2016 data

HARC
HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES

SENIOR HEALTH

IN THE COACHELLA VALLEY: A SPECIAL REPORT

Funded by

The Auen Foundation

Enriching the Quality of Life
for our Aging Population

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HARC
HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES

EXECUTIVE SUMMARY

HARC, Inc. is a 501(c)(3) nonprofit organization that provides community research and evaluation. HARC (Health Assessment and Research for Communities, formerly called Health Assessment Resource Center) was founded in 2006 to serve the Coachella Valley community by providing regular community surveys. HARC has conducted this survey four times to date: 2007, 2010, 2013, and 2016. The results of the most recent survey, from 2016, were released on January 31, 2017. That report, known as the Executive Report, described the entire community. This report analyzes the same data in a different manner to examine the health of older adults as it compares to younger adults.

This report uses the 2016 data to provide an in-depth look at the seniors in the Coachella Valley. For purposes of this report, "seniors" are defined operationally as those 55 and older. For reference, data for younger adults (those 18 to 54) are provided alongside the senior data. There are approximately 127,900 seniors living in the Coachella Valley, making it a substantial portion of our population. Unless we have healthy seniors, we cannot have a healthy community.

This report was funded by the Auen Foundation. HARC would not have been able to put out this report without the Auen Foundation grant, and is deeply grateful for the opportunity to provide this information to the community.

Demographics

In the Coachella Valley, seniors are more likely than younger adults to be white, and less likely to be Hispanic. Seniors are also more likely to be in higher income brackets than younger adults. That said, more than 14,500 seniors are living in poverty. Coachella Valley seniors also tend to have higher levels of education than younger adults—about half of them have a college degree or higher—which likely explains why those who are older tend to have more income.

To no surprise, the majority of Coachella Valley seniors are retired (62.0%) while 21.8% remain employed or self-employed. Roughly 14.1% of seniors identify as homosexual, bisexual, questioning, or other—a rate that is similar to younger adults. There are many seniors in the Coachella Valley that have served on active duty with the U.S. Armed Forces (16.2%, more than 20,700 people).

Health Insurance Coverage

The vast majority of Coachella Valley seniors (96.1%) have health insurance and most also have prescription drug coverage (88.4%). However, many seniors do not have dental insurance (and are less likely to have dental coverage than younger adults (49.8% and 60.8%, respectively).

Healthcare Utilization

The majority of Coachella Valley seniors (86.3%) have visited a healthcare provider within the past year. Additionally, most Coachella Valley seniors (65.8%) utilize the doctor's office as their usual source of care which suggests these seniors have a medical home and receive continuity of care. However, there are many seniors who do receive regular care elsewhere (20.4% at urgent care, 8.5% at the emergency room or hospital) and are not likely 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). Other barriers include: the hours the provider is open to see patient (9.3%) and not having authorization from an HMO (8.2%).

Preventive Health Screenings

Most seniors have had regular preventive screenings in the past year, including eye exams (70.3%), dental visits (70.2%), the flu vaccine (62.9%). Approximately 91.2% of seniors have had their cholesterol tested at least once; and most of these (87.4%) were within the past year. In sum, seniors are more likely to receive these screenings than their younger counterparts. It seems seniors generally understand the importance of prevention for maintaining good health.

Health Behaviors

Consumption of alcohol is common for seniors in the Coachella Valley—about 54.6% are active drinkers. Of the 69,470+ seniors who drink, most do so in moderation. Most active drinkers drink once or twice a week at most, and on each of those days they consume between one to two drinks. That is not to say that there is no binge drinking; it is just less common in seniors than in younger adults. There are approximately 15,300+ seniors who have engaged in binge drinking in the past month.

Cigarette smoking is relatively rare among Coachella Valley adults; only 12.3% of seniors currently smoke cigarettes (15,750+ people). There are also a relatively low percentage of seniors who use medicinal marijuana; roughly 8.4% of seniors (10,650+ people).

The National Sleep Foundation recommends that adults ages 18 to 64 sleep seven to nine hours per night, and those age 65 and over should sleep between seven to eight hours per night. Most seniors are getting the recommended amount of sleep for their age range (64.7%). However, 29.2% of seniors are not getting enough sleep and are at risk for associated health problems.

Slightly less than half of Coachella Valley seniors are sexually active (47.0%), a rate that is significantly lower than it is for younger adults (72.7%). The majority of sexually active seniors (88.5%) 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 (11.5% versus 35.6%). Most sexually active seniors who do not use condoms choose to do so because they are married or in a monogamous relationship.

Many of these seniors may not know their HIV status as 63.6% 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

The most commonly diagnosed major diseases among local seniors include high blood pressure (54.1%), arthritis (46.9%), and high cholesterol (44.5%). Cancer (impacting 21.4% of seniors) and diabetes (19.5%) are also high. Not surprisingly, Coachella Valley seniors are significantly more likely than their younger counterparts to have been diagnosed with every major disease or

chronic illness with one exception—asthma rates are stable across all ages, in the 10% to 11% range. Thus, Coachella Valley healthcare must provide sufficient services related to these major diseases particularly for older adults.

Disability

Approximately 32.4% of Coachella Valley seniors are limited in their activities due to a physical, mental, or emotional problem. This is significantly higher than the rates for younger adults. Some of these disabilities are sensory; 18.4% of seniors are deaf or have difficulty hearing and 10% have vision difficulties. Moreover, the data suggests that 7.2% of seniors need help with basic activities of daily living (ADLs) while 10.0% need help with more complex independent activities of daily living (IADLs). Seniors are significantly more likely to need assistance than their younger counterparts.

Accordingly, one-fifth of seniors (19.7%) use special equipment to cope with their health issues. Specifically, more than 25,120 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 12.8% of Coachella Valley seniors (16,200+ people) have been diagnosed with a depressive disorder by a healthcare provider. Approximately 21.2% of seniors have had an emotional, mental, or behavioral problem in the past year that seriously concerned them.

The most common form of treatment for mental health issues is taking medication (46.4%), followed by seeing a mental health professional (30.3%), and then by seeing a primary care provider (27.2%). The majority of seniors suffering from such issues knew where to turn for help, however more than 2,950 seniors needed mental health care and could not get it in the past year.

Obesity and Fitness

Over half of Coachella Valley seniors (58.8%) have a body mass index (BMI) that places them in the "overweight" or "obese" categories per the Centers for Disease Prevention and Control guidelines. This is not significantly different than the rate for younger adults—61.7% of whom are also overweight or obese. Thus, obesity is a major health concern for all adults living in the Coachella Valley.

Exercise habits for seniors run the gamut from the 31.3% participate in physical activity every day of the week all the way to the 22.6% who did not exercise at all in the prior week. Strength-building exercises are even less common; over half of Coachella Valley seniors (61.1%) do no strength-training activities each week. Younger adults also neglect strength-training activities, suggesting that all adults in the Valley could benefit from more strength-training exercises.

Food Insecurity

Approximately 5.7% 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. This equates to roughly 7,320 adults who have struggled to feed themselves.

Approximately 4.8% of local seniors (6,110+ people) received food from a food pantry or other emergency food assistance program.

Social and Economic Needs

While many seniors have high income, there are thousands who are do not and need assistance with basic necessities such as food, housing, and utilities. The most common socioeconomic needs of seniors in the past year include transportation assistance (8.6%, 10,965 people) and utility assistance (8.3%, 10,650 people).

Senior-Specific Information

Elder abuse, while relatively rare, does exist in the Coachella Valley. In the past year, 3.2% of seniors have experienced physical or emotional abuse, and 5.0% have been taken advantage of financially. Approximately 16.7% of seniors had one or more falls in the past three months, and 36.5% of those seniors who fell were injured.

Conclusion

Overall, Coachella Valley seniors are equipped to have good health; on average seniors have high education, high income, and see their healthcare providers regularly.

However, the needs of those with chronic illness, food insecurity, mental health concerns must be addressed in order to maintain a healthy senior population. Moreover, senior health behaviors have room for improvement such as maintaining a healthy BMI and engaging in regular exercise. In sum, improving the health of seniors is an issue to be tackled by health care organizations, providers, seniors themselves, and those who love and care for seniors.

INTRODUCTION

About HARC

HARC, Inc. is a 501(c)(3) nonprofit organization that provides community research and evaluation. HARC (Health Assessment and Research for Communities, formerly called Health Assessment Resource Center) was founded in 2006 to serve the Coachella Valley community.

The Coachella Valley is a unique community located within Riverside County in Inland Southern California. As such, local organizations found that County-level data, while available, did not adequately tell the story of the health needs of those living in the Coachella Valley. Service providers in the region struggled for years to identify health disparities, inequities, unhealthy behaviors and trends. HARC emerged to fill this gap and provide objective, reliable Coachella Valley-specific data.

About the Coachella Valley Community Health Survey

In 2007, HARC was able to conduct the first survey of health in the region, provided by a random-digit-dial telephone survey. This survey provided vital information about health and quality of life in the region, and covered topics such as healthcare access, utilization, health behaviors, major disease, mental health, and more. It was determined that the survey would be revised and repeated every three years in order to measure progress and provide up-to-date data.

To date, the survey has been conducted four times: 2007, 2010, 2013, and 2016. This report summarizes the findings from the 2016 survey. The survey focuses on the health status of the Coachella Valley, a geographically isolated area of Riverside County in Southern California. The Coachella Valley is comprised of nine major cities (Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage) as well as several unincorporated areas (such as Bermuda Dunes, Mecca, Thermal, and Thousand Palms, among others). Tribal areas within the Coachella Valley include the reservations of the Agua Caliente Band of Cahuilla Indians, the Augustine Band of Mission Indians, the Cahuilla Band of Mission Indians, and the Torres-Martinez Desert Cahuilla Indians.

About this Special Report on Seniors

This report provides an in-depth look at the seniors in the Coachella Valley. For purposes of this report, "seniors" are defined operationally as those 55 and older. For reference, data for younger adults (those 18 to 54) are provided alongside the senior data.

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METHODS

HARC's Coachella Valley Community Health Survey was initially developed in 2006 by survey experts and a steering committee of local leaders (nonprofits, healthcare providers, businesses, local government, etc.). The survey is adapted each cycle based on both practical experience (e.g., removing survey questions that are not producing valid information) and input from the steering committee on what new data needs have emerged in the intervening years.

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

HARC contracted with the Kent State University Survey Research Lab to conduct the 2016 survey. Data were collected by telephone survey with randomly selected adults. Surveys were restricted to private residences (such as apartments, houses, mobile homes) within the geographic area of Coachella Valley with landlines and/or cell phones. As such, this survey does not include people who are homeless, those who live in group home settings (such as nursing homes, group homes, etc.), or those who do not have a landline *or* a cell phone (which is an estimated 3% of the population, according to the National Health Interview Survey's 2016 figures).[1]

Data collection began on February 2 and concluded on October 8, 2016. Data collection included 2,532 fully completed surveys: 2,022 in the adult sample and 510 in the child sample. Since this report is focused on the health of seniors, only the adult sample is used.

Nearly 60% of this year's completed surveys were conducted on a cell phone, which is an incredibly strong showing compared to HARC's history and other nationally known population health surveys. By including a large proportion of cell phone users, the data is more representative of the community, especially those who are younger, lower income, and/or Hispanic.[2] Approximately 21% of the completed surveys were done in Spanish, according to the preferences of the participants.

Once data collection was complete, statisticians at Kent State University weighted the sample data to most accurately represent the entire population living in the Coachella Valley. The post-stratification weighting used the Centers for Disease Control and Prevention (CDC) raking protocol (CDC 2011). The data was weighted based on the U.S. Census Bureau's American Community Survey's five-year estimates (2009 to 2014). The weights were raked to age, sex, race, and ethnicity. Weighting the data is essential to ensure that the 2,532 survey respondents represent the 400,000+ people living in the Coachella Valley.

[1] National Center for Health Statistics (2016). Wireless substitution: Early release of estimates from the National Health Interview Survey, January – June 2016. Available online at https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201612.pdf
[2] Ibid.

It is worth noting that in prior survey cycles, the weighting procedure included weighting to the seasonal residents or "snowbirds". Because of the climate and relatively low cost of living, many people have chosen to make the Coachella Valley their home for the winter months. In the past, HARC weighted the data to represent these seasonal residents based on the 2009 Wheeler's Report. However, this cycle, HARC staff chose not to weight the snowbird data because of the relative age of the reference data (the 2009 Wheeler's Report has not been updated since). Given the lack of weighting for snowbirds, as well as the slight shift in data collection months (including summer months when snowbirds are not in residence), this data represents far fewer snowbirds than prior years. HARC staff chose to make this operational decision to strengthen the reliability of the data so that the 2016 data could be as robust as possible.

Specifically, in 2013, snowbirds made up about 12% of the raw data. When weights were applied, this became approximately 25%. In 2016, snowbirds made up about 6% of the raw data. Without weighting the snowbird data specifically, snowbirds remained about 6% in the final weighted dataset. As a result, this year's data focuses more heavily on year-round residents of the Coachella Valley, with less emphasis on snowbirds than in prior cycles. As such, readers should be cautious about making comparisons to prior years.

All data and data collection methods have strengths and weaknesses. The strengths of telephone surveys are that they typically have higher response rates than mailed surveys, can reach households with unlisted as well as listed phone numbers, allow respondents to ask questions about the survey and obtain immediate answers, and allow interviewers to probe for additional information if survey responses are unclear. One weakness is that telephone surveys cannot reach households without telephones, homeless populations, those who are incarcerated, or the institutionalized.

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.

Aggregate data as described in this report are not designed, nor should they be used, to give valid information about any one individual or subset of individuals. For example, just because seniors in general have a higher income level than younger adults, we cannot say with any degree of confidence that a particular senior in our community has a high income.

This report frequently includes statements such as, "60% of adults live in households with an annual income below $50,000." Given that these are self-report data, it might be more appropriate to write, "60% of adults *report* that they live in households with an annual income below $50,000." For parsimony and readability, we have omitted reference to "reporting."

HARC enthusiastically supports the responsible use of statistics. If you have any questions on how to interpret this data, or how to cite the data accurately, please don't hesitate to contact us at 760-404-1945, or via email at staff@HARCdata.org.

