2 Basic Demographic Data

2.1 Demographic Profile and Projections for San Mateo County by Age Group, Race/Ethnicity and Gender

Between 2000 and 2010, the total population of San Mateo County grew by 1.58 percent.\(^1\) Looking ahead, the county’s population is projected to increase 9 percent from 2000 to 2030 as shown in Figure 1 below.

![Figure 1: Projected growth in total population in San Mateo County, 2000-2030. Red lines and markers reflect projected population growth. Source: California Department of Finance, Demographic Research Unit.](http://www.dof.ca.gov/research/demographic/reports/projections/interim/view.php)

When comparing the larger demographic trends with those of the senior population alone as is done in the next chart, it becomes clear that seniors are the fastest growing population segment. For example, between 2000 and 2011 the senior population in San Mateo County grew from 83,259 in 2000 to 99,436, an increase of more than 19 percent (Figure 2). This increase is equivalent to an average annual rate of increase of 1.5 percent but the growth rate is accelerating. Between 2000 and 2030, the senior population is expected to grow 89 percent.

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Seniors also are not evenly distributed across the county as is shown in Map 1. We show absolute numbers because they, more so than percentage shares, show where seniors are concentrated and hence where programs or information may reach the most people. Therefore, in absolute terms, most seniors currently live in Daly City (13,623), South San Francisco (8,329) and San Mateo (13,980), which is not surprising since these are also among the largest cities in the county. The cities with the smallest number of seniors are Colma (204), Brisbane (429), and Woodside (1,068). Every city with the exception of Menlo Park, Millbrae and Burlingame saw an increase in their senior population between 2000 and 2010.

In relative terms, however, seniors represent up to a quarter of the population in Portola Valley, Woodside, Atherton, Hillsborough and western parts of San Mateo and South San Francisco (see Map 2). In contrast, Menlo Park, East Palo Alto and a corridor between San Carlos and Belmont in the West and Redwood City in the East have fewer than 10 percent seniors among their population.
Map 1: Distribution of seniors (65 years and older) by city in San Mateo County. Source: 2010 US Census.
In terms of race and ethnicity, in 2011, 59 percent of the population identified themselves as White, 25 percent as Asian, 3 percent as Black/African American, 9 percent as other race, and 3 percent stated two or more races. Twenty-five percent identified as Hispanic or Latino.\(^2\) Sixty-three percent of the total White population in 2011 and 22 percent of the Asian population were born between 1945-1964.\(^3\)

![Total Population by Race, San Mateo County, 2011](image)

**Figure 3: Total population by race in San Mateo County. Source: U.S. Census Bureau, American Community Survey 2011, 1-year estimates.**

Looking forward, the county is going to be increasingly diverse as today’s 18-44 year olds illustrate (Figure 4).\(^4\)

![Population by Race, San Mateo County, 2011](image)

**Figure 4: Population by race and age group in San Mateo County. Source: American Community Survey 2011, 1-year estimates. Hispanic included in White and Other Race.**

\(^2\) In the US Census, race and ethnicity are assessed independently. “Race” includes categories such as “White,” “Black,” “American Indian or Alaska Native,” “Some Other Race,” and “Two or More Races.” “Ethnicity” asks if an individual is of Hispanic, Latino, or Spanish origin.

\(^3\) Ibid and own calculations.

The racial distribution among seniors is by and large similar to that of the total county population: 70 percent Whites, 22 percent Asian, 3 percent Black/African American, 1 percent other race and 3 percent two or more races (Figure 5).\(^5\)

**Figure 5: Senior population by race in San Mateo County. Source: American Community Survey 2011, 1-year estimates.**

The coming change in the racial make-up of the county is also evident in the racial composition of today’s 65-74 year olds compared to the 75-84 year olds and those 85 and older (Figure 6).

**Figure 6: Senior population by race and age group in San Mateo County. Source: American Community Survey 2011, 1-year estimates.**

With respect to ethnicity, similar changes are observed. The White senior population declined by 6 percentage points between 2000 and 2011, from 67 percent to 61 percent. During the same time, Asians grew from 15 to 22 percent, Hispanics from 8 to 12 percent.

\(^5\) Ibid.
and Blacks/African Americans remained unchanged.\textsuperscript{6} Without considering factors such as people moving in and out of the county, the rise in the Hispanic senior population will accelerate in the future because 35 percent of current residents below 18 years of age are Hispanic/Latino and their life expectancy is among the highest in the county.

![Senior Population by Race/Ethnicity](chart)

**Figure 7:** Senior population by major race/ethnic group in San Mateo County, 2000-2011. Source: State of California, Department of Finance, Race/Ethnic Population with Age and Gender Detail, 2000–2010. Sacramento, California, September 2012 and US Census Bureau, American Community Survey 2011, 1-year estimates.

The San Mateo County Health System’s aging model predicts a growth of the total senior population of 72 percent from 2009 to 2030.\textsuperscript{7,8}

The expected growth by age group is shown in Figure 8.

