



CAFE: The Center for Age-Friendly Excellence

Advancing Livable Communities for all Generations

CAFE Summary of Available Survey Data on Unmet Needs San Mateo County Age-Friendly Cities Project July, 2023

All Together Better San Mateo County

San Mateo County Health website provides current and accessible information for Aging and Adult Services. The three main categories are Protection (Adult Protective Services), Support Services (In-Home Supportive Services (IHSS) and a link to the form and Prevention (Activities and Programs for Older Adults).

Support Services includes San Mateo County’s Nutrition Programs for Older Adults and a clear link to hotline phone number; In-Home Supportive Services; Multipurpose Senior Services Program (MSSP); Linkages; the Public Authority and Representative Payee.

The website is absolutely up to the minute with information. The COVID 19 link is a simple one page information sheet and when one scrolls down to the bottom of the page there are six live link boxes of helpful information: COVID-19 Vaccination, Data Dashboards, Testing and Contact Tracing, Health Orders and Updates, Guidance and Resources and County Resources.

The older adult population by age group and percent of population in San Mateo County is:

<u>55-64</u>	99,112	12.94%
<u>65-74</u>	77,154	10.08%
<u>75-84</u>	38,819	5.07%
<u>85+</u>	18,464	2.41%

The All Together Better website breaks out data on Health/Older Adults in the following categories:
And data is reported per County, Census Place (City), Zip Code and Census Tract:

Indicator Health / Older Adults

Health / Older Adults

Adults 65+ who Received Recommended Preventive Services: Females

Adults 65+ who Received Recommended Preventive Services: Males

Adults 65+ with a Disability

Adults 65+ with a Hearing Difficulty

Adults 65+ with a Self-Care Difficulty

Adults 65+ with a Vision Difficulty

Adults 65+ with an Independent Living Difficulty

Adults with Arthritis

Alzheimer's Disease or Dementia: Medicare Population

Consumer Expenditures: Eldercare

Elder Index (Elderly Household Below Income Threshold)

Percent of Consumer Spending: Eldercare

For example: Difficulty with self-care is a proxy for a variety of dependencies and needs. This link above breaks down the data by county, census place (city) zip code, and census tract.

In San Mateo County, among the Medicare population, 43.9% report hyperlipidemia (i.e. high cholesterol) compared to 47.7% nationally. 48.5% report hypertension, compared to 57.2% nationally. 18.8% report heart disease compared to 26.8 nationally and 2.6% have suffered a stroke compared to 3.8 nationally. 10.6% have reported heart failure compared to 14% nationally. Depression values are 11.2% compared to 18.4% nationally. At the same time a depression rate of over 10 percent is noteworthy.

While the San Mateo County values are better than national values, the vascular and heart disease numbers approach half of the older adult population. Perhaps there are opportunities to support existing nutrition and exercise programs or develop targeted projects and programs to advance heart health.

Cancer screenings in San Mateo are relatively good. 77.9% of the adult population receive a mammogram, 67.0% of the Medicare population are screened. 10.4% report oral cancer and 94.1% is the prostate incidence rate. Medicare annual costs in San Mateo are \$7, 473 compared to \$9,729 nationally. (Most recent data year on portal).

Health of Older Adults: San Mateo County:

37.1% of females received recommended preventive health care screenings. 33.8% of males received recommended preventive health care screenings. 29.3% of adults 65 plus reported a disability and 8.0% reported a self-care difficulty. 11.8% had difficulty hearing and 4.5% had difficulty with vision. 14.4% struggled to live independently and this compares to 14.2% nationally. Dependency on ADLs and IADLs is a proxy for a variety of caregiving issues in any family and community. 20% of older adults report arthritis and 8.7% suffer with Alzheimer’s or a related dementia. Residents spent \$90 per consumer unit on eldercare. The Elder Index (Elderly Household Below Income Threshold) is 25.8%.

