ORANGE COUNTY OLDER ADULT PROFILE, 2016
This report is presented by the Orange County Healthy Aging Initiative, a subcommittee of the Orange County Aging Services Collaborative. The report was funded by the Orange County Health Care Agency.

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## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>4</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>5</td>
</tr>
<tr>
<td>Demographics</td>
<td>7</td>
</tr>
<tr>
<td>Income</td>
<td>9</td>
</tr>
<tr>
<td>Housing</td>
<td>11</td>
</tr>
<tr>
<td>Health Insurance &amp; Access</td>
<td>12</td>
</tr>
<tr>
<td>Nutrition &amp; Weight</td>
<td>14</td>
</tr>
<tr>
<td>Leading Causes of Death</td>
<td>16</td>
</tr>
<tr>
<td>Chronic Conditions</td>
<td>19</td>
</tr>
<tr>
<td>Disability</td>
<td>21</td>
</tr>
<tr>
<td>Aging-Related Conditions</td>
<td>23</td>
</tr>
<tr>
<td>Mental Health</td>
<td>25</td>
</tr>
<tr>
<td>Elder Abuse</td>
<td>27</td>
</tr>
<tr>
<td>Conclusion</td>
<td>29</td>
</tr>
<tr>
<td>Data Sources</td>
<td>30</td>
</tr>
</tbody>
</table>
The Orange County Healthy Aging Initiative (OCHAI), a subcommittee of the Orange County Aging Services Collaborative, is pleased to present the Orange County Older Adult Profile, 2016. This report provides an overview of the health and wellbeing of the older adult population in Orange County, California, by highlighting key health, social, and economic indicators. Most indicators in this report can be reviewed in greater detail on the Orange County Older Adult Dashboard, available at www.ochealthiertogether.org/olderadultdashboard. The full dashboard provides information on over 70 indicators for older adults in Orange County. The Orange County Health Care Agency funded this work, and OCHAI members contributed to and collaborated on the development of both the dashboard and this report.

Special thanks to the following staff of the Orange County Health Care Agency, Public Health Services, for their assistance in producing the Older Adult Dashboard and this report: Donna Fleming, DPA, MSW, Chief of Operations; Jane Chai, MPH, Public Health Projects Manager; and Travers Ichinose, MS, MA, Research Analyst IV.

DATA GAPS

This report presents information on select indicators from the Orange County Older Adult Dashboard (http://www.ochealthiertogether.org/OlderAdultDashboard). The Dashboard also presents source information for the data, breakout analyses on indicators (when available), and additional indicators not included in this report.

Efforts have been made to include a cross section of data pertinent to older adults in Orange County. However, data are lacking for some issues and conditions important to the health and wellbeing of older adults. Some examples of data gaps include: transportation needs, affordable housing availability and homelessness, physical activity/sedentary behavior, frailty, medication misuse, oral health issues and access to oral health services, and caregiving and caregiver issues.
EXECUTIVE SUMMARY

This report is presented by the Orange County Healthy Aging Initiative. The report provides an overview of the health and wellbeing of the older adult population in Orange County, California, by highlighting key health, social, and economic indicators. Most indicators in this report can be reviewed in greater detail on the Orange County Older Adult Dashboard, available at www.ochealthiertogether.org/olderadultdashboard. The full dashboard provides information on over 70 indicators for older adults in Orange County.

As is true of most indicator reports on health and wellbeing in Orange County, as a whole, Orange County’s older adult population appears to be doing well compared to the state and/or nation for many indicators. There are, however, notable areas of disparity and concern for the county’s growing older adult population.

ORANGE COUNTY’S OLDER ADULT POPULATION

Orange County is home to over 3.1 million people and is the sixth most populous county in the nation. In 2016, 13.5% of the county’s population is 65 and older. This population is projected to nearly double by 2040, when almost one in four residents will be 65 or older. In addition to this growth, the older adult population is becoming more racially and ethnically diverse. Currently, non-Hispanic whites comprise the majority of the older adult population at 62.5%; by 2040, there will be no majority group, and the projected older adult population will be comprised of 43.1% non-Hispanic whites, 29.5% Hispanics, 24.0% Asians, and 1.4% African Americans.