RESULTS

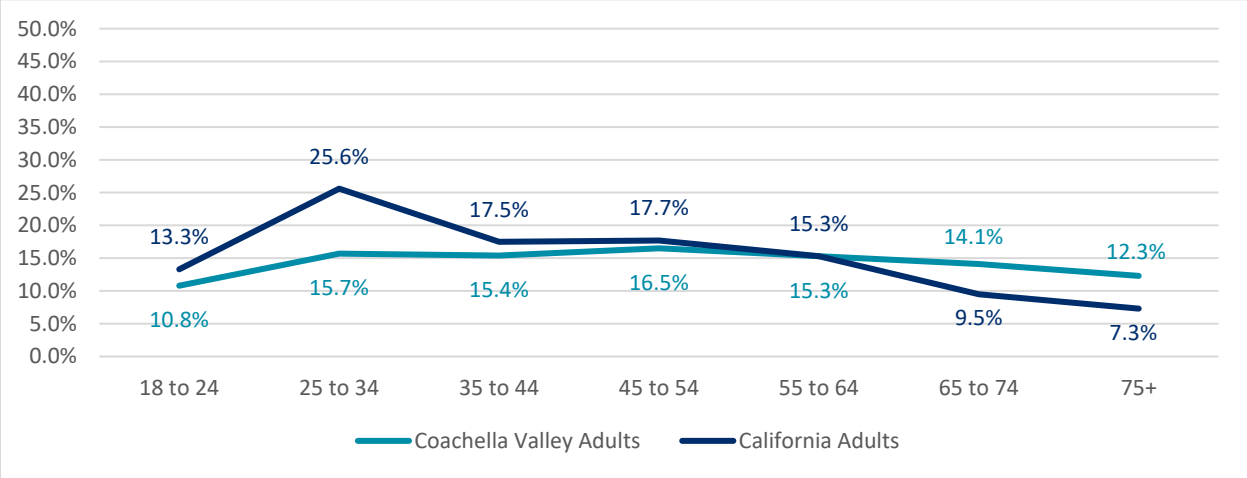
Section 1: Demographic Profile

Age

Adults in this sample range from ages 18 to 97. The average age of an adult in the Coachella Valley is 50 years old. This report compares seniors (defined operationally for this report as those 55 and older) to younger adults (18 to 54). Using these definitions, in the Coachella Valley there are approximately 179,330 young adults and 127,900 seniors.

The percent of adults that are seniors is significantly higher in the Coachella Valley than in California as a whole, as illustrated in Figure 1. Approximately 32% of California adults are age 55 and older, while here in the Coachella Valley, it's approximately 42%.

Figure 1. Age of Adults

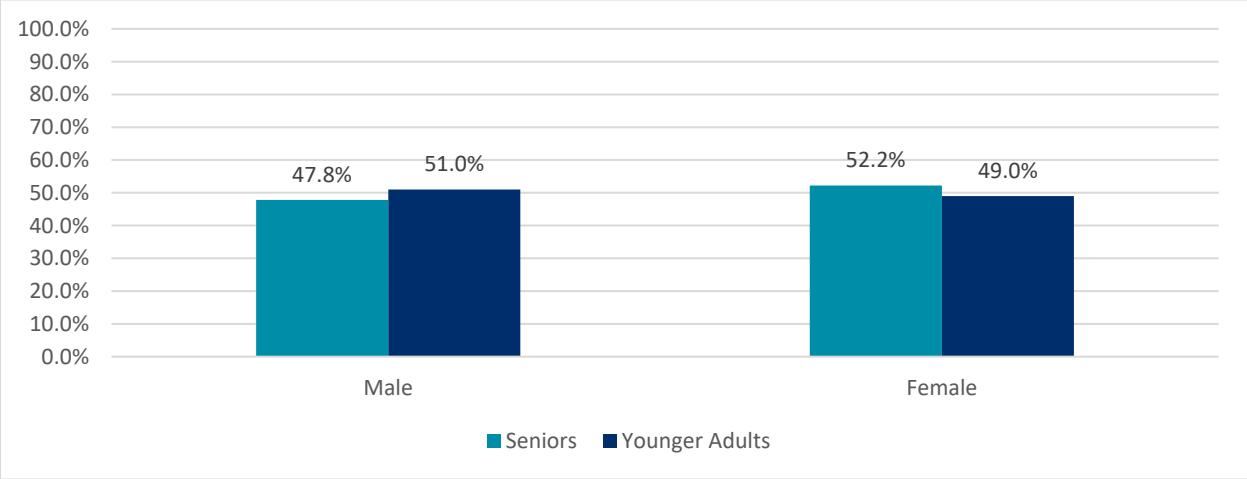


Note. California data in this figure are from the 2012-2016 American Community Survey 5-Year Estimates.

Gender

As illustrated in Figure 2, Coachella Valley adults are split relatively evenly in terms of gender.

Figure 2. Gender

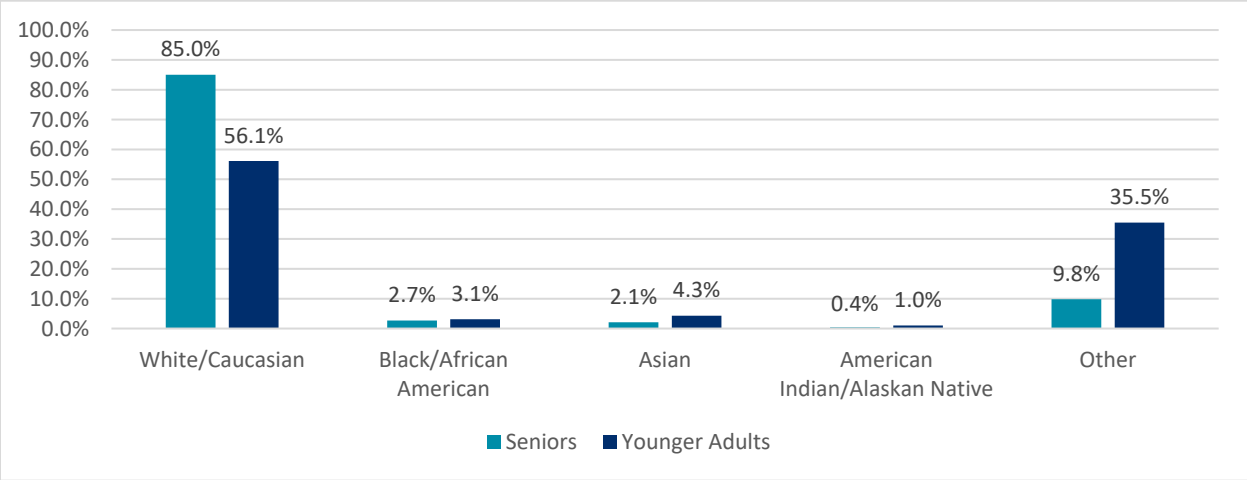


Race

Participants were asked to report on their race and ethnicity in two questions, using the protocol that is utilized by the U.S. Census Bureau. To assess race, participants were asked, "Which one of these groups best represents your race? For the purposes of this question, Hispanic/Latino is not a race."

As illustrated in Figure 3, most seniors (85.0%) are White/Caucasian. This is significantly more than the younger adults, who were more likely to select "other" as their race. Most of those who identified as "other" were actually using Hispanic/Latino as a race.

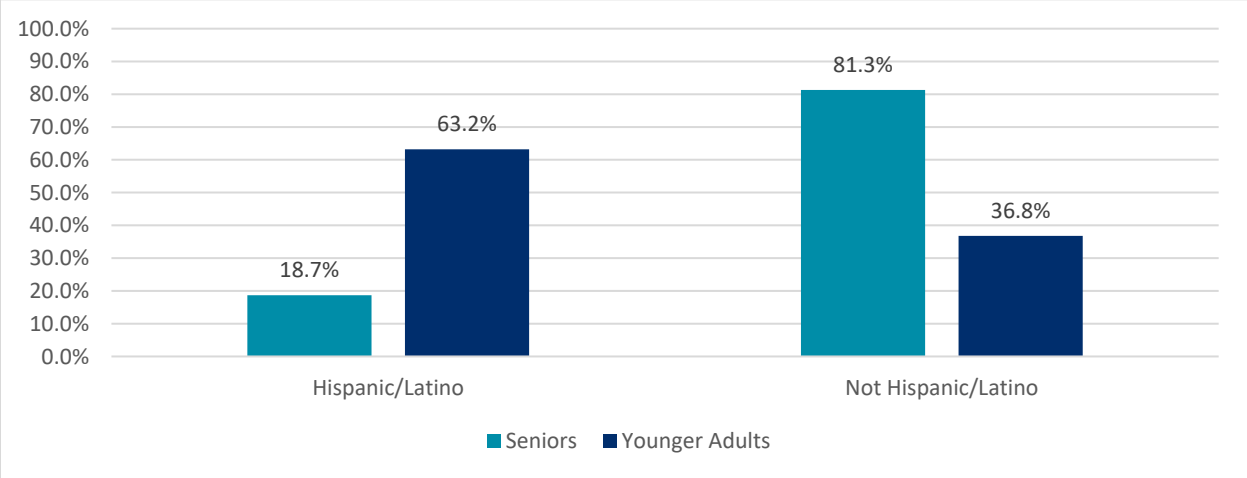
Figure 3. Race



Ethnicity

To assess ethnicity, participants were asked, "Are you of Hispanic, Latino, or Spanish origin?" As illustrated in Figure 4, most seniors (81.3%) are not Hispanic/Latino. In contrast, most younger adults (63.2%) are Hispanic/Latino.

Figure 4. Ethnicity



Adult Socioeconomic Status (SES)

Socioeconomic status (SES) has many components, including income, poverty, education, and employment, which affect health and well-being. People with lower SES are less likely to receive healthcare, acquire a well-paying job, or be able to take advantage of healthful opportunities.[1]

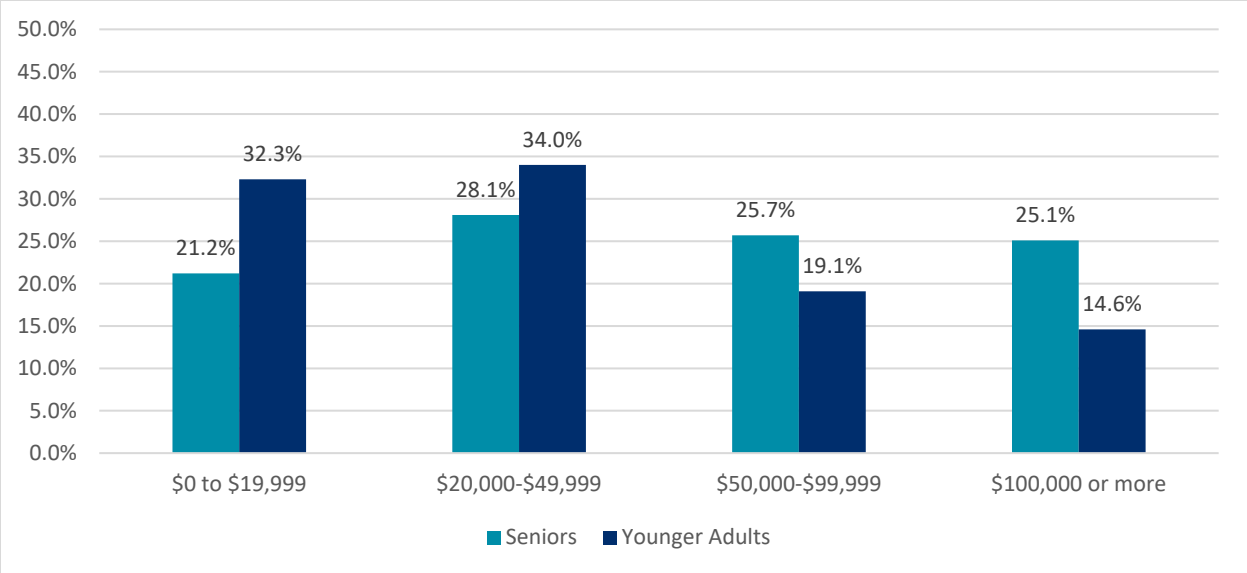
Income

About half of local seniors (50.8%) live in homes with an annual household income of $50,000 or more.

As illustrated in Figure 5, seniors in the Coachella Valley tend to have more financial stability than younger adults. Comparatively, seniors are less likely to be living in homes with less than $20,000 annual household income, and more likely to be living in homes with $100,000 or more annual household income.

That is not to say that *no* seniors are low-income; in fact, more than 20,400 local seniors are living in homes with an annual household income of less than $20,000. However, as a group, they are less likely to be low-income than their younger counterparts.

Figure 5. Household Income



[1] Factors That Contribute to Health Disparities in Cancer. (2014). Centers for Disease Control and Prevention. http://www.cdc.gov/cancer/healthdisparities/basic_info/challenges.htm

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 per the Department of Health and Human Services' guidelines for poverty in 2016, as illustrated in Table 1. For example, for a single person, the poverty line is $11,880 per year, while for a family of four, it is $24,300 per year.

Table 1. Poverty Guideline Reference

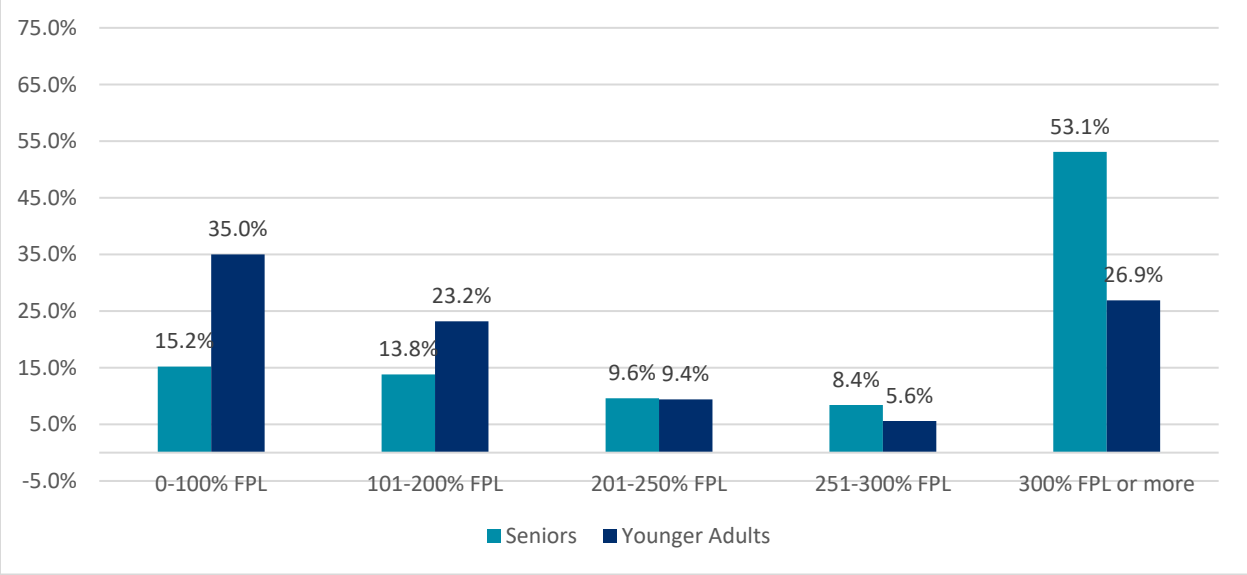
Number of People in Household	Annual Income Guideline for Poverty
1	$11,880
2	$16,020
3	$20,160
4	$24,300
5	$28,440
6	$32,580
7	$36,730
8	$40,890

Note: Guidelines are from the U.S. Department of Health and Human Services for the year of 2016. For families or households with more than 8 persons, add $4,160 for each additional person.

As seen in Figure 6, seniors are significantly less likely than young adults to be living in poverty. Specifically, 15.2% of seniors live below the poverty line, compared to 35.0% of younger adults.

Although seniors living in poverty are less common than young adults living in poverty, it is worth noting that more than 14,500 local seniors are living below the poverty line, and likely need financial assistance.