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\textsuperscript{7} The population model produced forecasts for 2010, 2020 and 2030.

Figure 8: Projected growth in senior population by age group. Source: San Mateo County Health System. San Mateo County Aging Model: Better Planning for Tomorrow. Policy Brief, Issue 2: Sociodemographic Overview.

Not only are seniors going to represent an increasingly large share of the total population, their racial and ethnic diversity is also increasing. The share of White seniors is projected to decline from 66 percent in 2009 to 48 percent by 2030, while the shares of Asian and Hispanic seniors are growing. Blacks/African Americans are estimated to experience a small decrease from 4 percent to 3 percent.  

Figure 9: Projected racial and ethnic composition of the senior population in San Mateo County, today and in 2020 and 2030. Source: San Mateo County Health System. San Mateo County Aging Model: Better Planning for Tomorrow. Policy Brief, Issue 2: Sociodemographic Overview.

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9 Ibid.
A third important trend is the geographical shift in the distribution of seniors in the county (Figure 10). While 10 percent of seniors lived on the Coastside in 2009, this share is expected to decline to 4 percent by 2030.\(^{10}\) Similarly, the South County’s senior population is forecast to decrease by 7 percentage points from 30 percent today to 23 percent in 2030. In contrast, the North and Central parts of the county are expected to gain seniors (through natural rate of increase and/or in migration). The Central County is estimated to see a 9 percentage point increase from 25 to 34 percent, while the North County is expected to grow initially by 5 percentage points but then hold steady until 2030.

![Geographical Distribution of Seniors: San Mateo County, 2009-2030](image)

**Figure 10:** Projections of the geographic distribution of seniors in San Mateo County. Source: San Mateo County Health System. San Mateo County Aging Model: Better Planning for Tomorrow. Policy Brief, Issue 2: Sociodemographic Overview.

Looking at the county’s population distribution by gender, there are fewer women in the youngest age groups up to 44 years of age (Figure 11).\(^{11}\) The relationship reverses for older age groups and increases until there are 1.75 women for every men in the age group of 85+ year olds (Figure 12). However, as the population projections show, the gap between men and women in the older ages is expected to shrink.

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\(^{10}\) Recent developments indicate that construction on 200 new senior homes in Half Moon Bay might begin in 2013. The so-called senior campus refers to separate affordable housing projects for the elderly planned near the corner of Arnold and Main streets. This new construction can be expected to have impacts on the projected number of seniors living on the Coastside in the future.

Figure 11: Population by age and gender in San Mateo County. Source: American Community Survey 2011, 1-year estimates.

Figure 12: Ratio of women to men in San Mateo County by age group in 2011. Source: American Community Survey 2011, 1-year estimates.

2.2 Socio-economic Profile of San Mateo County by Age and Gender

2.2.1 Poverty and Economic Insecurity

The decision of where and when to retire is based in large part on the income people need to maintain their standard of living while they age. San Mateo County is one of the most expensive places to live in the United States due mostly to the high cost for housing.\textsuperscript{12} According to a study by the Center for Health Policy Research at UCLA, the basic annual

cost of living for a retired older adult in good health was $27,550 in 2008 – the highest in the state.\textsuperscript{13}

The federal poverty level (FPL) – used by many local, state and federal agencies to determine eligibility for assistance programs – does not factor place-dependent, differential costs of living into their calculations and, therefore, often understates poverty in high cost areas such as San Mateo County. In addition, the FPL only considers the cost of food and not other basic items such as housing and transportation. In 2012, the FPL for a family of two, such as a married senior couple, is $15,130. At this rate it is difficult for seniors to even cover basic expenses.

We therefore also considered an alternative poverty measure, the Self-Sufficiency Standard (SSS).\textsuperscript{14} The SSS is a more accurate indicator of poverty than the FPL for San Mateo County, as it takes local costs of living into account.

The SSS is calculated on the following premises:

- Budgets for all major life necessities needed by working adults. These basic needs include housing, child care, food, health care, transportation, taxes, and miscellaneous costs.

- Calculates the most recent local or regional costs of each basic need. Accounting for regional or local variation is particularly important for housing because housing costs vary widely.

- Varies costs by age groups of children (infants, preschoolers, school agers, and teenagers). This is especially important for child care, which varies substantially by age.

- Reflects modern family practices, and assumes that all adults (whether married or single) work full-time. Thus the Standard includes the employment-related costs of transportation, taxes, and child care (when needed).\textsuperscript{15}

- Includes the net effect of federal and state taxes and tax credits, as well as any local taxes and tax credits.

Table 1 compares the SSS for a single and 2-adult household with the FPL.

