

SENIOR HEALTH

IN THE COACHELLA VALLEY



A SPECIAL REPORT

BY HARC



HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES

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About this report

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TABLE OF CONTENTS

- EXECUTIVE SUMMARY 1
- INTRODUCTION 7
- METHOD 8
- THIS REPORT 9
- RESULTS 10
 - Section 1: Demographics 11
 - Gender 12
 - Race/ Ethnicity 13
 - Socioeconomic Status 14
 - Income* 14
 - Poverty* 15
 - Education* 16
 - Employment* 17
 - Marital Status 18
 - Sexual Orientation 19
 - Citizenship 20
 - Part-Time Residents 21
 - Military Service 22
 - Section 2: Access 23
 - Healthcare Coverage 24
 - Prescription Coverage* 25
 - Vision Coverage* 26
 - Mental Health Coverage* 27
 - Dental Coverage* 28
 - Underutilization of Benefits 29
 - Section 3: Utilization 30
 - Recent Utilization 31
 - Usual Source of Care 31
 - Barriers to Care 32
 - Seeking Treatment in Mexico 33
 - Section 4: Prevention 34
 - Blood Cholesterol Screening 35
 - Dental Care 37
 - Vision Care 39
 - Women’s Health 40
 - Breast Health* 40
 - Pap Smear Test* 41
 - Vaccination 42
 - Section 5: Health Behaviors 43

Alcohol Use	44
Tobacco Use.....	46
Medical Marijuana Use.....	47
Sexual Health.....	48
HIV/AIDS Screening.....	50
Section 6: Major Disease	51
Chronic Illness & Major Disease.....	52
Cancer.....	53
Diabetes.....	54
Section 7: Disability.....	57
Section 8: Mental Health	59
Recent Mental, Emotional, or Behavioral Problems	60
Mental Health Disorders.....	61
Mental Health Treatment.....	62
Section 9: Weight and Fitness.....	63
Body Mass Index (BMI).....	64
Weight Control.....	65
Physical Activity.....	66
Section 10: Food Insecurity	67
Section 11: Social and Economic Needs	69
Section 12: Senior-Specific Information	71
Elder Abuse.....	72
Senior Daily Care.....	73
Senior Mobility.....	74
Senior Health Screening	75
<i>Colorectal Cancer Screening</i>	75
<i>Prostate Cancer Screening</i>	76
<i>Breast Cancer Screening</i>	77
CONCLUSION.....	78
RESOURCES	79
General Senior Resources.....	79
Coachella Valley Resources	81
Governmental Resources	81
Senior Centers.....	82
APPENDIX.....	83

LIST OF FIGURES

Figure 1. Gender	12
Figure 2. Race/Ethnicity	13
Figure 3. Household Income.....	14
Figure 4. Poverty Level.....	15
Figure 5. Education Level.....	16
Figure 6. Employment Status.....	17
Figure 7. Marital Status.....	18
Figure 8. Sexual Orientation.....	19
Figure 9. Non-Citizens with Permanent Residency.....	20
Figure 10. Seasonal Residents	21
Figure 11. Military Service.....	22
Figure 12. Healthcare Coverage	24
Figure 13. Prescription Coverage for Insured Adults	25
Figure 14. Vision Coverage	26
Figure 15. Mental Health Coverage.....	27
Figure 16. Dental Coverage	28
Figure 17. Underutilization of Benefits	29
Figure 18. Seeking Healthcare in Mexico.....	33
Figure 19. Blood Cholesterol Screening.....	35
Figure 20. Influenza Vaccination.....	42
Figure 21. Adults who Engaged in Binge Drinking at Least Once in Past Month.....	45
Figure 22. Cigarette Smokers	46
Figure 23. Medical Marijuana Use	47
Figure 24. Sexual Activity	48
Figure 25. Discussed Condom Use with a Healthcare Profession in Past Year	49
Figure 26. Adults Never Tested for HIV	50
Figure 27. Diabetes Diagnosis	54
Figure 28. Adults that Require the Use of Special Equipment.....	58
Figure 29. Adults with an Emotional, Mental, or Behavioral Problem in Past Year.....	60
Figure 30. Health Professional’s Advice Regarding Weight.....	65
Figure 31. Elder Abuse	72
Figure 32. Fear of Falling	74

LIST OF TABLES

Table 1. Federal Poverty Guidelines 2013.....	15
Table 2. Time Since Most Recent Visit to a Healthcare Provider.....	31
Table 3. Usual Source of Care.....	31
Table 4. Barriers to Receiving Care.....	32
Table 5. Time Since Last Cholesterol Screening.....	36
Table 6. Time Since Last Dental Visit.....	37
Table 7. Time Since Last Dental Cleaning.....	37
Table 8. Main Reason for not Visiting a Dentist Within the Past Year.....	38
Table 9. Time Since Last Vision Exam.....	39
Table 10. Most Recent Clinical Breast Exam.....	40
Table 11. Most Recent Pap Smear Test.....	41
Table 12. Alcohol Consumption.....	44
Table 13. Reasons for Not Using a Condom.....	49
Table 14. Major Disease Diagnoses.....	52
Table 15. Types of Cancer Diagnoses.....	53
Table 16. Number of Times Visited a Healthcare Provider for Diabetes in Past 12 Months.....	55
Table 17. Diabetics – Time Since Last Eye Exam.....	55
Table 18. Diabetic-Specific Preventive Exams in the Past 12 Months.....	56
Table 19. Diagnosed Mental Health Disorders.....	61
Table 20. Mental Health Treatment in Past 12 Months.....	62
Table 21. BMI Categories.....	64
Table 22. Frequency of Physical Activity in Past Week.....	66
Table 23. Frequency of Strength-Building Exercises in Past Week.....	66
Table 24. Frequency of Cutting or Skipping Meals to Save Money.....	68
Table 25. Need for Assistance.....	70
Table 26. Unable to Obtain Necessary Assistance.....	70
Table 27. Most Recent Mammogram.....	77

EXECUTIVE SUMMARY

Background

The Health Assessment Resource Center (HARC) is a 501(c)(3) nonprofit, community-based organization developed by a collaboration of community agencies and individuals in response to a scarcity of objective, timely, and comprehensive health data for the Coachella Valley, California.

To that end, in 2007, HARC conducted the region's first community-wide survey. In addition to providing the needed data, the 2007 survey also established baseline data for several measures. HARC conducted another community-wide survey in 2010, and a third in 2013.

This report represents the first of several special reports based on the 2013 data. This special report focused on the health of Coachella Valley seniors (those aged 55 years and over). For this report, the senior population is compared to the younger adult population (ages 18 to 54) to identify health issues that may be a more significant burden to the senior population.

Demographics

Overall, Coachella Valley seniors are more likely than younger adults to be white, and less likely to be Hispanic. Seniors are significantly less likely than younger adults to be living in poverty; most Coachella Valley seniors are relatively wealthy when compared to the younger adult population. Similarly, Coachella Valley seniors tend to have higher levels of education than younger adults. Thus, Coachella Valley seniors may have more resources, and thereby be better able to cope with health problems than their younger counterparts.

Not surprisingly, Coachella Valley seniors are significantly more likely than younger adults to be retired, while the majority of younger adults are currently employed. Most seniors are married, while most younger adults are single. Significantly more seniors are widowed, which may be a cause for isolation or loneliness, serious health concerns for the aging population.

Roughly equal proportions of Coachella Valley seniors and younger adults are non-citizens (13.3% and 16.6%, respectively). However, the senior non-citizens are significantly less likely than younger non-citizens to be permanent residents with a green card—likely due to the fact that they are “snowbirds”, or seasonal residents, who live in the Coachella Valley during the winter months before returning to colder climates outside the U.S. While these non-citizen, non-resident seniors may not have the health benefits as the majority of citizens, they may also have better healthcare in their home countries, and thus are able to access that during the months when they are absent from the Coachella Valley. However, given the length of time these seasonal residents spend in the Coachella Valley (most between 5 and 8 months of the year), it is likely that they will need to access healthcare at some point during their time in the Coachella Valley, and may encounter difficulties doing so.

Seniors are significantly more likely than younger adults to have served on active duty with the U.S. Armed Forces (22.0% versus 6.9%, respectively). This may mean that seniors are more likely to suffer from service-related illnesses (for example, diabetes, leukemia, Hodgkin's

disease, Parkinson's disease, or other presumptive diseases associated with exposure to Agent Orange). However, very few seniors served for more than five years, indicating they likely do not have the benefits of military retirement, and thus, may have unmet health needs related to their service.

Access

The majority of Coachella Valley seniors (93.9%) do have health insurance, and thus, likely have at least some access to healthcare. Coachella Valley seniors are significantly more likely than their younger counterparts to be insured, and to have wider coverage regarding vision coverage and mental health coverage. Seniors are significantly more likely to have used all of their health insurance benefits in the past year when compared to younger adults.

Overall, this indicates that most seniors have access to the types of healthcare they need, and are more likely to have such access than younger adults.

Utilization

The majority of Coachella Valley seniors have visited a healthcare provider within the past 6 months. Seniors are significantly more likely than young adults to have seen a healthcare provider recently; very few have gone five or more years without seeing a healthcare provider.

Most Coachella Valley seniors (65.8%) utilize the doctor's office as their usual source of care. These seniors are likely to have a medical home, and receive continuity of care. However, 12.6% of seniors use urgent care for their usual source of care, and 9.6% use the emergency room or the hospital as their usual source of care. These seniors are unlikely to be receiving important preventive exams and continuity of care, putting them at risk for poor health outcomes.

Overall, seniors experience fewer barriers to receiving healthcare than their younger counterparts. Understanding what is covered under insurance was the most common barrier that seniors experienced (13.0% of seniors have struggled with this), indicating that education and outreach by insurance companies would likely result in an increase in utilization for seniors.

Coachella Valley seniors are significantly less likely than younger adults to seek healthcare in Mexico (7.6% versus 12.8%, respectively). This may be due to the fact that many seniors have health insurance and experience relatively low barriers to receiving healthcare, indicating that they can meet their healthcare needs in the United States and do not need to travel to Mexico to gain access to care.

Prevention

Overall, older adults are significantly more likely to engage in preventive healthcare than their younger counterparts. This is true for blood cholesterol screening, influenza vaccinations, dental visits, eye exams, and women's health screenings. Coachella Valley seniors are more likely to have had these important preventive health screenings and to have had them recently (typically within the last year) than younger adults.

Health Behaviors

Consumption of alcohol is common in the Coachella Valley for both seniors and younger adults; over 60% of people in each age group have consumed at least one alcoholic beverage in the past month. However, seniors are significantly less likely to abuse alcohol when compared to their younger counterparts. Specifically, seniors are less likely than younger to have engaged in binge drinking, and more likely to have limited their alcohol consumption to a single beverage. Thus, the majority of Coachella Valley senior drinkers are consuming alcohol in a safe manner, and are unlikely to experience negative health consequences as a result of it. However, over 23,000 seniors have engaged in binge drinking at least once in the past month, and thus, may have detrimental health impacts as a result.

Cigarette smoking is relatively rare among Coachella Valley seniors; only 9.7% of seniors currently smoke cigarettes some days or every day. This is significantly lower than the rate for younger adults (21.7% of younger adults smoke cigarettes), indicating that seniors are less likely to experience the negative health consequences of tobacco use. However, it is important to note that seniors may be using other forms of tobacco (such as pipe smoking or cigar smoking), which is still harmful to health.

Very few Coachella Valley seniors use marijuana for medical purposes. Only 4.1% of older adults use medical marijuana, compared to 12.3% of younger adults.

About half of Coachella Valley seniors are sexually active (53.0%), a rate that is significantly lower than it is for younger adults (72.9%). The majority of sexually active seniors (88.4%) do not use a condom during sex, which means they are at risk for contracting sexually transmitted diseases and infections. Seniors are significantly less likely to use condoms than their younger counterparts (11.6% versus 41.4%). Most sexually active seniors who do not use condoms choose to do so because they are married or in a monogamous relationship, indicating that their risk of contracting a sexually transmitted disease is relatively low.

However, many of these seniors may not know their HIV status, as 72.3% of seniors have *never* been tested for HIV, the virus that causes AIDS. These seniors should be tested for HIV at least once to support their sexual health.

Major Disease

Not surprisingly, Coachella Valley seniors are significantly more likely than their younger counterparts to have been diagnosed with a major disease or chronic illness. Specifically, seniors are more likely than young adults to have been diagnosed with any major disease, including high blood pressure, high cholesterol, arthritis, cancer, diabetes, osteoporosis, heart attack, and stroke. High blood pressure, high cholesterol, and arthritis are especially prevalent among Coachella Valley seniors; over half of seniors have been diagnosed with one or more of these three ailments. Thus, Coachella Valley healthcare must provide sufficient services related to arthritis, cholesterol, and blood pressure in order to maintain the health of the older adults in the community.

Disability

Coachella Valley seniors are significantly more likely than younger adults to use special equipment to cope with health issues (15.7% versus 6.7%). Specifically, about 26,800 seniors use some sort of adaptive technology (such as a wheelchair, cane, specialized telephone, or other assistive device) in their daily lives.

Mental Health

Depression is the most common mental health disorder for Coachella Valley adults of all ages. Approximately 10% of Coachella Valley seniors have been diagnosed with depressive disorders by a healthcare provider. Approximately 15.7% of seniors have had an emotional, mental, or behavioral problem in the past year that seriously concerned them, and over half of these were considered to be severe enough to require professional help. The majority of seniors suffering from such issues knew where to turn for help, however nearly 4,000 seniors did not know where to go to get help with such mental health concerns.

Most seniors with mental health concerns or diagnosed mental health disorders had visited a healthcare provider (either a mental health professional or a primary care provider) for their mental health concern or condition in the past year. The most common form of treatment for these seniors was taking medication for their mental health concern or condition (41.5% of seniors with mental health concerns or diagnosed mental health disorders took medication within the past year). Nearly 3,000 Coachella Valley seniors have seriously considered suicide within the past year.

Obesity

Over 60% of Coachella Valley seniors have a body mass index (BMI) that places them in the “overweight” or “obese” categories as per the Centers for Disease Prevention and Control guidelines. This is not significantly different than the rate for younger adults—59% of whom are also overweight or obese. Thus, obesity is clearly a major issue for Coachella Valley adults of all ages.

However only about 14% of seniors have been advised to lose weight by their healthcare provider in the past year. Thus, many seniors may be unaware of their weight issues, or unsure of how to address such problems. Once again, this is true not only for seniors, but for younger adults as well.

Most Coachella Valley seniors (84.7%) participate in aerobic exercise (such as running, golfing, gardening, or walking for exercise) at least once a week. In fact, over half of Coachella Valley seniors engage in such exercise five or more times per week, indicating a healthy level of activity. Strength-building exercises are much less common; over half of Coachella Valley seniors (55.2%) do no strength-training activities each week. This is the case for younger adults as well; overall, Coachella Valley adults tend to do more aerobic exercise than anaerobic strengthening.

Food Insecurity

Approximately 4.1% of Coachella Valley seniors are food insecure, meaning that they have cut the size of their meals or had to skip meals in the past year due to a lack of money to pay for food. More than half of these 7,000 food insecure seniors are chronically insecure—they have to miss meals on a monthly basis throughout the year. In fact, about 1.5% of seniors, more than 2,600 older adults, have had to go for an entire day without eating due to a lack of funds to pay for food.

Coachella Valley seniors are significantly less likely than younger adults to be food insecure; this is likely due to their relatively stable financial situation, as described in the demographics. However, food insecurity remains an issue for the senior community—over 7,600 seniors had to utilize emergency food sources, such as food pantries and soup kitchens, in the past year.

Social and Economic Needs

Overall, seniors are less likely than younger adults to need assistance with basic necessities such as food, housing, and utilities. This is likely due to their relatively stable economic position, when compared to the large proportion of younger adults living in poverty. However, seniors and young adults are equally likely to need assistance with transportation and home health care. Nearly 11% of seniors who need assistance with transportation were unable to get that aid within the past year. This means over 1,000 seniors have unmet transportation needs.

Senior-Specific Information

Elder abuse, while relatively rare, does exist in the Coachella Valley. In the past year, 4.0% of seniors have experienced physical or emotional abuse, and 6.9% have been taken advantage of financially.

About 4.1% of Coachella Valley seniors require assistance from another person in order to complete the activities of daily living (ADLs) such as eating, bathing, dressing, toileting, and transferring. The majority of these seniors (88.8%) have someone to assist them with these tasks, but over 700 seniors do not have someone to assist them with these critical tasks.

Approximately 5.1% of Coachella Valley seniors are prevented from living independently because they need assistance with their independent activities of daily living (IADLs) such as using the telephone, preparing meals, and managing medications. Once again, the majority of these seniors (85.0%) do have someone to assist them with these tasks, but over 1,200 seniors do not.

Approximately 14.1% of Coachella Valley seniors, and 38.4% of these (9,245 seniors) were injured in a fall, such that their regular activities were limited for at least a day, or they were required to go see a doctor for their injuries. Nearly 30% of Coachella Valley seniors fear falling, and this fear may actually prevent them from getting adequate exercise.

Fortunately, the majority of Coachella Valley seniors have had cancer screening tests to check for common cancers as recommended for older adults. Specifically, 77.9% of seniors have had a

colonoscopy or sigmoidoscopy to check for colon cancer, and 97.6% of senior women have had a mammogram to screen for breast cancer. Approximately 84.2% of senior men have had a digital rectal exam, and 86.4% have had a prostate-specific antigen test to screen for prostate cancer. Thus, it appears that colorectal cancer screening has the most progress to make, and efforts should be made to increase the proportion of seniors who receive this important screening test.

Conclusion

Overall, Coachella Valley seniors have a strong foundation for good health. However, the needs of those with chronic illness, mental health concerns, and transportation concerns must be addressed in order to maintain a healthy and happy senior population. Senior-specific concerns, such as elder abuse and injury-causing falls, are also issues that must be addressed in order to ensure a healthy aging population in the Coachella Valley. To this end, several reliable resources, including governmental agencies, nonprofits, and senior centers, are listed at the end of this report.

INTRODUCTION

The Health Assessment Resource Center (HARC) is a 501(c)(3) nonprofit, community-based organization developed by a collaboration of community agencies and individuals in response to a scarcity of objective, timely, and comprehensive health data for the Coachella Valley, California.

To that end, in 2007, HARC conducted the region's first community-wide survey. In addition to providing the needed data, the 2007 survey also established baseline data for several measures. HARC conducted another community-wide survey in 2010, and a third in 2013.

HARC shared the results of the most recent survey with the public in February 2014 in the form of an Executive Report. Although this Executive Report was substantial (over 100 pages of narrative, graphs, and tables), it was only the tip of the iceberg in terms of the data. To supplement the Executive Report, HARC released the data in an online database format in April 2014. This database, called HARCSearch, covered many of the variables from the survey for all three surveys. HARCSearch allows users to run specific queries, and to dissect the results further into demographic groups.

However, even HARCSearch does not encompass the entire wealth of information provided by the survey. Thus, in order to bring this valuable information to the general public, HARC sought funding to release several special reports, which provided in-depth examinations of the latest data to highlight health disparities in populations of interest.

This report represents the first of several special reports. This special report focused on the health of Coachella Valley seniors (those aged 55 years and over). For this report, the senior population is compared to the younger adult population (ages 18 to 54) to identify health issues that may be a more significant burden to the senior population.

Senior health is an important subject everywhere as the baby boomers continue to age, but especially so in the Coachella Valley. Results show that there are approximately 170,000 seniors 55 years of age or older, or nearly half of the adult population of the Coachella Valley. Thus, HARC has created this special report to create a clearer picture of senior health in the Coachella Valley. This report was funded by the Auen Foundation, the National Network of Libraries of Medicine, and the Riverside County Office on Aging, all of whom have significant interest in protecting and promoting the health of the senior population.

This report focuses on the health status of the Coachella Valley. The region is composed of nine incorporated cities and a large, but sparsely populated, unincorporated area. The nine incorporated cities in the Coachella Valley are Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage. The unincorporated areas within the Coachella Valley include Bermuda Dunes, Indio Hills, Mecca, North Palm Springs, Oasis, Sky Valley, Thermal, and Thousand Palms. Several Indian reservations are home to the Cahuilla band of Indians in the Coachella Valley, including the Agua Caliente Indian Reservation, the Augustine Reservation, the Cabazon Indian Reservation, and the Torres-Martinez Desert Cahuilla Indian Reservation.

METHOD

The data presented in this report are from the Community Health Monitor, a systematic survey of households in Coachella Valley to determine the health and social well-being of its adult and child residents. Telephone surveys were administered to individuals 18 years of age and older residing in randomly selected households in Coachella Valley between January and September, 2013. Surveys were conducted in English and Spanish.

Survey data were collected via a random digit dialing (RDD) sample of both landline and cellular telephones. Due to this method of phone data collection, the homeless, and persons in institutions including penal facilities, hospitals, and military barracks, are excluded from the sampling frame. Participants were screened to ensure that they were within Coachella Valley.

The survey included two samples, representing adults and children. Due to the subject of this special report, only data from the adult sample are included here. The sample size for the younger adult sample is 551 adults; the sample size for seniors is 1,408 adults.

The information from these participants was “weighted” in a complex statistical method that allows the actual survey responses to more accurately reflect the entire population of Coachella Valley. The weights were post-stratified to 2010 population data by age, gender, and race using U.S. Census Bureau’s datasets. These were then adjusted to be consistent with total population estimates developed from figures in the “Riverside County Progress Report 2012,” obtained from the Riverside County Administrative Services Department. Thus, while 1,959 adult participants actually participated in this survey, the figures you will see in this report will be closer to 350,000, the estimated adult population of the entire Coachella Valley. Weighting techniques utilized in this survey are standard practice for other major surveys, such as the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS). Please contact HARC if you would like more detailed information about population estimates.

The survey instruments were modeled after the well-respected Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) and the California Health Interview Survey (CHIS). The instrument assessed topics such as access to and utilization of health care, health status indicators, health insurance coverage, and health related behaviors.

THIS REPORT

This report contains narrative text, tables, and charts to communicate information. Text descriptions that accompany the tables and charts often state something like, “Hispanic/Latinos are more likely than Whites to be without health care coverage.” Given that these are self-report data, it might be more appropriate to write, “Hispanic/Latinos are more likely than Whites to report being without health care coverage.” For parsimony and readability, we have omitted reference to “reporting.”

Differences reported in the text are “statistically significant”, which means that the differences are 95% sure to be “real” differences in the entire population of the Coachella Valley (and not just a fluke of HARC’s sample of Coachella Valley residents). This means that there is a 95% likelihood that the differences described here are true differences, not just due to chance.

Most tables display both the estimated population and the weighted percent of responses for each question reported. The “Population Estimate” refers to the estimated number of people in the population (the Coachella Valley) represented by the actual number of survey respondents. The “Weighted Percent” is the proportion of people that the population estimate represents.

Charts are used in this report to visually compare the data from the seniors to the younger adults. Given the different sample sizes, charts routinely use the weighted percent, as it is easier to compare the two populations in this manner.

RESULTS

Section 1: Demographics

There are roughly 170,000 “seniors”, or adults age 55 and over, living in the Coachella Valley. This is approximately 48.2% of the adult population (i.e., those age 18 and older). This is a significantly larger proportion of elderly residents than is usually present elsewhere. For example, seniors age 55 and older make up approximately 31.0% of the adult population in the state of California as a whole.¹

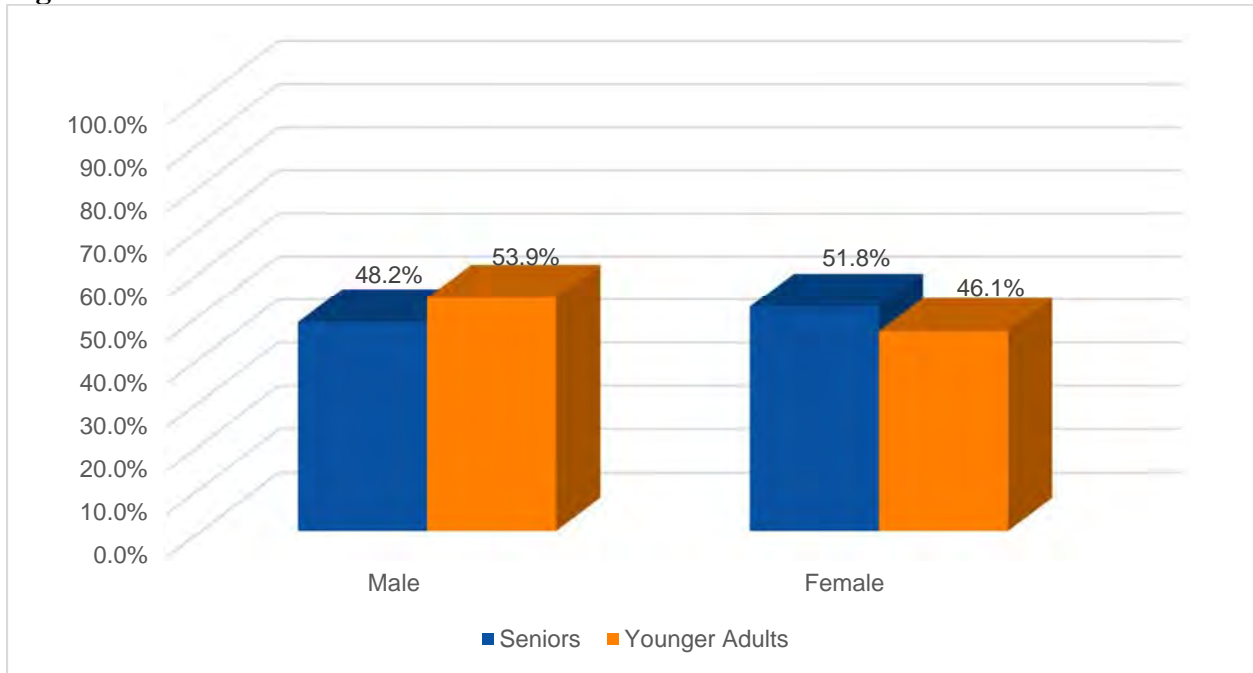


¹ California Health Interview Survey, 2011-2012. Available online at ask.chis.ucla.edu/

Gender

As illustrated in Figure 1, the gender distribution did not significantly vary by age group. Both age groups have a relatively even split between men and women. While seniors have slightly more females than males, the difference is not striking.