Figure 6. Poverty Levels

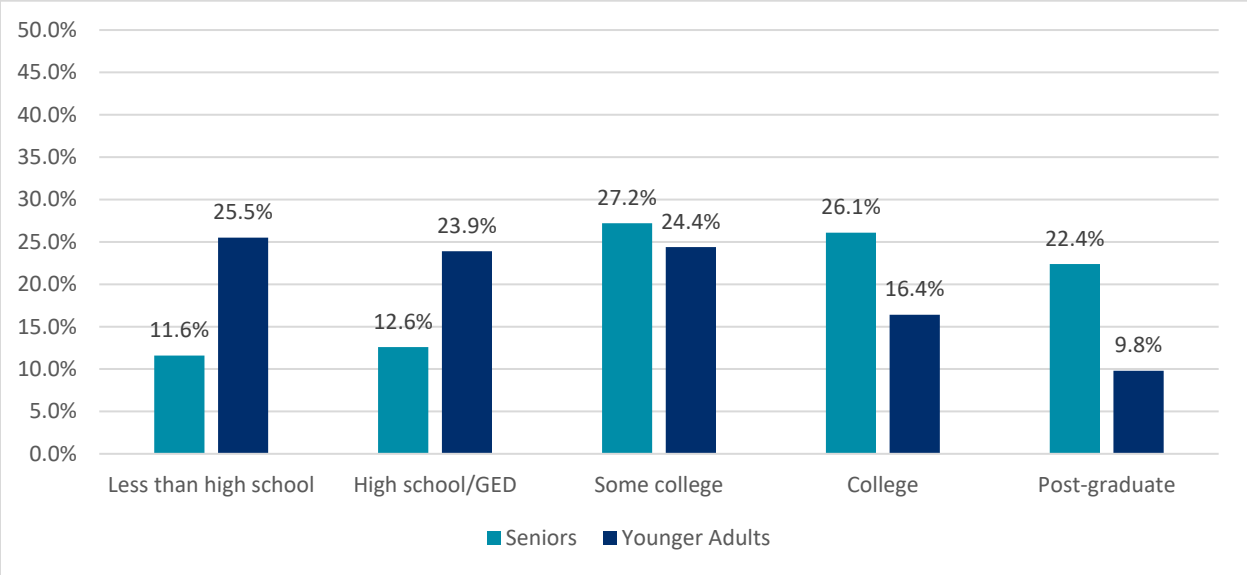


Education Level

Higher education is generally associated with a higher quality of life. People with higher levels of education tend to have greater social networks, more connections/support in the community, and better general health and well-being. Education is also strongly correlated with increased income levels.[1]

As illustrated in Figure 7, most seniors (75.7%) have at least some college experience. Compared to their younger counterparts, Coachella Valley seniors are more well-educated. For example, only 11.6% of seniors are lacking a high school degree or equivalent, compared to 25.5% of younger adults.

Figure 7. Educational Attainment



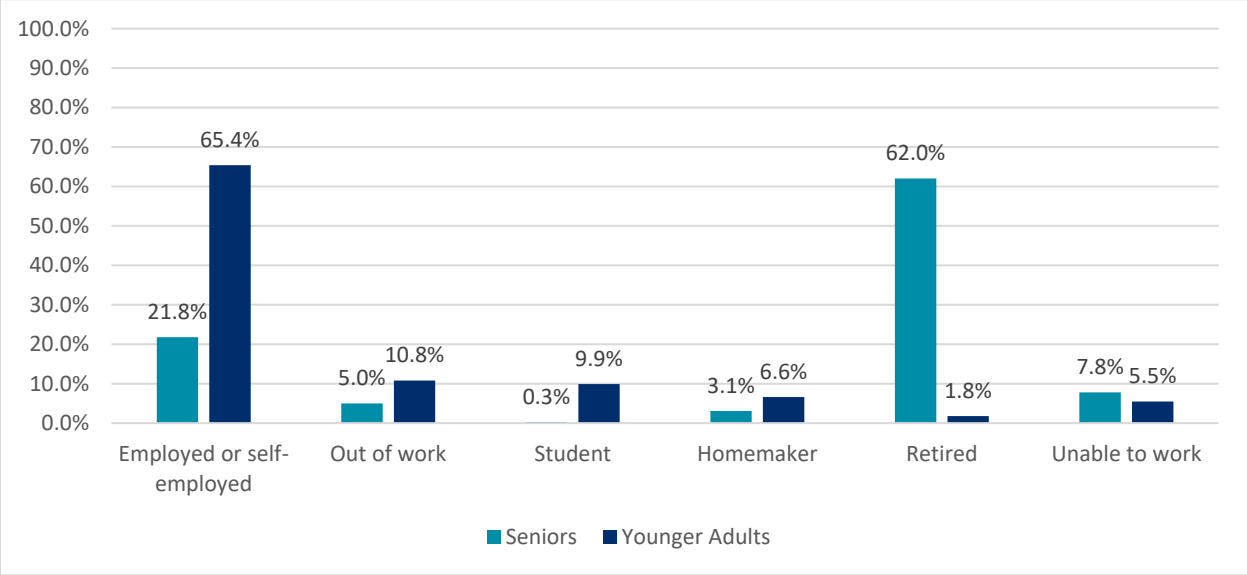
[1] Employment Projections. (2016). United States Department of Labor. http://www.bls.gov/emp/ep_chart_001.htm

Employment Status

Most seniors (62.0%) are retired, as illustrated in Figure 8. Approximately 21.8% of seniors (about 27,558 people) are employed or self-employed.

Not surprisingly, there are significant differences in employment status based on age group. Seniors are significantly more likely to be retired than their younger counterparts, while young people are more likely to be employed, out of work, or students.

Figure 8. Employment Status



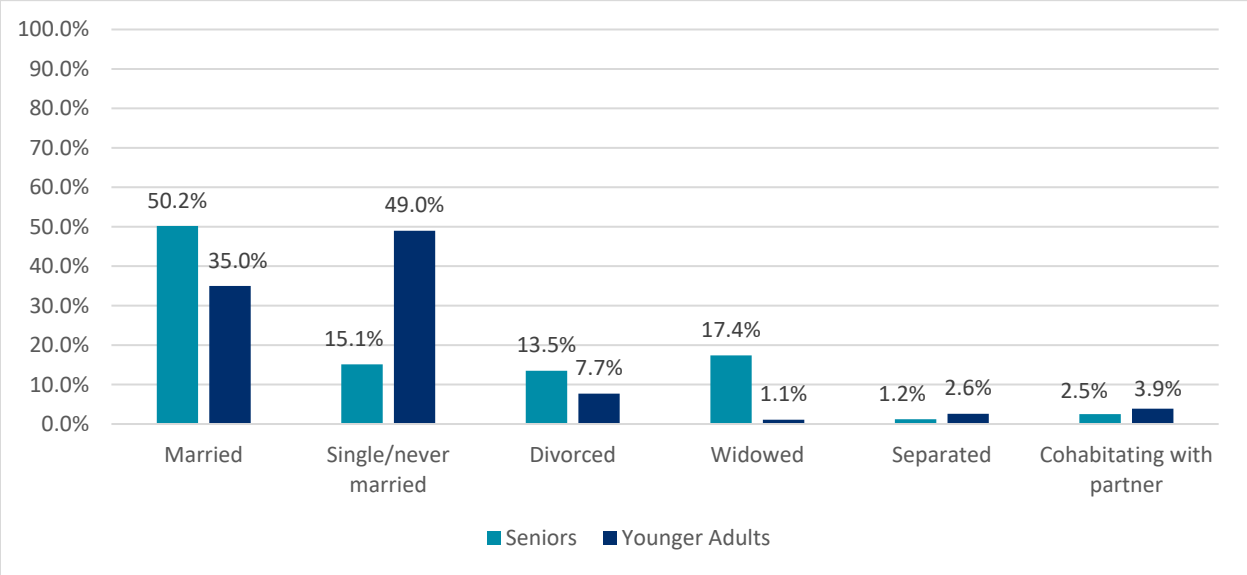
Marital Status

Having a spouse typically means greater companionship and in turn, greater social support. Married partners often share health care benefits.[1]

About half of seniors are married, as illustrated in Figure 9. There are some significant differences in marital status based on age group. Not surprisingly, seniors are significantly more likely than younger adults to have been widowed—17.4% of seniors are widows or widowers, compared to only 1.1% of younger adults.

Seniors are more likely to be married, and less likely to be single, when compared to younger adults. Seniors are also slightly more likely to have been divorced.

Figure 9. Marital Status



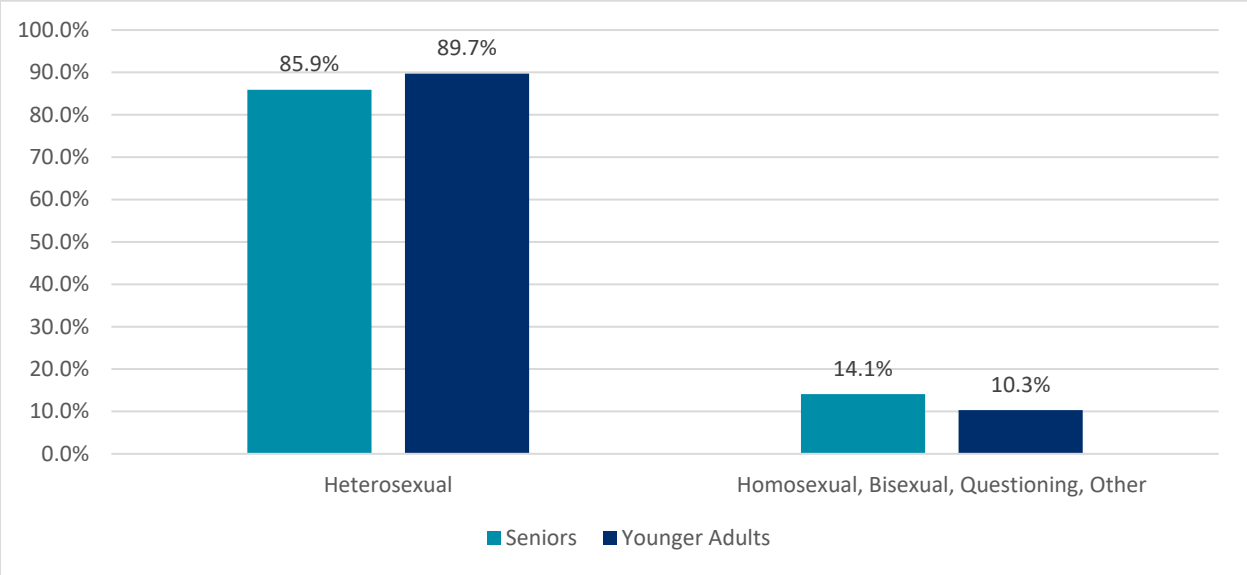
[1] The Effects of Marriage on Health: A Synthesis of Recent Research Evidence: A Research Brief. (2007). U.S. Department of Health and Human Services. https://aspe.hhs.gov/sites/default/files/pdf/75106/report.pdf

Sexual Orientation

Same sex couples are a minority across the United States; however, the greater Palm Springs area has one of the highest per capita rates of same sex couples in the nation.[1] To identify sexual and gender orientation, participants were asked if they considered themselves to be heterosexual, homosexual, bisexual, questioning, or other.

As illustrated in Figure 10, most seniors (85.9%) identify as heterosexual, while 14.1% identify as homosexual, bisexual, questioning, or other. This is not significantly different than the ratio for younger adults.

Figure 10. Sexual Orientation



[1] Facts and Findings from the Gay and Lesbian Atlas. (2004). Urban Institute. http://www.urban.org/sites/default/files/alfresco/publication-pdfs/900695-Facts-and-Findings-from-The-Gay-and-Lesbian-Atlas.PDF

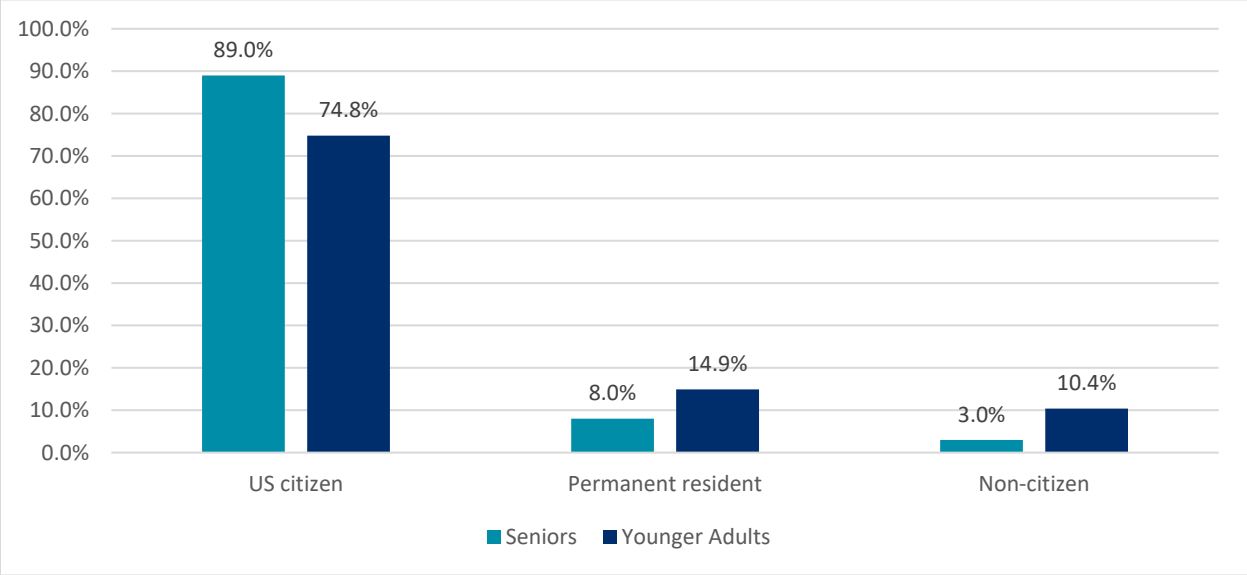
Citizenship and Residency

It is important to examine citizenship status, because people who are not United States citizens sometimes don't have access to the same support systems that citizens do, such as public assistance programs like welfare, Medicaid, and food stamps.

To assess citizenship, participants were asked a series of questions about residency. Some people who are not citizens may be hesitant to admit their lack of citizenship for fear of legal repercussions, including deportation. To encourage participation, these questions were prefaced with the statement, "The following questions are on citizenship and immigration. Your answers are confidential and will not be reported to any government agency."

Most seniors (89.0%) are U.S. citizens, as illustrated in Figure 11. This is significantly more common for seniors than for younger adults, where only 74.8% are U.S. citizens. While lack of citizenship is uncommon for local seniors, there are more than 3,800 Coachella Valley seniors who are not citizens nor permanent residents with green cards.