<table>
<thead>
<tr>
<th>Family size</th>
<th>2011 SSS for San Mateo County</th>
<th>2012 FPL</th>
<th>Ratio of SSS to FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 adult</td>
<td>$34,907</td>
<td>$11,170</td>
<td>3.1</td>
</tr>
<tr>
<td>2 adults</td>
<td>$43,937</td>
<td>$15,130</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Table 1: Comparison of the 2011 Self-Sufficiency Standard for San Mateo County and the 2012 Federal Poverty Level for a family of one and two. Ratios are rounded. Source: SSS from the Center for Women’s Welfare. FPL from CoverageForAll.org.


\textsuperscript{14} Center for Women’s Welfare, online at http://www.selfsufficiencystandard.org/ (last accessed October 30, 2012).

\textsuperscript{15} The FPL assumes a two-parent household with a stay-at-home parent, or single parents relying on welfare or family support. Therefore work-related expenses such as child care, taxes, and transportation are not considered. Source: Center for Women’s Welfare. How does the SSS differ from the Federal Poverty Level? Online at http://www.selfsufficiencystandard.org/standard.html#howdoes (last accessed October 30, 2012).
As Table 1 illustrates, the SSS reflects the higher income needed in San Mateo County to make ends meet and it is approximately three times the FPL.\footnote{See the tabulations for San Mateo County available from the Center for Women’s Welfare at http://www.selfsufficiencystandard.org/pubs.html (last accessed October 30, 2012).}

While the SSS is an alternative poverty measure that takes local cost of living into account, it is does not specifically focus on senior issues. To highlight the special economic situation of older people, the Insight Center for Community Economic Development (ICCED) developed the California Elder Economic Security Initiative (Cal-EESI).\footnote{Please visit http://www.insightcced.org/ (last accessed October 30, 2012) for more information on this initiative.} It is a statewide, research-driven coalition that works to ensure that seniors have the support and resources they need to age with economic dignity and well-being. The ICCED developed the California Elder Economic Security Standard Index (Elder Index) in cooperation with the UCLA Center for Health Policy Research and Wider Opportunities for Women.\footnote{San Mateo County data are available for download at http://www.insightcced.org/communities/cfess/eesiDetail.html?ref=42 (last accessed October 30, 2012).} The Elder Index is a county-level indicator to measure the minimum income necessary to cover all of an older adult’s basic expenses, including housing, food, medical care and transportation but expenditures were assessed specifically for seniors instead of families with children as in the SSS.

According to the FPL, 7 percent (appr. 6,000) seniors in San Mateo County are poor. While this figure is not negligible, it masks the fact that according to the Elder Index, a senior homeowner living alone without a mortgage requires an annual income of $17,475 to make ends meet. A single renter must earn $27,550. Additional Elder Index data are shown in Table 2.

<table>
<thead>
<tr>
<th>Living Situation</th>
<th>Annual income required according to Elder Index (2007)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single, homeowner w/o mortgage</td>
<td>$17,475</td>
</tr>
<tr>
<td>Single, renter</td>
<td>$27,550</td>
</tr>
<tr>
<td>Single, homeowner w mortgage</td>
<td>$42,987</td>
</tr>
<tr>
<td>Couple, homeowner w/o mortgage</td>
<td>$26,149</td>
</tr>
<tr>
<td>Couple, renter</td>
<td>$49,448</td>
</tr>
<tr>
<td>Couple, homeowner w/ mortgage</td>
<td>$36,659</td>
</tr>
</tbody>
</table>

Table 2: Income needed according to the Elder Index for seniors living in San Mateo County. Source: www.insightcced.org
According to the Elder Index a significant share of seniors, 36 percent or approximately 31,000, struggle to cover their basic expenses because their annual income exceeds federal poverty guidelines and they may therefore not qualify for public assistance programs.

![Economic insecurity according to the Elder Index](image1)

![Economic insecurity according to the FPL](image2)

**Figure 13: Comparison of economic insecurity among seniors according to the SSS and FPL. Source: Self-Sufficiency Standard and US Census Bureau.**

In addition, according to the SSS 43 percent of senior women who live alone are economically insecure. Among senior men, 24 percent live alone and are economically insecure. A total of 30 percent of couples or two-person senior households are economically insecure. The difference in the share of economically insecure men and women reflects the persistent income gap between the genders: the median retirement income of women is $28,976, while it is $41,316 for men.

Considering the projected growth in the overall senior population of 72 percent by 2030 and the 148 percent growth projected among the 85+ year olds coupled with the county’s high cost of living level, the ability for seniors to live comfortably in San Mateo County is at increased risk and may lead to increased outmigration of seniors. This poses a threat to the county’s social cohesion and economic vibrancy.

The San Mateo County Health System’s survey of Baby Boomers and results from the aging model also identified some worrisome disparities in perceptions and expectations by race and ethnicity.