INCOME, HOUSING, AND FOOD INSECURITY

While household income for older adults in Orange County is well above the U.S. average, there are many indicators that show that the high cost of living in the county is causing financial hardship for older adults. The percentage of older adults living below poverty has been steadily increasing, and is currently 8.7%. As measured by the Elder Economic Security Index (EESI), among older adult heads of household in Orange County, 21.9% of couples and 44.2% of singles do not have sufficient income for basic necessities. Significant racial/ethnic disparities exist among those living below poverty or below the EESI, with over 60% of Hispanic and Asian single heads of household living below the EESI. Housing cost is another concern, with one-third of older adult homeowners and two-thirds of renters spending more than 30% of their income on housing. Additionally, nearly one in four older adults with low income experience food insecurity.
HEALTH INSURANCE AND ACCESS TO GERIATRICIAN SPECIALISTS
The vast majority of older adults in Orange County have health insurance. However, 1.9% of older adults are uninsured, which is higher than most U.S. counties, and racial/ethnic disparities in coverage exist. The majority of insured older adults have only public insurance (primarily Medicare and/or MediCal), and affordability and accessibility of health care may remain an issue. Additionally, the physician workforce specializing in geriatrics is less than 25% of the recommended number, which is a growing concern as the population of those 65 and older is increasing.

CHRONIC CONDITIONS AND LEADING CAUSES OF DEATH
The majority of older adults in Orange County have at least one chronic medical condition, and nearly one in three reports having a disability. Among Orange County Medicare beneficiaries 65 and older, more than one in four have diabetes and one in two has high blood pressure. Hospitalization rates for both of these conditions are above the state median, and racial/ethnic disparities in hospitalization rates exist.
Consistent with state and national trends, most leading causes of death such as heart disease, cancer, and stroke have decreased in the last 10 years. In contrast, rates of death due to Alzheimer’s disease have been increasing, and it is now the third leading cause of death in older adults in Orange County.

AGING-RELATED CONDITIONS AND ELDER ABUSE
In 2014, more than one in 10 Medicare beneficiaries 65 and older was treated for Alzheimer’s disease or dementia, which is higher than the state and nation. Falls are also an issue in older adults; the rate of emergency room visits for falls among older adults in 2014 was 442.1 per 10,000 population, which is a 21% increase since 2007. Elder abuse incidence has also increased: the number of confirmed cases of elder abuse in the community in 2014 was 1526, a 56% increase since 2005. Almost one in three cases (31.1%) of elder abuse was financial abuse, and almost two-thirds of alleged abusers were family members.

MENTAL HEALTH
Older adults are more likely than the general population to experience adverse events such as grief, loss of independent living, and health problems that may impact their mental health. These factors can cause mental health concerns that are not a normal part of the aging process. More than one in ten Medicare beneficiaries 65 and older is treated for depression. Also, the suicide rate among those 65 and older is higher than it is for the general Orange County population. Males 85 and older are almost four times more likely to die from suicide than the overall Orange County population.
DEMOGRAPHICS

Older adults are the fastest growing age group in the United States and Orange County. By 2040, it is projected that almost one in four residents in Orange County will be 65 or older. It is important for Orange County to be able to respond to the needs of this rapidly growing population.

POPULATION TRENDS

As of 2016, there are 431,964 adults ages 65 years or older who live in Orange County. This represents 13.5% of Orange County’s population.¹

As shown in Figure 1.1, older adults are the only age group that is projected to increase as a proportion of the population in the next 25 years. The number of older adults living in Orange County is expected to nearly double by the year 2040 when the projected older adult population will be 831,741 or 24.1% of the population.² The population of adults 85 and older is projected to increase from 1.9% in 2015 to 4.0% in 2040.

FIGURE 1.1
Projected Population Growth Increase for 65+
Compared to Other Age Groups

By 2040, almost 1 in 4 people in Orange County will be 65 or older.
RACE/ETHNICITY AND LANGUAGE

Unlike Orange County’s overall population, which currently has no racial or ethnic majority, the older adult population has a majority, with 62.5% being non-Hispanic White. However, by 2040, it is projected that less than half (43.1%) of the county’s older adult population will be non-Hispanic White, while Hispanics and Asians will make up 29.5% and 24.0% of the older adult population, respectively (Figure 1.2).

The percentage of older adults who are foreign born has increased from 29.8% in 2005-2009 to 34.3% in 2010-2014. In the 2010-2014 time period, 34.1% of older adults in Orange County spoke a language other than English. Nearly 23.0% of the older adult population in Orange County and California as a whole spoke English less than ‘very well’, while the U.S. counties median value for English language difficulties among the older adult population is less than 1%.^6^
The majority of older adults have fixed incomes from retirement plans, pensions, and social security. This can make it difficult to pay for health care and medications, food, housing, and other basic necessities. Older adults who have lower incomes are an especially vulnerable population.