Figure 11. Citizenship Status

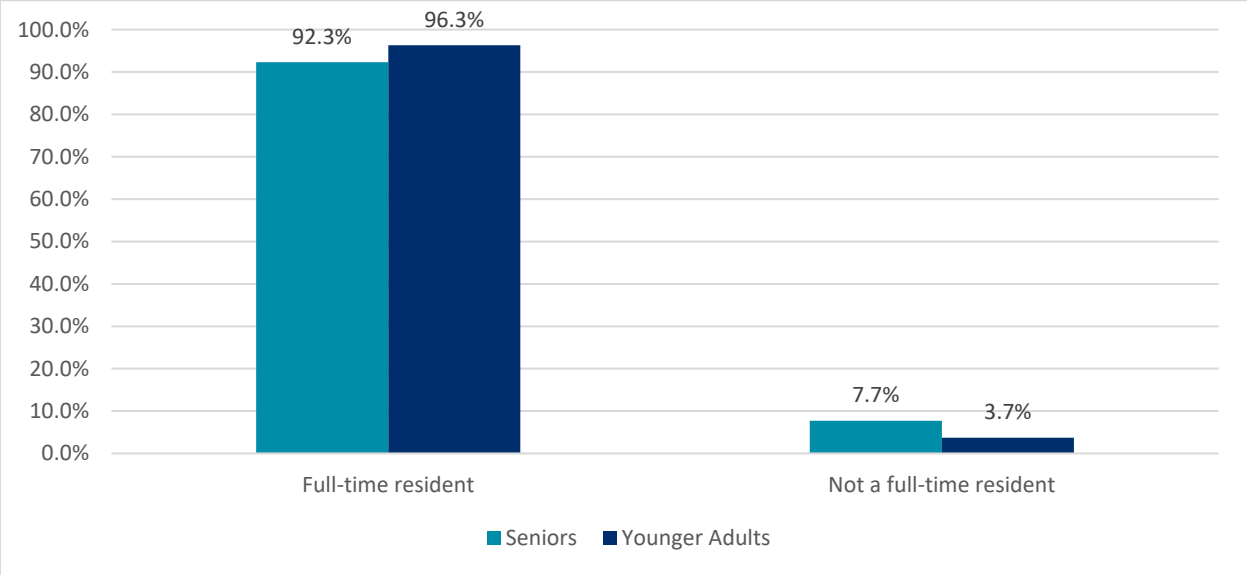


Part-Time Residents

Because of the climate and relatively low cost of living, many people have chosen to make the Coachella Valley their second home. These seasonal residents, known as "snowbirds", typically spend the winter months in the Valley, and the hotter summer months in their other home—often a northern state, or Canada. This survey only captured information from people who stay in the Valley for at least one month out of the year; those who live in the Valley for 30 days or less were excluded from this sample.

As illustrated in Figure 12, about 7.7% of local seniors are snowbirds who do not live here year-round. This is significantly larger than the proportion of younger adults who are snowbirds. Most seniors who are snowbirds (60.6%) stay in the valley for 5 to 6 months of the year.

Figure 12. Seasonal Residents in Coachella Valley

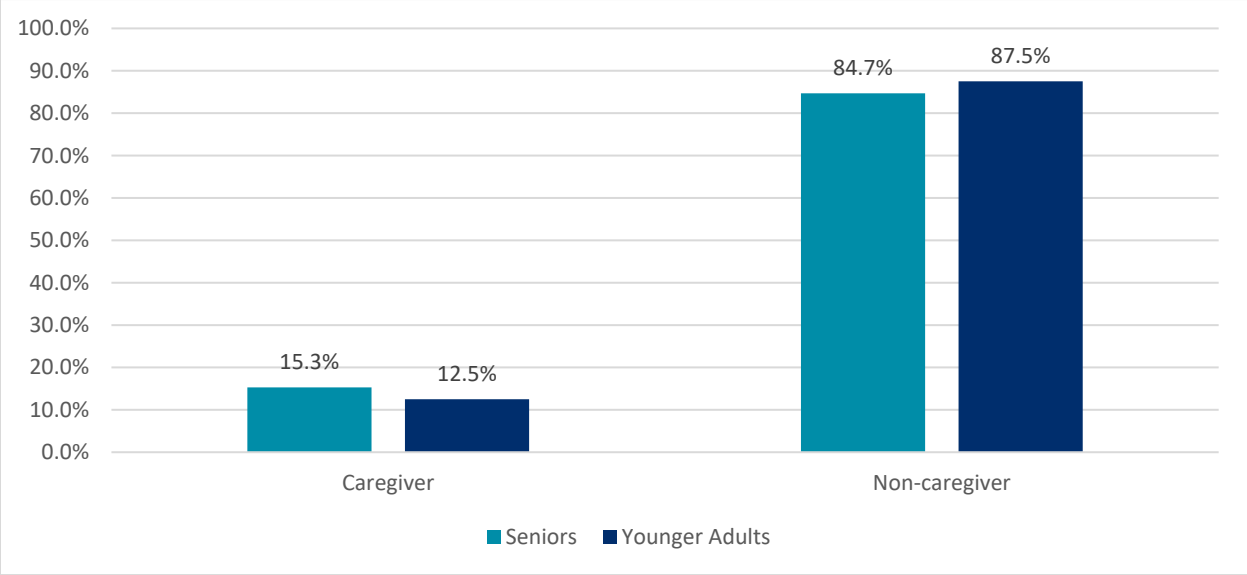


Caregiving

Caregiving for another adult is fairly common, especially for older adults who may need greater levels of assistance. Not only does caregiving require physical and sometimes financial assistance, but also emotional and social support. Although it can be a rewarding experience, it can also present burdens. For example, according to the Centers for Disease Control (CDC), caregivers frequently experience economic hardships, increased levels of depression and anxiety, compromised immune functions, and increased risks of early death.[1]

Approximately 15.3% of local seniors are caregivers who provide unpaid care or assistance to a family member or friend with a health condition, long-term illness, or disability. This equates to nearly 19,500 seniors who are serving as caregivers. This is relatively similar to rates among young adults, as illustrated in Figure 13.

Figure 13. Caregiving Status



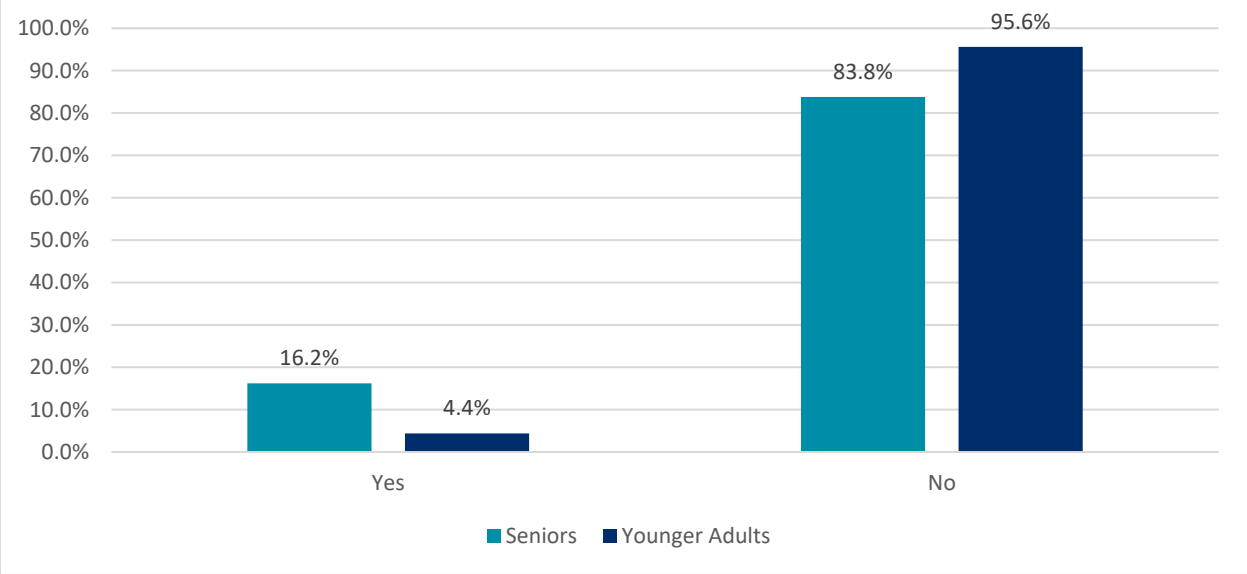
[1] Caregiving. (2016). Centers for Disease Control and Prevention. http://www.cdc.gov/aging/caregiving/index.htm

Military Service

While being in the military offers promising benefits, there are also harmful effects. Military service in which there is exposure to frightful and harmful situations can result in post-traumatic stress disorder and irreversible physical injuries.

About 16.2% of seniors—more than 20,700 people—have served on active duty in the Armed Forces of the United States. This is significantly more common among seniors than younger adults, only 4.4% of whom are veterans, as illustrated in Figure 14.

Figure 14. Ever Served Active Duty



About half of senior veterans (55.7%) were deployed during their service. This is about the same as the rate for younger veterans, 58.0% of whom were deployed.

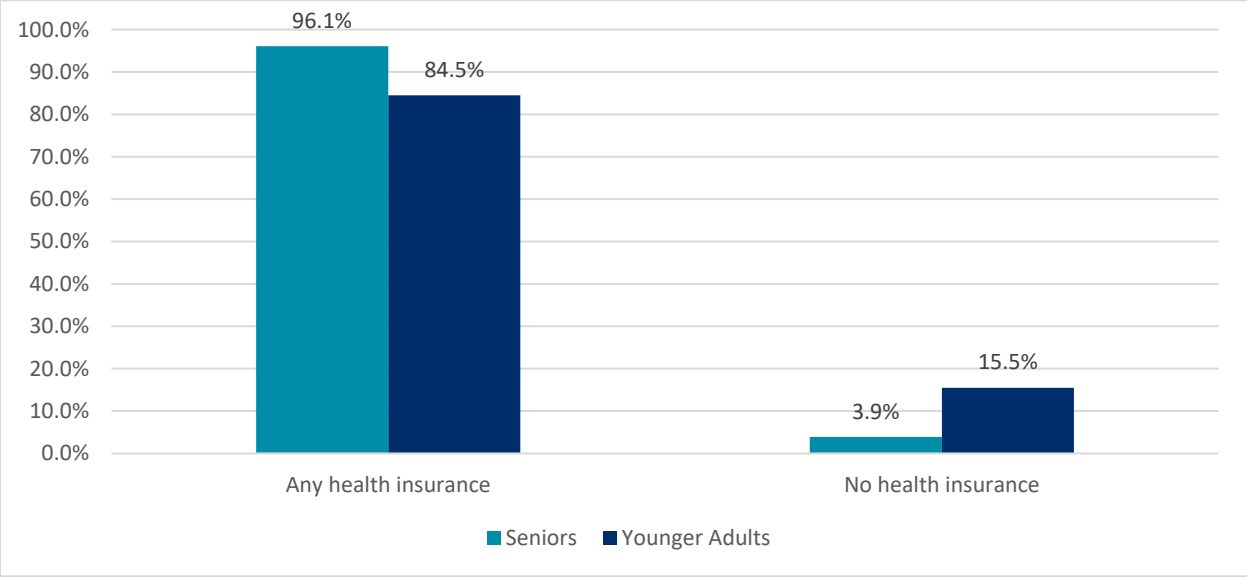
Section 2: Healthcare Access and Utilization

In the United States, health insurance is the primary means for accessing and obtaining needed medical care and for reimbursing providers who deliver medical care. Uninsured persons tend to have fewer healthcare visits than those who are insured.[1] Uninsured persons also receive less preventive health care, less service for major health conditions, and less service for chronic diseases.[2] However, it's not enough to simply have health insurance; one must also seek treatment and utilize healthcare services in order to maintain good health.

Health Insurance Coverage

The vast majority of seniors (96.1%) have some type of health insurance, as illustrated in Figure 15. Seniors are significantly more likely to have health insurance coverage than their younger counterparts. Specifically, only 3.9% of seniors lack any type of insurance, compared to 15.5% of younger adults. This is because U.S. citizens are eligible for Medicare at age 65.

Figure 15. Health Insurance Coverage



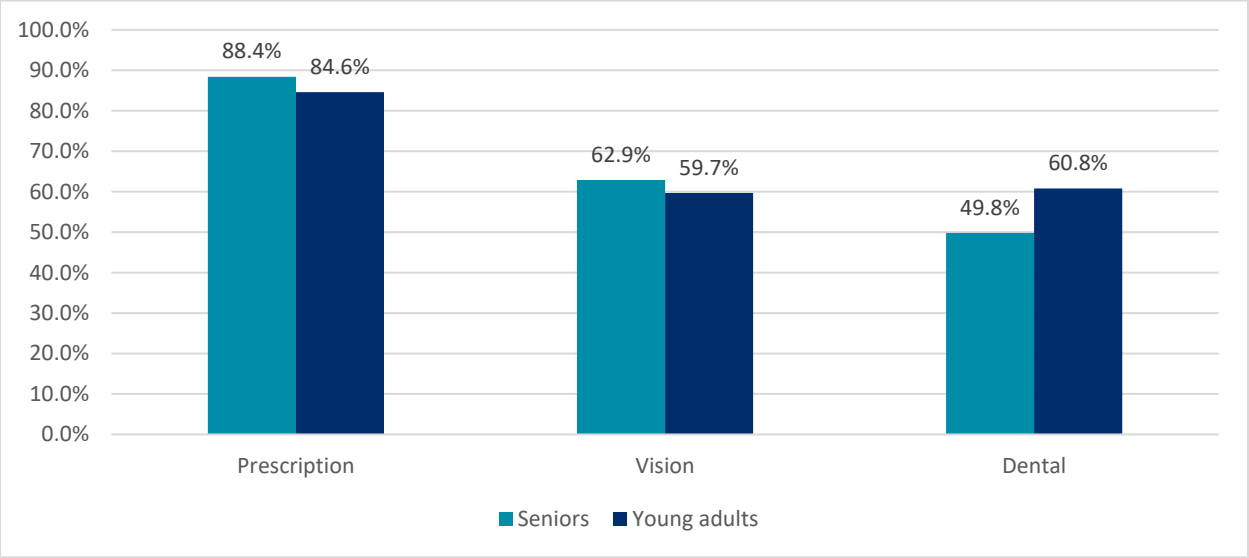
[1] Key Facts about the Uninsured Population. (2015). The Kaiser Commission on Medicaid and the Uninsured. http://files.kff.org/attachment/fact-sheet-key-facts-about-the-uninsured-population

[2] Ibid.

Types of Health Insurance

Participants were next asked whether they had insurance that paid for some or all of their prescription drugs, routine dental care, and routine vision care. Most seniors (88.4%) have prescription drug coverage. However, about half of seniors lack dental insurance, as illustrated in Figure 16. Seniors are significantly less likely to have dental insurance than their younger counterparts.