- Of those surveyed, 70 percent expect to receive a pension/retirement income. However, only 44 percent of African Americans surveyed expect to draw a pension or have retirement income.
- In 2030, the majority of people with incomes below 400 percent FPL will be non-Whites and represent a disproportionate share of the total senior population. While 16 percent of seniors are projected to be Hispanic/Latino and 3 percent Black/African American, 33 percent of the low-income senior population is expected to be Hispanic/Latino and 6 percent Black/African American. Compared to 48 percent White seniors in 2030, only 32 percent will be low-income. For Asians and Pacific Islanders in 2030 the shares are estimated to be 32 percent in both the total senior population and the low-income senior population.
- Homeownership, an important factor in determining wealth and economic security, is also divided by race and ethnicity: 11 percent of Whites are renters but this fraction increases to 28 percent for Blacks/African Americans and 13 percent of Asians and Pacific Islanders. About one in five Latinos is a renter (18%).
The San Francisco Bay Area, including San Mateo County, has long attracted foreign-born people who end up settling in the area for work. The survey found that foreign-born San Mateo County residents are unlikely to return to their native countries for their older adult life. By 2030, 44 percent of older adults in the county are projected to be foreign-born. According to the “healthy migrant effect” it is estimated that healthy foreign-born residents, especially Hispanics/Latinos, are likely to stay in the county and tend to live longer than native residents and foreign-born residents who do return to their native countries.\(^\text{19}\)

### 2.2.2 Poverty and Education

It is a well-established fact that educational attainment influences incomes (Table 3 illustrates).

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Poverty Rate (Men and women, all ages)</th>
<th>Poverty Rate (Men, all ages)</th>
<th>Poverty Rate (Women, all ages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>13.9%</td>
<td>12.4%</td>
<td>15.5%</td>
</tr>
<tr>
<td>High school or equivalent</td>
<td>8.1%</td>
<td>7.1%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Some college or associate’s degree</td>
<td>6.0%</td>
<td>6.2%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher</td>
<td>3.3%</td>
<td>3.2%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Table 3: Poverty rate (25 years and older) by educational attainment. Source: American Community Survey 2009-2011, 3-year estimates.

Data for poverty by age group and educational attainment are not available for San Mateo County, so that no direct conclusions can be drawn for the elderly population in the county with respect to the correlation between poverty and educational attainment.

According to the 2009 California Health Interview Survey (CHIS), among those 65 years and older in California, 39.7 percent have a high school degree or less and 37 percent have a bachelor’s degree or higher. When looking at Map 3, which shows educational attainment among seniors, there is a considerable spread in terms of senior educational attainment by geographical location and along the income distribution. South San Francisco, Redwood City, Menlo Park, East Palo Alto and some parts of San Mateo have low rates of seniors with bachelor's degrees or more compared to the total senior population. In comparison, the affluent cities and towns of Hillsborough, Atherton, Portola Valley and Woodside have rates exceeding 57 percent.

2.3 Health Status and Disparities

2.3.1 Basic Health Statistics and Epidemiological Data

The following sections draw heavily on data and statistics from the 2011 Community Assessment: Health and Quality of Life in San Mateo County,\(^{20}\) the Centers for Disease Control, specifically the Behavioral Risk Factor Surveillance System,\(^{21}\) and the Health System’s publication “Maintaining the Health of an Aging San Mateo County”.\(^{22}\) They are further complemented by individual data sources such as the County Health Rankings\(^{23}\), Centers for Medicare and Medicaid statistics, and individual scientific studies.

Average Age at Death

Not only is San Mateo County’s senior population growing, but life expectancy has also increased. From 1990 to 2008 the average age of death in the county increased from 71.2 years to 75.3 years, while the median age of death increased from 75.4 years to 81 years. Average age at death is a marker of premature death, and it is an important marker of a population’s well being. Premature deaths are deaths that occur before a person reaches an expected age, generally taken to be 75 years in the US. Many premature deaths are considered to be preventable.

The following two side-by-side maps show the average age at death and median household income of seniors by city because the wellbeing literature points to positive associations between income on the one hand and life expectancy on the other.\(^{24}\) Since the data shown in the two maps were not controlled for age, race and ethnic distribution and other factors, no ultimate conclusions are drawn with respect to the association between income and average age at death aside from a mild positive correlation between the two.

For example, the median household income of seniors in Atherton in 2010 was $223,611 with an average age at death of 80.6 years. In Hillsborough it was $209,231 and 79.3 years and in Woodside $186,359 and 76.2 years. The lowest senior median household incomes persisted in East Palo Alto ($49,146) with an average age at death of 61.8 years. In Daly City, senior median household income was $72,307 and average age at death 73.2 years and South San Francisco it was $72,674 and 74.4 years.

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\(^{20}\) The Healthy Community Collaborative of San Mateo County (2011). 2011 Community Assessment: Health and Quality of Life in San Mateo County. Online at http://www.plsinfo.org/healthysmc/pdf/Community%20%20Assessment_2011_FINAL1.pdf (last accessed October 4, 2012). We note that the new Community Health Assessment is currently being finalized. The results are expected to be released in 2013 and therefore after the scheduled release date for this study.


