

**Health Action: Planning for a Healthy Sonoma County**

ISSUE BRIEF: HEALTHY AGING

Overview

Older adults are the fastest growing segment of the Sonoma County population and consume the majority of health care resources in the county. Many of these resources are spent caring for chronic conditions or other preventable illness or injury, with much spent in the final years of life. With concerns about the capacity of the health care system to meet future demand for services by a growing older adult population, it is critical that the community mobilize resources to prevent illness and injury, manage chronic conditions, and promote overall wellness and quality of life for the older adults in the community. This must include attention to the quality of life and caregiving required in the final years of life. People prefer to die in their own homes surrounded by loved ones, but health care and community services are not currently funded or organized to meet the needs of the growing number of older adults who face long periods of progressive illness and disability before death.

Key Findings

**Older adults are the fastest growing segment of the Sonoma County population.**

- As of 2006, the population of adults aged 60 years and over in Sonoma County was estimated to be 82,617, or 17.7% of the total population.<sup>1</sup>
- The 65-84 year old age group is projected to be the fastest growing age group in Sonoma County. The second fastest age group is projected to be those 85 years and older. As a result of this growth, the over-60 population is expected to represent 24% of the total Sonoma County population by 2020.<sup>2</sup>
- As this older adult population grows, it will become more racially and ethnically diverse, going from 91% white, non-Hispanic in 2000 to 51% white, non-Hispanic in 2050.<sup>3</sup>
- Based on 2000 US Census data, the largest number of older adults reside in the city of Santa Rosa (27,010, or 34% of all adults aged 60 years or older). Over one-third of all older adults live outside of city limits in the unincorporated regions of the county (Table 1). The cities with the highest percentage of older adults in 2000 were Sonoma, Sebastopol, and Cloverdale.

	<b>Population</b>	<b>60+ Population</b>	<b>60+ Pop as % of total</b>
Cloverdale	6,831	1,245	<b>18.2%</b>
Cotati	6,471	626	9.7%
Healdsburg	10,722	1,846	17.2%
Petaluma	54,548	7,851	14.4%
Rohnert Park	42,236	4,478	10.6%
Santa Rosa	150,188	27,010	18.0%
Sebastopol	7,774	1,529	<b>19.7%</b>
Sonoma	9,128	2,679	<b>29.4%</b>
Windsor	22,744	3,195	14.1%
Unincorporated	150,565	25,631	17.0%
<b>Total</b>	<b>458,614</b>	<b>74,466</b>	<b>16.2%</b>

*Source: US Census Bureau, 2000 US Census*

**Older adults are living longer than in the past, but many experience a compromised quality of life due to disability, illness and injury.**

- 35% of Sonoma County adults aged 65 years or older report being disabled due to some physical, mental or emotional condition (Table 2).
- 40% report every being diagnosed with arthritis, gout, lupus, or fibromyalgia.
- 16% reported falling to the ground more than once in the past 12 months.

	<b>Sonoma</b>	<b>California</b>
Disabled due to some physical, mental or emotional condition	35.2%	54.8%
Need special equipment or help for daily activities	6.5%	6.9%
Diagnosed with arthritis, gout, lupus or fibromyalgia	40.3%	50.4%
Diagnosed with diabetes	14.0%	17.5%
Fell to the ground more than once in the past 12 months	16.0%	11.9%
<i>Source: 2005 California Health Interview Survey</i>		

**Older adults consume a disproportionate share of health care resources compared with other age groups in the population. A significant portion of these resources are used during the last year of life.**

- People 65 years and older represent 12.2% of the Sonoma County population, but account for 35% of all hospitalizations and 41% of all hospital charges. In 2005, total charges for inpatient hospitalizations for those 65 years and older in Sonoma County was \$661,496,288 (excluding Kaiser).<sup>4</sup>
- Cost of medical care at the end of life is substantial. Recent research found that of the \$282 billion spend on health care annually for Americans age 65 and older, 22% was for medical expenses during the last year of life.<sup>5</sup>

**The leading causes of death for older adults in Sonoma County are cancer, heart disease, and stroke.**

- In 2005, these chronic conditions resulted in 55% of the deaths for those aged 65 years and older in Sonoma County (24% for cancer, 21% for heart disease and 10% for stroke).<sup>6</sup> See Table 3 for the reported prevalence of these conditions among older adults in Sonoma County.
- Nationally, about 80% of older adults have at least one chronic condition, and 50% have at least 2.<sup>7</sup> In addition to using up significant health care resources, these conditions can cause years of disability, pain, and loss of function.