More than 2 in 5 single adults aged 65 and older who are heads of household in Orange County do not have sufficient income for basic necessities.

INCOME AND POVERTY

While the median household income for heads of households aged 65 years and older has gradually increased during the past 10 years to about $52,000 for 2010-2014, the percentage of older adults living below federal poverty level (FPL) has been steadily increasing over time. Currently 8.7% of Orange County older adults live below poverty. This compares to a poverty rate of 12.8% in the overall Orange County population.

Non-White older adults are more likely to be living in poverty than the overall older adult population. Figure 2.1 shows the percent of each racial/ethnic group who live below the federal poverty level.

FIGURE 2.1
People 65+ Living Below Poverty by Race/Ethnicity, Orange County, 2010-2014

- White, Non-Hispanic: 6.4%
- Hispanic: 12.7%
- Asian: 13.8%
- African American: 9.6%
- Other: 17.5%

More than 2 in 5 single adults aged 65 and older who are heads of household in Orange County do not have sufficient income for basic necessities.
ELDER ECONOMIC SECURITY INDEX (EESI)

Estimates of poverty based on FPL may drastically underestimate the number of older adults who struggle to make ends meet. The Elder Economic Security Index (EESI), which is a measure that factors in local costs for housing, health care, food, and transportation, provides a more accurate picture of financial status of older adults. According to the EESI, 21.9% of older adult couples and 44.2% of older adult singles who are heads of household in Orange County do not have sufficient income to pay for a minimum level of basic necessities.

Figure 2.2 shows the racial/ethnic disparities in income levels among Orange County older adult couples and singles who are heads of household. It indicates the percent whose income is below the FPL and the percent whose income is above the FPL but below EESI thresholds (also known as the “hidden poor”). Over 60% of Asian and Hispanic singles 65 and older do not have sufficient income according to the EESI.
HOUSING

Housing stability and affordability is important to consider in the larger context of income, economy, and potential for impact on quality of life. California and Orange County have some of the highest housing prices in the U.S., which can cause financial hardships for older adults who are living on fixed incomes.

HOUSING AFFORDABILITY

One in three (33.8%) Orange County older adult mortgaged homeowners spend 30% or more of their household income on housing12 as shown in Figure 3.1. This ranks Orange County in the bottom quartile for mortgaged homeowners compared to U.S. counties. Housing affordability is even worse for Orange County older adults who rent their residence; two in three (66.0%) spend 30% or more of their household income on rent.

HOMEOWNERSHIP

During the period of 2010-2014, Orange County’s 65+ homeownership rates was 77.0%. This is higher than homeownership rates among California’s older adults, which is 73.4%, but lower than the U.S. average of 78.5%10.

HOME COMPOSITION

Twenty-two percent (22.0%) of Orange County adults 65 and older live alone11. This is lower than the U.S. counties median of 27.3%. Older adults who live alone may be at risk for social isolation.
HEALTH INSURANCE & ACCESS

Health insurance is critical for older adults. Nationally, over 99% of older adults have insurance coverage; however, this coverage may be largely due to Medicare and other forms of public insurance, and doesn’t necessarily equate to adequate health care access, affordability, or full or comprehensive coverage of health services.

HEALTH INSURANCE COVERAGE

Orange County older adults have health insurance coverage at higher rates than the general adult population. While only 1.9% of adults aged 65 years and older have no health insurance coverage, this percentage is well above the national average and there are significant racial/ethnic disparities in coverage rates (Figure 4.1).

![Figure 4.1](Uninsured Adults 65+ by Race/Ethnicity, Orange County, 2010-2014)
PUBLIC HEALTH INSURANCE ONLY

In 2014, 51.7% of older adults in Orange County had public health insurance only. Public health insurance, such as Medicare and MediCal, may have share-of-cost and limits on services and supports. Also, public health insurance offers reimbursement rates that some providers do not accept, leading to limited choice of providers for older adults with public health insurance only.

MEDICARE-MEDI-CAL “DUAL ELIGIBLES”

“Dual eligibles” are individuals with low income who are eligible for both Medicare and Medicaid (known as Medi-Cal in California) benefits. In Orange County, the number of adults aged 65 years and older who are Dual Eligible has increased by over 40% in the last 10 years, from around 44,600 in 2005 to approximately 63,600 in 2014 (Figure 4.2).