Map 4: Distribution of seniors by median household income and average age at death in San Mateo County. Source: US Census Bureau, American Community Survey 2011, 1-year estimates.
Main Causes of Mortality

The two main causes of mortality in San Mateo County are cancer and heart disease. Although mortality rates for these two causes have seen a decline over the period 2000-2008, they remain at a high level, killing approximately 1,100 people each per year. Respiratory and cerebrovascular diseases, and pneumonia and influenza are also important causes of death. Overall, the mortality rate due to these conditions has declined in the county but disparities remain (see charts below).

Figure 15: Mortality rates by cause (per 100,000 total population per year) in San Mateo County. Source: 2011 Community Assessment.

Compared to California, San Mateo County has a lower rate of death for most causes, except for Alzheimer’s and pneumonia/influenza (Figure 16).
The mortality statistics by age group (Table 4) are somewhat dated but are still in strong agreement with current cause of death for seniors, except with respect to Alzheimer’s. They show that heart disease, cancer and stroke are the leading causes of death amongst seniors. With increasing age, however, cancer recedes from first rank to third and heart disease and stroke move up instead. Pneumonia and influenza and chronic obstructive pulmonary disease (COPD) are also among the top five.

<table>
<thead>
<tr>
<th>Rank</th>
<th>65-74 years</th>
<th>75-84 years</th>
<th>85+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cancer</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>2</td>
<td>Heart Disease</td>
<td>Cancer</td>
<td>Stroke</td>
</tr>
<tr>
<td>3</td>
<td>Stroke</td>
<td>Stroke</td>
<td>Cancer</td>
</tr>
<tr>
<td>4</td>
<td>COPD</td>
<td>COPD</td>
<td>Pneumonia &amp; Influenza</td>
</tr>
<tr>
<td>5</td>
<td>Pneumonia &amp; Influenza</td>
<td>Pneumonia &amp; Influenza</td>
<td>COPD</td>
</tr>
</tbody>
</table>


Other chronic conditions and diseases typically associated with “old age” are diabetes, Alzheimer’s and Parkinson’s. Figure 17 shows how mortality due to these causes has developed from 2000-2008. The rate of Alzheimer’s has grown significantly and has risen from 10th rank in 1990 (all ages) to 7th most frequent cause of death in 2008.

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According to a report released by the California Department of Public Health, San Mateo County ranks 5th in the lowest number of deaths due to all causes, with an age-adjusted death rate of 547.6 deaths per 100,000 population, compared to the California average of 602.2 deaths per 100,000. San Mateo County also ranks 5th in lowest number of deaths due to all cancers, ranked by the age-adjusted death rate from all cancers with a rate of 147.1 deaths per 100,000

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population, compared to the California average of 151.7 deaths per 100,000. The federal Healthy People 2010 National Objective is 158.6.27

For other selected causes of deaths – many of which affect primarily seniors – the following Table 5 shows how San Mateo County compares to California and the Healthy People 2010 targets. The county outperforms California and has reached the Healthy People targets for all causes of death shown in the table, except chronic liver disease and accidents.

<table>
<thead>
<tr>
<th>Cause of death (age-adjusted rate per 100,000 population)</th>
<th>San Mateo County</th>
<th>California</th>
<th>Healthy People 2010 Target</th>
<th>Healthy People 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal cancer*</td>
<td>14.0</td>
<td>14.1</td>
<td>13.7</td>
<td>14.5</td>
</tr>
<tr>
<td>Lung cancer*</td>
<td>33</td>
<td>35.5</td>
<td>43.3</td>
<td>45.5</td>
</tr>
<tr>
<td>Female breast cancer*</td>
<td>19.8</td>
<td>20.7</td>
<td>21.3</td>
<td>20.6</td>
</tr>
<tr>
<td>Prostate cancer*</td>
<td>19.1</td>
<td>20.4</td>
<td>28.2</td>
<td>21.2</td>
</tr>
<tr>
<td>Diabetes*</td>
<td>11.4</td>
<td>19.5</td>
<td>--</td>
<td>65.8</td>
</tr>
<tr>
<td>Alzheimer’s*</td>
<td>29.7</td>
<td>28.2</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Coronary heart disease*</td>
<td>90.9</td>
<td>121.6</td>
<td>162</td>
<td>100.8</td>
</tr>
<tr>
<td>Smoking*</td>
<td>33.9</td>
<td>37.4</td>
<td>50.0</td>
<td>--</td>
</tr>
<tr>
<td>Influenza/pneumonia*</td>
<td>21.9</td>
<td>16.7</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Lower respiratory disease*</td>
<td>27.8</td>
<td>36.7</td>
<td>--</td>
<td>--**</td>
</tr>
<tr>
<td>Chronic liver disease and cirrhosis*</td>
<td>9.6</td>
<td>10.8</td>
<td>3.2</td>
<td>--</td>
</tr>
<tr>
<td>Accidents*</td>
<td>20.9</td>
<td>27.1</td>
<td>17.1</td>
<td>--</td>
</tr>
</tbody>
</table>