	<b>Sonoma</b>	<b>California</b>
Ever diagnosed with any kind of cancer	22.2%	26.9%
Ever diagnosed with heart disease	21.1%	22.2%
Ever had a stroke	4.1%	9.1%
<i>Source: 2005 California Health Interview Survey</i>		

**The top underlying factors that contribute to these chronic diseases are smoking, unhealthy diet and sedentary lifestyle, and alcohol use.**

- According to the results of the California Health Interview Survey, Sonoma County older adults report higher rates of tobacco and alcohol use than statewide averages, but are more likely to report eating the recommended amounts of fruit and vegetables and engaging in physical activity (Table 4).

	<b>Sonoma</b>	<b>California</b>
Current smoker	10.3%	7.5%
Eat less than 5 servings of fruit/vegetables daily	43.0%	52.6%
No physical activity	27.5%	38.0%
Drank alcohol in past month	65.5%	49.4%
Binge drinking in past month	7.5%	4.6%
<i>Source: 2005 California Health Interview Survey</i>		

- Obesity and overweight, which are attributable to unhealthy diet and sedentary lifestyle, are on the rise in Sonoma County, with 47.5% of older adults (ages 65 and older) reporting being either overweight or obese. Adults under age 65 report even higher rates of overweight and obesity (58.3%), which raises serious health concerns about the prospects of healthy aging for this younger age group.<sup>8</sup>

**The cost of chronic illness is substantial.**

- Nationally, the care of people with chronic illness accounts for more than 75 percent of all U.S. health care expenditures. For those patients on Medicare, 30 to 35 percent of Medicare expenditures are spent on people with chronic conditions in their last two years of life.<sup>9</sup>
- A recent study suggests that almost one-third of Medicare spending for the chronically ill is unnecessary due to the over-utilization of acute care hospitals. It suggests that care for chronically ill older adults could be better managed, safer, and less expensive outside the hospital setting.<sup>10</sup>

**Unintentional injuries are the second leading cause of hospitalization (after heart disease) for older adults in Sonoma County.**

- Falls are the primary reason that Sonoma County residents 65 and older are hospitalized due to an unintentional injury. They have devastating consequences for older adults in terms of morbidity and mortality, resulting in hip fractures, head injuries and death.
- In 2005, total hospital charges in Sonoma County for inpatient hospitalizations due to falls in those 65 years and older was \$31,742,293 (excludes Kaiser).<sup>11</sup>
- In many cases, those who have experienced a fall have a difficult time recovering and their overall health deteriorates. Statistics show that more than 40% of people hospitalized are unable to live independently and do not return home.

**Suicide rates in Sonoma County are highest among older adults.**

- In 2002-2004 there were 48 suicide deaths in Sonoma County among adults ages 65 years and older.
- The highest rates of suicide in Sonoma County were for those ages 60 years and older. These rates are significantly higher than the Healthy People 2010 goal of 5 suicides per 100,000 population (see Table 5).

<b>Table 5: Rate of Suicide Deaths Per 100,000 Population, Adults aged 60 years and Older</b>		
<b>By Age:</b>	<b>Sonoma</b>	<b>California</b>
60-64	23.1	12.8
65-69	13.5	11.1
70-74	25.6	14.6
75-79	31.9	17.1
80-84	28.5	23.4
85 and older	35.2	22.7
All ages	12.8	9.4
<i>Source: California Department of Health Services, Vital Statistics, Death Records 2002-2004</i>		