GERIATRICIAN WORKFORCE

In 2015, there were approximately 41 physicians board-certified in Geriatric Medicine practicing in Orange County. According to the American Geriatric Society’s Workforce Policy Studies Center, approximately 30% of the older adult population is likely to need the health care services of a geriatrician. Therefore, the estimated number of geriatrician necessary to meet the health needs of the current older adult population is 177.
NUTRITION & WEIGHT

Proper nutrition has many health benefits for people of all ages and eating habits can impact weight. Being obese or underweight increases the risk of health problems. According to the Centers for Disease Control and Prevention (CDC), poor nutrition is one of four modifiable health risks that is responsible for chronic diseases. Older adults may have difficulty meeting their nutritional needs due to the cost of healthy food, lack of transportation, or health issues that may affect their appetite or ability to prepare meals.

FAST FOOD CONSUMPTION AND WEIGHT

Fast food consumption is high for older adults in Orange County; 29.8% of adults aged 65 and older consumed fast food two or more times in the past week in 2013-2014, compared to 21.5% in California counties. This is an increase from 25.2% in 2011-2012. The percent of adults aged 65 years and older who are obese was 23.0% in 2013-2014, which is less than for California counties at 28.1%. In Orange County, 2.1% of adults aged 65 and older are underweight which is nearly twice as high as the California state value of 1.2% in 2013-2014.

More than 1 in 4 adults aged 65 and older consumed fast food two or more times in the past week.
FOOD INSECURITY

Food insecurity is the state of being without reliable access to a sufficient quantity of affordable nutritious food. The food insecurity rate was 22.0% in 2013-2014 among low-income older adults in Orange County. Many older adults with limited income rely on assistance programs such as CalFresh and Meals on Wheels in order to meet their nutritional needs. The number of older adults who are enrolled in the CalFresh program in Orange County has increased greatly in the last decade, which may reflect both increasing need and additional efforts with enrollment assistance (Figure 5.1).

FIGURE 5.1
Adults 65+ Enrolled in CalFresh Program Time Series, Orange County

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LEADING CAUSES OF DEATH

In 2013, there were 16,643 deaths among adults 65 and older in Orange County. More than half of these deaths were attributed to these top 5 causes: 1) heart disease, 2) cancer (malignant neoplasms), 3) Alzheimer’s disease, 4) cerebrovascular diseases, and 5) chronic lower respiratory diseases.24

FIGURE 6.1
Top Five Causes of Death in Older Adults, Orange County, 2013 Crude Rate per 100,000 population 65+

- Heart disease: 1,046.9
- Cancer: 831.8
- Alzheimer’s disease: 297.1
- Cerebrovascular disease: 244.1
- Chronic lower respiratory diseases: 231.5
HEART DISEASE
The main types of heart disease include ischemic heart disease (due to narrowing or blockage of the arteries in the heart) and heart failure (inadequate pumping of the heart due to damage to the muscle or valves of the heart). The rate of death due to heart disease was 1046.9 per 100,000 population 65+ in 2013. Older males had a 14.8% higher rate of deaths due to heart disease compared to females (1,128.6 per 100,000 vs. 983.3 per 100,000).

CANCER (MALIGNANT NEOPLASMS)
Cancer deaths include all types of malignancies (cancers). The most common types of cancer-related deaths in Orange County are due to lung, colon, breast or prostate cancer. The rate of death due to cancer was 831.8 per 100,000 population 65+ in 2013. Older males had a 39.5% higher rate of deaths due to cancer compared to females (989.3 per 100,000 vs. 709.3 per 100,000).

ALZHEIMER’S DISEASE
Alzheimer’s disease is the most common form of dementia, a condition that causes problems with memory, thinking and behavior. It is progressive and eventually leads to complete dependency on others for activities of daily living. Alzheimer’s disease is the only leading cause of death that has increased in rate since 2001. The rate of death due to Alzheimer’s disease was 297.1 per 100,000 population 65+ in 2013. Older females had a 78.5% higher rate of death due to Alzheimer’s disease compared to males (367.8 per 100,000 vs. 206.1 per 100,000).