Figure 1. Gender



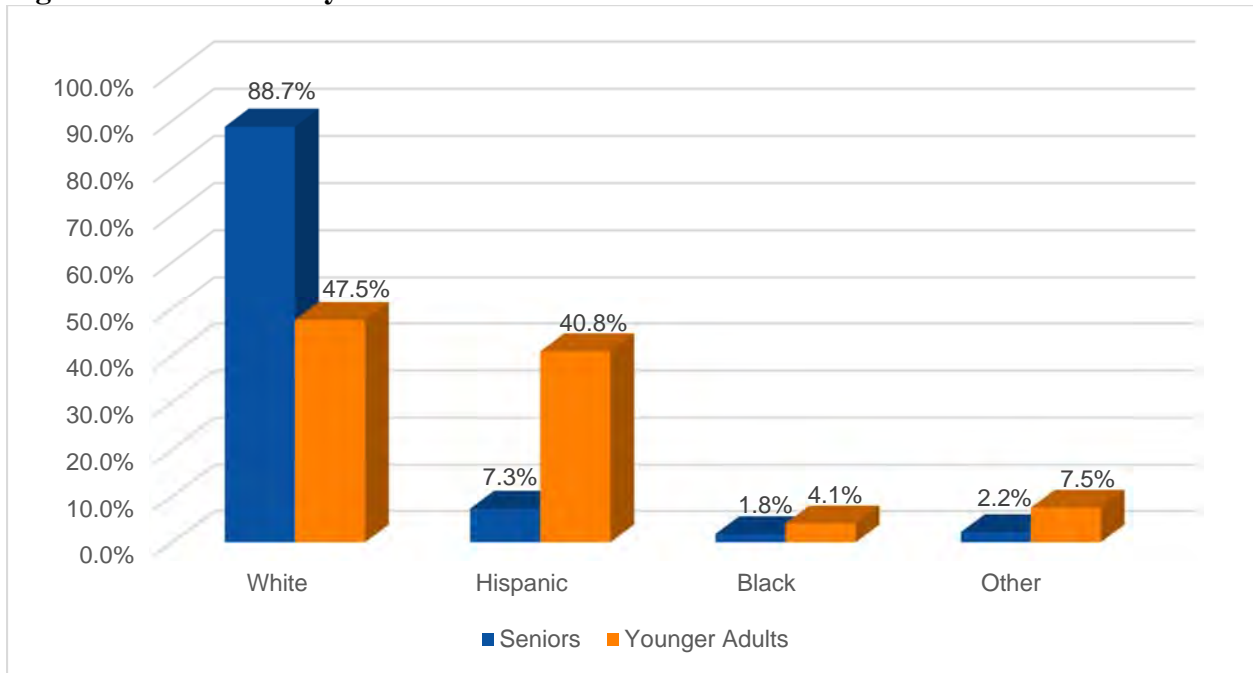
Race/ Ethnicity

Hispanics represent 17% of the U.S total population making it the largest race minority. Of those individuals, 29.1% lack health insurance and therefore have an increase in health issues.

According to the Centers for Disease Control the leading causes of death for Hispanics are cancer, heart disease, unintentional injuries such as car accidents or falls, stroke, diabetes and chronic liver disease. Other health issues Hispanics face are asthma, HIV/AIDS, and obesity.²

As illustrated in Figure 2, the seniors in Coachella Valley are predominately white. This is significantly different than the racial and ethnic make-up of the younger adults, who exhibit much more variation. As illustrated in Figure 2, over 40% of younger adults identify as Hispanic.

Figure 2. Race/Ethnicity



² Hispanic or Latino Populations. (2014). Centers for Disease Control and Prevention. <http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html>

Socioeconomic Status

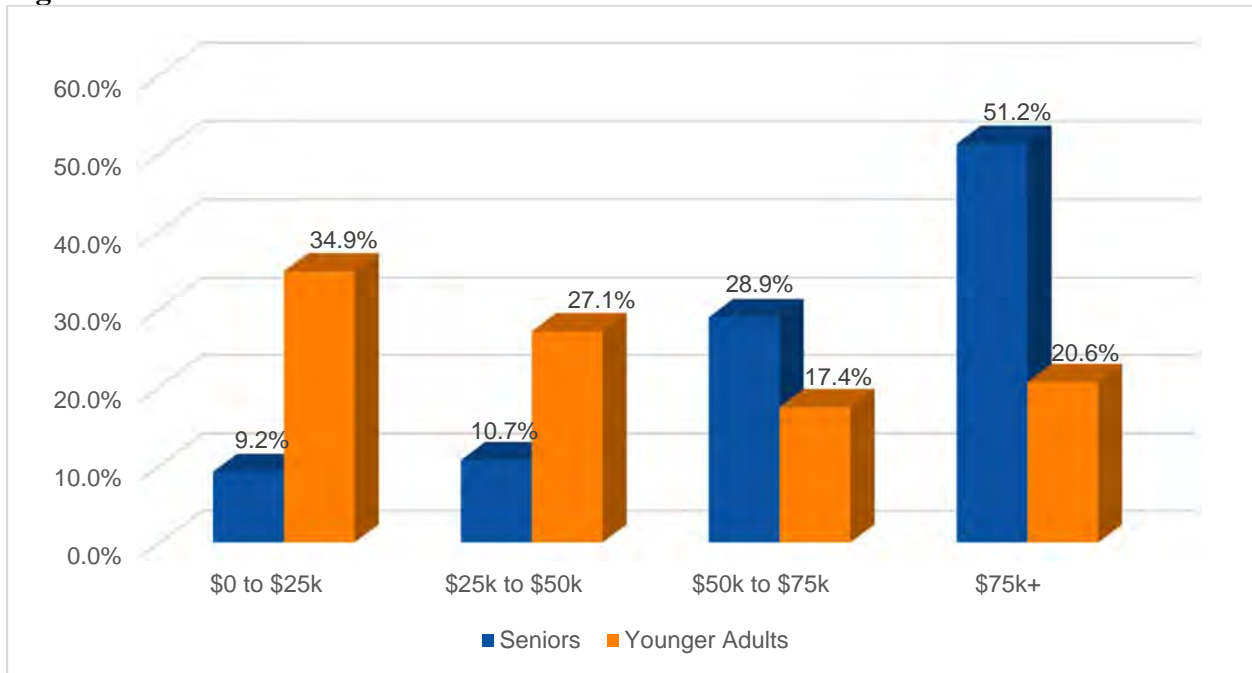
Socioeconomic status, or SES, has been shown to be strongly related to health and wellness. According to the American Psychological Association, adults with low socio-economic status have less access to resources and therefore are more susceptible to health problems as well as mental health problems, such as depression and stress, from poor employment conditions or no employment. Furthermore, older individuals of lower SES have increased mortality rates higher stroke incidence, higher incidence of progressive chronic kidney disease, lower health-related quality of life, smaller social networks and lower quality of social relations.³

This survey covered several indicators of SES, including annual household income, poverty level, education level, and employment status.

Income

Seniors are significantly wealthier than their younger counterparts, as illustrated in Figure 3. About half of seniors (51.2%) have an annual household income at or above \$75,000, compared to only 20.6% of younger adults. However, this is not to say that *no* seniors in Coachella Valley experience poverty; over 14,500 seniors are living in households with an annual income below \$25,000.

Figure 3. Household Income



³ Fact Sheet: Age and Socioeconomic Status. (2014). American Psychological Association. <http://www.apa.org/pi/ses/resources/publications/factsheet-age.aspx>

Poverty

Participants were asked to report their household income and the number of people residing within their household. This information was used to calculate poverty levels as per the Department of Health and Human Services’ guidelines for poverty in 2013, as illustrated in Table 1.

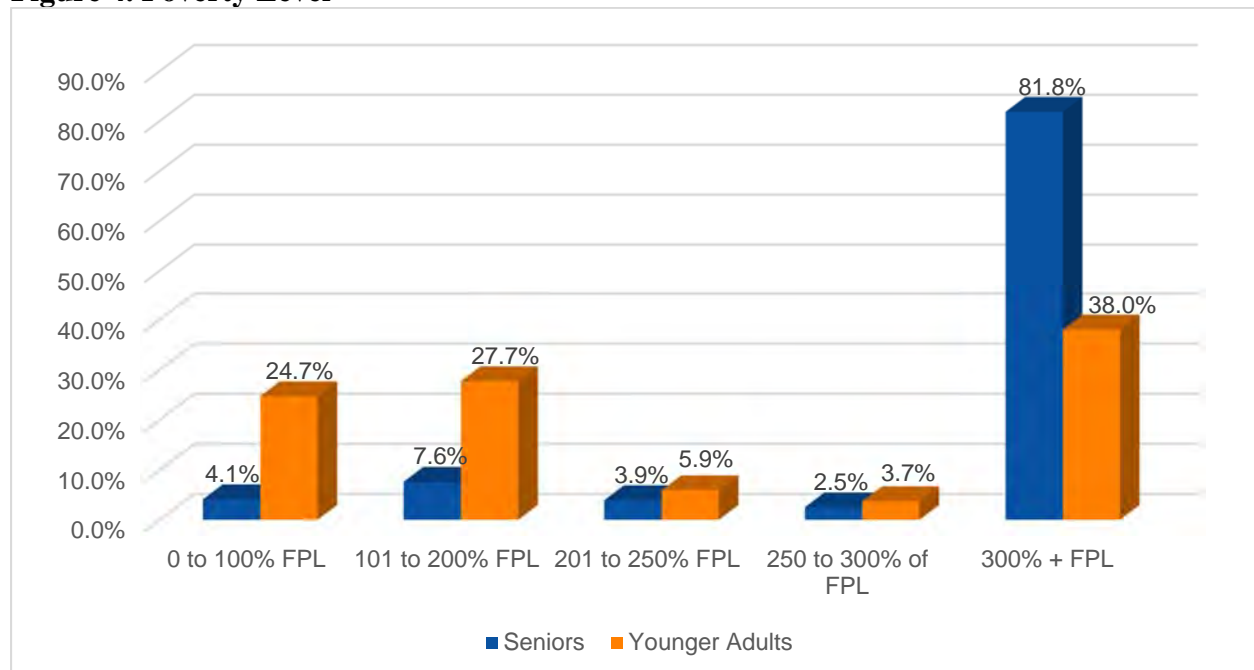
Table 1. Federal Poverty Guidelines 2013

Number of People in Household	Annual Income Guideline for Poverty
1	\$11,490
2	\$15,510
3	\$19,530
4	\$23,550
5	\$27,570
6	\$31,590
7	\$35,610
8	\$39,630

Note. Data in this table are from the Federal Register issues by the Department of Health and Human Services on January 24, 2013. For families/households with more than 8 persons, add \$4,020 for each additional person.

As illustrated in Figure 4, seniors are significantly less likely than younger adults to be living in poverty. Nearly a quarter of younger adults are living at or below the poverty line—which, as illustrated in Table 1, is extremely low. In contrast, less than 5% of seniors are living in such poverty. The majority of seniors (81.8%) live in households with an income level at or above three times the poverty level, indicating relative financial stability.

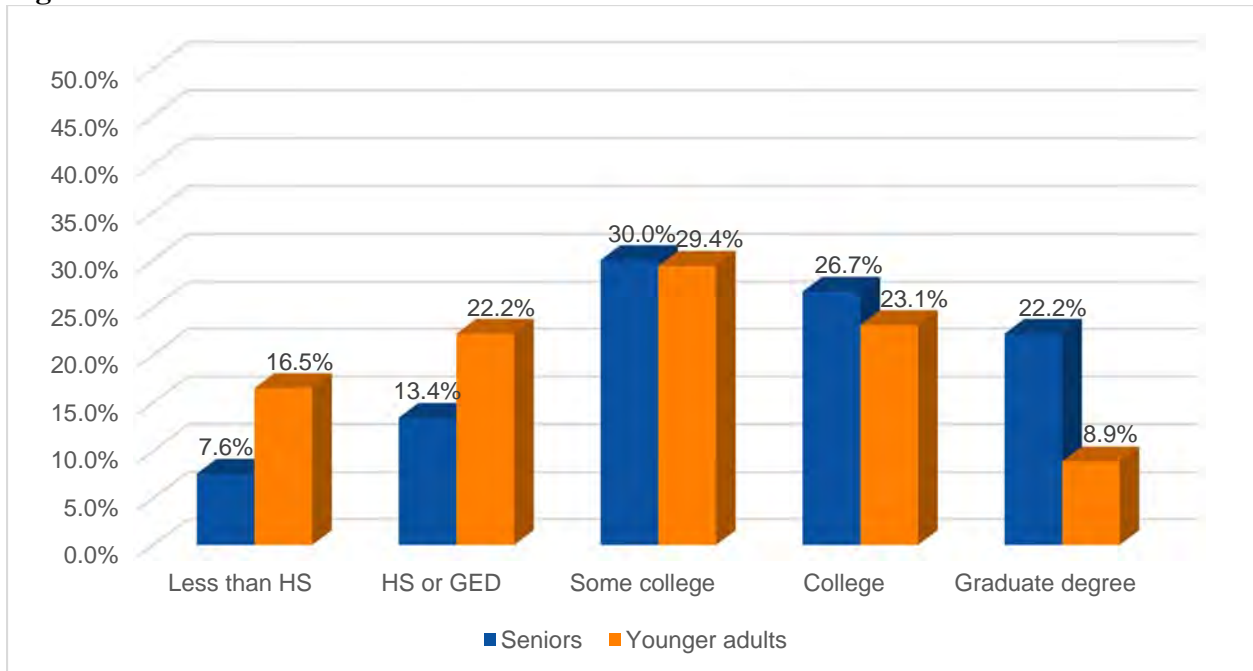
Figure 4. Poverty Level



Education

Participants were asked to report the highest level of education they had achieved. Results show that seniors tend to be more educated than their younger counterparts. As illustrated in Figure 5, 22.2% of seniors have a graduate degree (such as a master's degree or doctoral-level degree). In contrast, less than 9% of younger adults have attained a graduate degree. At the other end of the spectrum, only 7.6% of Coachella Valley seniors lack a high school degree, which is significantly lower than the proportion for younger adults (16.5%).

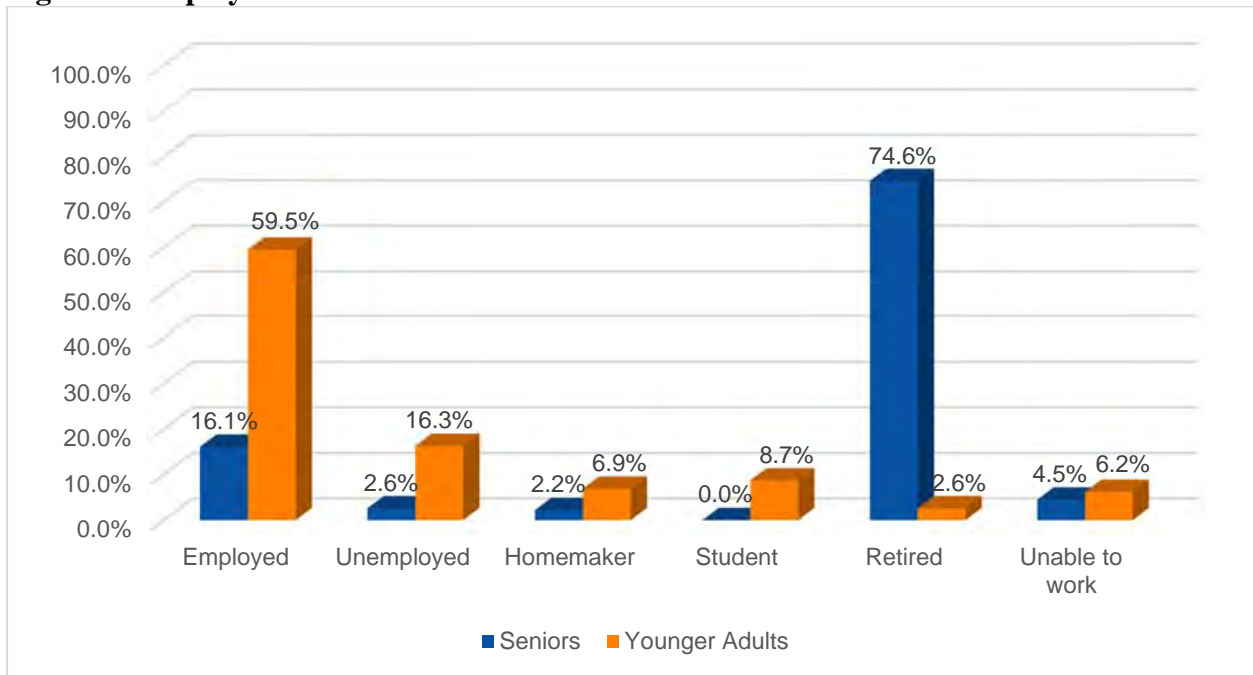
Figure 5. Education Level



Employment

Not surprisingly, seniors are significantly more likely to be retired than younger adults, and significantly less likely to be employed. While the majority of younger adults (59.5%) are employed, the majority of seniors (74.6%) are currently retired. As illustrated in Figure 6, younger adults are significantly more likely than older adults to be unemployed, a homemaker, or a student as well.

Figure 6. Employment Status

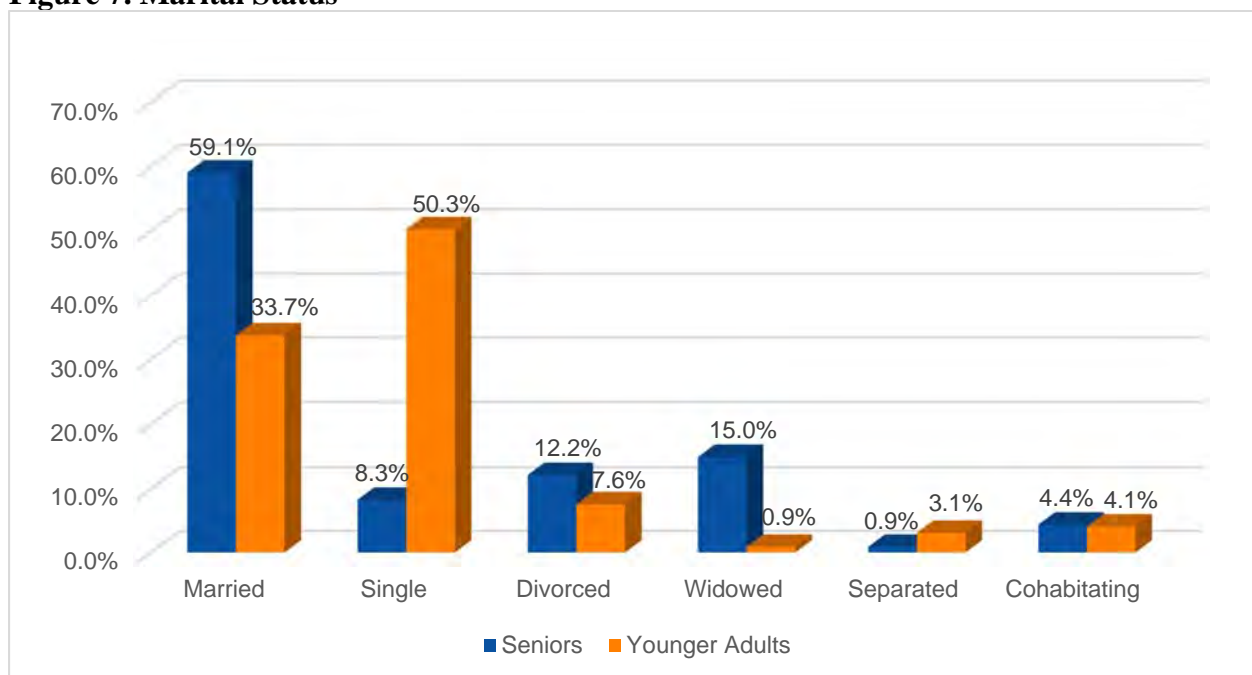


Marital Status

The presence of a significant other can have many positive effects on an individual's health due to the social interaction they provide, support, companionship and love. With increasing age, though, adults may divorce their partners or become widowed which can in turn have negative implications on their health. In general, older adults who are widowed or divorced have poorer physical functioning, greater mortality risk, lower self-rated health, and more symptoms of depression than their married counterparts.⁴

Marital status varied significantly between the two age groups. While most seniors (59.1%) are married, most younger adults (50.3%) are single. As illustrated in Figure 7, rates of divorce, separation, and cohabitation were similar between the two groups. Not surprisingly, seniors were significantly more likely to be widowed than their younger counterparts, which is likely due to aging and dying (15.0% versus 0.9%, respectively).

Figure 7. Marital Status



⁴ Who needs a Friend? Marital Status Transitions and Physical Health Outcomes in Later Life. (2014). American Psychological Association. <http://www.apa.org/pubs/journals/releases/hea-0000049.pdf>

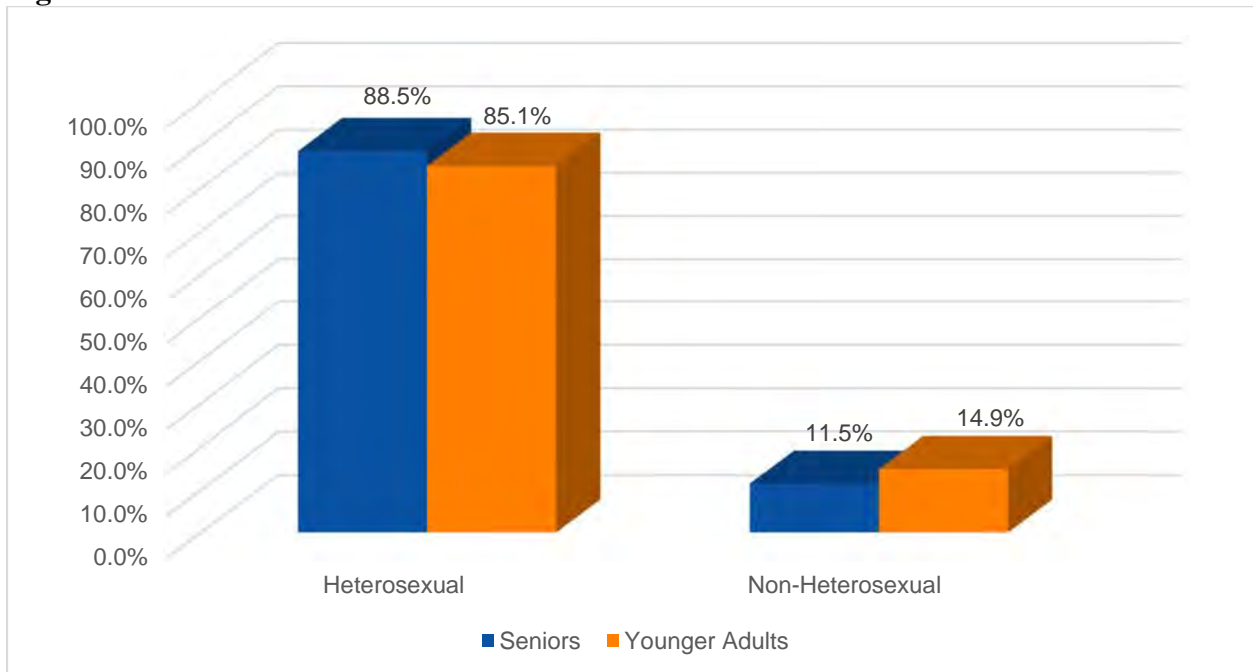
Sexual Orientation

Despite increasing social acceptance, many non-heterosexual individuals (e.g., lesbian, gay, bisexual, or transgender, “LGBT”), especially seniors, hesitate to access health care and resources as a result of the stigma and discrimination they may have encountered in that past or continue to encounter currently. Members of the LGBT community have serious mental and physical health challenges. Some of these challenges include high rates of depression and suicidality, HIV/AIDS and other sexually transmitted infections, obesity and substance abuse.⁵

To identify sexual and gender orientation, participants were asked if they considered themselves to be heterosexual, homosexual, bisexual, transgender, questioning, or “other”. For comparison purposes, all non-heterosexual responses (homosexual, bisexual, transgender, questioning, other) were grouped together to represent non-normative sexual orientations.