**Elder abuse is a hidden but significant concern for the growing population of older adults in Sonoma County.**

- Elder abuse includes physical abuse, psychological/mental abuse, financial abuse, neglect, abandonment, abduction, and isolation. According to the California Department of Social Services, the statewide number of abuse reports has grown by 23 percent, from 75,843 in 2000-01 to 93,517 in 2005-06, with more than two-thirds of abusers being family members. It is estimated that only one in five cases is reported within our state.<sup>12</sup>
- The five-year average for 1999-2004 for the annual rate of reported elder abuse in Sonoma County is estimated at 19.9 per 1000 seniors.<sup>13</sup>
- With the projected growth rate of the older population in Sonoma County, the incidence of elder and dependent adult abuse is likely to grow.
- In 2003, California Attorney General's Office launched a three-year statewide public education campaign, *Face It - It's a Crime*, to educate Californians about the impact of elder and dependent adult abuse and how to recognize and report it.

**Depression and substance abuse are other hidden problems among older adults.**

- It is estimated that 17% of people over age 60 misuse alcohol or medications. As people age they become more sensitive to the effects of alcohol and many begin taking prescription drugs. Many medicines can be dangerous or even deadly when mixed with alcohol. Substance misuse is often masked or complicated by other factors, including isolation, denial, and lack of awareness. Diagnosis may be difficult because symptoms of substance abuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among this population, such as diabetes, dementia, and depression.<sup>14</sup>
- While the majority of older adults cope constructively with the changes associated with aging, an estimated 25% of those aged 65 and older experience specific mental disorders, such as depression, anxiety, substance abuse, and dementia, that are not part of normal aging.<sup>15</sup>

## Contributing Factors

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**Unhealthy lifestyles.** Research has shown that unhealthy lifestyle behaviors, such as unhealthy diet and lack of physical activity, are more influential than genetic factors in developing chronic disease and the deterioration associated with aging. A range of individual factors and community conditions contribute to unhealthy lifestyle patterns.

**Healthy Eating:** Diets rich in fruits and vegetables provide essential vitamins and minerals, fiber, and other substances that are important for healthy aging and may reduce the risk for some cancers and chronic diseases such as diabetes and heart disease.

- In Sonoma County, only 57% of adults aged 65 and older report eating the recommended 5 servings of fruits and vegetables daily.<sup>16</sup>

**Physical Activity:** Regular physical activity is known to help prevent chronic disease and promote healthy aging.

- Regular physical activity can help prevent or control many of the health problems (e.g. high blood pressure; depression; obesity, and diabetes) that often reduce the quality and length of life for older adults.<sup>17</sup>
- Strength training is of particular importance to older adults, as it can provide relief from arthritis pain; improve balance and reduce the risk of falling; strengthen bones; and reduce blood glucose levels.<sup>18</sup>
- Even though 80% of adults aged 65 years and older in Sonoma County report that there is a park, playground or open space within walking distance, 28% report no physical activity.<sup>19</sup>

**Social isolation.** A recent needs assessment in Sonoma County cited social isolation as a critical issue facing older adults and a leading cause of depression. Although many services and opportunities to reduce social isolation exist in Sonoma County, barriers to accessing these include lack of awareness of services, stigma surrounding receipt of services, and lack of reliable, accessible transportation.<sup>20</sup>

**Lack of adequate and accessible public transportation.** Isolated, rural and homebound seniors often have limited or no access to public transportation. Transportation to medical services, social services, and for social interaction was a key unmet need identified in a local needs assessment for older adults.<sup>21</sup>

**Economic challenges of low-income older adults.** Research has shown that poor health status and poverty are interconnected. It is the poorest people who are most at risk of developing chronic diseases and conditions, not accessing health services, developing complications and dying prematurely. The economic challenges of living on fixed incomes, especially for older women, affects health status, access to healthcare, and general quality of life.

- In 2006, the percentage of Sonoma County adults over age 65 years living below the poverty level was estimated to be 4.8%.<sup>22</sup> While detailed information was not available on the characteristics of these older adults in Sonoma County, national data show that women and racial and ethnic minorities have higher rates of poverty.<sup>23</sup>
- Addressing the needs for food, housing, health care and other basic needs are important in promoting healthy aging in this vulnerable population of older adults.