Table 5: Age-adjusted death rates (per 100,000 population) for major causes in San Mateo County, California and a comparison with the Healthy People 2010 and 2020 targets. Source: California Department of Public Health (2012). Health Profiles 2012: San Mateo County and Healthy People 2020. *age-adjusted death rates 2008-2010 three-year period. ** COPD target is 98.5 per 100,000 population

Falls account for 80 percent of accidental injury deaths in individuals over the age of 85, and 20 percent in ages 75 to 84 in San Mateo County. Seniors aged 85 years and older are 50 times more likely to be hospitalized as a result of a fall than a 25-34 year old and 120 times more likely to die from it. Fall prevention strategies are, therefore, an

27 Healthy People 2010 is a federal initiative to use science-based, 10-year national objectives for improving the health of all Americans. The current targets are specified for the year 2020. More information is available at http://www.healthypeople.gov/2020/about/default.aspx (last accessed October 31, 2012).
important tool for public health officials and healthcare providers to reduce the burden and risks from falls in the senior population.

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**The San Mateo Fall Prevention Task Force**

Initiated in March 2003, the Fall Prevention Task Force uses advocacy, resource development and community education to reduce the incidence of falls among older adults. It has built a coalition of more than 25 different community provider agencies, hospitals, nonprofit organizations, senior centers and private service providers that serve older adults in the county.

To date, the Task Force has:

- Teamed with Sit & Be Fit TV producers to create exercise videos (English, Spanish and Chinese) for fall prevention and disseminated more than 1,000 of these videos to older adults throughout the county.
- Translated a booklet on fall prevention developed by Alameda County Senior Injury Prevention Project (SIPP) into Spanish and Chinese and disseminated it in local communities.
- Held two fall prevention train-the-trainers courses for individuals working with older adults in physical activity programs to integrate fall prevention practices into their work.

For more information, contact:

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Patrice Christensen, PHN
Injury Prevention Program Coordinator
San Mateo County Health Department
info@smcfallprevention.org
Figure 19: Average annual rate of hospitalization due to injury from unintentional falls in San Mateo County. Data are not age-adjusted. Source: 2011 Community Assessment.

Figure 20: Mortality rate (per 100,000 population) due to unintentional falls in San Mateo County. Data are cumulative for 2000-2008 and not age-adjusted. Source: 2011 Community Assessment.
Figure 21: Comparison of falls and other unintentional injuries by age group in San Mateo County. Source: 2011 Community Assessment.

Morbidity

Overall hospitalization rates by age group and gender are shown in Figure 22. Rates are twice as high for men compared to women in the older population and increase with age for both genders.


The Centers for Medicare and Medicaid Services compile information on health care status of subscribers/beneficiaries. This information can be compared across Hospital Referral Regions (HRRs). HRRs represent regional health care markets for tertiary medical care that generally requires the services of a major referral center.  

28 See, for example, the Dartmouth Atlas of Health Care developed at Dartmouth University's Institute for Health Care Policy and Clinical Practice. Online at http://www.dartmouthatlas.org/data/region/ (last accessed October 31, 2012).
The San Mateo County HRR has Medicare beneficiaries’ hospitalization rates are relatively low for age-related illnesses compared to the average of all HRRs nationwide (Figure 23).

Figure 23: Comparison of hospitalization rates among Medicare beneficiaries in San Mateo County HRR and the average of all HRRs. Source: Center for Medicare and Medicaid Services.

San Mateo County HRR generally performs well in comparisons with all other HRRs in the US in terms of the prevalence of main cancers and non-cancer diseases (Figure 24 and Figure 25).

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29 The San Mateo county HRR includes the following hospitals: Mills-Peninsula Health Services in Burlingame, San Mateo Medical Center in San Mateo, Sequoia Hospital in Redwood City, Seton Medical Center in Daly City, and Stanford Hospital and Clinics in Stanford. Kaiser hospitals do not report individual claims to Medicare. They are therefore not included because the statistics only include hospitals that serve fee-for-service patients, not Medicare Advantage/HMOs. Source: Dartmouth Atlas of Health Care at http://www.dartmouthatlas.org/data/region/profile.aspx?loc=297 (last accessed October 31, 2012) and personal communication.
Figure 24: Prevalence of important types of cancer among Medicare beneficiaries (per 100,000 beneficiaries) in San Mateo County and its corresponding HRR. Source: Geographic Variation Public Use File, Policy & Data Analysis Group, Office of Information Products and Data Analytics, Centers for Medicare and Medicaid Services, 2012.