CEREBROVASCULAR DISEASES
Cerebrovascular disease is a narrowing or rupture of arteries in the brain, which leads to stroke. The rate of death due to cerebrovascular diseases was 244.1 per 100,000 population 65+ in 2013. Older females had a 37.6% higher rate of deaths due to cerebrovascular disease compared to males (277.2 per 100,000 vs. 201.4 per 100,000).

CHRONIC LOWER RESPIRATORY DISEASES (CLRD)
Chronic lower respiratory diseases includes conditions such as chronic obstructive pulmonary disease (emphysema) and asthma that lead to lung damage and difficulty breathing. The rate of death due to CLRD was 231.5 per 100,000 population 65+ in 2013. There were no major differences in rates of deaths due to CLRD between genders (225.4 per 100,000 males 65+ vs. 236.3 deaths per 100,000 females 65+).
While four of the top five causes of death among older adults in Orange County have decreased since 2001, Alzheimer’s disease has increased. As shown in Figure 6.2, rates of death due to heart disease, cancer, cerebrovascular disease (stroke), and chronic lower respiratory diseases (CLRD) have decreased by between 15.5% and 40.5% during the period 2001-2013, while deaths due to Alzheimer’s disease have increased by 124.8%.

FIGURE 6.2
Leading Causes of Death Adults 65+, Percent Change in Rates, 2001-2013, Orange County
Increasing age is a risk factor for many chronic conditions, and most older adults in Orange County have at least one chronic condition, with many having multiple conditions. Chronic conditions are a major source of disability and death, and the cost of treatment is substantial.

### HEART DISEASES

Heart diseases, such as heart failure and ischemic heart disease, are the leading cause of death in Orange County among those 65 and older. In 2014, 27.7% of Orange County Medicare beneficiaries 65 and older were treated for ischemic heart disease; this represents a 16% decrease from 32.9% in 2008 and is lower than the U.S. median of 29.0%.

### HYPERTENSION

Hypertension, also known as high blood pressure, is a leading cause of stroke and contributes to heart disease. In 2014, 55.9% of Orange County Medicare beneficiaries 65 and older were treated for hypertension, a slight decrease from 56.8% in 2008 and lower than the U.S. median of 59.1%.

### DIABETES

Diabetes is one of the 10 leading overall causes of death in Orange County. Diabetes can lead to kidney disease, non-traumatic lower-extremity amputation, blindness, ischemic heart disease, neuropathy, and stroke. In 2014, 26.5% of Orange County Medicare beneficiaries 65 and older were treated for diabetes, which is slightly lower than the U.S. median of 27.8%. 
HOSPITALIZATION RATES FOR SELECTED CHRONIC DISEASES

Medication management and dietary compliance are important for the control of certain chronic diseases, such as congestive heart failure, hypertension and diabetes. When these conditions are uncontrolled, it may require visits to the emergency room or admission to the hospital. Whereas the prevalence of diabetes and hypertension in older adults in Orange County is below the national average, hospitalization rates due to these two conditions are above the California median. Additional, there are racial/ethnic and gender disparities in hospitalization rates for these conditions. The Figure 7.1 below shows that older Hispanics and African Americans have higher rates of hospitalizations due to congestive heart failure, hypertension, and diabetes. Figure 7.2 shows that among Orange County older adults, men have higher rates of hospitalization for congestive heart failure and diabetes, while women have higher rates for hospitalization for hypertension.

**FIGURE 7.1**
Chronic Disease Hospitalization Rates/10,000 by Race/Ethnicity, 65+, Orange County 2011-2013

**FIGURE 7.2**
Chronic Disease Hospitalization Rates/10,000 by Gender, 65+, Orange County 2011-2013
Rates of disabilities and difficulties with daily functioning tend to increase with age, which often result in a need for more specialized health care and assistance. Older adults with disabilities can experience a decline in health and quality of life as they have difficulties in performing routine activities. Older adults need sufficient accommodations to help support independent living and self-care.

Disability is defined as having difficulty with hearing, vision, cognition, ambulation, self-care, and/or independent living. During the period 2010-2014, nearly one in three (31.5%) older adults in Orange County reported having some type of disability. Orange County’s older adults experience lower rates for most types of disability compared to older adults in the nation. Females 65 and older have higher rates of disability, with 33.7% reporting at least one type of disability, compared to 28.7% of males 65 and older\textsuperscript{29}.  