**Lack of early detection of diseases and immunizations.** Most older adults in Sonoma County have access to health insurance via the Medicare program, but many do not receive preventive services that could help prevent or delay complications from chronic disease, including screening for substance abuse, depression, dementia, poor nutrition, and falls. National statistics show that fewer than 1 in 10 adults aged 65 years or older nationally receive all recommended screenings and immunizations paid for by Medicare.<sup>24</sup>

- In Sonoma County, 64% of adults aged 65 years and older report having a flu shot in the past 12 months and 72% reported being compliant with colorectal cancer screening.
- 27% of adults aged 65 years and older reported having at least one day of poor mental health in the past month, which highlights the importance of screening for depression and other mental health issues.<sup>25</sup>
- Similarly, high rates of alcohol use and medication use in Sonoma County warrant routine screening of misuse of these substances in older adults.

**Preventable injuries.** Falls are the most common cause of injuries to older adults. Factors that lead to falls include: unsafe environments; alcohol or prescription medication misuse; lack of physical strength, balance and coordination due to inactivity; vision problems; depression; and other pre-existing conditions such as stroke and arthritis.

- 16% of adults 65+ in Sonoma County reported falling to the ground more than once in the past 12 months.

**Difficulty accessing primary care providers.** Many seniors cite the difficulty of finding a primary care provider in Sonoma County.<sup>26</sup>

- A 2005 survey of Sonoma County physicians found that 27% planned to limit or eliminate Medicare insurance from their practice.<sup>27</sup>
- The existing pool of primary care providers may lack the preparation needed to provide gerontology care for a growing population of older adults in Sonoma County.
- Not all older adults in Sonoma County have health insurance through Medicare or other programs. Of 920 clients aged 65 years and older seen at Southwest Health Center during 2007, 24% did not report any insurance coverage. The perception that there is near universal access to care for older adults via the Medicare program may need closer scrutiny here in Sonoma County.
- Additionally, lack of adequate public transportation is a major barrier to health related services.

**Difficulty accessing home and community-based services.** Many seniors are isolated and have trouble accessing services due to difficulties with transportation, lack of awareness of services, and lack of affordable housing near service centers.<sup>28</sup> This lack of awareness may be fueled by negative attitudes and stereotypes about aging in our culture.<sup>29</sup>

**Lack of planning for end-of-life decisions and care.** End-of-life issues are important because of the substantial burden and impact on dying person, their family members, and society, and because of the potential to prevent suffering and improve quality of life.

- Although 83% of Californians believe it is somewhat or very important to have end-of-life wishes in writing, only 36% actually have a written document.<sup>30</sup>
- Alternatives to medical intervention at the end of life, such as hospice care and palliative care, can result in improved quality of care and reduced costs. In general, this is true because these approaches focus on relief from pain and suffering and not on curing the patient, thus costly diagnostic tests and invasive procedures are avoided.<sup>31</sup>
- A 2004 survey of California hospitals found that 23 percent employed teams of health professionals to provide palliative care services. Models of care range from palliative care units to multidisciplinary consultant teams that include medical staff, social workers, chaplains and pharmacists.<sup>32</sup>

## How Communities Can Support Healthy Aging?

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Researchers and healthy aging advocates have identified a number of ways that communities can take action to support healthy aging.

### **Community**

- Recognize that poor health and frailty is not an inevitable consequence of aging.
- Increase physical activity among older adults by promoting environmental changes. Because walking is the most commonly reported form of physical activity among older adults, enhancing community environments to support walking is a promising approach to increase physical activity among seniors.<sup>33</sup>
- Assure easy access to affordable healthy food by older adults. Diets rich in fruits and vegetables may reduce the risk for some cancers and chronic diseases such as diabetes and cardiovascular disease.<sup>34</sup>
- Provide adequate funding and community support for community-based services that enable older adults to stay in their homes and keep them healthy.
- Support community engagement and social support networks for older adults. People who are engaged in their community and who maintain their social support networks tend to be happier and live longer than people who do not.
- Prevent falls, a leading cause of hospitalization and injury deaths among older adults.
- Provide affordable housing and transportation options that can accommodate the needs of older and disabled adults. Housing with “universal design” features and located near destinations such as libraries, stores, and places of worship, enable older adults to remain independent, active, and engaged.
- Recognize the need for advanced care planning.