Figure 16. Coverage Types



Recent Use

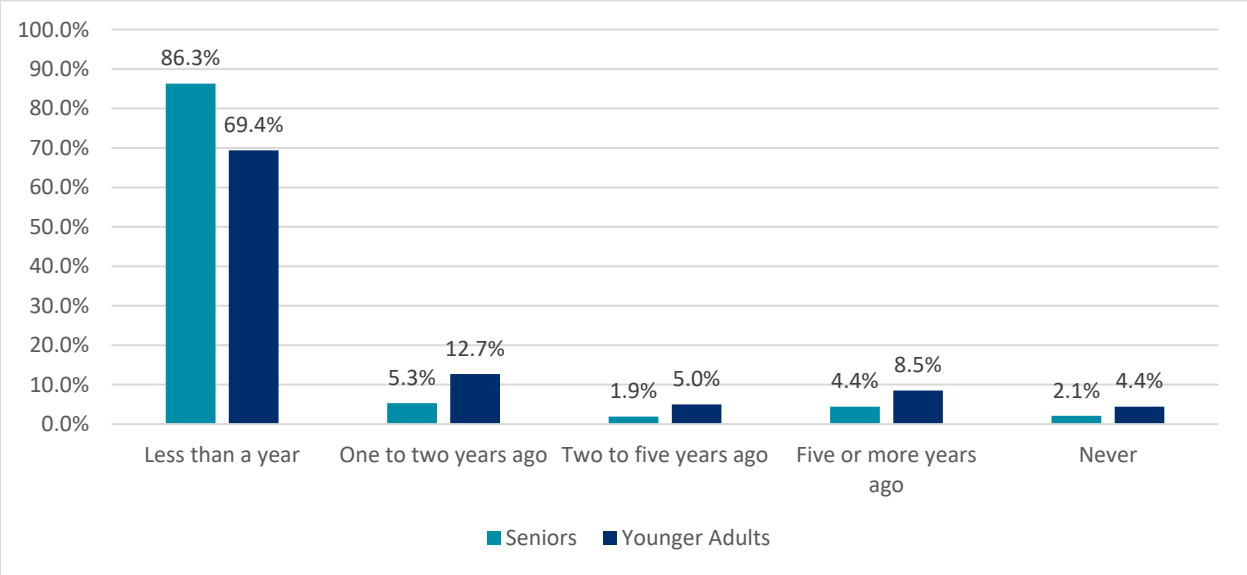
Ideally, all adults should visit a healthcare provider with some regularity. Regular care increases the likelihood that any health problems will be identified and treated early on, leading to better health outcomes. On a national level, the CDC estimated in 2014 that about 83% of adults had contact with a healthcare professional within that year.[1]

Participants were asked, "About how long has it been since you last visited a doctor for a routine checkup?"

As illustrated in Figure 17, the majority of seniors (86.3%) have visited a doctor for a routine check-up within the last year. Overall, seniors are significantly more likely to have had a recent check-up than younger adults.

It is worth noting that more than 5,600 local seniors have not had a check-up in the past five years, and thus, are likely overdue. Additionally, the 2,680+ seniors who have never had a routine check-up should likely get one as soon as possible.

Figure 17. Routine Checkups



[1] Ambulatory Care Use and Physician office visits. (2014). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/fastats/physician-visits.htm

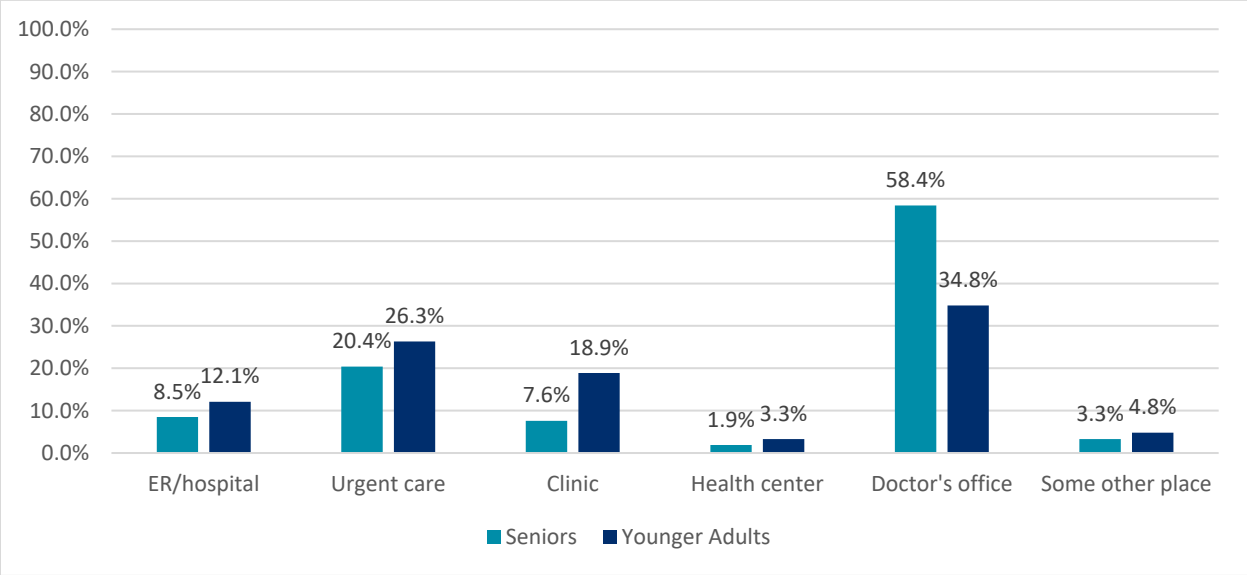
Usual Source of Care

In an ideal world, adults' usual source of care would be a primary care physician, who would be able to provide the continuity of care that is crucial to protecting and promoting health. Emergency rooms, in contrast, should ideally be used for emergencies only, and should not be a usual source of care. To assess usual source of care, participants were asked, "When you are sick or in need of health care, where do you usually go?"

Most seniors (58.4%) cite their doctor's office as their usual source of care, as illustrated in Figure 18. However, 20.4% use urgent care as their usual source of care, and 8.5% use the emergency room or hospital.

Seniors are significantly more likely than their younger counterparts to state that their usual source of care is at the doctor's office; 58.4% versus 34.8%, respectively.

Figure 18. Usual Source of Care



Barriers to Receiving Care

People may be prevented from receiving regular healthcare by a wide variety of barriers, such as increased costs, inconvenient hours, and not understanding what is covered by the health plan, to name a few. Addressing these barriers may increase the number of adults who receive regular care. To identify local barriers to care, participants were asked to report if certain barriers made it "very difficult" or prevented them from receiving healthcare in the past year.

The most common barrier to receiving care for seniors was understanding what is covered by their plan (13.7%), as illustrated in Table 2. Overall, seniors are less likely than their younger counterparts to experience all listed barriers.

Table 2. Barriers to Receiving Care

Barriers	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Understanding what is covered by your plan	13.7%	17,423	21.6%	37,866
Hours that the healthcare provider is open to see patients	9.3%	11,862	23.4%	41,420
Not having authorization from an HMO	8.2%	10,041	14.4%	24,155
Finding a doctor of the sex/age/ethnicity or sexual orientation that is comfortable for you	7.4%	9,438	9.6%	17,087
Transportation	7.2%	9,214	10.3%	18,419
Taking time off work	3.9%	4,937	17.4%	31,118
Language barriers or problems	3.4%	4,332	8.3%	14,863
Unable to find childcare or homecare	1.5%	1,866	3.6%	6,455

Section 3: Preventive Health Screenings

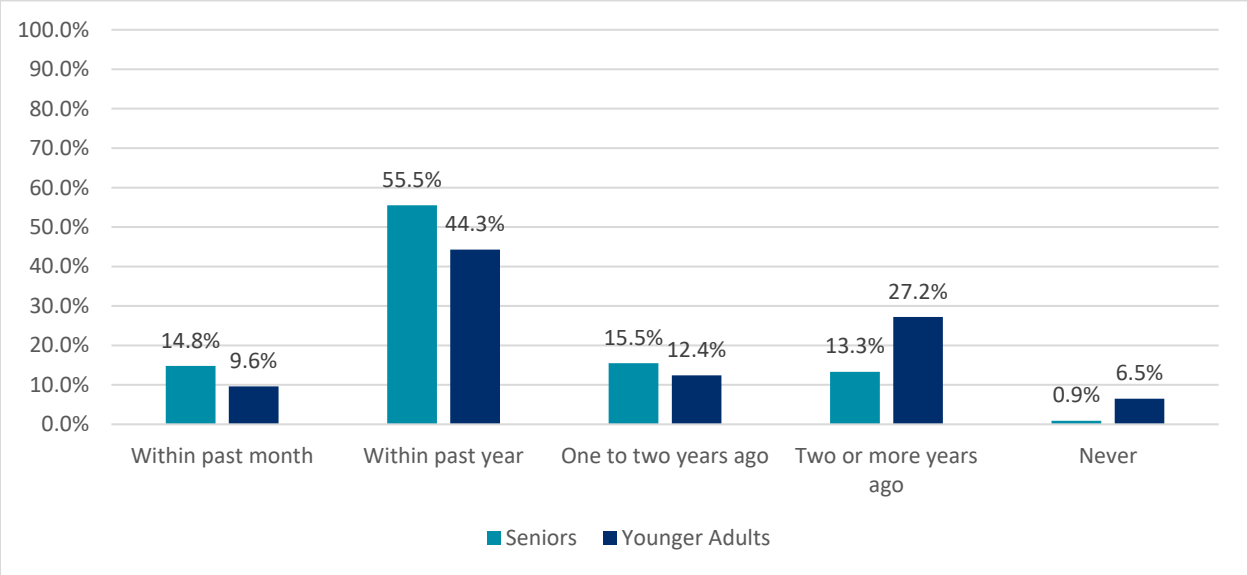
Preventive health—or preventative health—refers to steps that can be taken to promote health and well-being and prevent disease and disability. There are many preventive health screenings available to assist in the early identification and treatment of major diseases, such as mammogram screenings for breast cancer, colonoscopies to check for colon cancer, PSA blood tests and digital rectal exams for the detection of prostate cancer, among others.

Vision Care

Having good vision and the appropriate care is not only important for quality of life but for functioning in daily activities. The American Optometric Association recommends that adults between the ages of 18 and 60 receive an eye exam every two years, while people age 60 and older should have eye exams annually.[1]

Most local seniors (70.3%) have had an eye exam sometime within the past year, as illustrated in Figure 20. This is significantly more than younger adults (53.9% of whom have had an eye exam within the past year). The 16,900 seniors who have not had an eye exam in the past two years, along with the 1,180 who have never had an eye exam, should schedule one promptly.

Figure 20. Previous Eye Exam



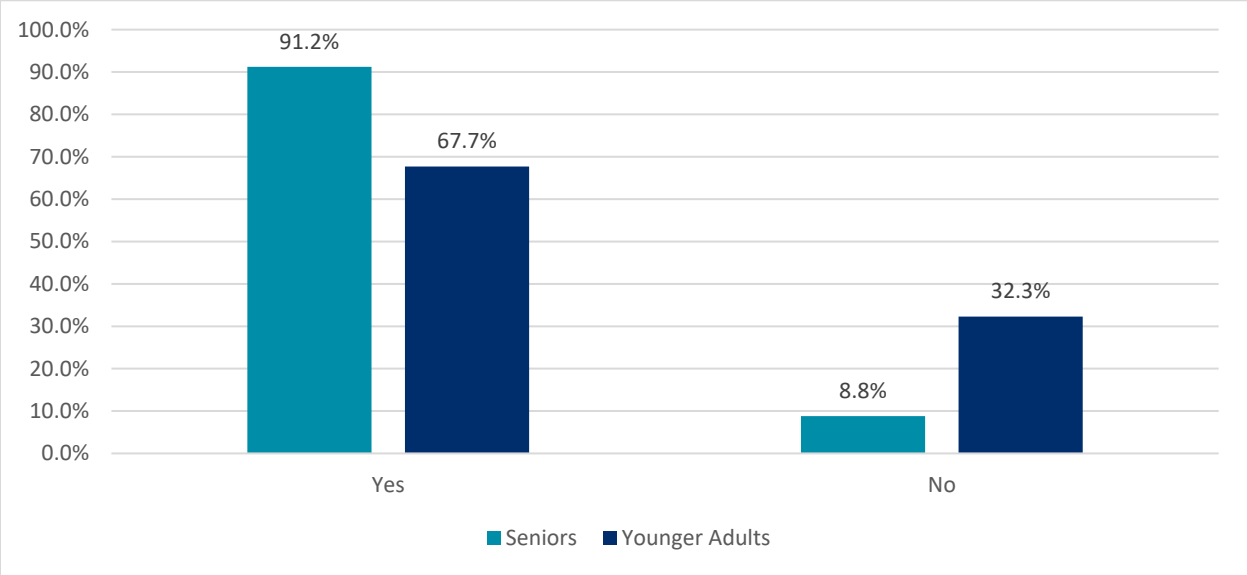
[1] Recommended Eye Examination Frequency for Pediatric Patients and Adults. (n.d.). American Optometric Association. http://www.aoa.org/patients-and-public/caring-for-your-vision/comprehensive-eye-and-vision-examination/recommended-examination-frequency-for-pediatric-patients-and-adults?sso=y

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. In most cases, a doctor's blood cholesterol screening is the only way to show high blood cholesterol. According to the CDC, cholesterol levels should be checked by a healthcare provider every four to six years.[1]

Most local seniors (91.2%) have had their blood cholesterol checked at least once in their lifetime, as illustrated in Figure 21. This is significantly higher than the rates for younger adults, where only 67.7% have ever had the test. The 10,900+ seniors who have never had a cholesterol test should get one right away.

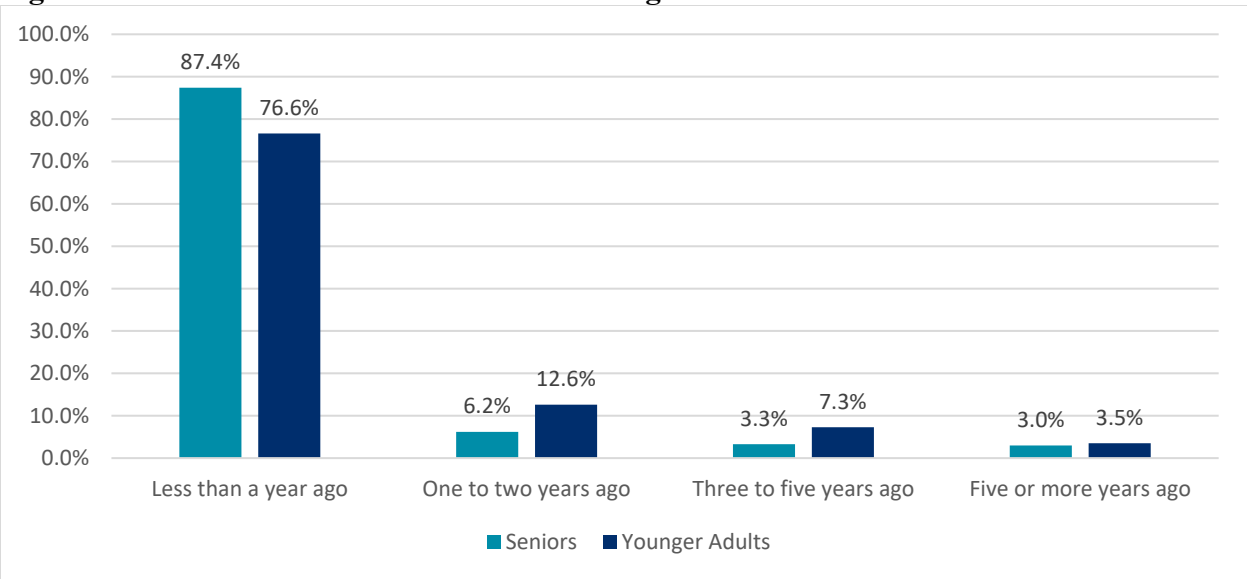
Figure 21. Ever Received a Blood Cholesterol Check



[1] Preventing or Managing High Cholesterol: Other Medical Conditions. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/cholesterol/medical_conditions.htm

Of those who received a cholesterol test at least once in their lives, most received one within the past year, as illustrated in Figure 22. Seniors are more likely to have received a recent blood cholesterol test than younger adults, who tend to wait longer between tests.