Commission on Aging Retreat 3.31.22

Current Environment San Mateo County Needs Assessment

Top 10 Needs

Master Plan for Aging 5 Bold Goals

Remaining in home	Housing for All Ages & Stages
Dental needs	We will live where we choose as we age in communities that re age- ; disability-; and dementia-friendly and climate- and disaster ready.
Accidents in the home (falls)	Health Reimagined
Learning about services/benefits for older adults	We will have access to the services we need to live at home in our communities and to optimize our health and quality of life.
Disaster Preparedness	Inclusion & Equity, not Isolation
Dependence on others	We will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect and exploitation.
Accessing & enrolling for services	Caregiving that Works
Understanding Medicare	We will be prepared for and supported through the rewards and challenges of caring for aging loved ones.
Finding friends/social activities	Affording Aging
Financial security/money to live on	We will have economic security for as long as we live.

San Mateo County from 2020-2024 Area Plan Older Adult Demographic Data

White:	54%
Asian:	27%
Hispanic/Latino:	13.6%
Some other race:	4.9%
Black/African American:	3%
Two or more races:	1.9%
Native Hawaiian/Pacific Islander:	0.9%

Community Need and Health Assessment San Mateo County 2019

“The 2019 Community Health and Needs Assessment (CHNA) identified areas affecting the health of San Mateo County. Five health issue areas and five social determinants, which are social and economic conditions that influence differences in health status. This report highlights aspects of each issue.”

Health:

- Behavioral Health and Well-being
- Chronic Disease
- Healthy Lifestyles
- Infectious Diseases
- Oral Health

Social Determinants:

- Food Insecurity
- Healthcare Access and Delivery
- Housing and Homelessness
- Neighborhood and Built Environment
- Social and Community Context

Noteworthy Findings per older persons:

*Chronic drinking (have 2+ alcoholic drinks per day in the past month) is 6%. This is highest among older adults 65+ (9%) and Whites (8%).

*Non-skin cancer is highest among older adults 65+ years (20%), Blacks (13%) and Whites (12%).

*Arthritis or rheumatism is noted among 22% of San Mateo residents. This has been on the rise. It is highest among older adults 65+ years (47%) and in Mid-County (25%).

*High blood pressure is more common among Blacks (60%) and older adults 65+ (57%). High blood cholesterol is highest among older adults (55%).

*There has been a steady increase in adults having diabetes (12%), which is higher than the state level but (10%) similar to the nation (13%).

*Three in five San Mateo County residents (60%) do not participate in regular, vigorous physical activity. Inactivity is higher among older adults age 65+ (72%), Asians (70%) and those at lower income.

*Cases of Tuberculosis (TB) have increased over the last two years, with 8 cases per 100,000 residents in 2018. Asians have almost 3x the number of cases, 23 cases of TB per 100,000 population. Cases also increased in older adults, 18 per 100,000 population 65+ years; and increased in the North County, 14 per 100,000 population.

*Three in four seniors have ever had a pneumonia vaccine (76%) and in the past year had a flu shot (74%).

*The amount of dental uninsured has been increasing. One-third (33%) do not have insurance coverage that pays for any of their routine dental care. Over half of those at lower income and older adults 56% lack dental insurance.

*12% have an older dependent (such as a parent, aunt, or uncle) living in their household because he or she is unable to live alone, which has been increasing.

*Two in three (66%) on the Coastside feel they could not rely on public transportation. Almost half of Whites (46%) and older adults 65+ years (46%) also feel less likely they could rely on public transportation.

**San Mateo County Planning and Service Area 8
Area Agency on Aging
(Area Plan Update (July 1, 2021-June 30, 2022)
Selected Data Excerpts prior to COVID**

https://www.smchealth.org/sites/main/files/file-attachments/area_plan_update_final_03_10_2021.pdf?1616193966

This AAA report is excellent, comprehensive and accessible. The following excerpts are selected from the main body of the document.

“Current Older Adult Population SMC is among the most culturally and ethnically diverse counties. Asian and Latino residents, along with older adults are expected to continue to become increasingly greater proportions of the population. SMC’s population is 769,545 residents (US Census Bureau, American Community Survey [ACS], 2018 1-Year Estimates). According to the Department of Finance, the total population in SMC is expected to grow over 8% to 836,061 by 2060.”

“The County’s minority population continues to grow. Breakdown of the population age 60 years and over by ethnicity. Male 45% Female 55% DEMOGRAPHICS: SEX White 54% Black/African-American 3% American Indian & Alaskan Native .03% Asian 27% Native Hawaiian & Other Pacific Islander 0.9% Some Other Race 4.9% Two or More Races 1.9% Hispanic/Latino 13.6%.”