As illustrated in Figure 8, approximately 11.5% of Coachella Valley seniors identify their sexual orientation as non-heterosexual. This is relatively similar to the proportion in younger adults (14.9%).

Figure 8. Sexual Orientation



⁵ Improving the Health Care of lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities. (2012). http://www.lgbtagencycenter.org/resources/pdfs/12-054_LGBTHealtharticle_v3_07-09-12.pdf

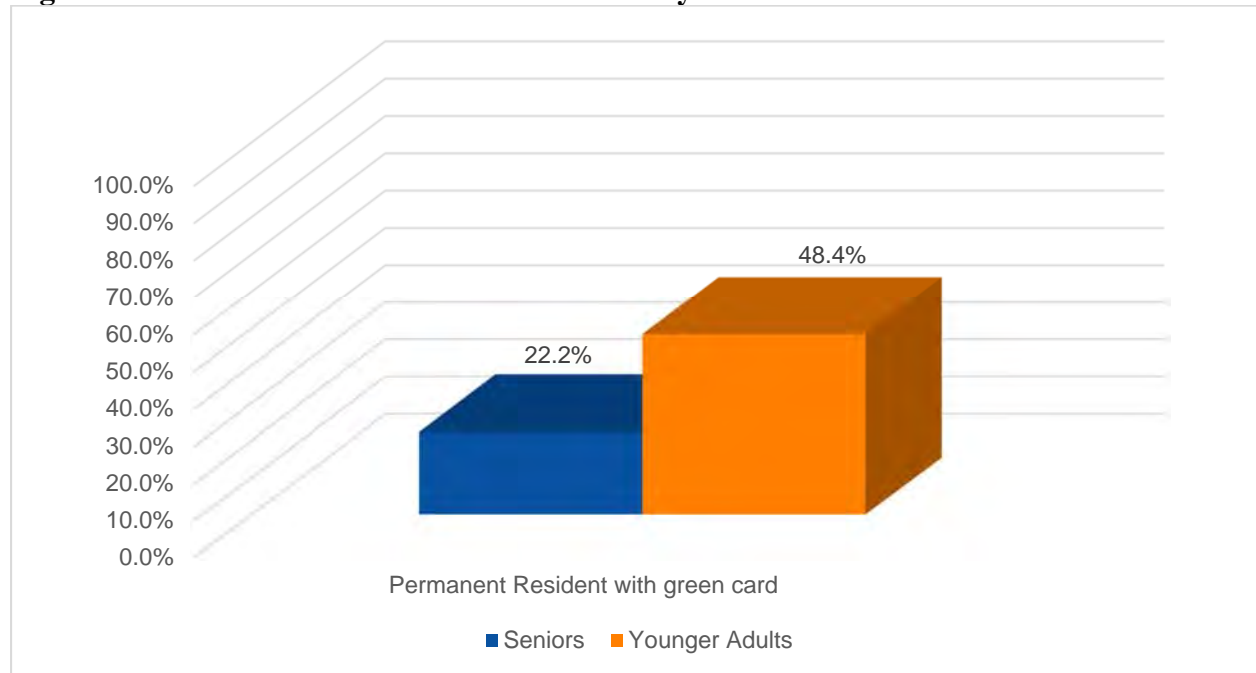
Citizenship

According to the National Immigration Law Center, lawfully present immigrants have limited federal coverage so they have access to some form of insurance. On the other hand, undocumented immigrants have no federal coverage and are therefore not eligible for Medicare or nonemergency Medicaid. For this reason, many non-citizens might visit the emergency room more often as a result of not being able to receive preventative care.⁶

The majority of adults—from both age groups—are legal citizens of the United States. Rates of citizenship are relatively similar between the two age groups; 13.3% of seniors are not citizens of the United States, compared to 16.6% of younger adults.

Adults who were not citizens were questioned further to assess if they were permanent legal residents of the United States (with a “green card”). Results showed that younger non-citizens are significantly more likely than senior non-citizens to be a permanent resident with a green card. As illustrated in Figure 9, about half of young non-citizens have a green card, but less than a quarter of senior non-citizens have a green card. This is a substantial population, in fact, there are approximately 17,655 seniors living in the Coachella Valley that are not citizens nor permanent residents. This population may not have the same level of medical care as those who are citizens, as they may not be eligible for certain benefits such as Medicaid.

Figure 9. Non-Citizens with Permanent Residency

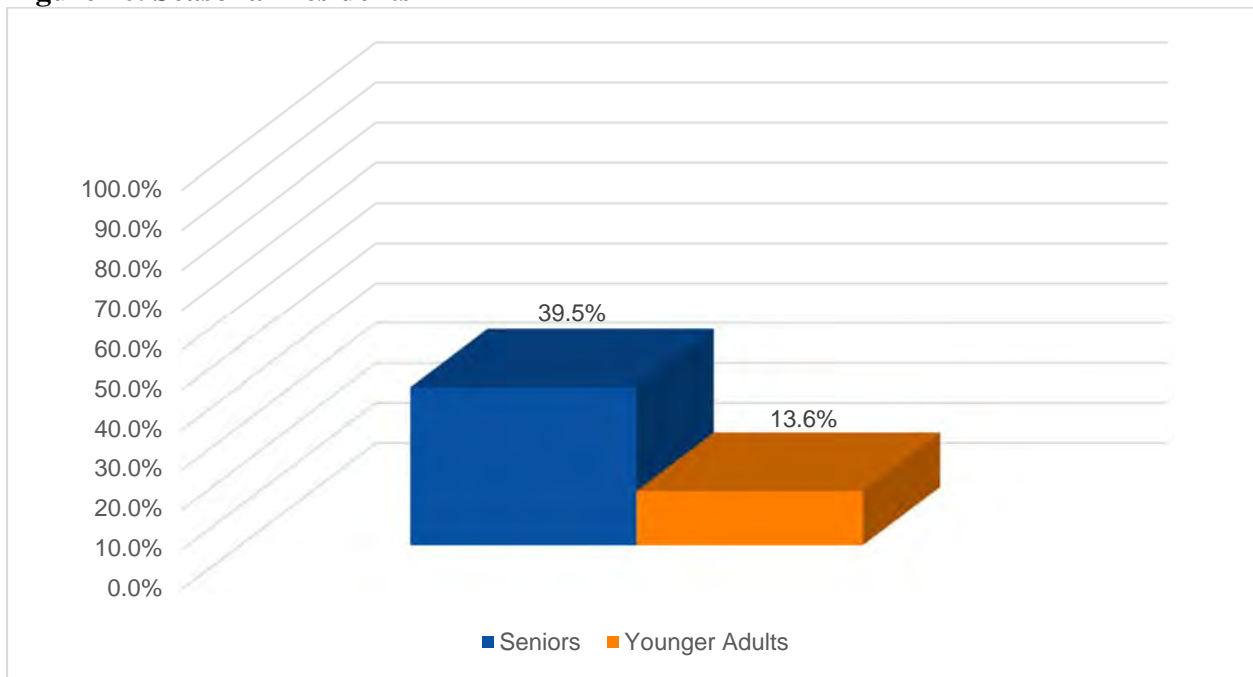


⁶ Immigrants and the Affordable Care Act (ACA). (2014). <http://www.nilc.org/immigrantsshr.html>

Part-Time Residents

Seniors are significantly more likely to be a temporary resident of the Coachella Valley than their younger counterparts. As illustrated in Figure 10, about 40% of seniors are seasonal residents or “snowbirds” compared to 13.6% of younger adults.

Figure 10. Seasonal Residents



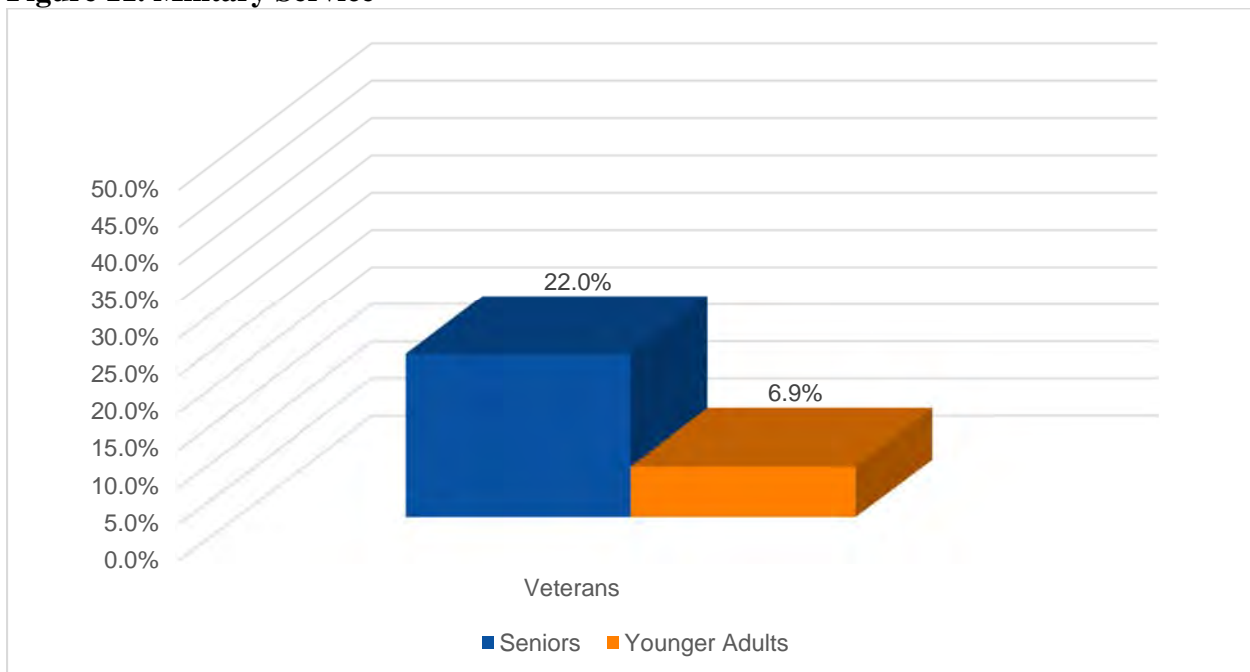
However, just because these residents are seasonal doesn't mean that they are not a significant part of the Coachella Valley community. Specifically, most of these seasonal residents reside in the Coachella valley between 5 to 8 months of the year (53.1% of young snowbirds and 67.7% of older snowbirds).

Military Service

Military service members and veterans face some different issues than civilians when it comes to health. Veterans aged 45-64 were significantly more likely than nonveterans to report experiencing two or more chronic conditions. Some of these conditions include diabetes, hypertension, heart disease, cancer, stroke and asthma. Veterans also experience serious psychological distress.⁷ According to the U.S. Department of Veteran Affairs, PTSD occurs in about 20% of Veterans of the Iraq and Afghanistan wars.⁸

Seniors are significantly more likely than younger adults to have served in the United States military. As illustrated in Figure 11, 22.0% of Coachella Valley seniors are veterans, compared to only 6.9% of younger adults.

Figure 11. Military Service



Veterans of all ages were equally likely to have been deployed during their service. Specifically, 52.5% of senior veterans were deployed, compared to 52.4% of younger veterans. The majority of senior veterans (77.6%) served during the 1940's, 50's, and 60's. Thus, most senior veterans who were deployed were likely deployed as a part of World War II, the Korean War, and/or the Vietnam War. The vast majority of veterans of all ages served five years or less (79.3% of senior veterans, and 81.5% of younger veterans).

⁷ The Health of Male Veterans and Nonveterans Aged 25-64: United States, 2007-2010. Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/data/databriefs/db101.htm>

⁸ How common is PTSD? (2014) U.S. Department of Veterans Affairs. <http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>

Section 2: Access

Access to healthcare is a crucial component of health. Healthcare is provided in doctor's offices, clinics, hospitals, nursing homes, assisted living facilities, and many other types of facilities. However, as the United States has no socialized medicine, nearly all visits to all types of healthcare providers incur substantial costs. Without health insurance coverage to absorb some of the cost of these visits, many people are unable to afford healthcare. Thus, health insurance coverage is a key aspect to protecting and promoting health and wellness.



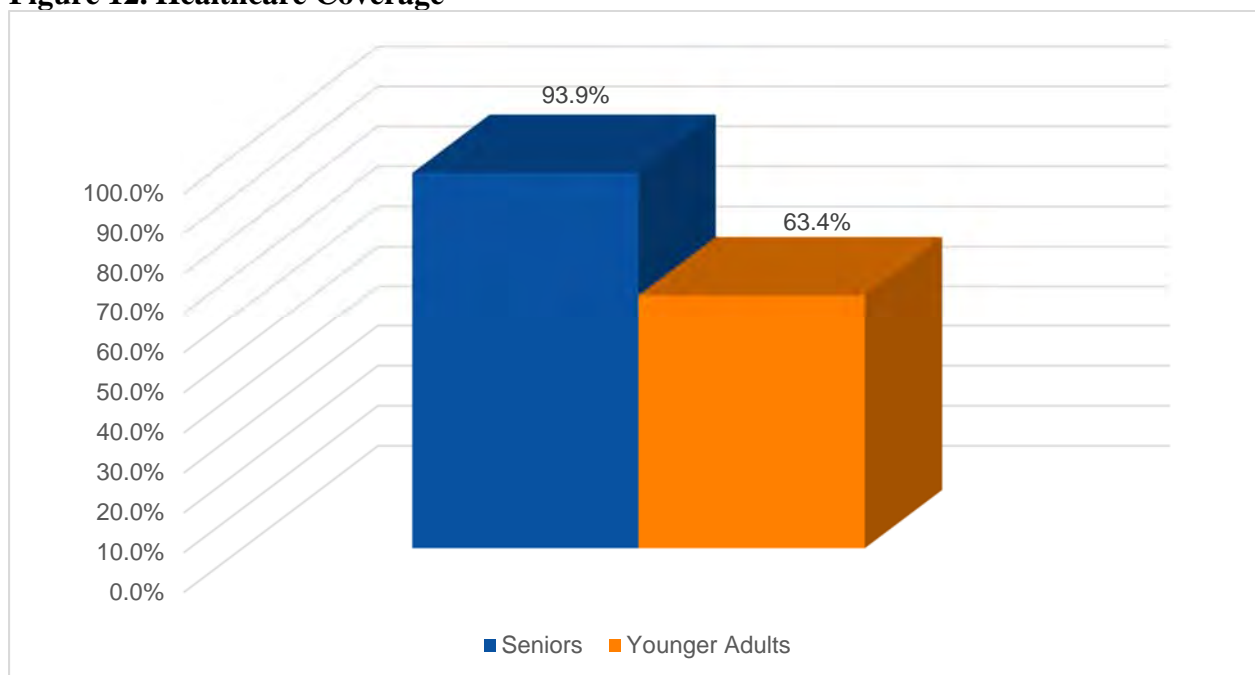
Healthcare Coverage

Health insurance is the primary means for accessing and obtaining needed medical care and for reimbursing providers who deliver medical care. Access to healthcare allows for patients to have a medical provider who is able to monitor their health regularly. Uninsured persons tend to have much less frequent health care visits than those who are insured.

Americans are eligible for Medicare at the age of 65, and therefore nearly all adults over the age of 65 have some sort of health insurance.

As illustrated in Figure 12, 93.9% of seniors have some type of health insurance coverage, which is significantly more than younger adults, only 63.4% of which have coverage. While this shows that the majority of seniors are covered, it is worth noting that over 10,300 seniors age 55 and older are uninsured, and thus likely lacking in access to care.

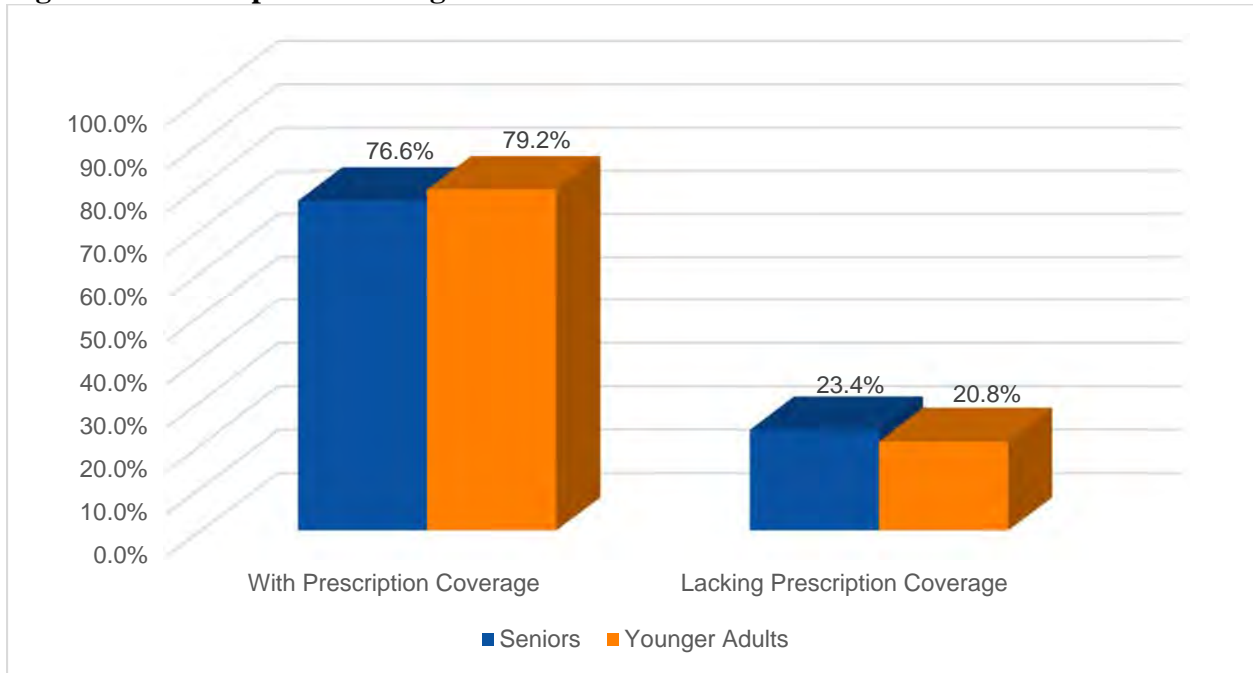
Figure 12. Healthcare Coverage



Prescription Coverage

While many adults do have some type of health insurance, it doesn't always cover the costs of prescription medications. This variation in prescription coverage does not vary significantly by age. As illustrated in Figure 13, over 20% of insured adults in both age groups lack prescription coverage. This indicates that nearly a quarter of both seniors and younger adults are likely not able to afford their prescription medications, which may adversely affect their health.

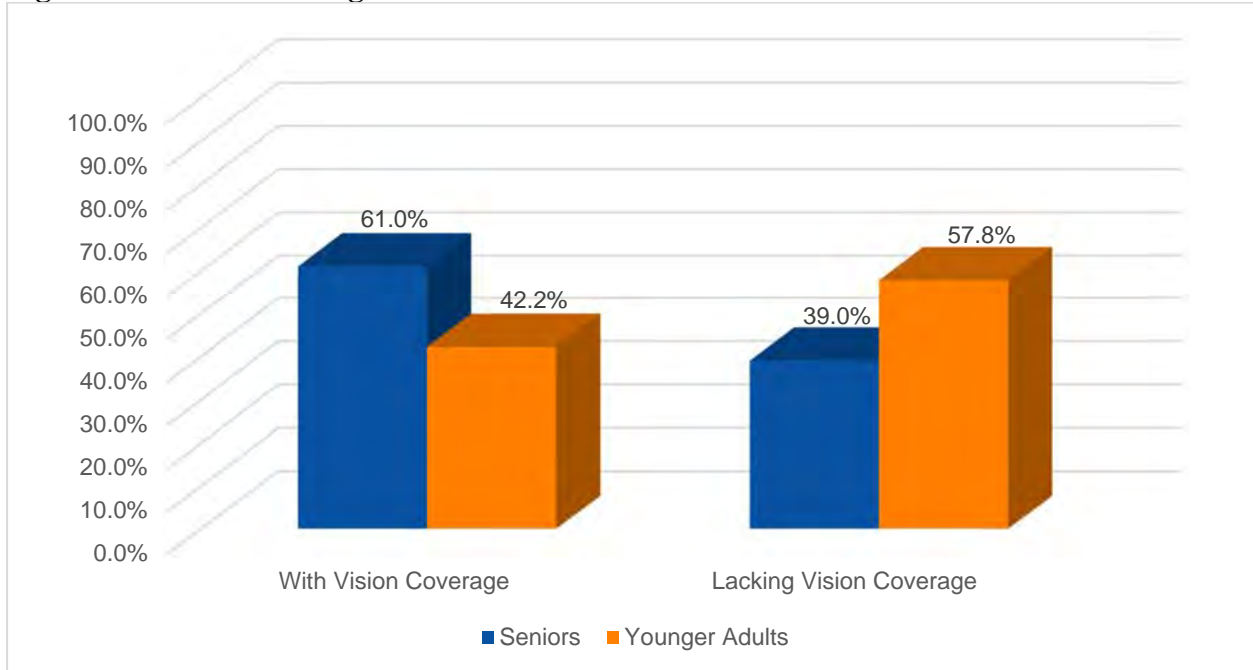
Figure 13. Prescription Coverage for Insured Adults



Vision Coverage

Visual health is an important, but often neglected, component of overall health care. As illustrated in Figure 14, seniors are significantly more likely than younger adults to have health insurance that covers some or all of the cost of their routine vision care. Specifically, 61.0% of seniors have some sort of vision coverage, compared to only 42.2% of younger adults.

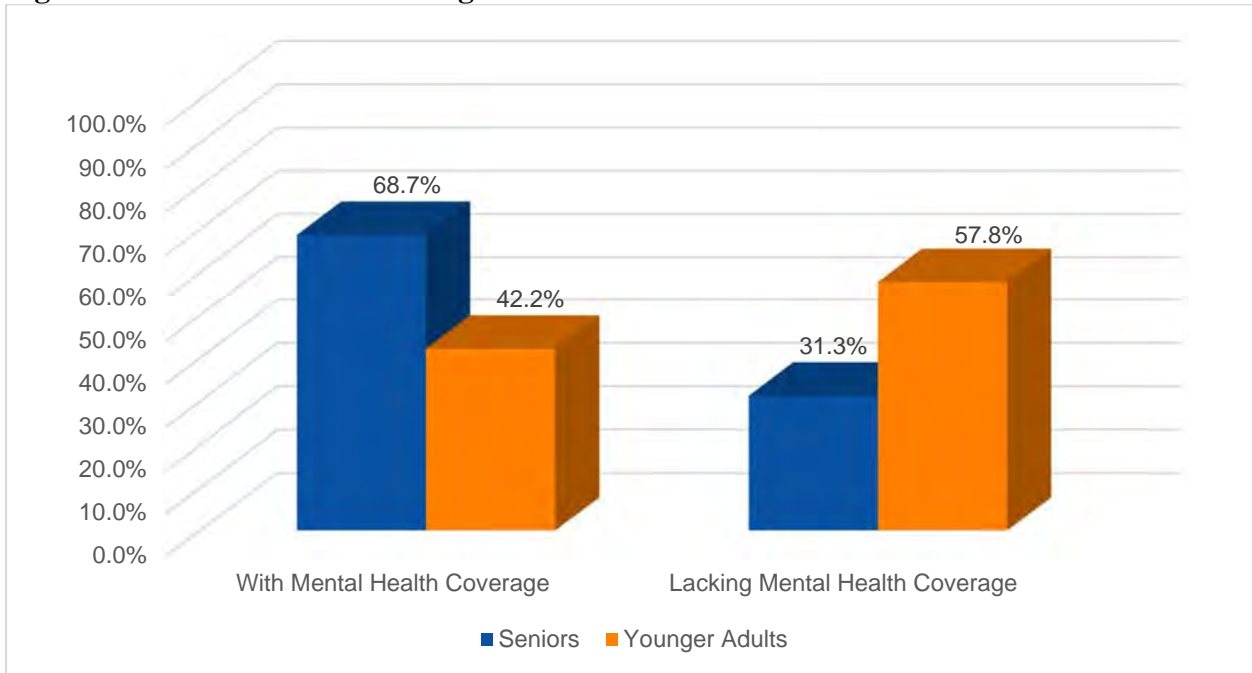
Figure 14. Vision Coverage



Mental Health Coverage

Similarly, seniors are significantly more likely than younger adults to have health insurance that pays for some or all of their mental health expenses. As illustrated in Figure 15, the majority of seniors (68.7%) have health insurance coverage that pays for some or all of their mental health expenses. In contrast, only 42.2% of younger adults have such coverage. Thus, it is likely that overall seniors are able to receive mental health care at greater frequency than younger adults.

