnerships are awarded two-year agreements that may be extended annually through the duration of the five-year program based on performance. Health and Human Services Agency, Aging & Independence Services (AIS), as the lead applicant, collaborated with hospitals to design the program's model. The goals of the program are to:

- Test models for improving care transitions for high risk Medicare beneficiaries
- Improve transitions of beneficiaries from the inpatient hospital setting to other settings
- Improve quality of care
- Reduce readmissions for high risk beneficiaries by 20%
- Document measurable savings to the Medicare program

San Diego County's CCTP program is the San Diego Care Transitions Partnership (SDCTP), a partnership between Aging & Independence Services (AIS) and four large health systems, Palomar Health, Scripps Health, Sharp HealthCare and the University of California San Diego (UCSD) Health System (13 hospitals). The SDCTP provides comprehensive hospital and community-based care transition support to over 21,000 high-risk medically and socially complex patients each year. The services provided include the following:

- **Care Enhancement (CE):** ensure social support needs such as transportation, home delivered meals, and in-home assistance (immediate and ongoing) are identified and met. CE services are provided by AIS staff at all partner hospitals.
- **Care Transitions Intervention (CTI):** using the 4-pillar Eric Coleman model to support health self-management through teach-back. CTI services are provided by AIS staff at Palomar and UCSD.
- **Follow-Up Phone Calls (F/U Call):** post-discharge phone call to follow-up on important issues and triage new problems.
- **High-Risk Healthcare Coach (HRHC), Inpatient Navigator (IN), and Transition Coach (TC):** inpatient support to coordinate care, the discharge process, and hand-off to downstream providers.
- **Pharmacy (Pharm):** discharge medication reconciliation and medication education.
- **Post-Acute Navigation (PAN):** telephonic CTI (no home-visit).

## Program Outcomes:

The SDCTP is successfully reducing Medicare costs, as well as the 30 day all-cause readmission rate. From May 2013 to February 2014, 8,681 patients completed the SDCTP's comprehensive patient-centered care transition services across the 13 hospitals. Among those patients, only 848 patients were readmitted within 30 days to the same health system – a readmission rate of only 9.8%. In comparison, the SDCTP's baseline 30 day all-cause readmission rate, for all Medicare fee-for-service patients, is 18.6%.

For more information about the Aging & Independence Services, please call  
(800) 510-2020 or visit <http://sandiego.networkofcare.org/aging/>.

## DATA SOURCES

1. Current Population Estimates, San Diego Association of Governments (SANDAG), 2012.
2. California Health Interview Survey, UCLA Center for Health Policy and Research, 2011. Accessed online at [www.chis.ucla.edu](http://www.chis.ucla.edu), 05/13/2014.
3. Death Statistical Master Files (CDPH), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
4. Prehospital MICN Database, County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
5. Emergency Discharge Database (CA OSHPD), County of San Diego, HHSA, Emergency Medical Services Branch, 2011.
6. Patient Discharge Database (CA OSHPD), County of San Diego, HHSA, Epidemiology & Immunization Services Branch, 2011.
7. American Community Survey, U.S. Census Bureau, One-Year Estimates, 2011.
8. Survey of Older Americans Living in San Diego County 2012. San Diego Association of Governments (SANDAG) Bureau. April 2012.
9. County of San Diego, HHSA, Aging & Independence Services, APS Reports, FY 2007-2011.

## San Diego County Board of Supervisors



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District One



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District Three



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District Four



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