Nearly 1 in 3 adults 65 and older in Orange County had at least one type of disability in 2010-2014.
Figure 8.1 shows the percent of older adults with disability in Orange County from 2010-2014. As shown, almost one in five (19.9%) of older adults reported ambulatory disability, which is defined as having serious difficulty walking or climbing stairs. Additionally, 15.7% of older adults in Orange County reported independent living disability, which is defined as having difficulty doing errands alone, such as visiting a doctor’s office or shopping, because of a physical, mental, or emotional problem. Almost one in 10 older adults reported self-care disability (9.0%), which is defined as having difficulty bathing or dressing. A similar number (9.2%) reported cognitive difficulty, which is defined as having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem.
AGING-RELATED HEALTH CONDITIONS

While most health conditions are exacerbated with age, certain conditions almost exclusively impact the older adult population and are important to address as part of a comprehensive approach to older adult health and well-being. These include Alzheimer’s disease and other dementia, unintentional falls and hip fractures.

ALZHEIMER’S DISEASE AND DEMENTIA

Dementia is a syndrome that severely affects memory, language, and other intellectual abilities seriously enough to interfere with daily life. Alzheimer’s disease is the most common form of dementia among the older adult population, accounting for 50 to 80 percent of dementia cases. More than one in 10 (11.7%) of Orange County Medicare beneficiaries 65 and older were treated for dementia in 2014, which is above both the state (9.6%) and U.S. (11.1%) median. Alzheimer’s disease is the third leading cause of death in those 65 and older in Orange County and is the only leading cause of death that has been increasing. Dementia has a large economic impact, not only in medical costs, but also costs to families for caregiving not covered by insurance.

More than 1 in 10 Medicare beneficiaries 65 and older were treated for Alzheimer's disease or dementia in 2014.

WORSE THAN STATE OR NATIONAL MEDIAN

The percent of Orange County Medicare beneficiaries 65+ treated for Alzheimer’s disease or dementia (11.7%) is above both California and U.S. medians.
UNINTENTIONAL FALLS AND HIP FRACTURES

The National Institutes of Health estimates that one in three adults aged 65 years and older fall each year. Falls are the leading cause of injury and death due to injury among the older adult population. Of those who fall, 24% will sustain serious injuries and 6% will experience fractures. In addition to injury, older adults who fall may experience decreased functional ability, loss of independence, a poorer quality of life, or fear-of-falling.

In 2014, there were 442.1 ER visits per 10,000 and 153.6 hospitalizations per 10,000 due to falls in older adults in Orange County (Figure 9.1). Females had higher rates of both ER visits and hospitalizations than did males, and rates for both were slightly lower than state averages. ER visits due to falls have increased by over 20% since 2007 (from 365.6 per 10,000 to 442.1 per 10,000), whereas hospitalization rates have been stable in the last three years.

Fall-related hip fractures are a major cause of hospitalization. Only 50% of hip fracture patients regain pre-fracture mobility and 20% die in the year following a hip fracture. Figure 9.2 shows hospitalization rates due to hip fractures among older adults in Orange County. Females have twice the rate of hospitalization due to hip fractures compared to males, and whites have higher hip fracture hospitalization rates compared to other racial/ethnic groups.
MENTAL HEALTH

Many older adults suffer from mental distress associated with chronic health problems, grief following loss of loved ones, and/or loss of independent living. These factors can cause depression, anxiety, or other mental health concerns that are not a normal part of aging process and can impact both mental and physical health.

DEPRESSION

Symptoms of depression in older adults can include feelings of sadness, fatigue, or worthlessness, a loss of interest in activities that used to be pleasurable, or cognitive symptoms such as disorientation or memory loss. Depression may be more difficult to detect in older adults because they may have less obvious symptoms than younger adults. Untreated depression can lead to increased health care costs and suicide in this age group. In 2014, 11.7% of Medicare beneficiaries 65 and older in Orange County were treated for depression. More than 1 in 10 Medicare beneficiaries 65 and older were treated for depression in 2014.
SUICIDE

The rate of suicide is higher among those 65 and older than in the general population, making appropriate screening for and treatment of mental health conditions especially important for older adults. The age-specific death rate attributable to suicide per 100,000 population aged 65 years and older was 14.5 in 2013 compared to 10.1 in the overall Orange County population\(^41\). As shown in Figure 10.1, suicide is higher among males and is especially high among those 85 and older. The rate of suicide among males 85 and older in Orange County (40.0 per 100,000) is almost four times higher than that of the overall population (10.1 per 100,000).

Males 85 and older are almost four times more likely to die from suicide than the overall Orange County population.