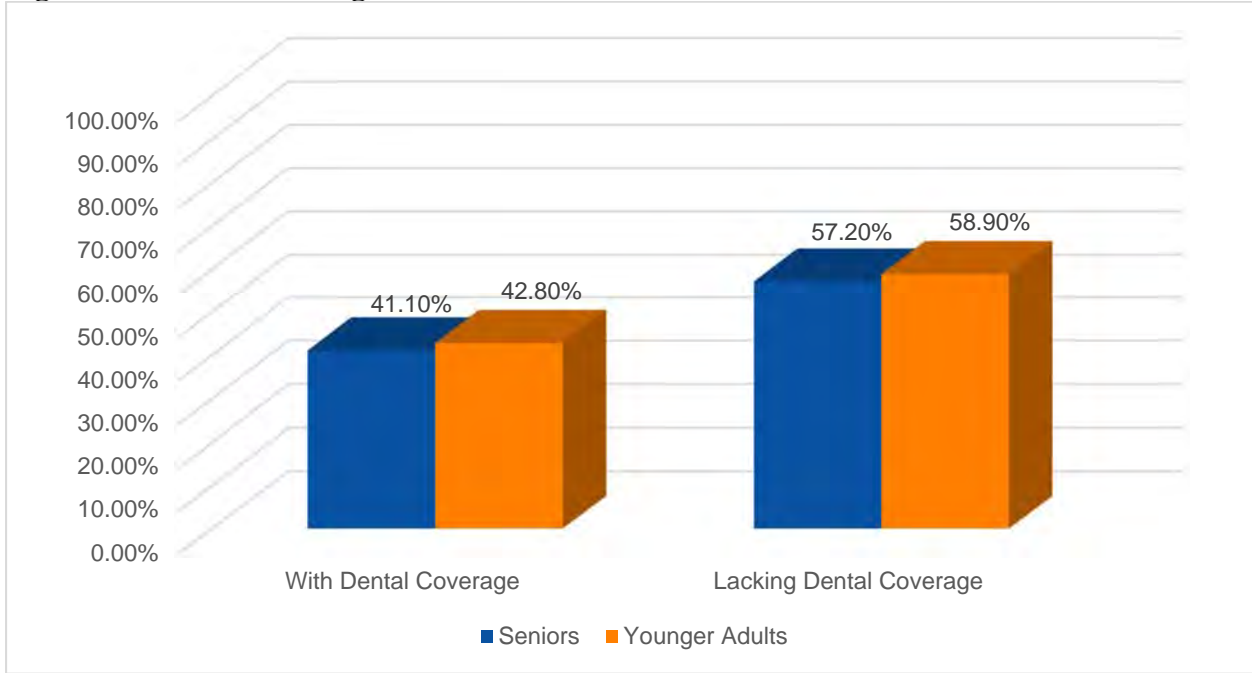
Figure 15. Mental Health Coverage



Dental Coverage

Rates of dental coverage, however, are relatively similar between the two age groups. As illustrated in Figure 16, less than half of all adults—regardless of their age group—have health insurance that covers some or all of their dental care.

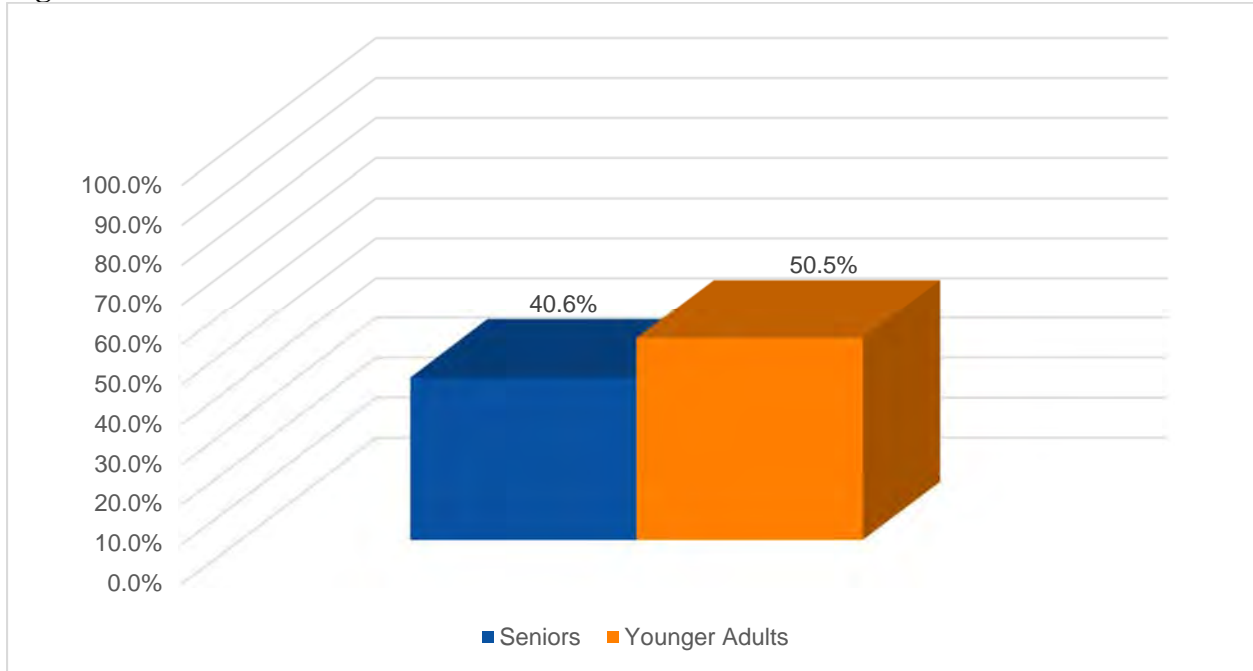
Figure 16. Dental Coverage



Underutilization of Benefits

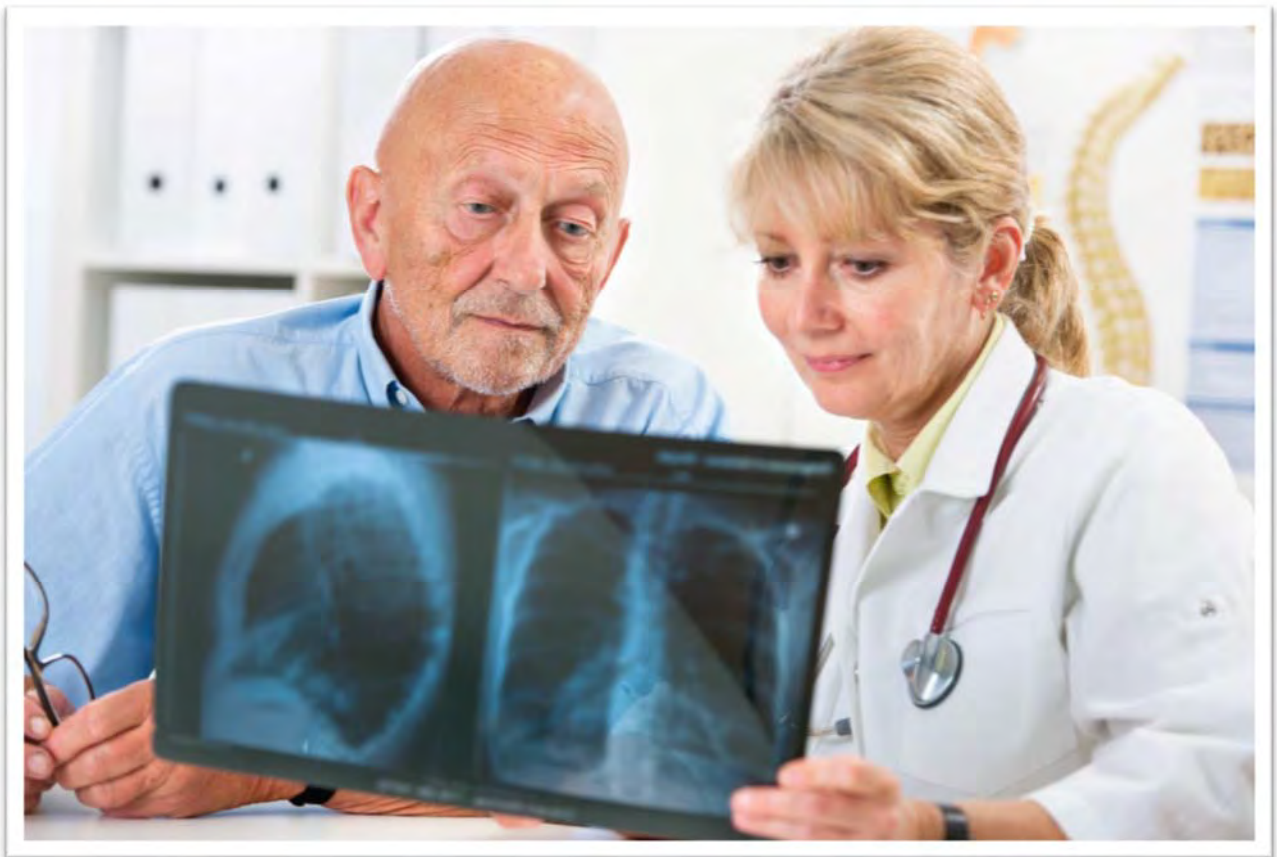
As illustrated in Figure 17, approximately 40.6% of seniors (62,138 adults) reported that they did not use all of their insurance benefits in the past year. This is significantly lower than the rate for younger adults; 50.5% of younger adults reported underutilization in the past year.

Figure 17. Underutilization of Benefits



Section 3: Utilization

Simply having insurance is not enough to improve health—to reap the benefits, one must be able to access said healthcare. Thus, utilization is an important topic in relation to healthcare—are people able to get the care they need to stay healthy? And where do they need to go to receive healthcare?



Recent Utilization

As illustrated in Table 2, seniors are significantly more likely than younger adults to have visited a healthcare provider in the past six months. This indicates that seniors are likely currently in care, and that they have a provider who may be able to identify and treat health problems.

Table 2. Time Since Most Recent Visit to a Healthcare Provider

Length of Time	Seniors		Younger Adults	
	Weighted Percent	Population Estimates	Weighted Percent	Population Estimates
Less than 6 months	84.1%	143,844	59.3%	108,273
6 months to less than 1 year	10.4%	17,859	17.1%	31,170
1 year to less than 2 years	2.4%	4,114	7.6%	13,928
2 years to less than 5 years	1.1%	1,856	8.9%	16,305
5 or more years ago	1.7%	2,922	7.0%	12,876
Never	0.2%	403	0.1%	187

Usual Source of Care

Ideally, an adult's usual source of care would be their primary physician who, through routine checkups, could recommend preventative measures to take if needed. However, it is an unfortunate truth that many adults resort to emergency rooms for their usual source of care.

The majority of seniors (65.8%) go to the doctor's office for their usual care. As illustrated in Table 3, this is significantly higher than younger adults; only 43.1% of younger adults have a doctor's office as their usual source of care.

Seniors are significantly less likely than younger adults to have *no* usual source of care (3.1% versus 8.4%, respectively). Approximately 10% of both seniors and young adults get their usual source of care at the emergency room or hospital, a venue that should be reserved for medical emergencies.

Table 3. Usual Source of Care

Source of Care	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Doctor's office	65.8%	111,269	43.1%	78,590
Urgent Care	12.6%	21,234	13.5%	24,639
Clinic	5.0%	8,520	19.9%	36,359
Emergency room/hospital	9.6%	16,216	11.5%	20,904
No usual place	3.1%	5,274	8.4%	15,395
Health center	2.1%	3,634	1.7%	3,155
Other	1.7%	2,948	1.8%	3,345
Total	100.0%	169,095	100.0%	182,386

Barriers to Care

Participants were asked whether a series of barriers consistently made it very difficult for them to receive the healthcare they needed in the past year. The most common barrier to receiving care for seniors was understanding what is covered by their plan (13.0% of seniors, or 22,013 seniors, struggled with this). Thus, insurance companies may benefit by providing clear, easy-to-understand training on what is covered by their plans to improve senior utilization

As illustrated in Table 4, most seniors experienced fewer barriers when compared to their younger counterparts. Not surprisingly, seniors were significantly less likely than younger adults to cite “hours that the healthcare provider is open to see patients” and “taking time off work” as barriers to receiving care. This is likely because the majority of seniors are retired, and thus have more flexibility in their schedules than their younger (and employed) counterparts.

Seniors were also significantly less likely than younger adults to cite “not having authorization from an HMO” as a barrier to receiving healthcare. Interestingly, seniors are also significantly less likely than younger adults to cite transportation as a barrier to receiving healthcare. This may be because, as illustrated in the demographic portion of this report, seniors are significantly more financially stable than younger adults, and thus, may be able to afford their own vehicles for transportation.

Other common barriers (understanding coverage, finding a doctor that you are comfortable with, and language barriers) were equally distributed between seniors and younger adults.

Table 4. Barriers to Receiving Care

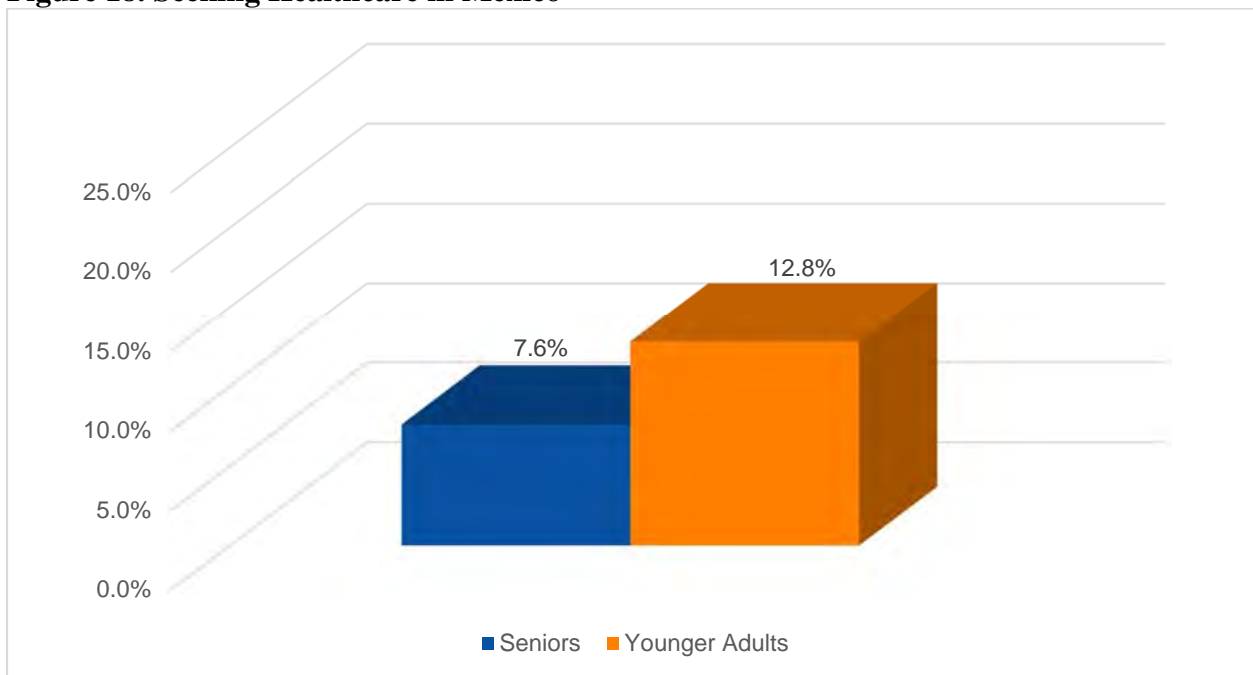
Barriers	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Understanding what is covered by your plan	13.0%	22,013	18.8%	33,250
Hours that the healthcare provider is open to see patients	7.5%	12,660	20.4%	37,229
Not having authorization from an HMO	6.5%	10,813	13.1%	22,718
Finding a doctor of the gender, age, ethnicity, or sexual orientation that is comfortable for you	6.0%	10,145	9.4%	17,250
Transportation	5.0%	8,472	11.3%	20,668
Language barriers or problems	3.6%	6,178	4.0%	7,293
Taking time off of work	1.9%	3,216	22.3%	40,739

Seeking Treatment in Mexico

For many Coachella Valley adults, seeking treatment in Mexico is feasible, given the geographic proximity to the U.S-Mexico border. Often, obtaining medical care in Mexico can be cheaper and/or less strictly regulated.

Seniors are significantly less likely to visit Mexico for their healthcare than younger adults. As illustrated in Figure 18, approximately 7.6% of seniors (12,950 seniors) sought medical treatment, prescription medications, or other healthcare in Mexico in the past year. In contrast, approximately 12.8% of younger adults (23,469 adults) have gone to Mexico for their healthcare in the past year.

Figure 18. Seeking Healthcare in Mexico



Section 4: Prevention

Preventive health – or preventative health – aims to prevent major illness and injury by regular screenings for common ailments. Oftentimes, regular screening for illness can identify health problems at an early stage when they are more easily controlled and can result in a more positive prognosis. Common preventive health screenings include periodic mammogram screening for breast cancer, blood cholesterol and colon cancer screening, PSA blood test and digital rectal exam for the detection of prostate cancer, and regular dentist visits and professional tooth cleaning.



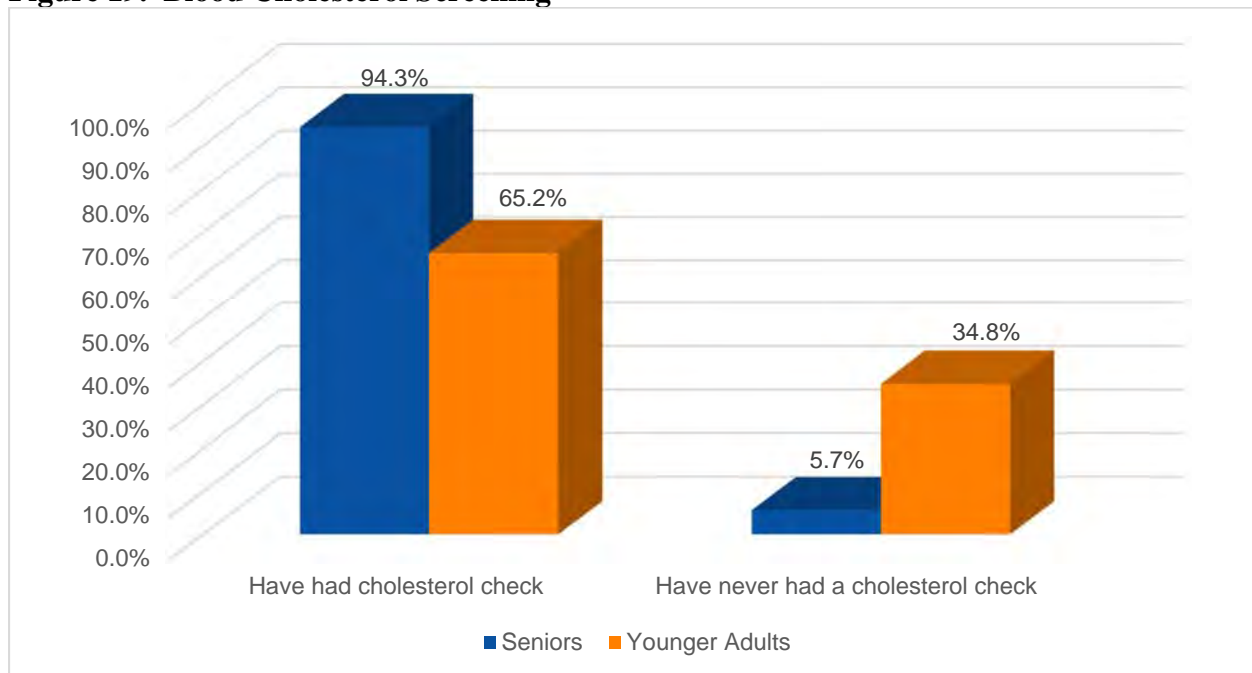
Blood Cholesterol Screening

High blood cholesterol often does not have signs or symptoms, but is a major risk factor for heart disease. Monitoring blood cholesterol levels can alert one of the need to prevent and control high blood cholesterol levels through consuming a diet high in fiber and low in saturated fat and cholesterol. In addition, exercising regularly and maintaining a healthy weight also help in controlling blood cholesterol levels. In most cases, a doctor's blood cholesterol screening is the only way to measure blood cholesterol.

According to the CDC and National Heart, Lung, and Blood Institute, all adults should have their cholesterol levels checked once every five years.⁹

As illustrated in Figure 19, seniors are significantly more likely to have had a blood cholesterol screening than younger adults. Approximately 9,560 seniors have never had a blood cholesterol screening, compared to 61,763 of younger adults.

Figure 19. Blood Cholesterol Screening



⁹ Cholesterol: What You Can Do. (2013). Centers for Disease Control and Prevention. <http://www.cdc.gov/heartdisease/prevention.htm>

Not only are seniors significantly more likely than younger adults to have had a cholesterol screening test, they also are significantly more likely to have had one recently. Approximately 137,801 seniors had their blood cholesterol checked within the past year. In contrast, only 76,550 younger adults have been screened within the past year.

As illustrated in Table 5, approximately 3,127 seniors and 7,405 younger adults who have been tested for high cholesterol have not had the test in the past five years. Thus, it is likely that their results are outdated, and they should get a test again promptly.

Table 5. Time Since Last Cholesterol Screening

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within the past year	88.7%	137,802	66.8%	76,551
Within the past 2 years	6.5%	10,167	17.1%	19,622
Within the past 5 years	2.7%	4,188	9.5%	10,936
5 or more years ago	2.0%	3,127	6.5%	7,405
Total	100.0%	155,284	100.0%	114,514

Dental Care

Proper oral health is an important part in maintaining quality of life. Poor oral health and untreated oral diseases can cause pain, inflammation, and tooth decay that can make daily activities, such as eating, difficult and painful to perform.

Oral health issues are common but preventable with periodic, regular dental visits. Advanced gum disease affects 4%-12% of adults in the United States.¹⁰ In addition, a fourth of U.S. adults aged 65 and older have lost all of their teeth.¹¹

Coachella Valley seniors are significantly more likely than younger adults to have recently visited the dentist. As illustrated in Table 6, the majority of seniors (57.8%, or 98,470 seniors) have been to the dentist within the past 6 months. In contrast, only 37.9% of younger adults (69,061 adults) have visited the dentist within the past 6 months.

Table 6. Time Since Last Dental Visit

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Less than 6 months	57.8%	98,470	37.9%	69,061
6 months to < 1 year	19.6%	33,393	21.9%	39,948
1 year to < 2 years	5.7%	9,669	9.5%	17,310
2 years to < 5 years	7.9%	13,445	15.7%	28,611
5 or more years ago	8.4%	14,242	14.0%	25,453
Never	.6%	1,011	1.1%	2,041
Total	100.0%	170,230	100.0%	182,424

Seniors are also significantly more likely than younger adults to have had a teeth cleaning within the past six months, as illustrated in Table 7.

Table 7. Time Since Last Dental Cleaning

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Less than 6 months ago	57.6%	92,499	34.3%	62,034
6 months to < 1 year	19.3%	30,975	21.4%	38,636
1 year to < 2 years	7.3%	11,708	8.8%	15,913
2 years to < 5 years	8.1%	12,981	18.3%	33,027
5 or more years ago	6.6%	10,656	15.3%	27,731
Never	1.2%	1,850	1.9%	3,401
Total	100.0%	160,669	100.0%	180,742

¹⁰ Oral Health: Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers At A Glance 2011. (2011). Centers for Disease Control and Prevention. <http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm>

¹¹ Ibid

It is important to identify reasons for not visiting a dentist if we are to overcome these barriers and encourage regular dental visits. To this end, participants who reported going a year or more since their last dental cleaning were asked why they had not visited the dentist.

As illustrated in Table 8, cost is the most common barrier to frequent dentist visits for both age groups (although it is significantly more common for younger adults). Not surprisingly, very few young adults miss dental appointments due to a lack of teeth or dentures, whereas this is the second-most common reason for seniors to avoid regular dentist visits. Other potential barriers, such as fear or lack of dental coverage, are roughly equal between the two age groups.

Table 8. Main Reason for not Visiting a Dentist Within the Past Year

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Cost	26.4%	10,091	42.3%	31,370
No teeth/have dentures	22.7%	8,681	1.3%	948
No reason to go, don't need it, no pain	22.6%	8,616	23.7%	17,553
Lack of dental coverage	7.5%	2,848	10.8%	8,009
Fear, nervousness, dislike going	5.2%	1,968	5.8%	4,313
Dislike dentist	3.0%	1,134	4.9%	3,664
Didn't think of it	2.2%	823	2.2%	1,635
Don't have or don't know a dentist	1.5%	570	2.2%	1,626
Other priorities	1.3%	489	4.4%	3,229
Other	7.2%	2,751	2.8%	1,927
Total	100.0%	37,971	100.0%	74,274

Vision Care

Oftentimes with age comes vision loss, so it is very important for older adults to have a regular vision exam. The American Academy of Ophthalmology recommends that all adults get a baseline eye exam by age 40. In addition, the Academy recommends that adults age 65 and older have an eye exam every one to two years, or as recommended by their ophthalmologist.¹²

Results show that Coachella Valley seniors are significantly more likely than younger adults to have had a recent eye exam. As illustrated in Table 9, the majority of seniors (75.7%) have had a recent eye exam within the past year. In contrast, only 42.4% of younger adults have had an eye exam within the past year.