### **Health Care Delivery System**

- Assure an adequate supply of primary care providers that are willing and able to serve as a medical home for older and disabled adults in order to improve access to preventive health services, better manage chronic conditions, and promote overall wellness and quality of life for older adults.
- Promote use of preventive health services for older adults (including screening for substance abuse, depression, dementia, poor nutrition, and falls).
- Support enhanced quality of life in the final years of life. Invest in an infrastructure that can better coordinate and integrate care outside of hospitals, including home health and hospice care. Promote the need for advance planning and decision-making about end-of-life care.

## Major Gaps in Sonoma County

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### **Community**

- Built environments that do not facilitate or encourage physical activity among older adults.
- Insufficient proactive transportation and land-use planning to create affordable and accessible housing and transportation options that support an active, healthy lifestyle for older adults.
- Insufficient access to home and community-based services that can enable older adults to stay in their homes.
- Insufficient public awareness and utilization of the range of available services, networks, programs and activities in Sonoma County that can keep older adults active and engaged in community life.
- Insufficient public awareness of contributing factors to falls and of local resources that address fall prevention.
- Insufficient public awareness about ways to improve the dying experience (e.g. advance care planning, palliative and hospice care).

### **Health Care Delivery System**

- Shortage of primary care providers that are willing and able to serve as a medical home for older and disabled adults on Medicare, in order to improve access to preventive health services, better manage chronic conditions, and promote overall wellness and quality of life for older adults.
- Insufficient preventive health services for older adults (including screening for substance abuse, depression, dementia, poor nutrition, and falls prevention), especially for those that are vulnerable to health disparities due to risk factors such as poverty, race or ethnicity, disability status, and social isolation.
- Insufficient infrastructure and services to support enhanced quality of life in the final years of life, including coordination and integration of care outside of hospitals.

## Resources

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### Centers for Disease Control and Prevention (CDC) Healthy Aging Program

- *The State of Aging and Health in America 2007*
- *Healthy Aging: Preserving Function and Improving Quality of Life Among Older Americans 2007*
- *Growing Stronger: Strength Training for Older Adults*

### National Center for Health Statistics

- *Older Americans Update 2006: Key Indicators of Well-Being*

### California HealthCare Foundation

- *Racial, Cultural, and Ethnic Factors Affecting the Quality of End-of-Life Care in California: Findings and Recommendations (March 2007)*

### American Society on Aging

- *Live Well, Live Long: Health Promotion and Disease Prevention for Older Adults*  
<http://www.asaging.org/CDC/index.cfm>

### Sonoma County Area Agency on Aging

- *Living Longer, Living Well: A Community Report on Older Adults, Adults with Disabilities, and their Caregivers (June 2005).*

## Local Contacts

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- Shirlee Zane, Council on Aging
- Tom Maloney, Sonoma County Area Agency on Aging Advisory Council
- Susan Keller, Community Network Journey Project
- Diane Kaljian, Division Director, Adult and Aging Division, Sonoma County Human Services Department
- Jerry Dunn, Assistant Director, Sonoma County Human Services Department