FIGURE 10.1
Age-Adjusted Suicide Rates, Orange County, 2013
ELDER ABUSE

Elder abuse and neglect is an increasing problem and can cause serious physical, psychological and financial harm. Elder abuse can include physical, sexual, and/or psychological abuse; financial exploitation; and gross neglect. Nationally, it is estimated as many as 1 out of every 10 older adults have experienced some form of abuse, yet only 1 out of every 14 cases of elder abuse are reported.\(^{42}\)

In Orange County, Adult Protective Services (APS) investigates reports of abuse of adults living in the community, and the Ombudsman Program (operated by the Council on Aging) investigates abuse of adults living in facilities. The number of unduplicated reports of adult abuse (including both elder and dependent adult abuse) received each year by the Orange County Adult Protective Services (APS) has more than doubled since 2005 (5418 reports), to 10,846 reports in 2015 (Figure 11.1). The majority of these reports have been elder abuse (involving those 65 and over).

**FIGURE 11.1**

Unduplicated Reports of Adult Abuse

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ELDER ABUSE IN COMMUNITY

Figure 11.2 shows the number of elder abuse cases confirmed following investigation by APS. As shown, the number of confirmed cases has increased by 56% from 976 in 2005 to 1,526 in 2014. Most elder abuse cases are financial and/or psychological/mental (Figure 11.3), almost two out of three of alleged abusers in 2014 were family members, and the rate of reports increased with increasing age group.

ELDER ABUSE IN FACILITIES

The Ombudsman Program substantiated approximately 250 elder abuse complaints among adults 65 years and older living in Long Term Care Facilities (LTCFs) in 2014. Most elder abuse complaints in LTCFs are physical abuse (Figure 11.4).
CONCLUSIONS

While many indicators show that older adults in Orange County are faring better than their counterparts in other counties, there are other areas in which they are not doing as well, or in which trends are worsening. The following are some of the key areas of concern:

ECONOMIC
• As measured by the Elder Economic Security Index, among older adult heads of household, 22% of couples and 44% of singles do not have sufficient income for basic necessities.
• One-third of older adult homeowners and two-thirds of renters spend more than 30% of their income on housing.
• Nearly one-in-four low income older adults experiences food insecurity.

HEALTH
• Among Medicare beneficiaries 65 and older, more than one in four have diabetes and more than one in two have high blood pressure, and hospitalization rates for both of these conditions are above the state median.
• More than one in ten Medicare beneficiaries 65 and older were treated for Alzheimer’s disease or dementia in 2014. Alzheimer’s disease is now the third leading cause of death among those 65 and older, and it is the only cause of death among the top five that has increased over the last 10 years.
• More than one in ten Medicare beneficiaries 65 and older are treated for depression, and the suicide rate among those 65 and older is higher than it is for the general Orange County population

HEALTHCARE WORKFORCE CAPACITY
• The physician workforce with specific training in geriatrics is less than 25% of the recommended number.

ELDER ABUSE
• There were over 1,500 substantiated reports of elder abuse in 2014, a 56% increase from 2005.

With the number of Orange County residents age 65 and older expected to almost double in the next 25 years, these issues will become more significant if not addressed. Improving the health and wellbeing of Orange County’s older adults requires expanding and improving the coordination of critical health and social services. Continued and enhanced collaborative work by multi-sector partners on policies, programs, and services is needed to address these and other emerging areas of concern.
DATA SOURCES

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13 American Community Survey. (2010-2014). *Adults 65+ with no health insurance*.  
14 American Community Survey. (2014). *Adults 65+ with public health insurance only*.  
15 CalOptima. (2014). *Adults 65+ with CalOptima Dual Eligible insurance*.  
16 American Board of Internal Medicine and American Board of Family Medicine. (December 2015). *Board-certified Geriatric Medicine physicians*.  
21 California Health Interview Survey (CHIS). (2013-2014). *Adults 65+ who are underweight*.  
23 Orange County Social Services (FY 2014-2015). *Adults 65+ enrolled in CalFresh*.  

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36 California Department of Public Health. (2014). Hospitalization and ER visit rate due to unintentional, non-fatal falls.


41 California Department of Public Health. (2013). Suicide mortality rate.


43 Orange County Social Services Agency. (2014). Confirmed cases of elder abuse.

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Publications are available in print or at http://ochealthiertogether.org. Contact OCHAI@ocagingservicescollaborative.org for more information.