It is worth noting, however, that more than 20,000 seniors have not had an eye exam within the past two years, indicating that they are due for a new exam as soon as possible.

Table 9. Time Since Last Vision Exam

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within the past month	17.9%	30,344	11.7%	20,646
1 month to < 1 year	57.8%	98,177	30.7%	54,417
1 year to < 2 years	10.6%	18,005	15.3%	27,117
2 or more years ago	12.9%	21,892	33.5%	59,405
Never	.8%	1,350	8.8%	15,580
Total	100.0%	169,768	100.0%	177,165

¹² “Are my eye changing because I’m just getting older? When should I see an eye doctor?” (2014). American Academy of Ophthalmology. http://www.aaopt.org/newsroom/release/are-my-eyes-changing-because-im-just-getting-older.cfm#_edn3

Women's Health

Breast Health

Breast cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). Risk factors for developing breast cancer include older age, early age of menarche, family history, obesity, and hormone therapy.

Breast cancer is the most common cancer among American women, except for skin cancers. About 1 in 8 (12%) women in the US will develop invasive breast cancer during their lifetime.¹³ According to the American Cancer Society an estimated 40,000 women will die from breast cancer each year.

A clinical breast examination by a health professional is an important part of routine physical checkups and an important method of early breast cancer detection and should be performed along with mammography. A woman should have a clinical exam at least every three years starting at age 20 and every year starting at age 40.

In the Coachella Valley, senior women are significantly more likely than younger women to have had a clinical breast exam. Specifically, 90.3% of senior Coachella Valley women have had a clinical breast exam, while only 78.4% of younger Coachella Valley women have had this important exam.

Of those women who have had a clinical breast exam, the majority had it within the past year—for both age groups. As illustrated in Table 10, there were no significant differences in timing when examining women who have had a clinical breast exam.

Table 10. Most Recent Clinical Breast Exam

	Senior Women		Younger Women	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within the past year	68.0%	54,023	69.9%	45,571
Within the past 2 years	11.9%	9,428	17.8%	11,619
Within the past 3 years	5.3%	4,228	4.4%	2,891
Within the past 5 years	4.9%	3,859	2.7%	1,756
5 or more years ago	9.9%	7,867	5.2%	3,395
Total	100.0%	79,405	100.0%	65,232

¹³ Breast Cancer. (2014) American Cancer Society. <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>

Pap Smear Test

The Pap test (sometimes called a Pap smear) is a way to examine cells collected from the cervix (the lower, narrow end of the uterus). The main purpose of the Pap test is to detect cancer or abnormal cells that may lead to cancer. It can also find non-cancerous conditions, such as infection and inflammation.

All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than age 21. According to the CDC, if the patient’s test results are normal from a Pap test, her doctor may allow up to three years until the next test.¹⁴ Beginning at age 30, women can also choose to have an HPV test along with the Pap test.¹⁵ Receiving normal results for both tests when taken together means that the chance of getting cervical cancer is very low for the next few years and additional tests may not be needed for up to five years. Cervical cancer, according to the CDC, is the easiest female cancer to prevent as long as screening and follow-ups are done. Women age 65 or older should check with their doctor to determine if regular Pap tests are still needed, based on their risk factors.¹⁶

Results show that in the Coachella Valley, senior women are significantly more likely than younger women to have had a Pap smear. Specifically, 95.7% of senior women have had a Pap smear, compared to 85.7% of younger women. This means that approximately 3,838 senior Coachella Valley women and 12,052 younger adult women have *never* had a Pap smear.

Of those women who have had a Pap smear, the majority have had the test within the past two years. However, approximately 32,093 have not had a Pap smear for five or more years. Senior women are significantly more likely to have gone five or more years without a Pap than their younger counterparts (28.1% versus 11.7%). This is likely due to the fact that routine Pap smears are not recommended for every woman over the age of 65, as they are for younger women.

Table 11. Most Recent Pap Smear Test

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within past year	40.3%	33,915	61.4%	44,563
1 year to < 2 years	18.2%	15,280	18.9%	13,736
2 years to < 3 years	6.6%	5,539	5.6%	4,081
3 years to < 5 years	6.8%	5,757	2.3%	1,649
5 or more years ago	28.1%	23,597	11.7%	8,496
Total	100.0%	84,088	100.0%	72,525

¹⁴ Cervical Cancer Screening. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/cancer/cervical/basic_info/screening.htm

¹⁵ Ibid

¹⁶ Pap test. (2013). Office on Women’s Health, U.S. Department of Health and Human Services. <http://www.womenshealth.gov/publications/our-publications/fact-sheet/pap-test.html>

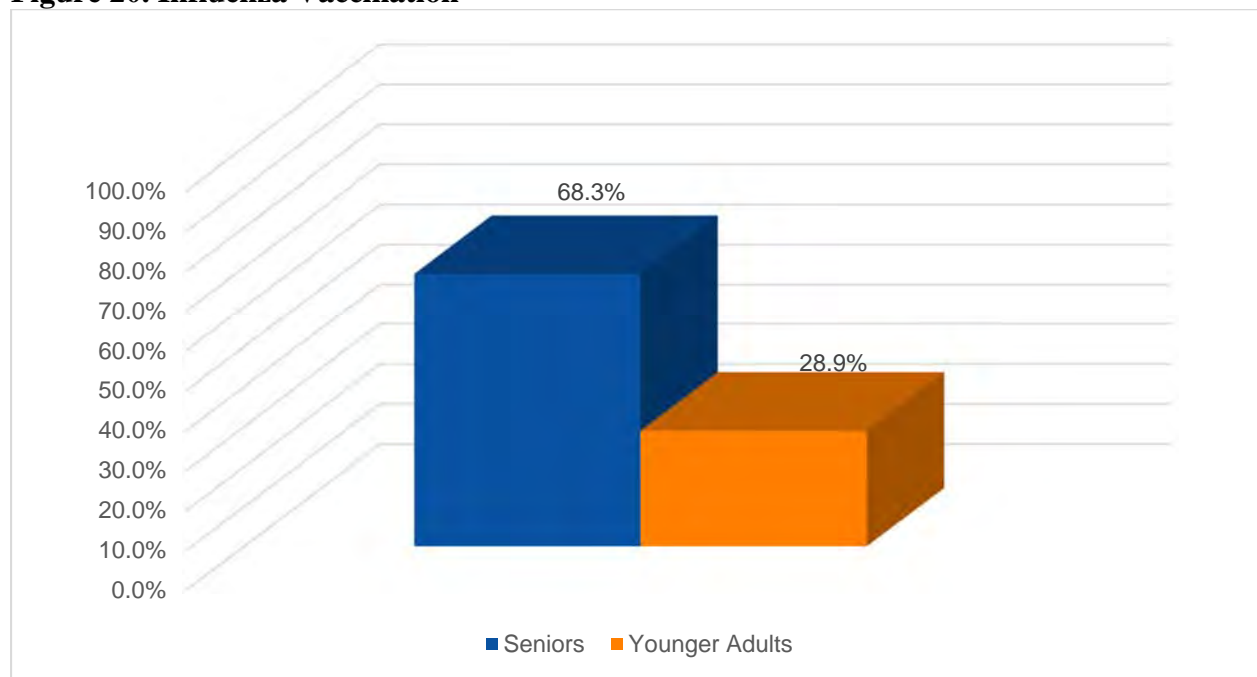
Vaccination

Vaccinations are used to prevent many serious diseases. Vaccines function by using dead or weakened bacteria or viruses in order to create immunity for the specific disease.

Flu vaccine reduces the risk of influenza-related heart attacks or other flu related complications from existing health conditions like diabetes and chronic lung disease.¹⁷ The CDC recommends that all people older than 6 months of age should be vaccinated against influenza annually, with extremely rare exceptions.¹⁸

As illustrated in Figure 20, seniors are significantly more likely to have received a flu vaccine in the past year than younger adults. Approximately 68.3% of seniors had a flu vaccination, compared to only 28.9% of younger adults.

Figure 20. Influenza Vaccination



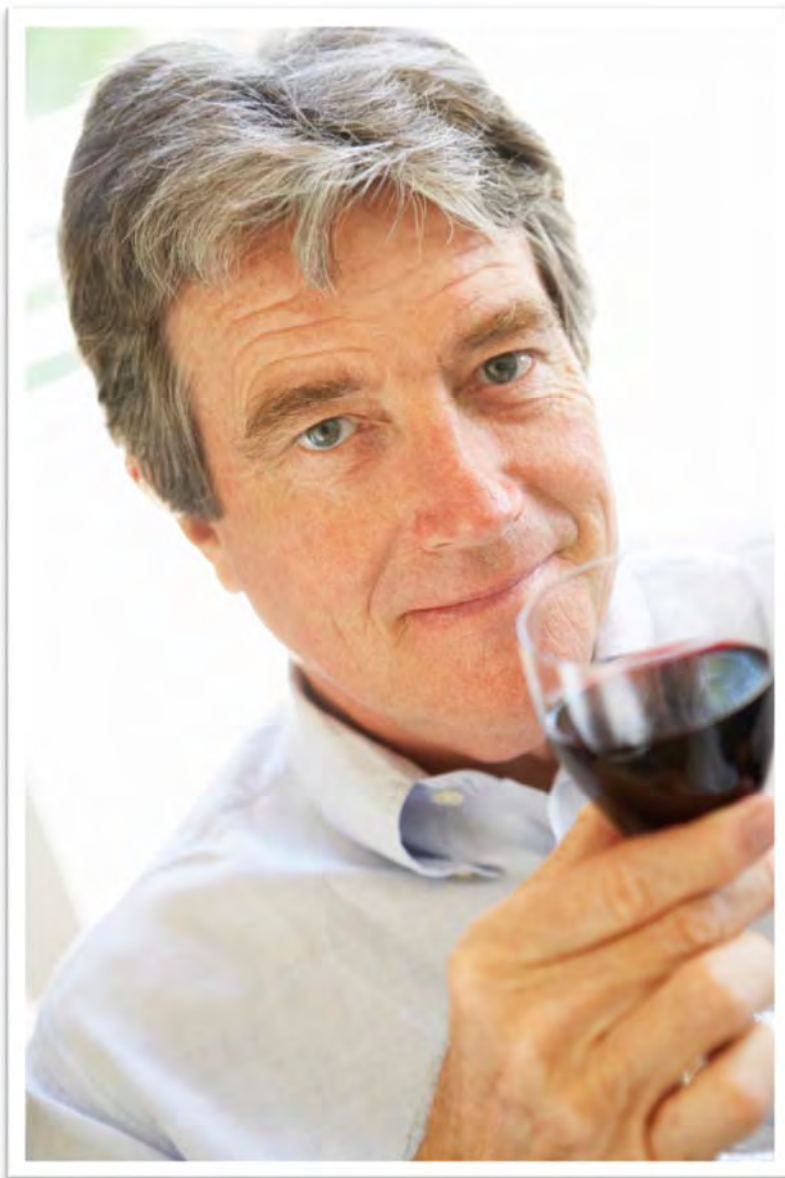
¹⁷ Vaccine Information for Adults. (2014) Center for Disease Control and Prevention.

<http://www.cdc.gov/vaccines/adults/reasons-to-vaccinate.html>

¹⁸ CDC Seasonal Influenza (Flu): Who Should Get Vaccinated Against Influenza <http://www.cdc.gov/flu/protect/whoshouldvax.htm>

Section 5: Health Behaviors

Health is dictated not only by preventative care, but also by certain lifestyle choices and health behaviors. The health behaviors covered here, including use of alcohol and cigarettes, sexual habits, and protection against sexually transmitted diseases, can have a huge influence on individual health. Often, it is mistakenly assumed that seniors do not engage in risky behaviors, which can lead to under-estimates of the health issues they may be experiencing.



Alcohol Use

Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. Alcohol affects every organ in the drinker's body. Intoxication can impair brain function and motor skills; heavy use can increase risk of certain cancers, stroke, and liver disease.

As illustrated in Table 12, seniors and younger adults are equally likely to engage in drinking. The majority of both age groups have engaged in drinking in the past month, with roughly one-third of adults abstaining during the past month.

Table 12. Alcohol Consumption

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Did not drink at all in the past month	30.5%	32,873	38.8%	45,489
Drank at least once in the past month	69.5%	75,011	61.2%	71,628
Total	100.0%	107,883	100.0%	117,117

Consuming alcohol in moderation is not necessarily detrimental to health. However, alcoholism and other forms of alcohol abuse *are* detrimental to health. Alcoholism is a disease associated with an excessive intake of alcohol to the detriment of the individual's health. Alcoholism can cause physical and mental dependence, cravings, and tolerance. Alcoholism is attributed to family history as well as mental health and personal behavior. Long-term effects of consuming large quantities of alcohol could include permanent damage to vital organs such as the brain and liver, pancreatitis, and cancer.

Another form of alcohol abuse is binge drinking. Binge drinking is loosely defined as the consumption of five or more drinks within two hours for men and four or more drinks within two hours for women.

According to the CDC, one out of six Americans over the age of 18 binge drinks approximately 4 times a month and consumes about 8 drinks each time.¹⁹ In addition, binge drinking is twice as common among men than among women, and more than half of the total amount of alcohol consumed in the United States by adults is through binge drinking.²⁰ Binge drinking has been linked to several health problems such as liver disease, neurological damage, cardiovascular conditions, alcohol poisoning, and physical injuries.²¹

¹⁹ Fact Sheets – Binge Drinking. (2012). Centers for Disease Control and Prevention. <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

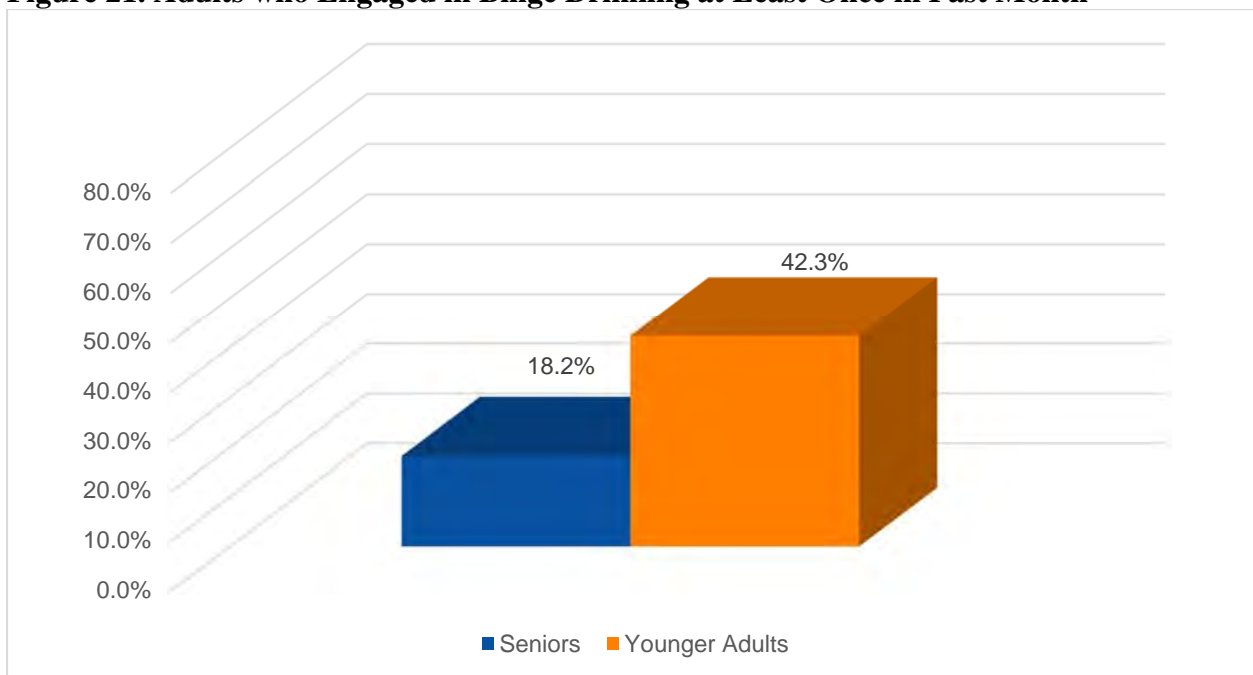
²⁰ Ibid.

²¹ Ibid.

To assess binge drinking, female participants were asked, “How many times in the past month have you had four or more alcoholic beverages?” while male participants were asked, “How many times in the past month have you had five or more alcoholic beverages on a single occasion?”

As illustrated in Figure 21, Coachella Valley seniors are significantly less likely to engage in binge drinking than younger adults. Only 18.2% of seniors have engaged in binge drinking in the past month, compared to 42.3% of younger adults. Thus, it is likely that most seniors who drink do so in moderation, and are not endangering their health with this behavior. In fact, the majority of senior drinkers (51.2%) report drinking an average of only one beverage on the days that they drank. However, the 23,043 seniors who have engaged in binge drinking in the past month may be at risk for health complications as a result of their drinking.

Figure 21. Adults who Engaged in Binge Drinking at Least Once in Past Month



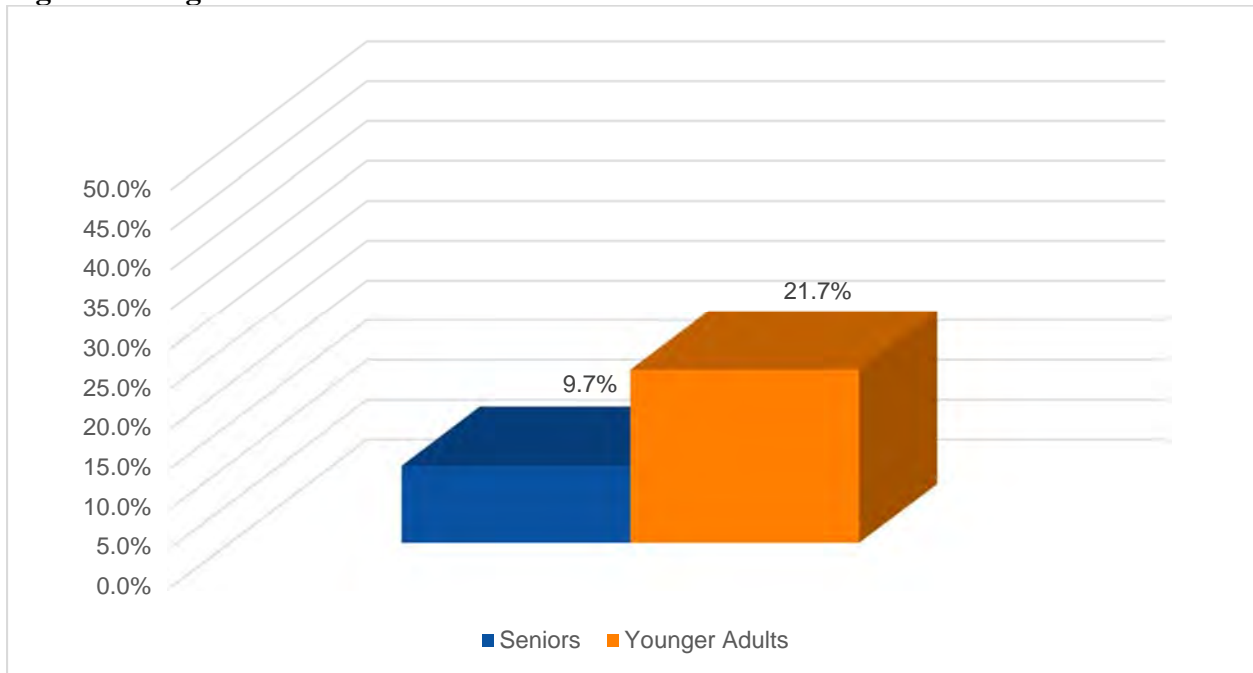
Tobacco Use

Tobacco is commonly used as a drug throughout the United States. The most common uses for tobacco are cigarettes, cigars, pipes, and for chewing. Tobacco use has been associated with heart disease, cancer of different areas of the body (including lung, larynx, and pancreatic cancer), and lung diseases (such as emphysema and bronchitis). Nicotine, an addictive substance, is a major constituent of tobacco, along with thousands of other potentially harmful compounds that are often generated from tobacco smoke.

According to the Centers for Disease Control and Prevention, 18.1% of American adults are current smokers. Cigarette smoking is the leading cause of preventable death in the United States, accounting for more than 480,000 deaths, or one of every five deaths, each year.²²

Coachella Valley seniors are significantly less likely to smoke cigarettes than their younger counterparts. As illustrated in Figure 22, only 9.7% of Coachella Valley seniors smoke cigarettes “every day” or “some days”, compared to 21.7% of younger adults. This may mean that seniors are less at-risk when compared to younger adults for smoking-related diseases. However, it is worth noting that seniors may still be using other forms of tobacco that are less common among young adults, such as cigars or pipes, which are still harmful to health.

Figure 22. Cigarette Smokers



²² Smoking & Tobacco Use. (2014). Centers for Disease Control and Prevention. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

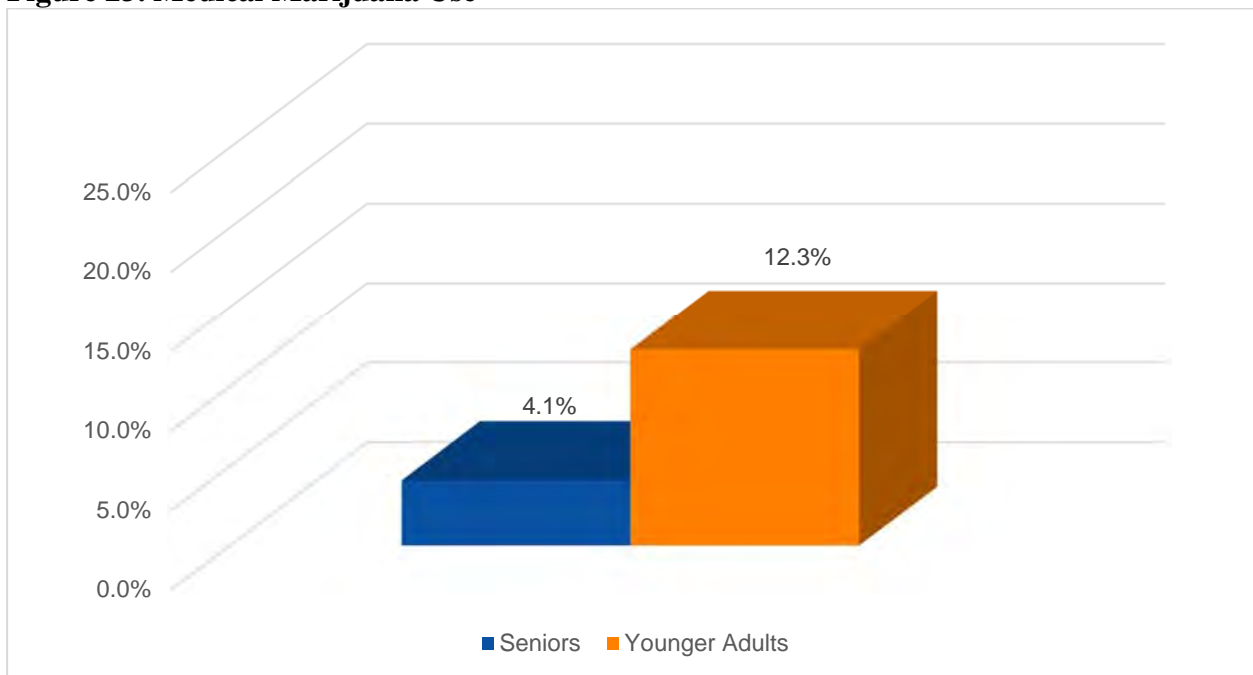
Medical Marijuana Use

California Proposition 215, sometimes known as the Compassionate Use Act of 1996, was the first medical marijuana measure to be voted into law in the U.S. Proposition 215 allows seriously ill patients to use marijuana for medical purposes upon physician recommendation. Proposition 215 is supplemented by SB 420 (Chapter 875, Statutes of 2003), which required the California Department of Public Health to create the Medical Marijuana Program (MMP). As defined by SB 420, serious medical conditions that warrant the use of medical marijuana include AIDS, anorexia, arthritis, cancer, chronic pain, glaucoma, migraines, seizures, and severe nausea, among others.²³

At the time of this survey, Palm Springs was the only city in Coachella Valley that allowed for medical marijuana dispensaries, and the total number of dispensaries was limited to three.

As illustrated in Figure 23, Coachella Valley seniors are significantly less likely to use medical marijuana for medical purposes than their younger counterparts. Approximately 4.1% of seniors use medical marijuana compared to 12.3% of younger adults. Approximately 7,018 seniors and 22,324 younger adults in the Coachella Valley currently use marijuana for medical purposes such as chronic pain, glaucoma, nausea and vomiting associated with cancer treatments, epilepsy, HIV, and appetite stimulation.