The county also has better health status on all non-cancer causes of morbidity shown in Figure 25 with the exception of asthma and atrial fibrillation.
Years of Potential Life Lost (YPLL)

Aside from mortality and prevalence statistics, the health status of a population can also be assessed using the concept of years of potential life lost (YPLL). The YPLL indicator measures the cumulative gap between the actual population's health status and an ideal or benchmark status, expressed using a standard life expectancy. By doing so, it better captures the number of years of life lost due to specific diseases. YPLL is thus a metric suited to capture the impacts of diseases that strike earlier in life and/or affect a large number of people. YPLL is used here to show the relatively large number of life years lost due to the main causes of death, i.e., cancer and heart disease (compare Figure 15). We note, however, that the statistics presented are calculated for all ages and also based on a reference life expectancy of 75. The latter means that it does not capture years of life lost to people older than 75 years.

The University of Wisconsin’s 2012 County Health Rankings place San Mateo County 3rd best nationwide on mortality with 4,254 years of potential life lost before the age of 75 per 100,000 population. The County also ranks 19th best on morbidity.

All-cause YPLLs have declined since their peak in 2006 of nearly 35,000 years. In 2008 the number of potential life years lost was 16 percent lower than in 2006. YPLLs for selected causes, especially cancer, are also declining. Cancer YPLLs decreased by more than 8
percent since 2000, heart disease YPLL by 16 percent, respiratory disease YPLLs by 13 percent and diabetes YPLL by 46 percent (although the total YPLL is small compared to cancer and heart disease). It remains to be seen if these encouraging trends have continued after 2008.

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Figure 26: Years of potential life lost due to all causes in San Mateo County. The life expectancy used to calculate the YPLL was 75 years. Source: 2011 Community Assessment.
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Figure 27: Years of potential life lost due to selected causes relevant to seniors in San Mateo County. The life expectancy used to calculate the YPLL was 75 years. Source: 2011 Community Assessment.
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### Mental Health

Mental health is an often overlooked issue when it comes to healthcare services in general and senior health in particular.
Studies have shown that seniors are at greater risk of suffering from certain mental disorders and their complications than younger people. Yet, many of these conditions can be diagnosed and treated, thereby, improving seniors’ quality of life and reducing health risks. Like many younger adults, though, seniors are often reluctant to speak with their doctor about mental problems or they do not have access to appropriately trained medical care as a result of limited insurance coverage.

One of the main barriers to protecting mental health and treating mental disorders is the stigma attached to mental illness. Shame and a feeling of lacking control over oneself are frequently stated reasons for not seeking mental healthcare. Sometimes even doctors fail to recognize symptoms of treatable mental illness.

The most prevalent types of mental disorders among seniors nationally are:

- **Depression.** It is the most common mental disorder among people 65 years and older. It is also a frequently misdiagnosed illness with some estimates going as high as 10 percent of seniors with depression actually being diagnosed as having dementia. Depression is a reversible mental illness.

- **Dementia.** This condition is commonly associated with growing old and involves loss of memory function, disorientation and confusion. However, only 10 percent of US seniors suffer from dementia (and of that 60 percent from Alzheimer’s, see below). Dementia is often caused by more than one condition (e.g., combinations of stroke, depression, Alzheimer’s and/or Parkinson’s disease). It can be treated to some extent but not reversed.
  - Alzheimer’s. This disease involves the gradual death of brain cells for still insufficiently known reasons, and there is presently no cure. The average person’s lifetime chance of developing Alzheimer’s disease is 1:100, but incidence increases with age. Currently in the US 3 million people 65 years and older are suffering from the disease in its various stages.
  - Lewy body dementia (LBD) is the second leading cause of degenerative dementia, and it can occur by itself or in combination with other conditions, including Alzheimer’s disease and Parkinson’s disease.

- **Parkinson’s.** This disease begins with involuntary and small tremors that become more severe over time. In advanced stages, Parkinson’s patients also suffer from dementia.

- **Huntington’s.** This is a genetic disorder that begins in middle age and has symptoms of changed personality, mental decline, psychosis, and movement disturbance.

- **Malnutrition,** a relevant issue for seniors living alone and with limited mobility and/or income, can also cause mental problems.

Despite the importance of mental health for senior health, there is a scarcity of statistics on the incidence and prevalence of many mental disorders and impairments. The 2008 Community Assessment found that 3.4 percent of seniors have a history of mental illness and 20.2 percent have experienced periods of depression lasting two or more years. A total of 19.6 percent of seniors sought help for a mental or emotional problem. However, the use of mental health services is particularly low among the older population.

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San Mateo County Health System – Mental Health Services

The Health System’s Behavioral Health and Recovery Services (BHRS) at http://smchealth.org/mh provide a broad range of mental health services to individuals with mental illness in San Mateo County.