Figure 22. Previous Blood Cholesterol Screening

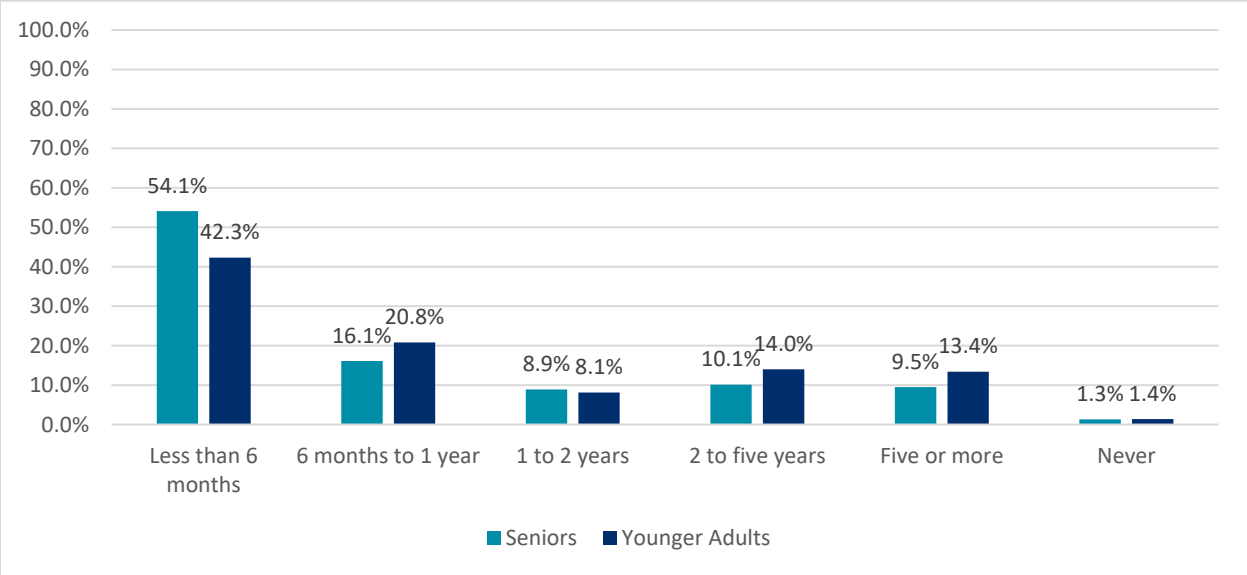


Dental Care

Oral health problems are common but preventable with periodic, regular dental visits. The American Dental Association recommends regular dental visits, although the frequency of visits depends on oral health history.[1] Almost 50% of all adults over the age of 30 have signs of gum disease[2], and advanced gum disease affects 4% to 12% of adults in the United States.[3] In addition, a fourth of U.S. adults aged 65 and older have lost all of their teeth.[4]

Most local seniors (70.2%) have been to a dentist within the past year, as illustrated in Figure 23. This is relatively similar to the rates for younger adults as well.

Figure 23. Time since Last Dentist Visit



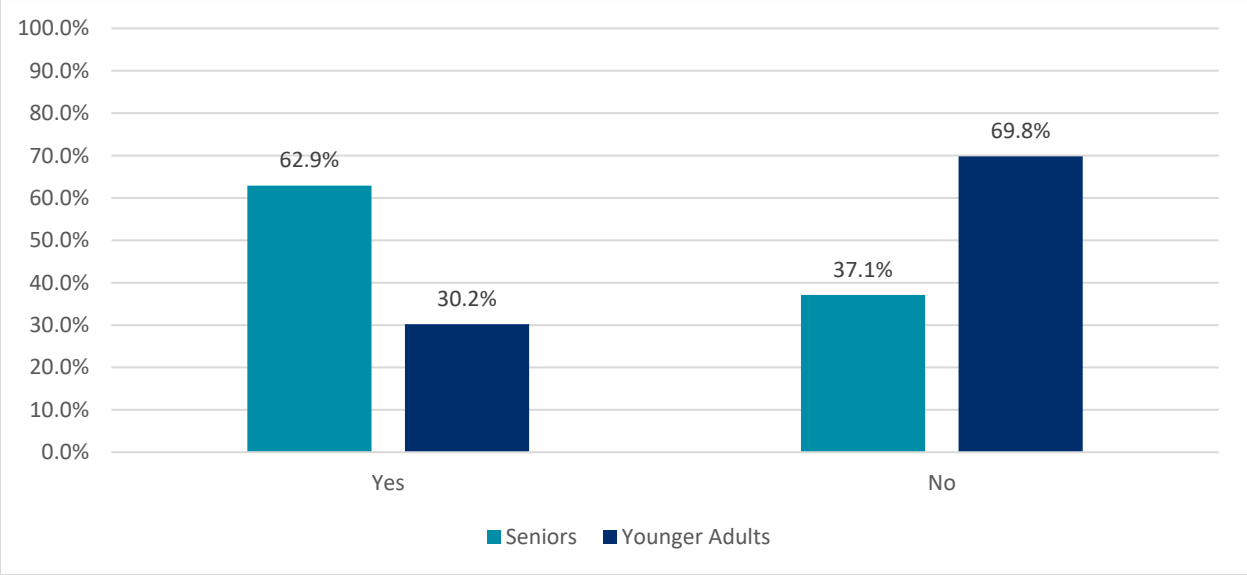
[1] American Dental Association Statement on Regular Dental Visits. (2013). American Dental Association. http://www.ada.org/en/press-room/news-releases/2013-archive/june/american-dental-association-statement-on-regular-dental-visits
[2] Oral Health. (2016). Centers for Disease Control and Prevention. http://www.cdc.gov/chronicdisease/resources/publications/aag/oral-health.htm
[3] Oral Health: Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers At A Glance 2011. (2011). Centers for Disease Control and Prevention. https://stacks.cdc.gov/view/cdc/11862
[4] Ibid

Flu Vaccine

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. The flu (influenza) is a respiratory illness that causes mild to severe health problems.[1] The CDC recommends that all people older than six months of age should be vaccinated against influenza annually, with extremely rare exceptions.[2]

Approximately 62.9% of local seniors have had a flu vaccine in the past year, as illustrated in Figure 24. This is a significantly higher rate than that for younger adults; only 30.2% of younger adults received the flu vaccine in the past year. The 47,350+ seniors who have not had a flu vaccine in the past year are at risk for contracting the flu more often and having a more severe illness.

Figure 24. Received Flu Vaccine in Past Year



[1] Seasonal Influenza. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/flu/about/disease/index.htm
[2] Vaccination: Who Should do It, Who Should Not, and Who Should Take Precautions? (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/flu/protect/whoshouldvax.htm

Section 4: Health Behaviors

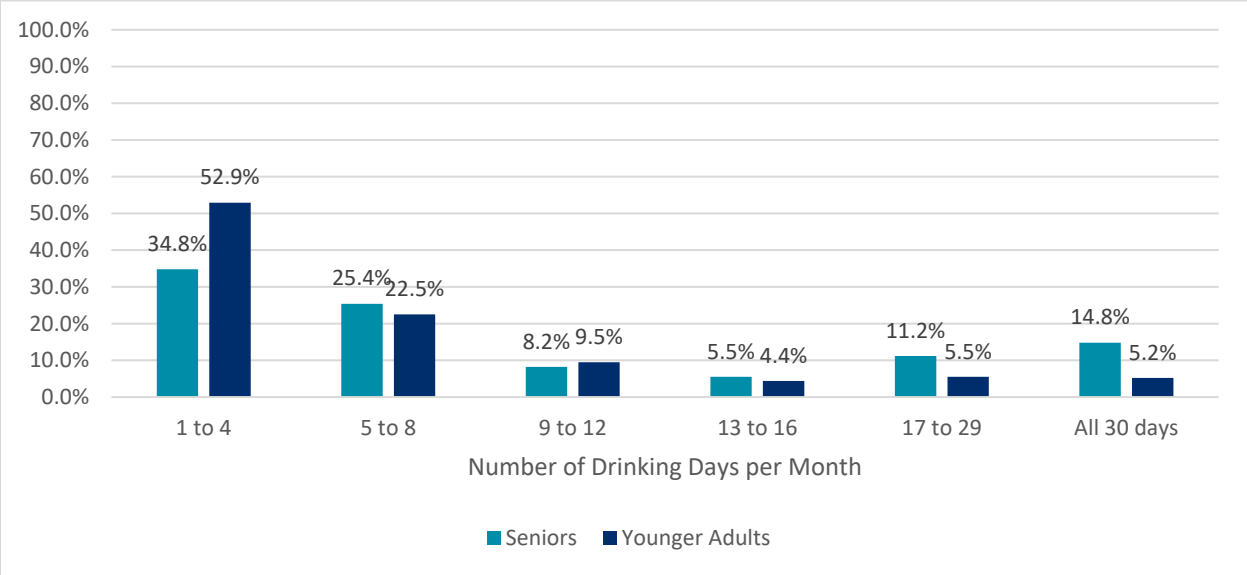
Alcohol Use

Alcohol, most often consumed in liquid beverages, is a legal psychoactive drug in the United States. In 2014, the National Institute of Alcohol Abuse and Alcoholism estimated that 87.6% of adults have consumed alcohol at some point in their lifetime.[1] It is recommended that alcohol only be consumed in moderation. According to the Dietary Guidelines for Americans, moderate consumption is one drink per day for women and up to two drinks per day for men.[2]

Approximately 54.6% of local seniors (69,470+ people) are considered active drinkers—that is, they have had at least one alcohol beverage in the prior month. The other 45.4% have not had any alcohol in the past month. This is relatively similar to rates for younger adults, 47.6% of whom are active drinkers (84,830+ people).

Most senior active drinkers (60.2%) eight days per month or less, which equates to one to two drinks per week at most. Senior drinkers drink alcohol significantly more often than younger drinkers. As illustrated in Figure 25, 14.8% of senior drinkers consume alcohol every day, compared to 5.2% of younger adults.

Figure 25. Number of Drinking Days per Month – Active Drinkers Only



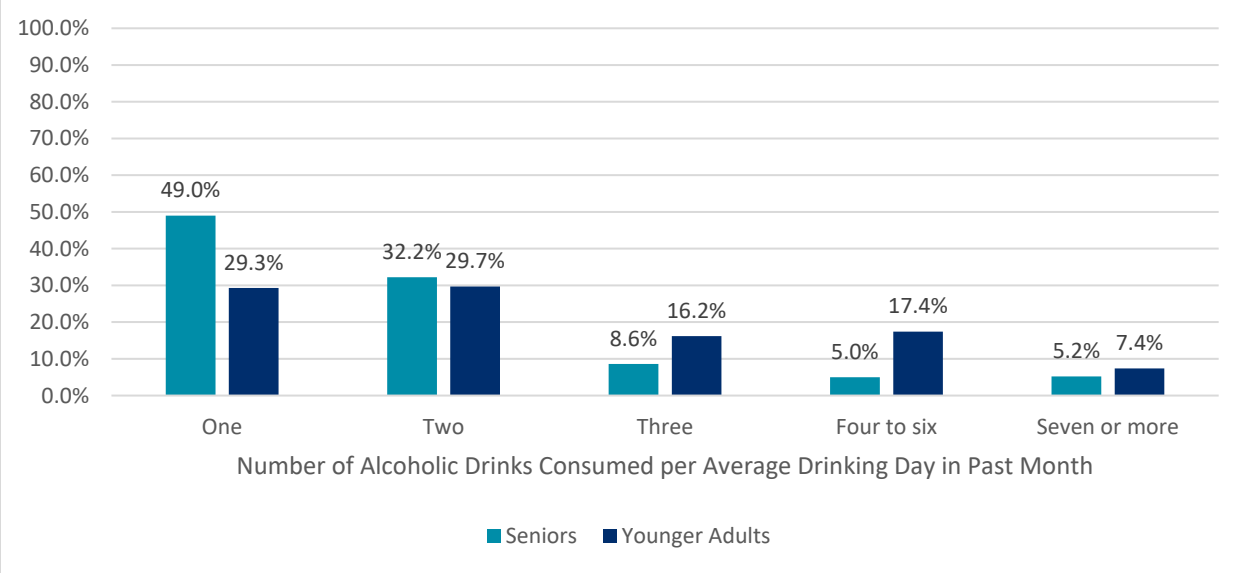
[1] Alcohol Facts and Statistics. (2016). National Institute on Alcohol Abuse and Alcoholism. https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics

[2] Dietary Guidelines for Americans. 8th Edition. (2015). U.S. Department of Health and Human Services and U.S. Department of Agriculture. http://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

Drinking every day is not necessarily bad for your health, depending on how much you drink each day. Thus, the next important variable to consider is how many alcoholic beverages these drinkers consume on each day that they drink.

As illustrated in Figure 26, on an average drinking day, most senior drinkers (81.2%) consume one to two alcoholic beverages, which constitutes moderate drinking and is likely not cause for concern. In fact, senior drinkers are significantly less likely to drink four or more drinks in one sitting than younger drinkers—10.2% compared to 24.8%.

Figure 26. Amount of Drinks per Drinking Day – Active Drinkers Only



Having four or more drinks on a single occasion for women, and five or more for men qualifies as binge drinking.[1] The consumption of any amount of alcohol that raises an individual's blood alcohol concentration (BAC) to 0.08 or more also qualifies as binge drinking.[2]

According to the CDC, one out of six Americans binge drinks approximately four times a month and consumes about eight drinks each time. More than half of the total amount of alcohol consumed in the United States is through binge drinking, and binge drinking is twice as common among men compared to women. Binge drinking has been linked to several health problems, such as liver disease, neurological damage, cardiovascular conditions, alcohol poisoning, and physical injuries.[3]

[1] Fact Sheets – Alcohol Use and Your Health. (2016). Centers for Disease Control and Prevention. http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm
[2] Fact Sheets – Binge Drinking. (2014). Centers for Disease Control and Prevention. http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm
[3] Ibid.

As illustrated in Table 3, senior drinkers are significantly less likely than younger drinkers to engage in binge drinking. However, nearly 3,900 local seniors engaged in binge drinking seven or more times in the past month, and may be at risk for health problems.

Table 3. Number of Binge Drinking Occasions in Past Month – Active Drinkers Only

Binging	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
No binging occasions	77.9%	54,036	48.6%	41,236
One occasion	6.3%	4,402	20.0%	17,004
Two occasions	4.8%	3,361	12.1%	10,256
Three to six occasions	5.3%	3,645	11.3%	9,603
Seven or more occasions	5.6%	3,899	7.9%	6,732
Total	**100%**	**69,343**	**100%**	**84,831**

Not all of the ill effects of alcohol on health are manifested internally. Another threat to health is that of driving while under the influence, which puts not only the drinker at risk, but also other people around them. In 2015, the Department of Transportation found that there were 10,265 deaths in the U.S. due to driving while under the influence of alcohol.[1]

To assess driving under the influence, participants were asked, "During the past 30 days, how many times have you driven when you've had perhaps too much to drink?" Results show that 97.9% of senior drinkers have not driven under the influence, nor have 96.7% of younger drinkers. Thus, this is not a common phenomenon, but it does present a danger not just to the 1,460+ seniors drinking and driving, but to those around them as well.