Figure 23. Medical Marijuana Use



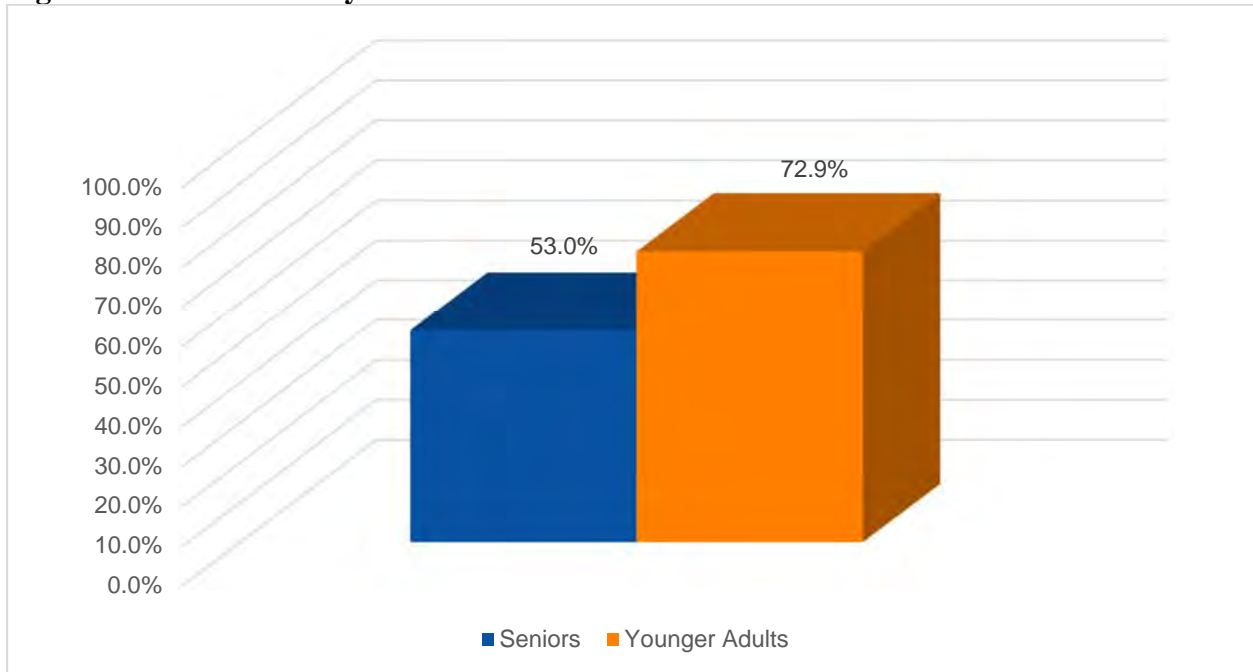
²³ California Department of Public Health, Medical Marijuana Program
<http://www.cdph.ca.gov/programs/MMP/Pages/MMPFAQ.aspx>

Sexual Health

Sexually transmitted diseases (STDs) or also referred to as sexually transmitted infections (STIs) can be transferred from one person to another through sexual contact at any age. Often STDs do not cause visible symptoms but can have serious short-term and long-term complications.

Coachella Valley seniors are significantly less likely to be sexually active than younger adults. As illustrated in Figure 24, about half of seniors (53.0%) have been sexually active in the past year, compared to nearly three-quarters of younger adults (72.9%). Despite this discrepancy, there are approximately 86,161 sexually active seniors in the Coachella Valley.

Figure 24. Sexual Activity



For sexually active people, correct and consistent use of condoms can help prevent sexually transmitted diseases (STDs) and HIV, the virus that causes AIDS.

Sexually active Coachella Valley seniors are significantly less likely to use condoms than sexually active younger adults. Specifically, only 11.6% of sexually active seniors report using a condom for protection from sexually transmitted disease, compared to 41.4% of sexually active younger adults. This means that there are 9,774 seniors in Coachella Valley that are sexually active but not using condoms as protection against STDs.

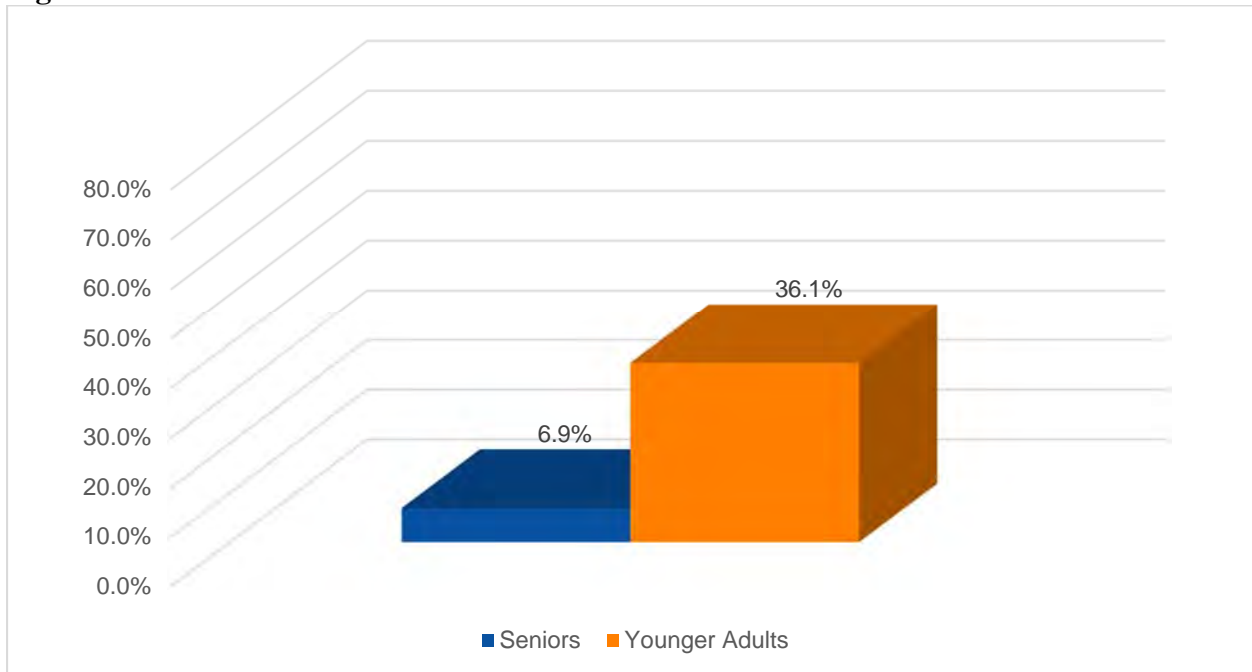
As illustrated in Table 13, most sexually active adults who don't use condoms choose to do this because they are married or in a monogamous relationship. This is true for both seniors and younger adults.

Table 13. Reasons for Not Using a Condom

Reasons for not using a condom	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Married	69.1%	50,942	50.7%	37,497
In a monogamous relationship	21.3%	15,733	33.1%	24,499
Other	6.6%	4,849	9.3%	6,845
Don't like condoms	1.7%	1,222	5.7%	4,233
Do not like the sensation	0.7%	542	0.2%	120
Uncomfortable putting it on	0.6%	446	1.0%	756
Total	100.0%	73,733	100.0%	73,949

Sexually active seniors are also significantly less likely to have had a conversation with a health professional about preventing STDs through condom use than younger adults. As illustrated in Figure 25, 36.1% of younger adults have had a conversation with a healthcare provider in the past year about preventing STDs through condom use, while only 6.9% of seniors have had such a conversation.

Figure 25. Discussed Condom Use with a Healthcare Professional in Past Year



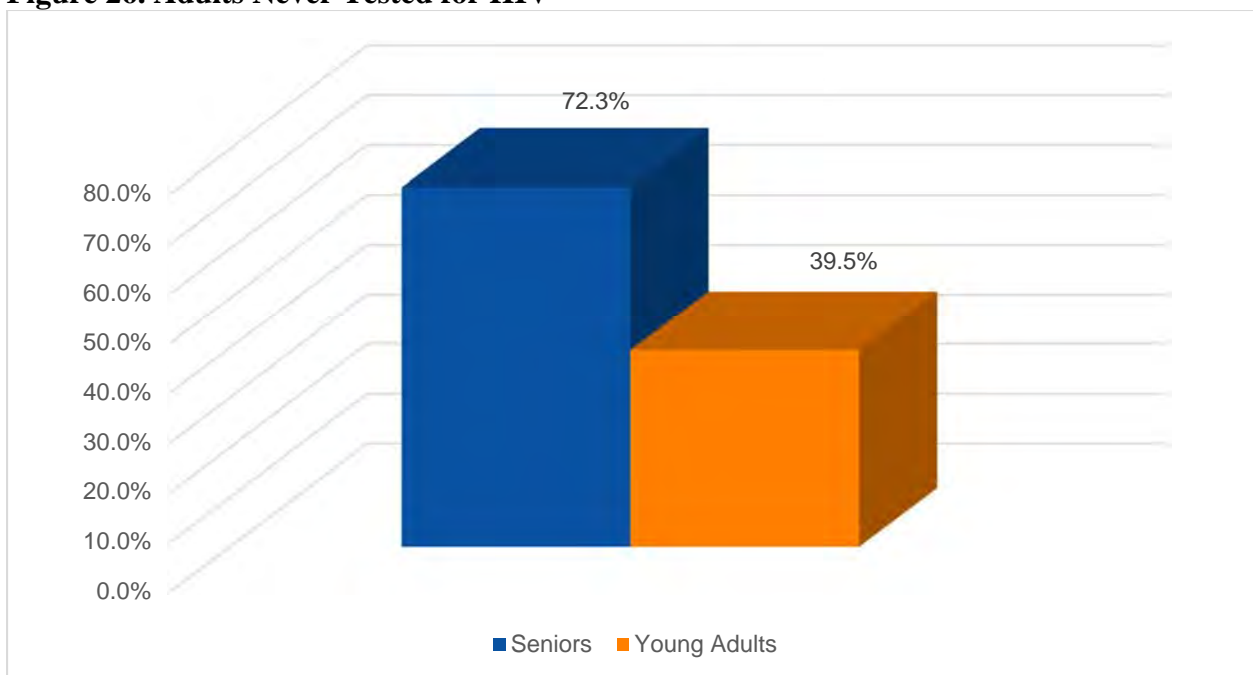
HIV/AIDS Screening

HIV (human immunodeficiency virus) is a virus that attacks the immune system. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease. AIDS (acquired immune deficiency syndrome) is the final stage of HIV infection. AIDS weakens the immune system and increases a person's risk of developing serious illnesses such as certain cancers, opportunistic diseases, and neurologic disorders. At the end of 2009, an estimated 1.15 million persons aged 13 and above in the United States were living with diagnosed or undiagnosed HIV/AIDS.²⁴

The most recent guidelines from the CDC recommend that all persons between the ages of 13 and 64 in all healthcare settings be screened for HIV and that screening should be routine.³

However, as illustrated in Figure 26, the majority of Coachella Valley seniors (72.3%) have never been tested for HIV. Coachella Valley seniors are significantly less likely to have been tested for HIV than their younger counterparts; specifically, 119,497 seniors have never been tested, compared to 72,069 younger adults.

Figure 26. Adults Never Tested for HIV



²⁴ HIV/AIDS Statistics Overview. (2013). Centers for Disease Control and Prevention. <http://www.cdc.gov/hiv/resources/factsheets/us.htm>

Section 6: Major Disease

Chronic illnesses – the leading cause of death and disability in the nation – are diseases that generally take years or decades to progress, are persistent, and can last for long periods of time. These illnesses are the cause of seven out of ten deaths in the U.S., and approximately 133 million Americans have at least one chronic illness. These conditions diminish one’s quality of life and often result in continuous health care costs.



Chronic Illness & Major Disease

Unsurprisingly, Coachella Valley seniors are significantly more likely than younger adults to have been diagnosed with most chronic illnesses and major disease. This is not surprising, given the fact that most of these illnesses take time to develop, and tend to strike the older population.

As illustrated in Table 14, the only exceptions to this were in regards to respiratory disease and asthma (which strike both older and younger adults at roughly equivalent rates), as well as some of the most rare illnesses, liver disease and tuberculosis.

Table 14. Major Disease Diagnoses

	Seniors	Younger Adults	Significant Difference?
High blood pressure	55.1%	21.9%	Yes
Arthritis	47.7%	9.8%	Yes
High cholesterol	43.1%	19.4%	Yes
Cancer	25.1%	3.2%	Yes
Osteoporosis	16.1%	3.4%	Yes
Diabetes	15.6%	5.3%	Yes
Heart disease	14.6%	2.1%	Yes
Respiratory disease	11.3%	7.4%	No
Heart attack	8.8%	1.6%	Yes
Asthma	7.9%	12.3%	No
Stroke	5.3%	0.8%	Yes
Liver disease	2.3%	1.4%	No
Tuberculosis	1.2%	1.0%	No

Thus, it is clear that seniors account for a disproportionate amount of major disease cases in the Coachella Valley. Resources must be allocated to account for these illnesses. As illustrated in Table 14, the three most common major disease diagnoses for seniors include high blood pressure, arthritis, and high cholesterol. Over half of seniors have been diagnosed with one or more of these illnesses, and likely need constant healthcare and monitoring as a result.

Cancer

Cancer is the uncontrolled growth of abnormal cells in the body. Cancer grows out of normal cells in the body. Normal cells multiply when the body needs them, and die when the body doesn't need them. Cancer appears to occur when the growth of cells in the body is out of control and cells divide too quickly. It can also occur when cells forget how to die.²⁵

As described in Table 14, over a quarter of the senior population has been diagnosed with cancer. The most common type of cancer for seniors is skin cancer (36.2% of seniors with cancer have been diagnosed with skin cancer), as illustrated in Table 15. In contrast, the most common cancer for younger adults is cervical cancer (38.6% of younger adults with cancer have been diagnosed with cervical cancer).

Table 15. Types of Cancer Diagnoses

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Skin	36.2%	15,511	9.1%	537
Prostate	18.7%	8,004	4.5%	269
Breast	16.1%	6,884	19.5%	1,152
Colon	5.9%	2,532	3.8%	224
Uterus	3.4%	1,476	4.9%	292
Lymphoma	2.3%	996	9.5%	561
Throat-Pharynx	2.1%	899	2.0%	120
Cervix	2.0%	866	38.6%	2,287
Ovarian	2.0%	838	8.7%	516
Brain	0.2%	89	3.6%	214
Other	24.0%	10,314	11.9%	704

²⁵ Cancer. (2014). U.S National Library of Medicine. <http://www.nlm.nih.gov/medlineplus/ency/article/001289.htm>

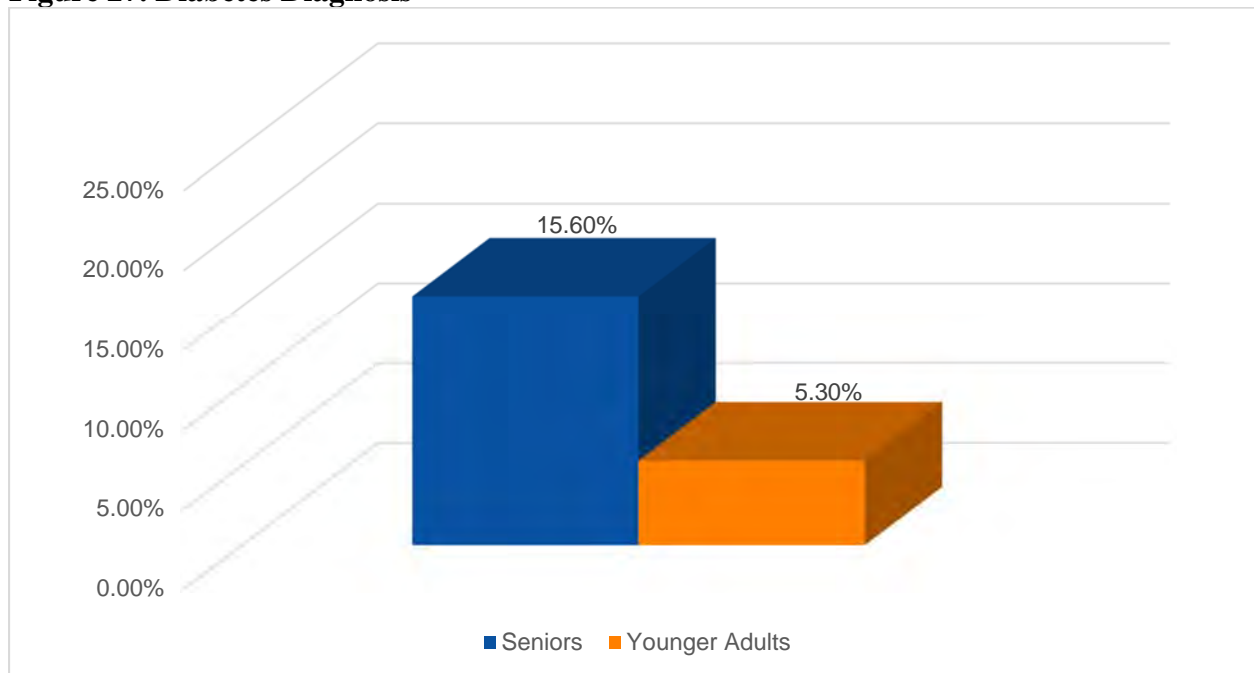
Diabetes

Diabetes mellitus is a group of chronic diseases in which the body has exceedingly high levels of blood glucose resulting from a lack of insulin production, insulin action or both. Insulin is a hormone that is needed to store sugar, starches, and other nutrients newly absorbed from digestion of food. It lowers blood sugar levels by storing glucose from the blood in other cells and tissues of the body. When untreated or not properly managed, diabetes can lead to serious health complications such as heart disease, blindness, kidney failure, lower extremity amputations, and premature death.

There are currently about 25.8 million children and adults (or 8.3% of the population) with diabetes in the United States.²⁶ The rate of new cases of diabetes – diagnosed in people 20 years and older – is 1.9 million cases per year.²⁷ According the American Diabetes Association, “adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.”²⁸ Diabetics also make up more than 60% of those with non-traumatic lower limb amputations.²⁹

Coachella Valley seniors are significantly more likely to have been diagnosed with diabetes than their younger counterparts. As illustrated in Figure 27, 15.6% of Coachella Valley seniors have been diagnosed with diabetes, compared to 5.3% of younger adults.

Figure 27. Diabetes Diagnosis



²⁶ Diabetes Statistics. (2012). American Diabetes Association. <http://www.diabetes.org/diabetes-basics/diabetes-statistics/>

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid

This means that 26,526 seniors and 9,568 younger adults in the Coachella Valley have been diagnosed with diabetes. Diabetes is a disease that benefits from frequent monitoring by a healthcare professional, and thus, frequent visits to the healthcare provider are strongly encouraged. However, as illustrated in Table 16, over 20% of seniors with diabetes (and nearly 29% of younger adults with diabetes) have not seen their healthcare provider for diabetes-related care in the past year. Effort should be taken to ensure that these diabetics do not fall out of care.

Table 16. Number of Times Visited a Healthcare Provider for Diabetes in Past 12 Months

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
1 to 3 times	55.7%	9,890	50.5%	3,212
4 to 6 times	14.0%	2,491	12.6%	800
7 or more	10.1%	1,788	8.0%	508
Never	20.1%	3,572	28.9%	1,841
Total	100.0%	17,741	100.0%	6,360

Fortunately, the majority of Coachella Valley diabetics have taken a class regarding how to manage diabetes on their own. Specifically, 70.3% of seniors with diabetes and 62.2% of younger adults with diabetes have taken a course on diabetes management. Thus, these diabetics likely possess the knowledge necessary to care for themselves. However, this means that over 7,800 seniors with diabetes have never taken the course, and may not know the best practices in caring for themselves and managing their diabetes. These seniors likely need education and outreach in order to be able to take care of their diabetes in the best way possible.

Complications with diabetes can lead to reduced vision and, in more severe cases, blindness. Thus, it is important for diabetics to have their eyes checked frequently. As illustrated in Table 17, most seniors with diabetes have had their eyes checked within the past year. Seniors with diabetes are significantly more likely to have had a recent eye exam than their younger counterparts.

Table 17. Diabetics – Time Since Last Eye Exam

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within past month	19.4%	6,099	16.4%	1,809
One month to < 1 year	62.3%	19,621	45.8%	5,048
One year to < 2 years	8.6%	2,720	8.4%	925
Two or more years ago	8.4%	2,650	22.5%	2,482
Never	1.3%	411	6.9%	757

Frequent hemoglobin A1C tests can help a healthcare provider to assess a diabetic’s ability to manage their blood sugar levels successfully, and can provide the care provider with the information they need to design a successful treatment plan for the patient. Thus, it is very important that healthcare providers regularly check their diabetic patients’ A1C levels.

Additionally, as diabetics are at risk for foot sores and limb loss, feet should be checked frequently for diabetics as well. As illustrated in Table 17, most diabetics (of all ages) have had both an A1C check and a foot check in the past year. Seniors are significantly more likely than younger diabetics to have had these important screening tests. However, a substantial proportion of diabetics have not had their feet checked in the past year (21.6% of seniors with diabetes, and 49.3% of younger adults with diabetes), and thus, should have this done at their next check-up.

Table 18. Diabetic-Specific Preventive Exams in the Past 12 Months

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Hemoglobin A1C Checked				
One to three times	60.3%	15,295	55.6%	4,453
Four to six times	25.2%	6,400	16.8%	1,342
Seven or more times	5.9%	1,494	1.5%	120
Never	8.6%	2,172	26.2%	2,097
Feet Checked				
One to three times	57.8%	14,855	32.0%	3,022
Four to six times	17.8%	4,576	10.2%	966
Seven or more times	2.8%	714	5.6%	531
No feet	-	-	2.8%	269
Never	21.6%	5,543	49.3%	4,661

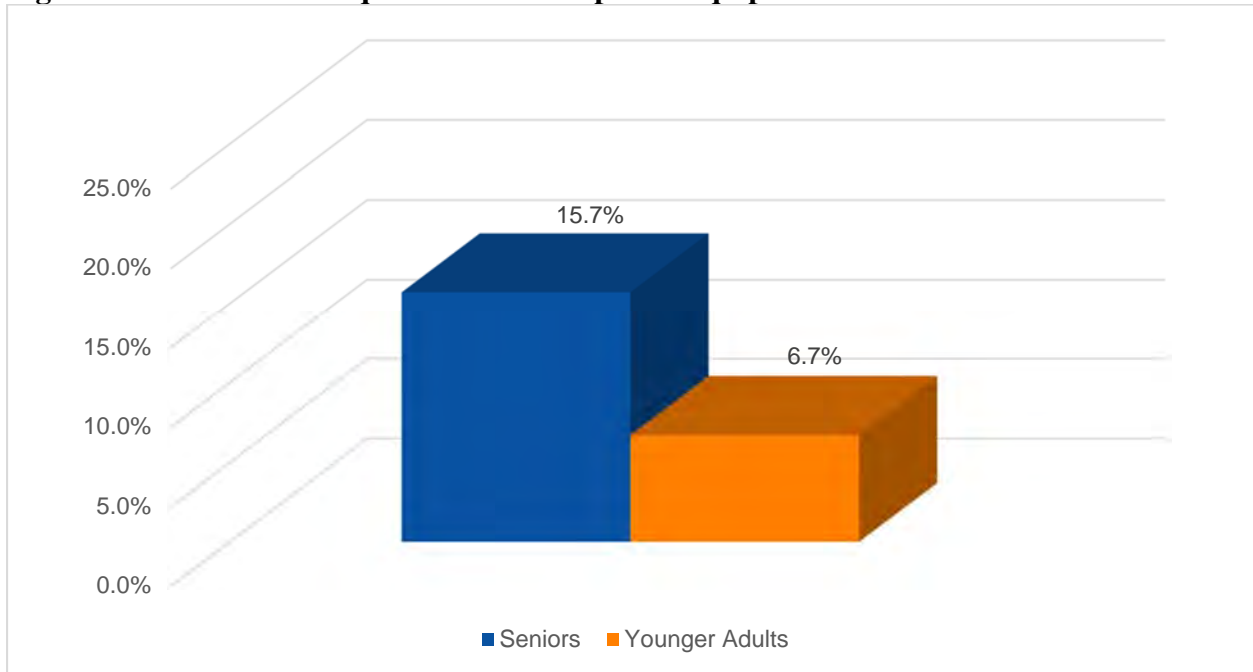
Section 7: Disability

Disability is an impairment that limits or prevents a person's ability to function in one or more areas. Disabilities could be visible or non-visible. The term disability refers to any of a wide range of types: physical, mental/intellectual, emotional, developmental, or sensory. Disabilities can prevent a person from performing a specific task or action.