## Endnotes

- <sup>1</sup> US Census Bureau, 2006 American Community Survey. <http://www.census.gov/acs/>
- <sup>2</sup> California Department of Finance, Population Projections by Race/ethnicity, gender and age, Report 06 P-3, <http://www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/Projections/P3/documents/SONOMA.xls> (accessed 2/6/08).
- <sup>3</sup> California Department of Finance, Population Projections by Race/ethnicity, gender and age, Report 06 P-3, <http://www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/Projections/P3/documents/SONOMA.xls> (accessed 2/6/08).
- <sup>4</sup> CA Office of Statewide Health Planning and Development, Inpatient Hospital Discharge data, 2005.
- <sup>5</sup> Hoover DR, Crystal S, Kumar R, Sambamoorthi U, Cantor JC, "Medical expenditures during the last year of life." *Health Services Research*, 2002, 37(6): 1625-1642.
- <sup>6</sup> California Department of Health Services, Vital Statistics, Sonoma County, 2005.
- <sup>7</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Healthy Aging: Preserving Function and Improving Quality of Life Among Older Americans*, April 2007.
- <sup>8</sup> California Health Interview Survey, 2005.
- <sup>9</sup> Dartmouth Atlas Project, *Care of Patients with Severe Chronic Illness*, 2006. [http://www.dartmouthatlas.org/atlas/2006\\_Atlas\\_Exec\\_Summary.pdf](http://www.dartmouthatlas.org/atlas/2006_Atlas_Exec_Summary.pdf)
- <sup>10</sup> Dartmouth Atlas Project, *Care of Patients with Severe Chronic Illness*, 2006. [http://www.dartmouthatlas.org/atlas/2006\\_Atlas\\_Exec\\_Summary.pdf](http://www.dartmouthatlas.org/atlas/2006_Atlas_Exec_Summary.pdf)
- <sup>11</sup> California Office of Statewide Health Planning and Development, Inpatient Hospital Discharge Data, 2005.
- <sup>12</sup> California Attorney General's Office, Crime and Violence Prevention Center, <http://safestate.org/index.cfm?navId=11> (accessed 2/13/08).
- <sup>13</sup> Sonoma County Human Services Department, Adult and Aging Division, Adult Protective Services Program Statistics, September 2004.
- <sup>14</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *TIP 26: Substance Abuse Among Older Adults*, <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.48302>
- <sup>15</sup> U.S. Department of Health and Human Services (DHHS), *Healthy People 2010, Chapter 18: Mental Health and Mental Disorders*, p. 18-3.
- <sup>16</sup> California Health Interview Survey, 2005.
- <sup>17</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *The State of Aging and Health in America 2007*.
- <sup>18</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Growing Stronger: Why Strength Training for Older Adults?*
- <sup>19</sup> California Health Interview Survey, 2005.
- <sup>20</sup> Sonoma County Human Services Department, Area Agency on Aging, *Living Longer, Living Well: A Community Report on Older Adults, Adults with Disabilities, and their Caregivers*, June 2005.
- <sup>21</sup> Sonoma County Human Services Department, Area Agency on Aging, *Living Longer, Living Well: A Community Report on Older Adults, Adults with Disabilities, and their Caregivers*, June 2005.
- <sup>22</sup> U.S. Census Bureau, 2006 American Community Survey, Sonoma County.
- <sup>23</sup> National Center for Health Statistics, Older Americans Update 2006: Key Indicators of Well-Being, [www.agingstats.gov](http://www.agingstats.gov)
- <sup>24</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Healthy Aging: Preserving Function and Improving Quality of Life Among Older Americans*, April 2007.
- <sup>25</sup> 2005 California Health Interview Survey, Sonoma County.
- <sup>26</sup> Sonoma County Human Services Department, Area Agency on Aging, *Living Longer, Living Well: A Community Report on Older Adults, Adults with Disabilities, and their Caregivers*, June 2005.
- <sup>27</sup> Cynthia Melody, Access to Sonoma County Physicians, *Sonoma Physician*, Vol. 57, No. 2, Spring 2006.
- <sup>28</sup> Sonoma County Human Services Department, Area Agency on Aging, *Living Longer, Living Well: A Community Report on Older Adults, Adults with Disabilities, and their Caregivers*, June 2005.
- <sup>29</sup> The National Council on Aging, *American Perceptions of Aging in the 21<sup>st</sup> Century*, 2002.
- <sup>30</sup> California HealthCare Foundation, *Snapshot: Death and Dying in California*, 2006. <http://www.chcf.org/documents/chronicdisease/DeathDyingSnapshot06.pdf>
- <sup>31</sup> California HealthCare Foundation, *Snapshot: Death and Dying in California*, 2006. <http://www.chcf.org/documents/chronicdisease/DeathDyingSnapshot06.pdf>
- <sup>32</sup> California HealthCare Foundation, *Snapshot: Death and Dying in California*, 2006. <http://www.chcf.org/documents/chronicdisease/DeathDyingSnapshot06.pdf>
- <sup>33</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *The State of Aging and Health in America 2007*, p. 12.

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<sup>34</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *The State of Aging and Health in America 2007*, p. 13.