[1] Centers for Disease Control and Prevention (2017). Motor Vehicle Safety: Impaired Driving – Get the Facts. Available online at https://www.cdc.gov/motorvehiclesafety/impaired_driving/impaired-drv_factsheet.html

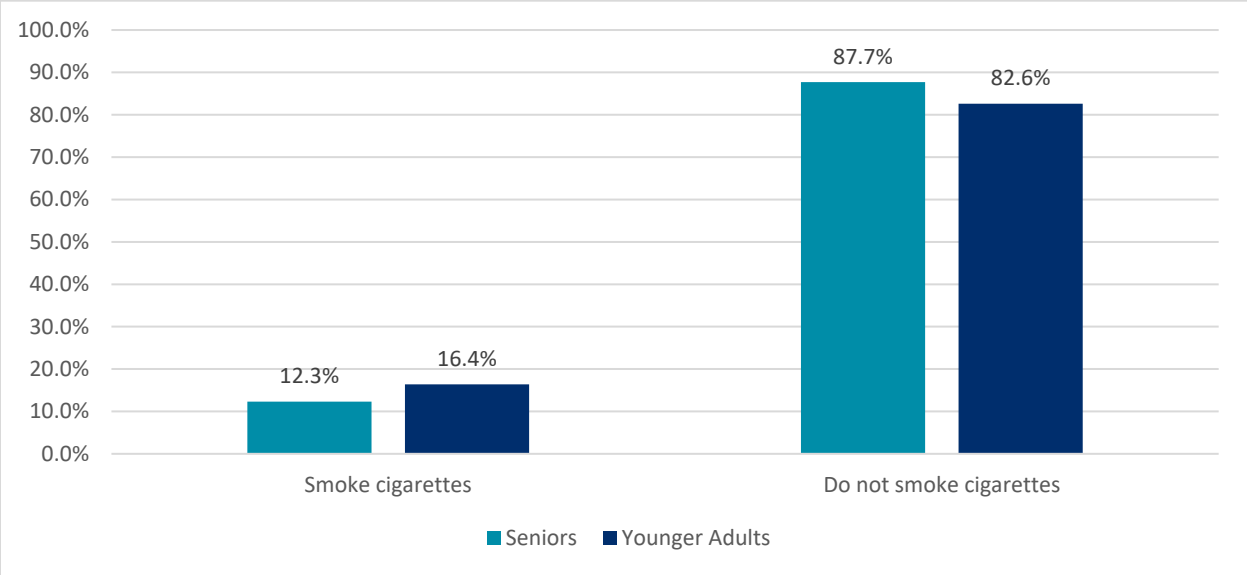
Tobacco Use

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

According to the CDC, 16.8% of American adults (40 million people) 18 years and older are current smokers.[1] Tobacco use is still the leading preventable cause of death and is considered responsible for about 6 million deaths annually.[2]

Approximately 12.3% of seniors (15,750+ people) smoke cigarettes, as illustrated in Figure 27. This is similar to the rates for younger adults.

Figure 27. Smoking



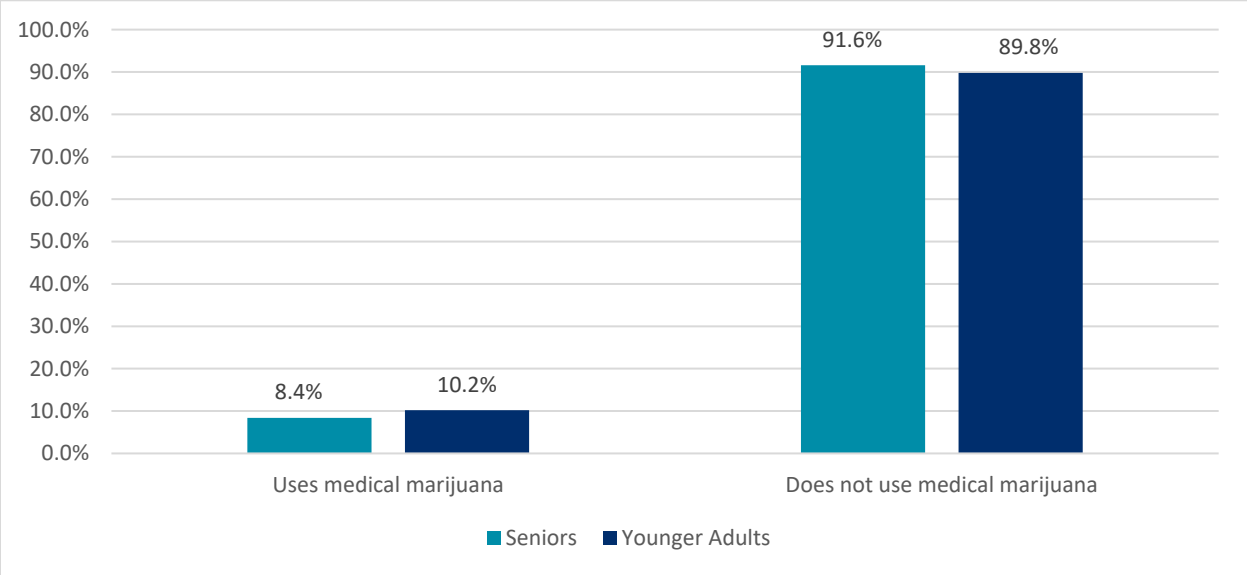
[1] Smoking & Tobacco Use. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
[2] Ibid.

Medical Marijuana Use

California Senate Bill (SB) 420 (Chapter 875, Statutes of 2003) 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.[1]

Approximately 8.4% of local seniors (10,650+ people) use marijuana for medical purposes such as chronic pain, glaucoma, nausea and vomiting associated with cancer and its treatment, epilepsy, HIV, and appetite stimulation. There is no significant difference in medical marijuana use between the age groups; that is, rates of use are very similar, as illustrated in Figure 28.

Figure 28. Medical Marijuana Usage



[1] Medical Marijuana Program. (2014) California Department of Public Health. http://www.cdph.ca.gov/programs/MMP/Pages/MMPFAQ.aspx

Sleep

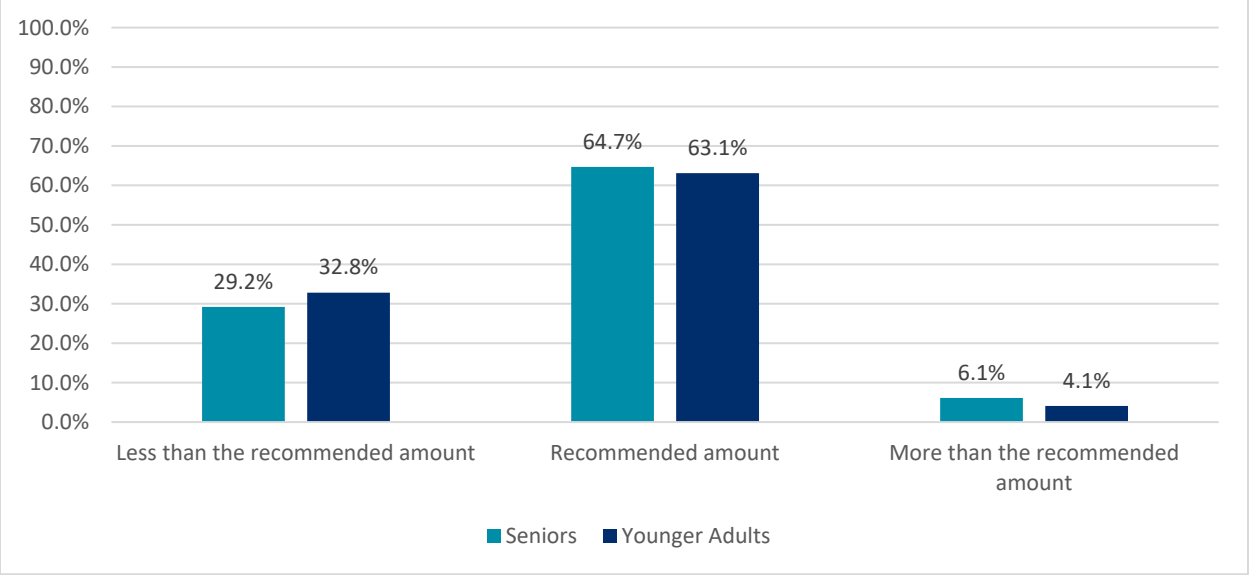
Getting enough sleep every night plays an integral role in one's health and well-being. According to the National Heart, Lung, and Blood Institute, having a deficiency in sleep can affect cognition, emotions, physical health, and daytime functioning.[1] A shortage of the proper amount of sleep is also linked to the development of chronic diseases such as diabetes, cardiovascular disease, obesity, and depression.[2] Sleep deficiency is also associated with sleep-specific disorders including insomnia, narcolepsy, restless leg syndrome, and sleep apnea.[3]

The National Sleep Foundation recommends that adults age 18 to 64 should have seven to nine hours of sleep per night, while seniors age 65 and older should have between seven to eight hours of sleep per night.[4]

Participants were asked to report the number of hours of sleep they got on an average night, which was then compared to the recommendations for their specific age. Most seniors (64.7%) are getting the recommended amount of sleep for their age range, as illustrated in Figure 29. Patterns of sleep are very similar between seniors and younger adults; there are no significant differences.

The 36,950+ seniors who are not getting enough sleep have a high risk of poor health and quality of life. While sleeping more than the recommended amount is not inherently bad for a person's health, it may indicate other serious health problems are present and need to be treated.

Figure 29. Amount of Sleep



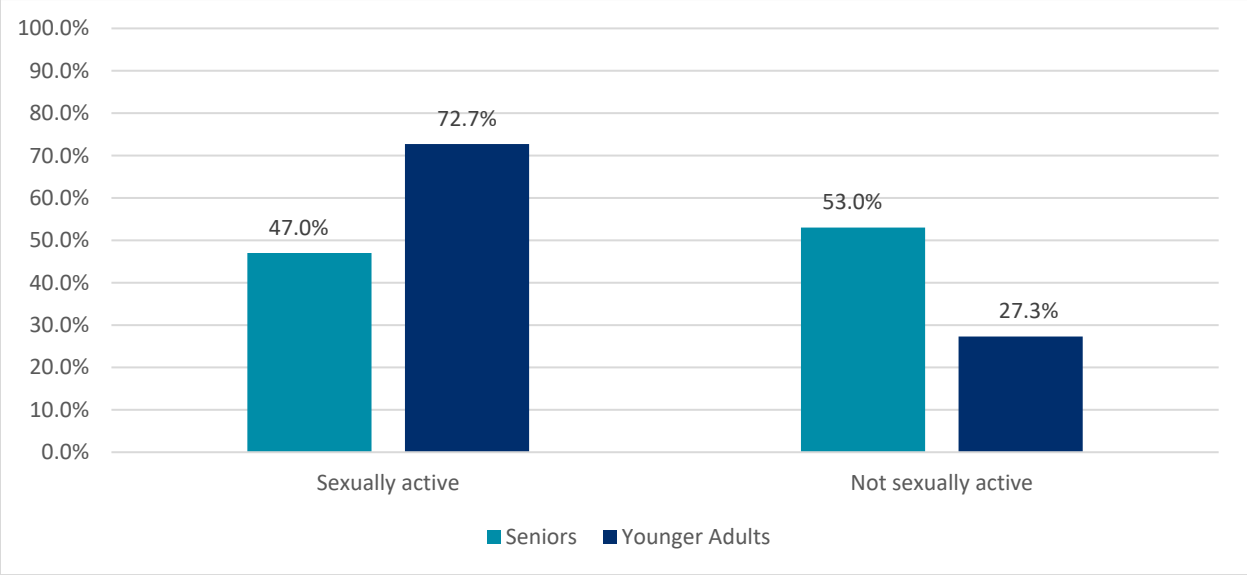
[1] Why is Sleep Important? (2012). National Blood, Heart, and Lung Institute. http://www.nhlbi.nih.gov/health/health-topics/topics/sdd/why
[2] Sleep and Chronic Disease. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/sleep/about_sleep/chronic_disease.html
[3] Ibid.
[4] National Sleep Foundation Recommends New Sleep Times (2015).National Sleep Foundation. https://sleepfoundation.org/media-center/press-release/national-sleep-foundation-recommends-new-sleep-times

Sexual Health

Sexuality is an intrinsic part of life. Sexual activity can foster intimacy, fulfill personal needs, and provide healthy exercise. However, irresponsible sexual activity can have negative results, such as the transmission of sexually transmitted diseases, unintended pregnancy, or violent behavior. Thus, it is important for people to protect their own sexual health and the sexual health of others.[1]

Participants were asked whether they were sexually active in the past 12 months. Only 47.0% of local seniors (58,430+ people) were sexually active in the prior year, as illustrated in Figure 30. This is significantly less sexually active than their younger counterparts, 72.7% of whom were sexually active in the prior year. Approximately 65,840+ local seniors have not been sexually active in the past year.

Figure 30. Sexual Activity during Past Year



[1] National Institutes of Health. (2001). The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior. https://www.ncbi.nlm.nih.gov/books/NBK44216/pdf/Bookshelf_NBK44216.pdf

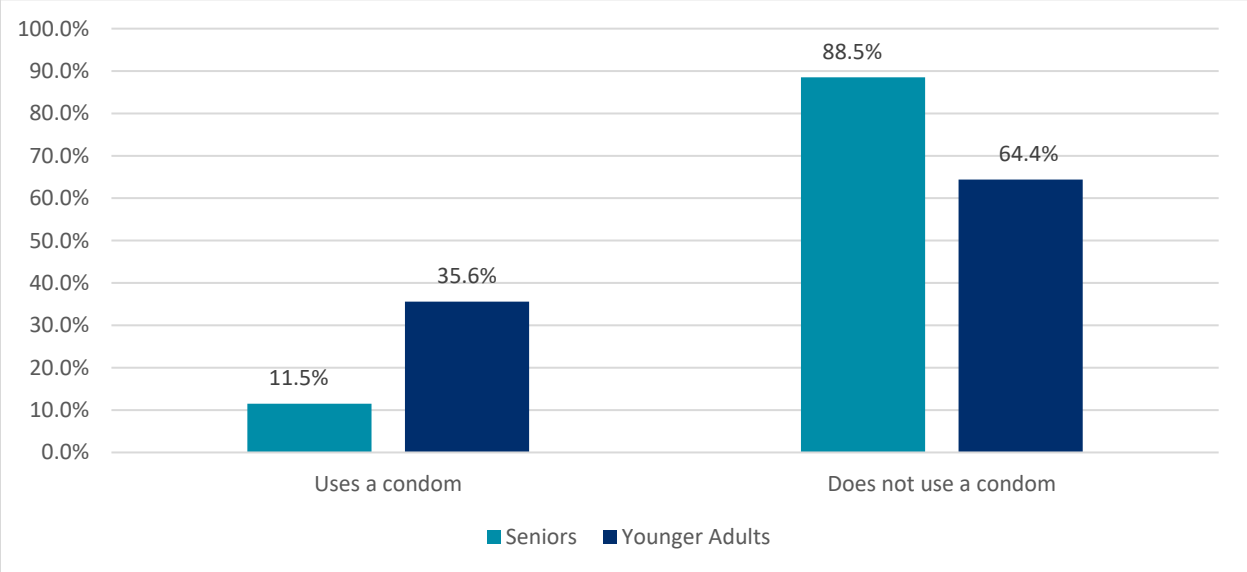
Sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs) or venereal diseases (VDs) are infections that can be transferred from one person to another through sexual contact and often do not cause visible symptoms. The most common STDs in the United States are human papillomavirus (HPV), chlamydia, trichomoniasis, gonorrhea, genital herpes, syphilis, and human immunodeficiency virus (HIV).[1]

STDs have a range of short-term and long-term health complications. Some of these complications include sores, warts, painful and frequent urination, itching and redness, blisters, odors, bleeding, abdominal pain, and fevers.[2] More long-term complications include cervical cancer, pelvic inflammatory disease, and infertility in women.[3]

One of the many methods to prevent the transmission of STDs includes practicing safe sex. As such, participants were asked whether they use a condom with their partner for protection from sexually transmitted diseases.