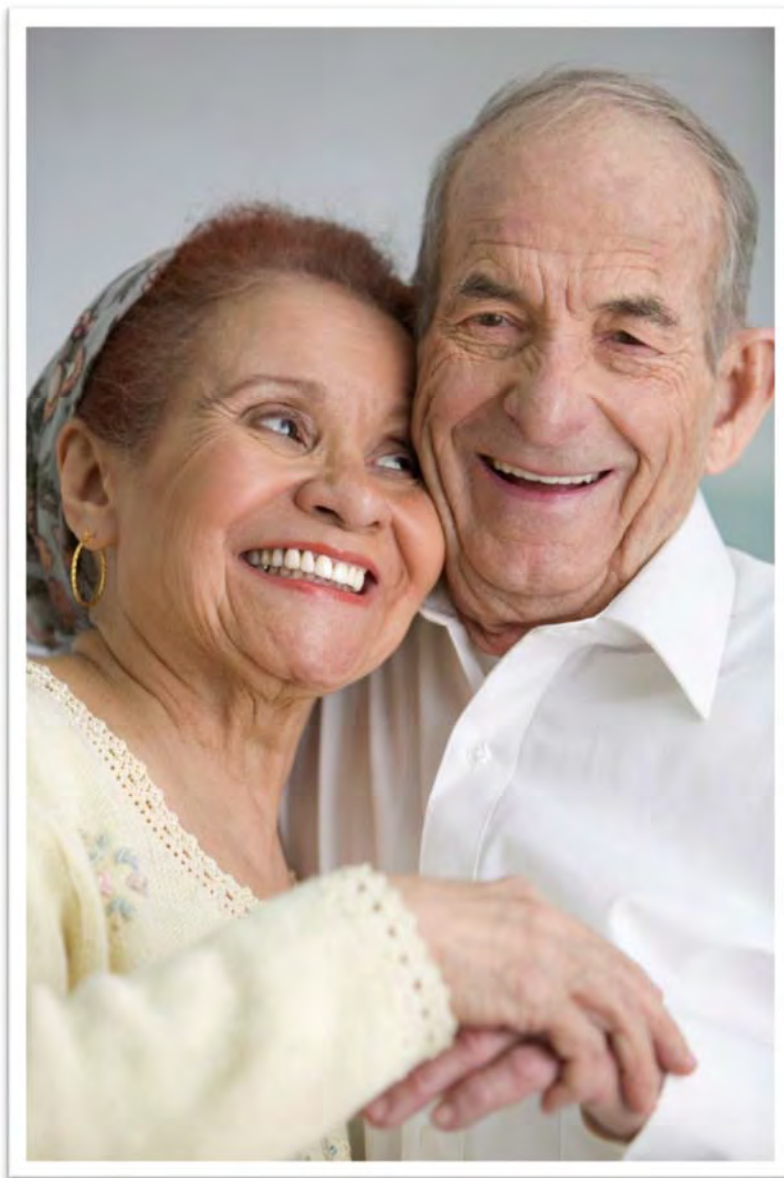
The majority of Coachella Valley seniors do not need to use special equipment, such as a wheelchair, cane, specialized telephone, or specialized bed, to go about their daily lives. As illustrated in Figure 28, approximately 15.7% of seniors (26,807 older adults) require the use of such assistive technology. This is significantly greater than their younger counterparts; only 6.7% of younger adults in Coachella Valley (12,224 adults) need this assistance.

Figure 28. Adults that Require the Use of Special Equipment



Section 8: Mental Health

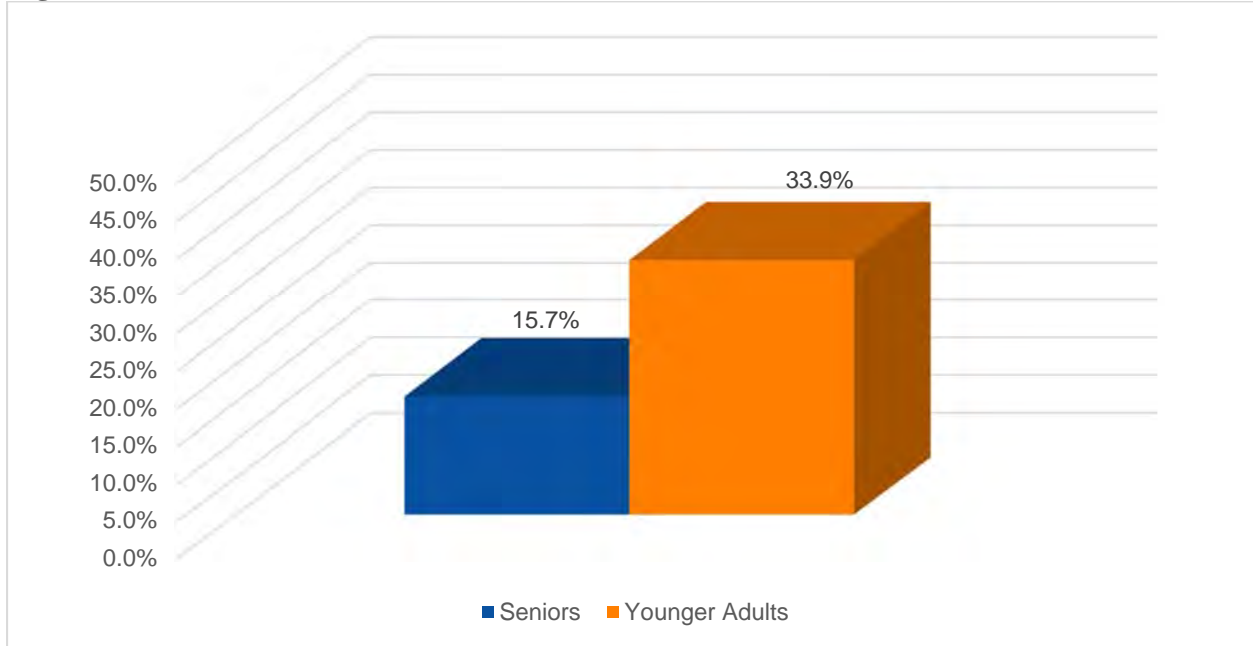
Mental health is a state of psychological well-being in which an individual can enjoy life and can cope with everyday situations and stressors. It is not simply the lack of a mental disorder, but also the presence of positive mental states such as happiness and satisfaction. One's mental health can be affected by environmental, genetic, and/or psychological factors.



Recent Mental, Emotional, or Behavioral Problems

Approximately 15.7% of Coachella Valley seniors (26,700 older adults) have had an emotional, mental or behavioral problem that concerned them in the past year. As illustrated in Figure 29, this is significantly lower than the rate for younger adults; about a third of younger adults have had an emotional, mental, or behavioral problem that concerned them in the past year (33.9%, or 62,187 younger adults).

Figure 29. Adults with an Emotional, Mental, or Behavioral Problem in Past Year



Of those adults with emotional, mental, or behavioral problems, about half considered these problems to be severe enough to require professional help. Specifically, 54.4% of seniors with issues and 57.3% of younger adults with issues felt that these problems were severe enough to necessitate professional help.

Most of the Coachella Valley adults who felt they needed professional help for their emotional, mental, or behavioral problems knew where to get that help. Approximately 85.3% of seniors who felt their problem warranted professional help knew who to contact for such assistance, as did 74.1% of younger adults with problems severe enough to need professional help. Unfortunately, this means that approximately 3,903 seniors and 16,086 younger adults had emotional, mental, or behavioral problems severe enough to necessitate treatment, but did not know where to go to find that treatment.

Mental Health Disorders

Mental disorders are classified into the following areas: anxiety, mood, psychotic, personality, eating, sleeping, substance abuse, sexual, and developmental. Of these disorders, mood disorders are the most common—approximately 20.9 million American adults have a mood disorder.³⁰

An estimated 26.2% of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year.³¹ Mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44.³² Specifically, within this age group in the U.S., major depressive disorder is the leading cause of disability.⁴

Depressive disorders and anxiety disorders are the most common mental health disorders for Coachella Valley adults—both seniors and younger adults. As illustrated in Table 19, about 10% of Coachella Valley seniors have been diagnosed with depression by a health professional.

Overall, rates of mental health disorders are relatively similar between the two age groups. The one exception to this is obsessive-compulsive disorder (OCD); seniors in Coachella Valley are significantly less likely to have been diagnosed with OCD when compared to their younger counterparts.

Table 19. Diagnosed Mental Health Disorders

Mental Health Disorders	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Depressive disorders	9.9%	16,959	12.3%	22,594
Generalized anxiety disorder	6.1%	10,299	9.7%	17,787
Post-traumatic stress disorder (PTSD)	4.0%	6,798	4.3%	7,885
Phobia	3.2%	5,508	5.9%	10,809
Panic disorder	2.9%	4,862	4.9%	9,089
Obsessive compulsive disorder (OCD)	1.3%	2,174	3.9%	7,187
Bipolar disorder	1.0%	1,722	2.7%	4,961
Schizophrenia	0.3%	479	1.8%	3,323
Other	0.2%	384	1.5%	2,708

³⁰ The Numbers Count: Mental Disorders in America. (2008). National Institute of Mental Health. <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml#Intro>

³¹ Ibid

³² Ibid

⁴ Ibid

Mental Health Treatment

People with emotional, mental, or behavioral problems, as well as those who have been diagnosed with a mental health disorder, have a variety of treatment options available. As illustrated in Table 20, most Coachella Valley who had an emotional, mental, or behavioral problem and/or who have been diagnosed with a mental health disorder have not received many of these common treatments in the past year. The most common treatment for seniors with mental health issues is medication; 41.5% of Coachella Valley seniors who have been diagnosed with a mental health disorder and/or who have an emotional, mental, or behavioral problem have taken medication to treat their mental health issues.

Table 20. Mental Health Treatment in Past 12 Months

	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Visited a mental health professional for mental health concern or condition	26.4%	9,944	36.2%	25,960
Visited a primary care provider for mental health concern or condition	24.1%	9,105	25.2%	18,030
Received counseling or therapy for mental health concern or condition	19.8%	7,464	28.6%	20,498
Taken any medication for mental health concern or condition	41.5%	15,425	36.2%	25,914

In the past year, 5.4% of seniors with a mental health disorder and/or an emotional, mental, or behavioral problem needed mental health care and could not get it. This means that approximately 2,029 seniors needed mental health care and were unable to receive it. This is significantly lower than the rate for younger adults (in the past year, 16.0%, or 11,300 younger adults, needed mental health care and could not get it).

Similarly, 4.2% of seniors with a mental health disorder and/or an emotional, mental, or behavioral problem needed mental health medication and could not get it in the past year. This means that approximately 1,570 seniors needed mental health medication and were unable to receive it. This is significantly lower than the rate for younger adults (in the past year, 114.1%, or 10,015 younger adults, needed mental health medication and could not get it).

In the Coachella Valley, approximately 1.7% of seniors, of 2,853 older adults, have seriously considered attempting suicide within the past year. This is roughly equivalent to the number of younger adults who have considered suicide in the past year (2.7%, or 4,971 younger adults). Thus, while relatively rare, it is clear that suicide prevention has an important role to play in the health of seniors in Coachella Valley.

Section 9: Weight and Fitness

Weight regulation, exercise and proper nutrition are important for maintaining good health. For seniors, losing weight often becomes more difficult due to health issues such as joint pain, loss of balance, vision problems, and concerns about safety and lack of mobility. These are issues that most of their younger counterparts do not have.



Body Mass Index (BMI)

Body mass index (BMI) is a calculated value based on an individual’s height and weight. For most people, BMI correlates strongly with body fat percentage, and thus, it is used as one reliable indicator of obesity. A BMI test is one of the widely accepted tools used to determine obesity or other weight problems in adults.

According to the World Health Organization, a person with a BMI value higher than 30 is considered to be obese. Obesity has serious medical consequences. It can lead to an increased risk for various diseases such as type 2 diabetes, hypertension, coronary heart disease, and ischemic stroke. The CDC ranks obesity, after tobacco use, as the second leading cause of preventable death in the United States. It accounts for approximately 300,000 deaths each year.

HARC calculated BMI for participants based on their self-reported height and weight. As illustrated in Table 21, approximately 61% of Coachella Valley seniors and 59% of younger adults are either “overweight” or “obese”. Thus, both groups have high levels of obesity, and may be at risk for many of the attendant health problems.

Being underweight is also unhealthy. Fortunately, most Coachella Valley adults—of all ages—do not struggle with this issue. As illustrated in Table 21, less than 3% of Coachella Valley seniors are underweight.

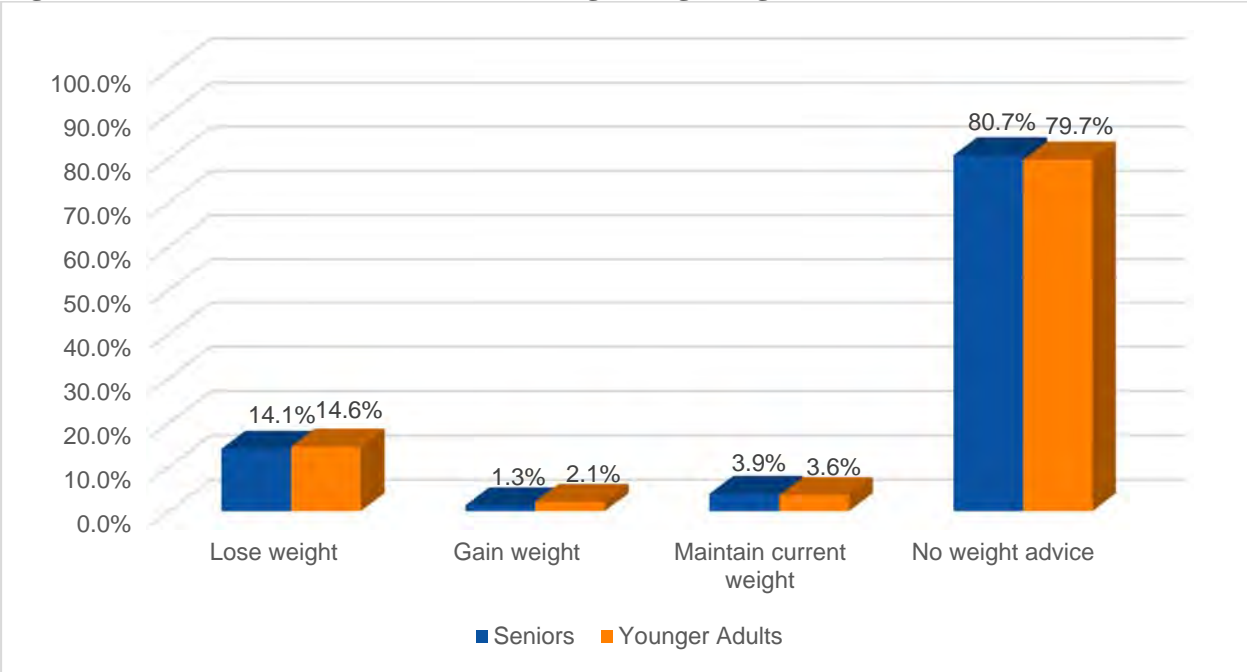
Table 21. BMI Categories

BMI	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Underweight	2.2%	3,592	5.2%	9,067
Normal	37.2%	60,828	36.0%	62,663
Overweight	41.2%	67,408	35.7%	62,081
Obese	19.4%	31,770	23.1%	40,262
Total	100.0%	163,598	100.0%	174,073

Weight Control

Given the large proportion of Coachella Valley adults that are overweight, one would hope that their healthcare providers would advise them to lose weight and help them to formulate a plan to get their BMI back into a healthy range. However, as illustrated in Figure 30, the majority of adults have not received any professional advice regarding their weight in the past year. Only about 14% of Coachella Valley adults—both seniors and younger adults—have been advised by their healthcare provider to lose weight in the past year. As illustrated in the utilization section of this report, most seniors are seeing healthcare providers regularly, so this is not a result of not seeing a healthcare provider in the past year. Thus, healthcare providers should broach the subject of obesity with their patients, and discuss ways to reduce obesity.

Figure 30. Health Professional’s Advice Regarding Weight



Physical Activity

Maintaining a healthy weight is achieved through living a healthy lifestyle which includes a healthy diet, regular exercise and consuming only the calories your body needs and uses. According to the Centers for Disease Control and Prevention, it is recommended that adults get two hours and 30 minutes of moderate-intensity aerobic activity a week and muscle-strengthening activities on two or more days a week.³³

Most adults in Coachella Valley engage in *some* aerobic activity each week, such as running, calisthenics, golfing, gardening, or walking for exercise. As illustrated in Table 22, nearly 40% of seniors participate in these activities daily. However, approximately 15% of seniors are not engaging in *any* aerobic activity, and may need prompting to become more active. As illustrated in Table 22, seniors and younger adults have very similar levels of aerobic exercise.

Table 22. Frequency of Physical Activity in Past Week

Physical Activity	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	15.3%	26,011	18.0%	32,703
1 to 2	10.5%	17,754	13.6%	24,602
3 to 4	20.3%	34,419	25.1%	45,565
5 to 6	15.1%	25,670	10.4%	18,942
Every day	38.8%	65,726	32.9%	59,641
Total	100.0%	169,580	100.0%	181,454

Strength-building exercises, however are much less common. As illustrated in Table 23, over half of seniors have not engaged in strength-building exercises at all in the past week. Once again, exercise levels do not differ by age—younger adults are just as likely to engage in these important exercises. Thus, outreach and education should be done to encourage adults to engage in strength-building exercises and maintain their core strength as they age.

Table 23. Frequency of Strength-Building Exercises in Past Week

Physical Activity	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	55.2%	93,285	48.2%	87,261
1 to 2	13.2%	22,366	14.6%	26,371
3 to 4	15.2%	25,697	19.6%	35,464
5 to 6	5.2%	8,862	6.4%	11,490
Every day	11.2%	18,930	11.2%	20,330
Total	100.0%	169,140	100.0%	180,917

³³ Physical Activity. (2011). Centers for Disease Control and Prevention. <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

Section 10: Food Insecurity

The World Health Organization defines food security as, “access to sufficient, safe, nutritious food to maintain a healthy and active life.”³⁴ In 2011, it was estimated that 14.9% of American households lacked food security over the course of the year, and were unable to obtain adequate nutrition.³⁵



³⁴ Food Security. (2010). World Health Organization. <http://www.who.int/trade/glossary/story028/en/>

³⁵ United States Department of Agriculture, Economic Research. Report No. (ERR-141) 37pp. (2012). Household Food Insecurity in the United States in 2011.

Likely due in part to their comparatively high income levels, Coachella Valley seniors are less likely than younger adults to experience food insecurity. Specifically, 4.1% of Coachella Valley seniors were forced to cut the size of their meals or skip meals due to a lack of funds for food in the past year. In contrast, 18.9% of younger adults had to take such measures.

This means that more than 7,000 seniors in Coachella Valley have experienced food insecurity in the past year. Unfortunately, as illustrated in Table 24, over half of these seniors are chronically food insecure—that is, they have to cut the size of meals or skip meals every month.

Table 24. Frequency of Cutting or Skipping Meals to Save Money

Frequency	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Only 1 or 2 months of the year	18.6%	1,298	28.9%	9,964
Some months, but not every month	28.4%	1,982	34.9%	12,049
Almost every month	53.0%	3,696	36.2%	12,501
Total	100.0%	6,975	100.0%	34,514

Approximately 1.5% of seniors, or 2,605 older adults, went for an entire day without eating due to a lack of money to pay for food in the past year. While this is significantly less than the proportion of younger adults (5.6% of younger adults, of 10,284, went without food for an entire day), it is still deeply concerning.

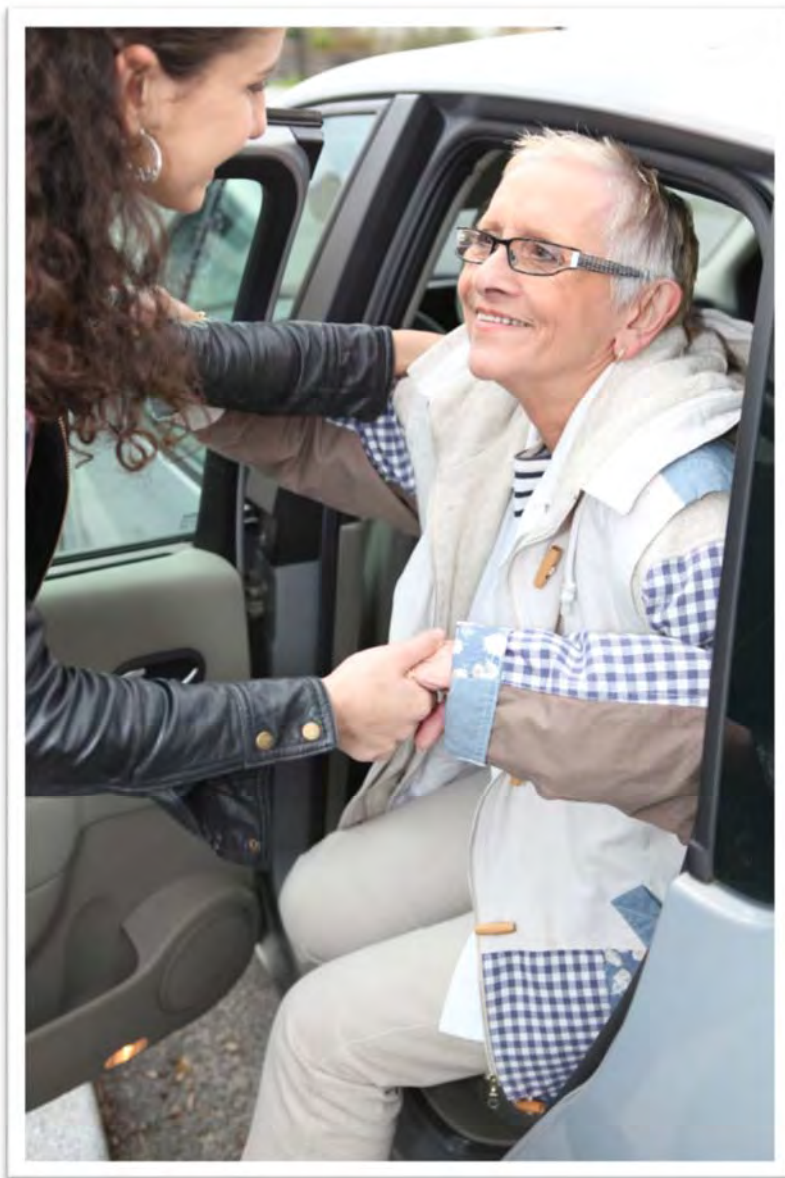
Fortunately, there are resources in the Coachella Valley that can provide food to the hungry. These emergency food services take many forms, including food distribution sites, congregate meals at homeless shelters and senior centers, and home-delivered meals for those who are homebound. Many of these, such as the Meals on Wheels program, are aimed at hungry seniors.

In the past year, 4.5% of Coachella Valley seniors (7,657 older adults) have received such emergency food to meet their needs. Since approximately 4.1% of seniors are food insecure, it appears that most of the food insecure seniors are utilizing the support service available for them in the Coachella Valley to obtain nutritious food.

In contrast, while 18.9% of younger adults are food insecure, only 11.9% of younger adults have received emergency food in the past year. Thus, younger adults may have greater trouble addressing their food insecurity issues.

Section 11: Social and Economic Needs

Many adults—of all ages—need assistance with the basic components of a healthy lifestyle. In order to be truly healthy, individuals need shelter, food, and basic utilities at a bare minimum. If people are unable to obtain these things, health is severely threatened. Ideally, those who need assistance in these areas would have programs and people they could rely on for help. However, for those who have unmet needs in these areas, interventions are needed to provide these important services.



As illustrated in Table 25, the most common needs for seniors are for assistance with utilities, transportation, and food. Throughout the Coachella Valley, approximately 10,000 seniors need assistance with each one of these important daily necessities.

Likely due in part to their higher income, seniors are significantly less likely than their younger counterparts to need assistance with these basic necessities. Significantly fewer seniors than younger adults need assistance with utility, food, finances, housing, and rentals. The exceptions to this are in regards to transportation and home health care: seniors and younger adults are equally likely to need assistance with transportation and home health care. This is likely due to the fact that, as illustrated in the major disease portion of this report, seniors have significantly higher disease burden when compared to younger adults, and thus, likely need additional care. Additionally, due to diminishing vision capabilities and slowed reaction times, many seniors choose to cease driving themselves for the sake of safety, and thus, may have trouble with transportation.

Table 25. Need for Assistance

Need	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Utility assistance	6.0%	10,200	11.7%	21,475
Transportation assistance	6.0%	10,297	10.1%	18,378
Food assistance	5.3%	9,111	16.6%	30,416
Home health care	4.8%	8,175	2.5%	4,646
Financial assistance	3.5%	5,968	10.5%	19,236
Housing assistance	1.9%	3,187	6.9%	12,623
Rental assistance	1.9%	3,246	6.2%	11,333

Of those Coachella Valley adults who needed assistance with these basic necessities, most were able to find the help they needed. However, as illustrated in Table 26, some needs went unmet. Transportation in particular was difficult to obtain for both seniors and younger adults—more than 1,000 seniors who needed assistance with transportation were unable to get the help they needed. Thus, transportation services in the valley should be supplemented, and existing programs to provide transportation should be widely publicized to address this gap.

Table 26. Unable to Obtain Necessary Assistance

Need	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Transportation assistance	10.9%	1,043	11.1%	1,680
Financial assistance	8.5%	317	4.9%	653
Housing assistance	6.8%	146	4.9%	224
Utility assistance	4.0%	371	9.0%	1,525
Home health care	1.7%	131	-	-
Food assistance	1.5%	116	5.4%	1,255
Rental assistance	-	-	2.2%	156

Section 12: Senior-Specific Information

Seniors, as a population of interest, have several health issues that affect them disproportionately. To this end, a section of the survey was directed only at participants aged 55 and older. Thus, for this next section, there are no comparison graphs to compare seniors to younger adults—these questions were not asked of younger adults.