Services include:

• Emergency mental health care: Psychiatric Emergency at San Mateo Medical Center, 222 West 39th Ave., San Mateo, CA, 94403. Phone: (650) 573-2662 or call 911.
• Behavioral Health and Recovery Services ACCESS Call Center for an assessment, information and referral based on individual needs: call ACCESS Call Center at (800) 686-0101, TDD: (800) 943-2833
• Searchable directory for mental health services in San Mateo County
• Support for consumers/clients and family members who deal with mental health problems through the SMC Office of Consumer and Family Affairs at http://smchealth.org/OCFA
• The Mental Health ACCESS Team at the San Mateo County Mental Health Services Agency operates a 800-line call center for the county and access to county mental health services for Mental Health Plan members as well as seriously ill individuals. It also provides a range of clinical and managed care services. More information is available through the National Alliance on Mental Illness (NAMI) in San Mateo County at http://www.namisanmateo.org/38.asp

San Mateo County Behavioral Health Network of Care

The Network of Care for Mental/Behavioral Health maintains a website of resources for individuals, families and agencies concerned with mental and behavioral health. It provides information about behavioral health services, laws, and related news, as well as communication tools and other features. It is available at: http://sanmateo.networkofcare.org/mh/index.aspx

Mills Peninsula Health Services Elderly Mental Health Services

A service offered by Mills Peninsula Health Services at http://www.mills-peninsula.org/behavioralhealth/mental_seniors.html that helps people to cope with depression, anxiety, mental health issues related to difficulty in coping with loss of a spouse or your job, retirement, reduced income and status, isolation and medical problems, addiction to drugs, alcohol and prescription medications and psychiatric/mental health and substance abuse problems (dual diagnosis) through the following programs:

• Outpatient Mental Health Program
• Mental Health and Substance Addiction (Dual Diagnosis) Program
• Transitions After Care Therapy Group

Cordilleras Mental Health Center

Located at 200 Edmonds Road, Redwood City, CA 94062 (Tel: 650-367-1890, Fax: 650-369-6465), Cordilleras Mental Health Center is open 24/7 and offers in-patient non-acute mental health services. More information available at http://www.telecarecorp.com/programs/8

Caminar for Mental Health

Caminar’s San Mateo mental health services (http://www.caminar.org) specialize in providing state-of-the-art mental health treatment programs that focus on health & wellness, recovery, and community integration. It offers programs in 13 cities in San Mateo County, including residential programs, supported independent living, supported housing, medication and clinics, and assistance with education and job search. For all inquiries email info@caminar.org or phone (650) 578-8691
In addition, the AAA’s 2012-2016 Area Plan\(^{32}\) includes a number of pro-active goals to improve the well-being and mental health of seniors in the county through its “Promotion of a Holistic Approach to Health, Well-being, and Safety”, including:

<table>
<thead>
<tr>
<th>Objective 1.1: The AAA will provide leadership on physical and behavioral health and wellness by:</th>
<th>Projected Start and End Dates</th>
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<tbody>
<tr>
<td>(a) Supporting the community’s capacity to assist older adults, adults with disabilities and caregivers in maintaining health by supporting programs serving targeted communities</td>
<td>July 2012-June 2016</td>
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<tr>
<td>(b) Working with the Health Plan of San Mateo on Long-Term Care Integration to improve the health of members, particularly members that are dual eligible (Medi-Cal and Medicare)</td>
<td>July 2012-June 2016</td>
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<th>Objective 1.2: The AAA will improve access to behavioral health services through prevention/early detection of disease by:</th>
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<tr>
<td>(a) Providing information about community based services, such as the Senior Peer Counseling Program, Adult Day services and other community-based programs.</td>
<td>July 2012-June 2016</td>
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<td>(b) Collaborating with Behavioral health and Recovery Services’ (BHRS) Older Adult Committee on researching tools for screening depression</td>
<td>July 2012-June 2016</td>
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<th>Objective 1.3: The AAA will continue partnerships and collaborations to improve health, well-being and safety by:</th>
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<tr>
<td>(a) Collaborating with BHRS’s Older Adult Committee on the planning and implementation of the forum for adult service providers in 2013.</td>
<td>July 2012-June 2013</td>
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<tr>
<td>(b) Collaborating with BHRS’ Older Adult Committee on the implementation of a training for older adult service providers on recognizing depression</td>
<td>July 2014-June 2016</td>
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<td>(c) Collaborating with BHRS’ Health Equity (including the Spirituality and PRIDE Initiatives) and Anti-Stigma Initiatives in order to ensure that the needs of older adults are included.</td>
<td>July 2012-June 2016</td>
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<td>(d) Collaborating with BHRS’ Older Adult Committee on the Suicide Prevention Workgroup to integrate with existing work on suicide prevention</td>
<td>July 2012-June 2016</td>
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<tr>
<td>(e) Collaborating with BHRS and the Public Authority to train IHSS providers on working with clients with mental health conditions and substance abuse issues.</td>
<td>July 2012-June 2016</td>
</tr>
<tr>
<td>(f) Collaborating with the Active Access Collaborative to ensure the physical activity needs of older adults are included.</td>
<td>July 2012-June 2016</td>
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(g) Collaborating with the Fall Prevention Task Force (FPTF) in order to address the fall prevention needs of older adults through the implementation of the FPTF Strategic Plan. | July 2012-June 2016

(h) Continually seeking new partners/collaborators that are working on this issue | July 2012-June 2016