“Marital Status: The majority of older adults are married. Targeted Population: Lesbian, Gay and Bisexual and Transgender Questioning Queer (LBTQQ) Population According to the 2018 ACS 5-Year Estimates, the total number of households in SMC is 261,969. Of these households, 106,998 are households with one or more people 60 years of age or older. Of the total number of households, .04% are unmarried-partner same-sex couples. This would mean that there are about 428 same-sex unmarried older adult couples over 60 years of age in San Mateo County.”

“Economic Status Sixty-nine percent of older adults receive Social Security. Only 2% receive cash public assistance. The population totals are 10,606 for those below 100% of the poverty level, 9,301 for those 100% to 149% of the poverty level, and 143,103 for those at or above 150% of the poverty level.”

“Homelessness The 2019 SMC Homeless Census and Survey is based on the point-in-time homeless census and indicates the number of homeless people count on the night of January 30, 2019. It was determined that there were 1,512 people experiencing homelessness in San Mateo County comprised of: • 901 unsheltered homeless people (living on streets, in cars, in recreational vehicles (RVs), in tents/encampments), and • 611 sheltered homeless people (in emergency shelters and transitional housing programs). The cities with the highest homeless counts, in descending order, were Redwood City, Pacifica, and East Palo Alto.”

“Disability Status The estimated non-institutionalized population 60 and older with a disability is 40,793 or 25% of the total in this age group.”

“Planning for Future Demographic Changes As this area plan for SMC is dedicated to examining and addressing the future needs of older adults, it is imperative to include discussion of key shifts that are anticipated within the County. Information from the SMC Aging Model: Better Planning for Tomorrow makes projections through 2030. The SMC Aging Model depicts the expected changes in population by age from 1970 through 2030. The trend over this time period indicates that the population is aging. The aging “pyramids” emphasize the need for the County to prepare for the aging boom in 2020 and 2030 where there are increased numbers of individuals over 50 and 55 years old respectively. Data indicates that SMC will have 53% more adults between the ages of 65 and 74 by the year 2030 than there are today. The 75 to 84-year-old age group will experience a 71% increase by the year 2030. The largest increase will occur in adults over the age of 85 as the number is projected to increase 148%. “

“As noted with the population as a whole, the ethnic make-up of older adults in the County will also be different in 2020 and 2030 than it is today. According to the Aging Model, by 2030, minority older adults will outnumber White adults in the County. The largest increases will be in the Latino and Asian older adult populations. In the year 2030 almost one out of every two older adults in the County (76,309) will be either Latino or Asian/Pacific Islander. The percentage of African-American older adults will remain relatively the same over time.”

End

All Together Better: San Mateo County

East Palo Alto

Health Older Adults (Age 65 plus)

Preventive Services Females: 25.7% of females in EPA receive recommended preventive services compared to the County at 37.15 and the US value at 28.4%. This is one of the few cities in San Mateo County where women rank above men in receiving preventive services.

Preventive Services Males: 24.3% of men receive preventive services in EPA and this ranks well below the County value of 33.8% and the national value of 32.4%. This is an area of possible project intervention, including public education, social media posts, outreach to senior and community centers and senior housing communities.

Disability: 38.0% of older adults in EPA are managing a disability. This is a staggering number compared to the County value of 28.6% and is more in line with the US data of 34.1%. Given this number, it is essential that public facilities in EPA have universal design and access. A survey of public buildings by an AFC team would be a good place to start.

Hearing Difficulty: 8.7% of older persons in EPA have hearing loss and it appears to be better managed as the County value is 13.4% and the US data is 14.1%. It is important to remember that hearing loss is progressive, invisible and impacts every dimension of life. New research suggests the impacts on mental health and neurological health are significant. It is possible that the COVID pandemic slowed the routine assessment of hearing capacity in every community.

Self-Care Difficulty: A notable 15% of older persons in EPA report a self care disability. This is three times the percentage in Hillsborough. The County value is 9.6% and the US value is 7.7%. This is a problem for older adults who live in a region (Bat Area) where caregivers are few and far between and expensive.

Vision Difficulty: EPA residents report 4.5% with vision loss compared to 4.4% for the County and 6.2% for the US. This is hopeful unless it captures an underreporting and under diagnosis of vision loss. This is the same for the Hearing Loss data above.