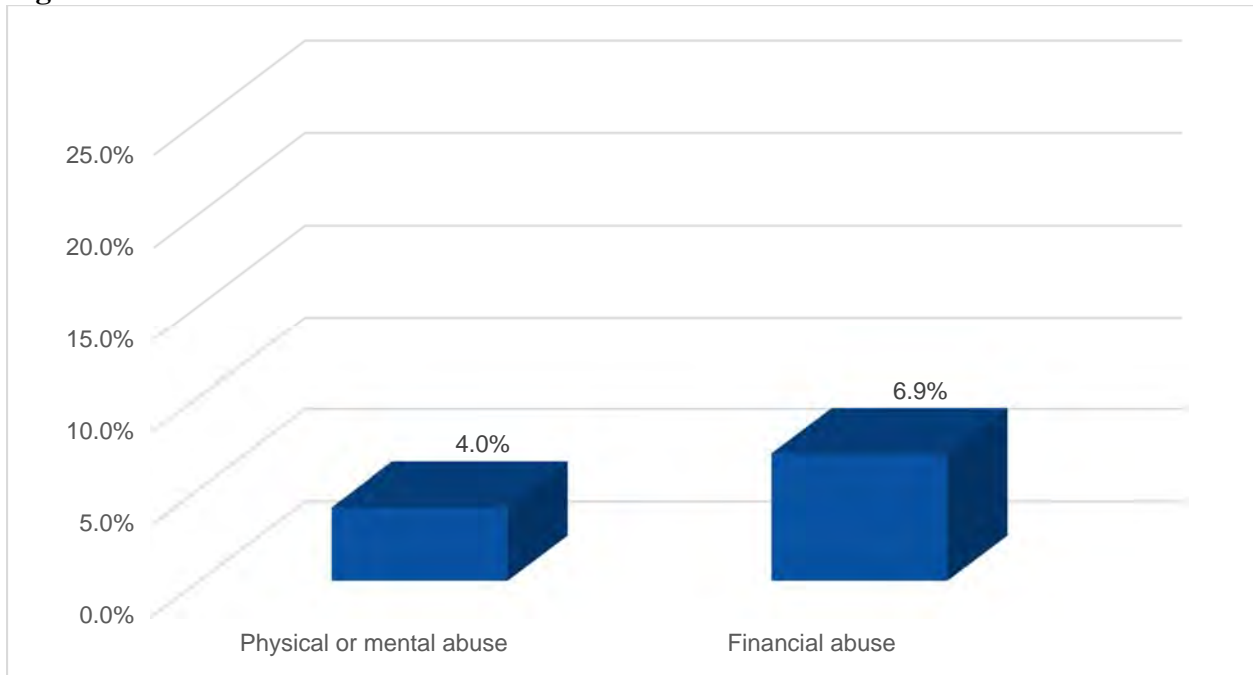


Elder Abuse

Elder abuse can affect people of all ethnic backgrounds and social status and can affect both men and women. Elder abuse can encompass physical abuse, emotional abuse, sexual abuse, exploitation or financial abuse, neglect and abandonment.³⁶ According to the American Psychological Association, an estimated 4 million older Americans are victims of physical, psychological or other forms of abuse and neglect.³⁷

Approximately 4.0% of Coachella Valley seniors (6,594 older adults) have been mistreated or neglected physically or mentally in the past year. As illustrated in Figure 31, 6.9% of seniors (11,402 older adults) have been taken advantage of financially in the past year. Thus, it is clear that interventions are necessary to reduce these instances of abuse and to provide resources to those who have been abused.

Figure 31. Elder Abuse



Emotional and social support is a key aspect of mental health for seniors, and can help to combat the dangers of elder abuse. Approximately 8.2% of Coachella Valley seniors do not get the emotional and social support that they need. This means that approximately 13,480 older adults feel emotionally isolated and unsupported, putting them at risk for depression and abuse.

³⁶ What is Elder Abuse. (2014). National Center on Elder Abuse.

http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

³⁷ "Elder Abuse and Neglect: In Search of Solutions". (2014). American Psychological Association <http://www.apa.org/pi/aging/resources/guides/elder-abuse.aspx>.

Senior Daily Care

Seniors who live alone sometimes need assistance with the activities of daily living (ADLs) which are the basic tasks of everyday life such as eating, bathing, dressing, toileting, and transferring oneself from place to place. Inability to perform the ADLs are significant predictors of increased use of physician services, formal paid home care services, and inpatient hospital services; changes in living arrangements; admissions to a nursing home; and increased mortality for seniors.

Approximately 4.1% of Coachella Valley seniors (6,819 older adults) require help from another person with their ADLs. About 88.8% of seniors have someone to assist them with their ADLs, in contrast 11.2% do not have someone to assist them.

Independent activities of daily living (IADLs) are more complex social activities compared to ADLs. IADLs include using the telephone, preparing meals, managing medications, and shopping, among others.

Approximately 5.1% of Coachella Valley seniors (8,514 older adults) are prevented from living independently because they need help with their IADLs. The majority of these seniors (85.0%, or 7,239 seniors) had someone to assist them with their IADLs. However, approximately 15.0% did not have the assistance they needed, which means that approximately 1,276 seniors do not have someone to assist them.

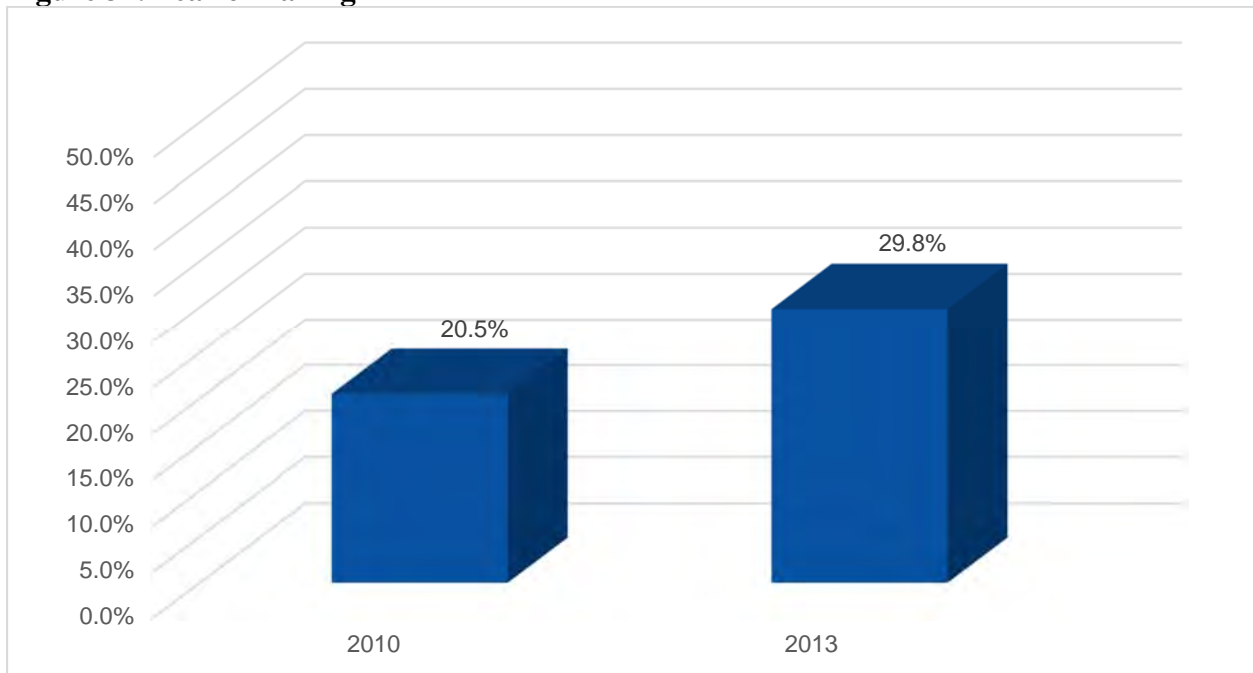
Senior Mobility

One of the greatest challenges seniors face is the battle to remain mobile. The American Journal of Preventive Medicine listed mobility as a key factor affecting the quality of life of older Americans.³⁸ Falls are the leading cause of injury deaths and the most common cause of nonfatal injuries and hospital admissions from trauma.² Between 20% and 30% of people who fall suffer moderate to severe injuries such as bruises, hip fractures, or head traumas.³ Most fractures among older adults (commonly spine, hip, and hand) are a result of falls.⁴ These injuries can further reduce an elderly adult's mobility.

Approximately 14.1% of Coachella Valley seniors (23,575 seniors) have fallen once or more in the past three months. Of those who fell, approximately 38.4% (9,245 seniors) were injured in the fall, such that their regular activities were limited for at least a day, or they were required to go see a doctor for their injuries.

Many older adults are afraid of falling, even among those who haven't fallen. It may lead older people to avoid activities such as walking, shopping, or taking part in social activities.³⁹ As illustrated in Figure 32, 29.8% of Coachella Valley seniors fear falling; which is significantly higher than it was in HARC's previous survey in 2010.

Figure 32. Fear of Falling



³⁸ Midlife Physical Activity and Mobility in Older Age. (2006). American Journal of Preventive Medicine, Volume 31, Issue 3.

[http://www.ajpmonline.org/article/S0749-3797\(06\)00201-7/abstract](http://www.ajpmonline.org/article/S0749-3797(06)00201-7/abstract)

² Falls: Fact Sheet. (2012). World Health Organization. <http://www.who.int/mediacentre/factsheets/fs344/en/>

³ Falls Among Older Adults. Overview. (2011). Centers for Disease Control and Prevention.

<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>

⁴ Ibid.

³⁹ Falls and Older Adults. (2013) National Institute of Health: Senior Health.

<http://nihseniorhealth.gov/falls/aboutfalls/01.html>

Senior Health Screening

As people age, certain screening tests are recommended to prevent cancer. These tests are not commonly recommended for younger adults, unless there is a family history of the specific cancer. Thus, this section presents screening rates for three common types of cancer: colorectal cancer, prostate cancer, and breast cancer.

Colorectal Cancer Screening

Colon cancer is cancer of the large intestine (colon). Rectal cancer is cancer of the last several inches of the colon. Together, they are often referred to as colorectal cancer.

Screening tests can determine colorectal cancer in individuals who do not display symptoms. Screening can find precancerous polyps—abnormal growths in the colon or rectum—so they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure.⁴⁰

According to the CDC, colorectal cancer is second only to lung cancer in cancer-related deaths in the country.⁴¹ In 2009 there were 136,717 individuals diagnosed with colorectal cancer in the U.S. and 51,848 deaths due to the disease.⁴² As many as 60% of deaths from colorectal cancer could be prevented if everyone age 50 and older were screened regularly.⁴³

Approximately 77.9% of seniors age 55 and older have had a colonoscopy or sigmoidoscopy to check for colon cancer as recommended. However, 22.1%, or 36,891 seniors have never had a colonoscopy or sigmoidoscopy to check for colon cancer, and thus, should get this important screening test as soon as possible.

⁴⁰ Colorectal (Colon) Cancer. (2014). Centers for Disease Control and Prevention. <http://www.cdc.gov/cancer/colorectal/>

⁴¹ Colorectal Cancer Statistics. (2012). Centers for Disease Control and Prevention. <http://www.cdc.gov/cancer/colorectal/statistics/>

⁴² Ibid.

⁴³ March is National Colorectal Cancer Awareness Month. (2013). Centers for Disease Control and Prevention. <http://www.cdc.gov/Features/ColorectalAwareness/>

Prostate Cancer Screening

Prostate cancer, or abnormal cell growth in the prostate, is the second leading cause of cancer death in American men, behind only lung cancer.⁴⁴ According to the American Cancer Society, 1 in 6 American men will be diagnosed with prostate cancer sometime during his lifetime, and 1 in 36 will die of prostate cancer.⁴⁵

Prostate cancer can be identified early by testing for a certain amount of prostate-specific antigen (PSA), in the blood. PSA tests alone are not enough to determine cancer in the patient, but higher levels of PSA indicate a higher probability of cancer. However, a high level of PSA may also be the result of an infection or inflammation of the prostate. Prostate cancer may also be found on a digital rectal exam (DRE). Although less effective than the PSA blood test, the DRE can sometimes find cancers in men with normal PSA levels. For this reason, American Cancer Society (ACS) guidelines recommended that when prostate cancer screening is done, both the DRE and the PSA should be used.

Results show that most Coachella Valley senior men age 55 and older (84.2%, or 67,926 older men) have had a DRE at some point. However, 15.8% of senior men in Coachella Valley (approximately 12,778 older men) have never had a DRE, and thus, should receive this important screening test as soon as possible to test for prostate cancer.

Similarly, approximately 86.4% of senior men in Coachella Valley (66,953 older men) have had a PSA test during their lifetime. This indicates that 13.6%, or 10,523 senior men, have never had the PSA test.

Recently, the CDC and other federal agencies recommend that PSA-based screening should not be done for men with no signs and symptoms of cancer.⁴⁶ According to the U.S. Preventive Services Task Force, the potential harm of PSA tests outweighs the possible benefits. This can include pain and infection from biopsies or impotency or incontinency from surgery or radiation treatment from a cancer diagnosis.

Thus, men who had received the PSA test were asked, “Before the PSA test, did the doctor ever talk to you about the pros and cons of having the PSA test?” Results show that of the 66,953 senior men who had a PSA test, 55.8% of them discussed the pros and cons of the test with their doctor prior to the test. However, 44.2% of these men did not have such a discussion prior to having the test, and thus, may not have had all the information they need to make an informed decision about the advisability of having the PSA test in their particular situation.

⁴⁴ Cancer and Men. (2013). Centers for Disease Control and Prevention. <http://www.cdc.gov/features/cancerandmen/>

⁴⁵ What Are the Key Statistics About Prostate Cancer? (2013). American Cancer Society. <http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-key-statistics>

⁴⁶ Prostate Cancer: Screening. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/cancer/prostate/basic_info/screening.htm

Breast Cancer Screening

As mentioned in the “Prevention” section of this report, breast cancer is the most common cancer among American women, except for skin cancers. About 1 in 8 (12%) women in the US will develop invasive breast cancer during their lifetime.⁴⁷ According to the American Cancer Society an estimated 40,000 women will die from breast cancer.

A mammogram is an x-ray exam of the breast that is used to detect and evaluate breast abnormalities. The National Cancer Institute recommends that women 40 and older have mammograms every 1 to 2 years.

The majority of Coachella Valley senior women (97.6%, or 83,634 older women) have had at least one mammogram. The remaining 2.4% of Coachella Valley senior women (approximately 2,091 women age 55 and older have never had a mammogram. Thus, these women should receive a mammogram as soon as possible in order to screen for breast cancer.

Of the 83,634 senior women who have had a mammogram in the past, the majority have had one within the past year, and thus, seem to be getting screened as per the National Cancer Institute guidelines. However, as illustrated in Table 27, 11.9%, or 9,871 women have not had a mammogram in the past two years as per the recommendations. Thus, these women are likely overdue for a new mammogram, and should be re-screened as well.

Table 27. Most Recent Mammogram

	Senior Women	
	Weighted Percent	Population Estimate
Within the past year	70.9%	58,837
1 year to < 2 years	17.3%	14,323
2 years to < 3 years	3.0%	2,478
3 years to < 5 years	3.1%	2,580
5 or more years ago	5.8%	4,813
Total	100.0%	83,031

⁴⁷ Breast Cancer. (2014) American Cancer Society. <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>

CONCLUSION

Overall, Coachella Valley seniors have relatively high socioeconomic status and access to healthcare. As a result, most Coachella Valley seniors are frequent users of health services in the Valley, and appear to be getting many of the important preventive health screenings that are key to maintaining good health.

Additionally, most Coachella Valley seniors are not engaging in behaviors that put their health at risk. While most Coachella Valley seniors do drink alcohol, they tend to drink only one beverage at a time, and are unlikely to binge drink. Coachella Valley seniors are also less likely than younger adults to smoke cigarettes, another unhealthy behavior.

Seniors are engaging in unprotected (i.e., condomless) sex at high rates. Most seniors choose to do so because they are married or in a monogamous relationship, indicating that they likely have low risk of sexually transmitted diseases.

In short, most Coachella Valley seniors have the basis for a healthy life: they have relatively high income levels, health insurance, frequent healthcare visits, routine preventive screenings, and generally healthy habits. However, the consequences of age are evident in their major disease and chronic illness diagnoses; seniors are significantly more likely to have been diagnosed with nearly every major disease or illness. High blood pressure, high cholesterol, and arthritis are especially common—more than half of Coachella Valley seniors have been diagnosed with one or more of these three ailments.

Mental health remains relatively good among Coachella Valley seniors; most have not experienced any mental health concerns in the past year. Approximately 10% of Coachella Valley seniors have been diagnosed with depression. Thus, mental health concerns are relatively rare—but by no means gone. In fact, nearly 3,000 Coachella Valley seniors have seriously considered suicide within the past year, indicating a great need.

Most Coachella Valley seniors do not need assistance with the basic necessities of a healthy life, such as food, housing, and utilities. One exception is transportation; 6.0% of seniors need transportation assistance, and nearly 11% were unable to get such transportation assistance. This indicates that over 1,000 seniors have unmet transportation needs.

Elder abuse, while relatively rare, is present in the Coachella Valley—4.0% of seniors have experienced physical or emotional abuse, and 6.9% have been taken advantage of financially. About 14% of seniors have had a fall within the past three months, and over 9,200 of these seniors were injured in the fall. Thus, the fact that 30% of Coachella Valley seniors fear falling comes as no surprise, although it may limit mobility and social activity if taken too far.

Overall, Coachella Valley seniors have a strong foundation for good health. However, the needs of those with chronic illness, mental health concerns, and transportation concerns must be addressed in order to maintain a healthy and happy senior population. Senior-specific concerns, such as elder abuse and injury-causing falls, are also issues that must be addressed in order to ensure a healthy aging population in the Coachella Valley.

RESOURCES

HARC has identified the following resources as especially useful in protecting and promoting senior health, both in the Coachella Valley and in general:

General Senior Resources

Administration on Aging

Website: www.aoa.gov

The Administration on Aging is the principal agency of the U.S. Department of Health and Human Services. The AOA promotes the health and well-being of seniors by providing services and programs designed to help them live independently in their homes and communities. Services include supportive and caregiver services; nutrition and health promotion programs; elder rights protection, long-term care ombudsman programs; and more.

Age in Place

Website: www.ageinplace.org

The National Aging in Place Council is a senior support network with experts in healthcare, financial services, elder law, design and home remodeling. The goal of the National Aging in Place Council is to assist seniors in their efforts to remain independent in the housing of their choice.

America's Health Rankings – Senior Report

Website: <http://www.americashealthrankings.org/senior>

America's Health Rankings is an annual assessment of the nation's health on a state-by-state basis. America's Health Rankings is a partnership between United Health Foundation, American Public Health Association, and Partnership for Prevention. America's Health Rankings produces a senior-specific report, which details many important health indicators for seniors, such as obesity, food insecurity, and poverty. This report is very useful for establishing health needs for seniors at the state level. At the time of this report's publication, the most recent Senior Report from America's Health Rankings (2014) was available to download for free at <http://cdnfiles.americashealthrankings.org/SiteFiles/Reports/AHR-Senior-Report-2014.pdf>

Assisted Living Facilities

Website: www.assistedlivingfacilities.org

This website serves as the informational resource for assisted living in the United States. They provide freely searchable listing of over 36,000 state-licensed assisted living facilities.

Healthfinder.gov – Older Adult Health

Website: <http://healthfinder.gov/FindServices/SearchContext.aspx?topic=1187>

Healthfinder.gov, sponsored by the National Health Information Center, is managed by the U.S. Department of Health and Human Services. This website provides recent health news, information on healthcare reform, informative sub-sites about health topics, and information regarding preventive services appropriate for age and gender.

Medicare

Website: www.medicare.gov

Medicare is the United States' national social insurance program for Americans age 65 and over (and for some younger adults with disabilities). On www.medicare.gov, seniors can enroll in Medicare, change plans, find out if Medicare will cover a specific test, make claims and appeals, and much more.

Medline Plus

Website: <http://www.nlm.nih.gov/medlineplus/seniors.html>

Medline Plus is a source of reliable health information, provided by the U.S. National Library of Medicine. This site has information about many senior-specific health issues, such as elder abuse, macular degeneration, menopause, dementia, nursing homes, and other health issues that pertain to seniors. This site has specially designed versions of the site that are optimized for use on mobile devices, which can be found at <http://m.medlineplus.gov> (English language version) and <http://m.medlineplus.gov/espanol> (Spanish language version).

National Institute on Aging

Website: www.nia.nih.gov

The National Institute on Aging (NIA) is one of the 27 Institutes and Centers of the National Institutes of Health (NIH). The NIA is the federal government's primary agency that conducts and supports research on aging and the health and well-being of older adults. NIA supports and conducts genetic, biological, clinical, behavioral, social, and economic research on aging, and disseminates this information via their website. This website is also one of the premier sources of information about Alzheimer's. This site is an excellent source of cutting edge research on aging, signing up for clinical trials, and understanding the state of aging research.

NIHSeniorHealth

Website: www.NIHSeniorHealth.gov

NIHSeniorHealth.gov was developed by the National Institute on Aging (NIA) and the National Library of Medicine (NLM), which are both a part of the National Institutes of Health (NIH). NIHSeniorHealth provides reliable and up-to-date health information from Institutes and Centers at NIH. The site is designed to be used by seniors (as well as friends and family members), and has a number of senior-friendly features, such as large font, logical formatting, and consistent navigation. This site provides not only written material pertaining to common senior health issues, but also a wide variety of informative health videos.

SkilledNursingFacilities.org

Website: www.skillednursingfacilities.org

SkilledNursingFacilities.org provides a nationwide directory of nursing homes with detailed Medicare quality ratings, inspection information, and filed complaints to help identify quality skilled nursing care facilities.

Coachella Valley Resources

Governmental Resources

California Department of Aging

Website: www.aging.ca.gov/

The California Department of Aging provides programs and services for seniors, caregivers, and adults with disabilities (although not every service is available in every area). These services include adult day health care, family caregiver support programs, legal assistance, health insurance counseling and advocacy programs, long-term care ombudsman programs, and more.

Contacting the California Department of Aging:

For services: 1-800-510-2020

For general inquiries: 916-419-7500

However, many of these services are administrated at the county level, and thus, Riverside County specific resources are presented next.

Riverside County Office on Aging

Website: www.rcaging.org

The Riverside County Office on Aging provides a wide variety of resources to seniors in the Coachella Valley and throughout Riverside County.

The Riverside County Office on Aging provides many different services (which can be found at www.rcaging.org/programs_services), including care coordination, legal assistance, health promotion, community outreach, volunteer services, transportation, and more.

Contacting the Riverside County Office on Aging:

Senior HelpLink (for services): 1-800-510-2020

West County Office (main office)

6296 River Crest Drive, Suite K

Riverside, CA 92507-0738

951-867-3800

La Quinta Office

78-900 Avenue 47, Suite 200

La Quinta, CA 92253

760-771-0501

Senior Centers

There are several senior centers available throughout the Coachella Valley that can provide important services to older adults. At the time of this report, the following senior centers were available:

The Cathedral Center

www.cathedralcenter.org

37171 West Buddy Rogers Ave
Cathedral City, CA 92234
760-321-1548

Joslyn Center

www.joslyncenter.org

73-750 Catalina Way
Palm Desert, CA 92260
760-340-3220

Desert Hot Springs Senior Center

http://www.cityofdhs.org/Senior_Center

11-777 West Drive
Desert Hot Springs, CA 92240
760-329-0222

La Quinta Senior Center

78-450 Avenida La Fonda
La Quinta, CA 92253
760-564-0096

The Eleanor Shadowen Senior Center

<http://www.coachella.org/departments/senior-center>

1540 7th Street
Coachella, CA
760-398-0104

Mizell Senior Center

www.mizell.org

480 South Sunrise Way
Palm Springs, CA 92262
760-323-5689

Indio Senior Center

<http://www.indio.org/index.aspx?page=173>

45-700 Aladdin St.
Indio, CA 92201
760-391-4170

Thermal Senior Center

87-229 Church St.
Thermal, CA 92274
760-399-0081

APPENDIX

Appendix. ZIP Codes Included in 2013 Community Health Monitor

ZIP Code	City	Other Areas Included
92234	Cathedral City	--
92236	Coachella	--
92240	Desert Hot Springs	--
92241	Desert Hot Springs	Sky Valley
92210	Indian Wells	
92201	Indio	
92203	Indio	Bermuda Dunes
92253	La Quinta	--
92254	Mecca	North Shore
92258	North Palm Springs	--
92211	Palm Desert	--
92260	Palm Desert	--
92262	Palm Springs	Barona Rancheria, Smoke Tree
92264	Palm Springs	--
92270	Rancho Mirage	--
92275	Salton Sea	Mecca
92274	Thermal	Desert Shores, One Hundred Palms, Sandy Korner, Torres Martinez Indian Reservation,
92276	Thousand Palms	--