Independent Living Difficulty: 17.5% of older persons in EPA report an independent living problem. This approximately double the percentage number in Hillsborough. The County value is 14.2% and the US value is comparable at 14.0%. This is clearly a community in need of support and creative interventions when it comes to prevention and resources to maintain aging in place.

Arthritis: Older persons report 15.2% with arthritis and this is slightly less than the County value at 17.5% and the US data at 25.1%.

Oral Health: A significant 17.6% of older persons report total tooth loss. This tragic value represents decades of suffering and attempts to adapt. In the County the value is less than half at 7.4% and the US value is 13.5%. This statistic suggests educational projects for dental health, low-cost interventions, meal planning for health and emotional support. 55.3% have visited a dentist compared to the County value of 72.0% and the US data of 66.5%.

65 Plus Living Alone: 9.7% of older persons in EPA live alone. This is significantly lower than the County value at 20.9% and the US data at 26.3%. It is possible that more older adults are living with family? Multigenerational households? These arrangements lend themselves to intergenerational programming.

65 Plus Living Below Poverty: In EPA 11.8% of older persons live below the poverty level. This compares to 6.5% for the County and 9.3% for the US overall.

AARP Livability Index (1 to 100): East Palo Alto (2022)

Index Score: 53 Range is 0-100

Housing: 54
Neighborhood: 65
Transportation: 49
Environment: 40
Health: 72
Engagement: 54
Opportunity: 39

Discussion: Highest and Lowest Score

Housing: The good news is 53% of units have a zero step entrance. 36.5% of units are multi family, compared to 18% for the US median neighborhood. Rent is \$1,728 per month compared to the US at \$1,057 and about 20% of income is spent on housing. There are 227 units of subsidized housing per 100,000 population. There are policies that support inclusive design, local housing trust funds ADI support and local plans to create age-friendly communities (this is the first time we have seen this). There are no policies re protections for manufactured housing or foreclosure prevention.

Opportunity: Income inequality is 0.48 on a range from 0-1. The US median in 2022 is 0.46. There are 0.86 jobs per worker compared to 0.80 for the US median in 2022. The school graduation rate is 75.4% as compared to the US median of 88.5% in 2022. The age diversity is 0.78% index from 0-1 compared to the US median in 2022 at .85. While there are more jobs in EPA the age diversity is getting worse.

Get Healthy San Mateo County East Palo Alto Highlights of Opportunities and Needs (2018)

The median rent in EPA is \$1,510 compared to the County at \$1,830. Only 34% are occupied by the homeowner and 30% of the housing is overcrowded. There is one low wage job for every affordable housing unit and 86% of employees do not live where they work. 65% of households are rent burdened. There are 194 pedestrian and bicycle collisions per 100,000 people compared to the County at 53. 15% of the households are enrolled in food stamps. The median household income is \$55,170 compared to the County at \$98,546. 17% are living below the Federal Poverty Level and 45% are living below 200% of the Federal Poverty Level. This is compared to 20% in the County. The major ethnic group in EPA is Latino at 64%, Black at 12%, Pacific Islander at 10% and white at 8%, Asian at 4%.

Data Sources

Community Health Needs Assessment, Health and Quality of Life in San Mateo County, 2013.

<https://www.smchealth.org/aging-and-adult-services-support>

<https://sanmateo.networkofcare.org/aging/index.aspx>

Healthy Cities San Mateo County, 2018

<http://www.gethealthysmc.org/healthy-cities-smc>

San Mateo County has recently launched 21 Elements—A collaborative Approach to Housing: <http://www.21elements.com>. This initiative brings together cities in San Mateo County to learn from each other, collaborate around best practices and support each other to develop high quality and efficient housing elements.

In addition to 21 Elements, San Mateo has created the Home for All 2018-2019 Work Plan: <http://homeforallsmc.org>. The mission is to establish a climate in San Mateo County where a diversity of housing is produced and preserved so that San Mateo County will be culturally, generationally and economically diverse community with housing for all. The goals are to close the housing gap and produce 16,500 new units of varying levels of affordability between 2014-2022.

Data portal and healthy cities data

- <http://www.gethealthysmc.org/data><http://www.gethealthysmc.org/healthy-cities-smc>

County's housing initiative led by County Manager's Office - <http://homeforallsmc.org/>

Area Agency on Aging Area Plan - https://www.smchealth.org/sites/main/files/ap_complete_09-04-12_0.pdf (this is the full report but attached is a 2-page white paper)

San Mateo County All Together Better -

<http://www.smcalltogetherbetter.org/indicators/index/dashboard?module=indicators&controller=index&action=dashboard&id=106315937340283630&card=0&localeId=138669>

https://www.smchealth.org/sites/main/files/file-attachments/area_plan_update_final_03_10_2021.pdf?1616193966

http://www.gethealthysmc.org/sites/main/files/file-attachments/healthy_burlingame.pdf?1526591938

Appendix A

San Mateo County Planning and Service Area 8 Area Agency on Aging Area Plan July1, 2020-June30, 2024

Demographic Characteristics of San Mateo County Current Older Adult Population SMC is among the most culturally and ethnically diverse counties. Asian and Latino residents, along with older adults are expected to continue to become increasingly greater proportions of the population. SMC's population is 769,545 residents (US Census Bureau, American Community Survey [ACS], 2018 1-Year Estimates). According to the Department of Finance, the total population in SMC is expected to grow over 8% to 836,061 by 2060. According to the 2020 California Department of Aging Population Demographics by County and PSA for Intrastate Funding Formula, the number of those ages 60 and over is 195,448, or 25% of the total population for SMC. The figure below shows the percentages of those over the age of 60 that are nonminority, minority, low-income, Medi-Cal eligible, geographically isolated, live alone, and non-English speakers. Not noted on the graph are these two data points: • Thirty-two percent of the over 60 population is 75 years and over. • Three percent of the 65 years and over population receives Supplemental Security Income/State Supplementary Payment.

Elder Index as a Means to Distinguish San Mateo County's Cost of Living In 2020, the Federal Poverty Level (FPL) for a family size of two is \$17,240. The cost of living is higher in SMC than almost anywhere else in the nation therefore, the FPL is not an adequate measure of the income needed to meet basic needs. The FPL is not a good measure for California and especially for SMC because it is the same amount for all states.

Historically, the FPL has been used to determine eligibility for public assistance programs and in allocating resources to communities. Efforts have been made to create new self-sufficiency indices to account for the high cost of living. The Elder Economic Security Standard Index (Elder Index) provides a calculation of the basic income needed to "make ends meet" for retired adults age 65 and older for every county. The Elder Index demonstrates that older adults require an income of close to 200% of the FPL to age in place with dignity and autonomy without relying on public programs.

Researchers at UCLA recommend that programs that do not use the Elder Index should consider using a minimum of 200% of the FPL to determine income eligibility. Research has found that even if the FPL guideline was doubled, it would still not be enough in most counties. Specific to older adults, the Elder Index for California demonstrates that the federal poverty guideline covers less than half of the basic costs for adults age 65 and older in California. The Elder Index shows that seniors making twice the FPL still need public benefits in California to make ends meet. Researchers determined that nearly half a million older adults living alone in California could not make ends meet. They lacked sufficient income to pay for a minimum level of housing, food, healthcare, transportation and other basic expenses. The impact was particularly severe among minority older adults.

Data from the Elder Index was also used to examine the cost of in-home supportive services relative to seniors' income. For older adults who have disabilities and need help to remain safely at home, Elder Index calculations that include long-term care costs show that the basic cost of living for

elders with disabilities is 20-100% higher than for those without disabilities. Essential health services such as in-home care was unaffordable for many seniors. When paired with rent and food, long-term care costs exceed median income in 100 percent of California counties.

Planning for Future Demographic Changes As this area plan for SMC is dedicated to examining and addressing the future needs of older adults, it is imperative to include discussion of key shifts that are anticipated within the County. Information from the SMC Aging Model: Better Planning for

Tomorrow makes projections through 2030. The SMC Aging Model depicts the expected changes in population by age from 1970 through 2030. The trend over this time period indicates that the population is aging. The aging “pyramids” emphasize the need for the County to prepare for the aging boom in 2020 and 2030 where there are increased numbers of individuals over 50 and 55 years old respectively. Data indicates that SMC will have 53% more adults between the ages of 65 and 74 by the year 2030 than there are today. The 75 to 84-year-old age group will experience a 71% increase by the year 2030. The largest increase will occur in adults over the age of 85 as the number is projected to increase 148%.