Only 11.5% of sexually active seniors use condoms, as illustrated in Figure 31. This is significantly less than the proportion of younger adults, 35.6% of whom use condoms during sex. This means that 51,400+ sexually active seniors are not using condoms. If they—and their partner—are monogamous, there is likely little risk of STD transmission. However, if either partner is sexually active with multiple partners, this becomes a serious health risk.

Figure 31. Condom Usage – Sexually Active People Only



[1] Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf
[2] What are the Symptoms of a Sexually Transmitted Disease or Sexually Transmitted Infection (STD/STI)? (2013). U.S. Department of Health and Human Services. https://www.nichd.nih.gov/health/topics/stds/conditioninfo/Pages/symptoms.aspx
[3] Sexually Transmitted Infections (STIs). (2015). World Health Organization. http://www.who.int/mediacentre/factsheets/fs110/en/

HIV/AIDS Screening

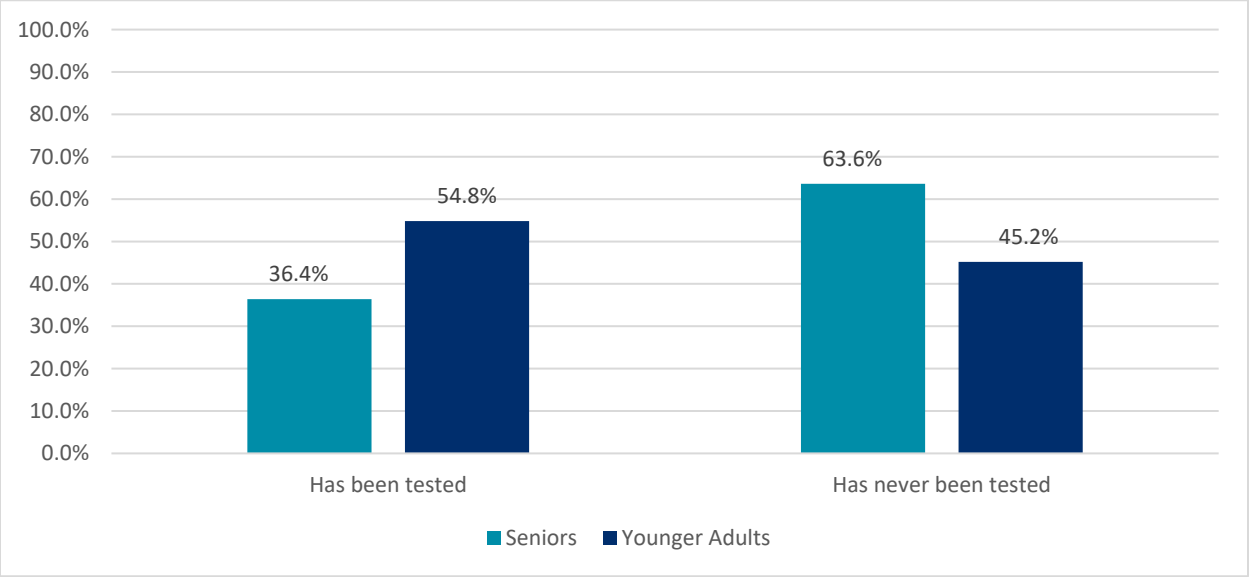
HIV is a virus that attacks the immune system. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease. AIDS (acquired immune deficiency syndrome) is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Because of a weakened immune system caused by HIV, an infected person's risk of developing serious illnesses, such as certain cancers, opportunistic diseases, and neurologic disorders increases.

The CDC has estimated there are about 1.2 million people aged 13 and above in the United States living with diagnosed or undiagnosed HIV/AIDS.[1]

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 at least once as part of their routine healthcare.[2] However, individuals who are high risk (e.g., those who engage in homosexual sex, have HIV positive partners, unprotected sex, numerous partners, intravenous drug use, etc.) should be tested annually.[3]

Despite these guidelines, the majority of seniors (63.6%, 79,170+ people) have *never* be tested for HIV, as illustrated in Figure 32. Seniors are significantly less likely than their younger counterparts to be tested for HIV; only 36.4% of seniors have been tested, compared to 54.8% of seniors.

Figure 32. HIV Testing



[1] HIV Testing (2016). Centers for Disease Control and Prevention. http://www.cdc.gov/hiv/testing/index.html
[2] Ibid.
[3] Ibid.

Section 5: 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 for 7 out of 10 deaths in the U.S., and approximately 117 million Americans have at least one chronic illness.[1] These conditions diminish one's quality of life and often result in continuous health care costs.

Chronic Illness and Major Disease

High blood pressure, arthritis, and high cholesterol are the three most common major diseases for seniors in the Coachella Valley. Over half of local seniors (54.1%) have been diagnosed with high blood pressure, as illustrated in Table 4.

Unsurprisingly, seniors are significantly more likely than younger adults to be diagnosed with a chronic illness or major disease. This is because many of these diseases are associated with aging, taking years to develop. The only exception to these differences is asthma; asthma rates are very similar between seniors and younger adults (10.4% and 11.2%, respectively).

Approximately 88.1% of local seniors have been diagnosed with one or more of these major diseases, a rate that is far higher than that for younger adults (42.4% of whom have been diagnosed with at least one of these major diseases).

Table 4. Major Disease Diagnoses

Disease	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
High blood pressure	54.1%	68,891	19.6%	34,994
Arthritis	46.9%	59,336	13.7%	24,484
High cholesterol	44.5%	56,036	15.4%	27,252
Cancer	21.4%	27,259	3.3%	5,857
Diabetes	19.5%	24,800	8.0%	14,240
Bone disease	14.9%	18,886	2.1%	3,801
Heart disease	13.5%	17,022	1.4%	2,434
Asthma	10.4%	13,260	11.2%	20,107
Other respiratory disease	9.1%	11,609	1.5%	2,637
Heart attack	7.3%	9,349	1.4%	2,508
Stroke	5.4%	6,855	1.3%	2,246
Liver disease	2.6%	3,321	1.1%	1,970

[1] Chronic Disease Overview. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/chronicdisease/overview/

Cancer

Cancer – the excessive division, growth, and possible invasion of cells in any part of the body – refers to a group of several diseases. There are over 100 known types, and most can be fatal. Cancer is the second leading cause of death in the United States after heart disease.[1] Breast, prostate, and lung/bronchus cancer are the most prevalent types of cancer in the U.S.[2]

There are many factors that cause and increase the chances of developing cancer. Some of these factors are uncontrollable, such as age and genetic makeup.[3] Other more controllable factors include alcohol consumption, diet, infectious agents, obesity, radiation, sunlight, and tobacco usage.[4]

As mentioned in Table 4, approximately 21.4% of Coachella Valley seniors have been diagnosed with cancer, while only 3.3% of younger adults have had a cancer diagnosis. Due to the small numbers for younger adults, Table 5 below illustrates the specific types of cancer for seniors only.

The most common type of cancer diagnoses for local seniors is skin cancer, followed by breast and cancer. Compared to national trends, the Coachella Valley has a disproportionately high rate of skin cancer. This is likely because of our climate; there is sunshine nearly every day of the year, and many residents are active outdoors, causing more sun exposure than in other areas of the country.

Table 5. Types of Cancer Diagnoses

Disease	Seniors	
	Weighted Percent	Population Estimate
Skin	27.8%	7,583
Breast	24.2%	6,607
Prostate	16.8%	4,583
Other cancer	10.8%	2,952
Colon	4.7%	1,285
Uterus	4.5%	1,226
Lung	4.3%	1,181
Bladder	4.1%	1,109
Lymphoma	3.1%	832
Thyroid	3.1%	858
Cervix	2.2%	606
Kidney	2.0%	552

[1] FastStats: Leading Causes of Death. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm
[2] United States Cancer Statistics. (2013). Centers for Disease Control and Prevention. https://nccd.cdc.gov/uscs/toptencancers.aspx
[3] Risk Factors for Cancer. (2015). National Cancer Institute. http://www.cancer.gov/about-cancer/causes-prevention/risk
[4] Ibid.

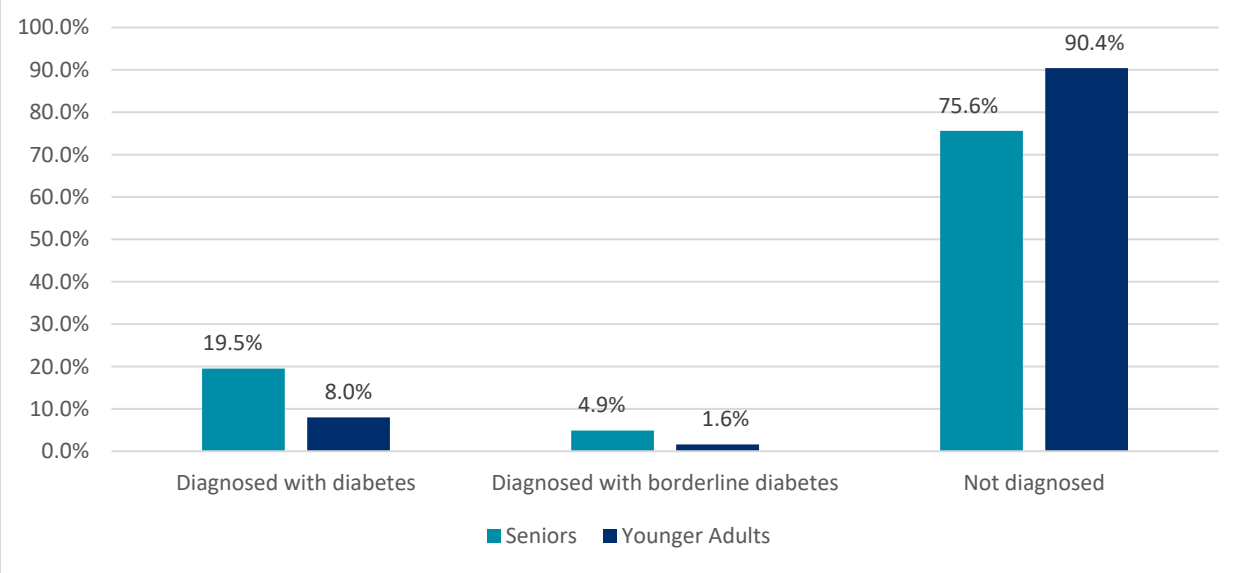
Diabetes

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. 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 three types of diabetes: Type 1, Type 2, and gestational diabetes.

In 2012, 29.1 million Americans had diabetes.[1] The rate for new cases of diabetes – diagnosed in people 20 years and older – is 1.4 million cases per year.[2] People with diabetes also make up approximately 60% of those with non-traumatic lower limb amputations.[3] Diabetes represents the 7th leading cause of death within the United States.[4]

Approximately 19.5% of local seniors have been diagnosed with diabetes, and another 4.9% have been diagnosed with borderline or pre-diabetes. These rates are significantly higher than rates for younger adults, as illustrated in Figure 33. In total, approximately 24,800 local seniors are living with diabetes, and another 6,230 are at very high risk for developing diabetes soon.

Figure 33. Diabetes Diagnoses



[1] Statistics about Diabetes. (2016). American Diabetes Association. http://www.diabetes.org/diabetes-basics/statistics/
[2] Ibid.
[3] Ibid.
[4] Leading Causes of Death. (2016). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

Section 6: Disability

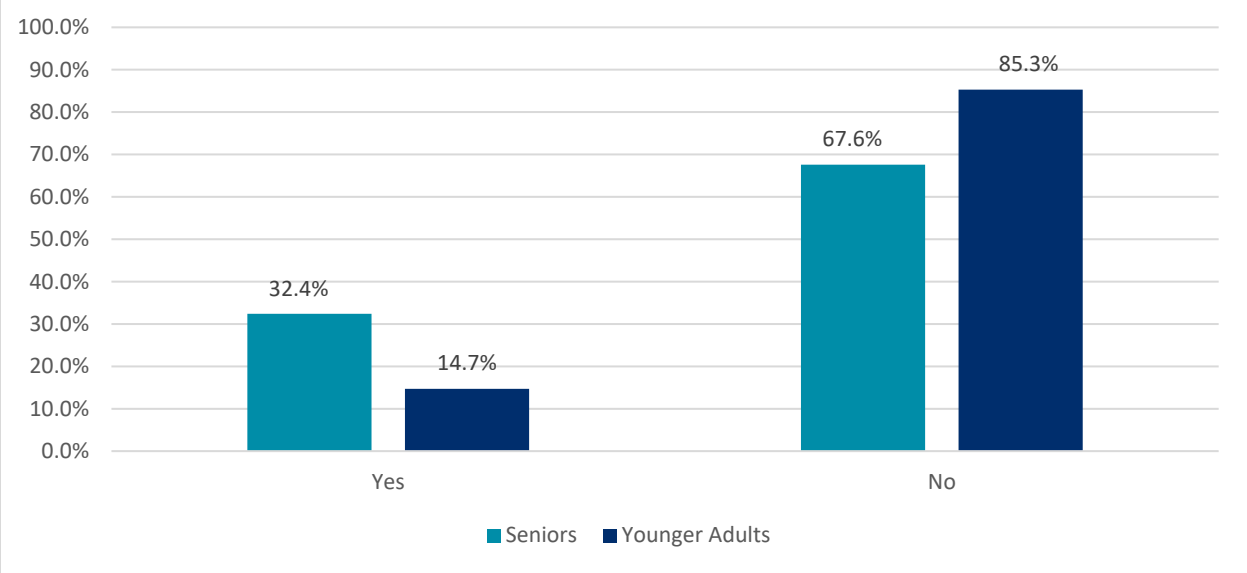
Disability is an impairment that limits or prevents a person's ability to function in one or more areas. Disabilities can be visible or non-visible and refers to any of a wide range of types: physical, mental/intellectual, emotional, developmental, or sensory. Any of these types of disabilities can prevent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

Overall Disability Status

To determine overall disability status, participants were asked, "Are you limited in any way in any activities because of physical, mental, or emotional problems?"

Approximately 32.4% of local seniors answered yes, indicating that they are in some way limited in their activities. This is significantly higher than the rate for younger adults, 14.7% of whom are similarly limited, as illustrated in Figure 34. Approximately 41,390 seniors have some limitation due to a physical, mental, or emotional problem.

Figure 34. Limited in Activities



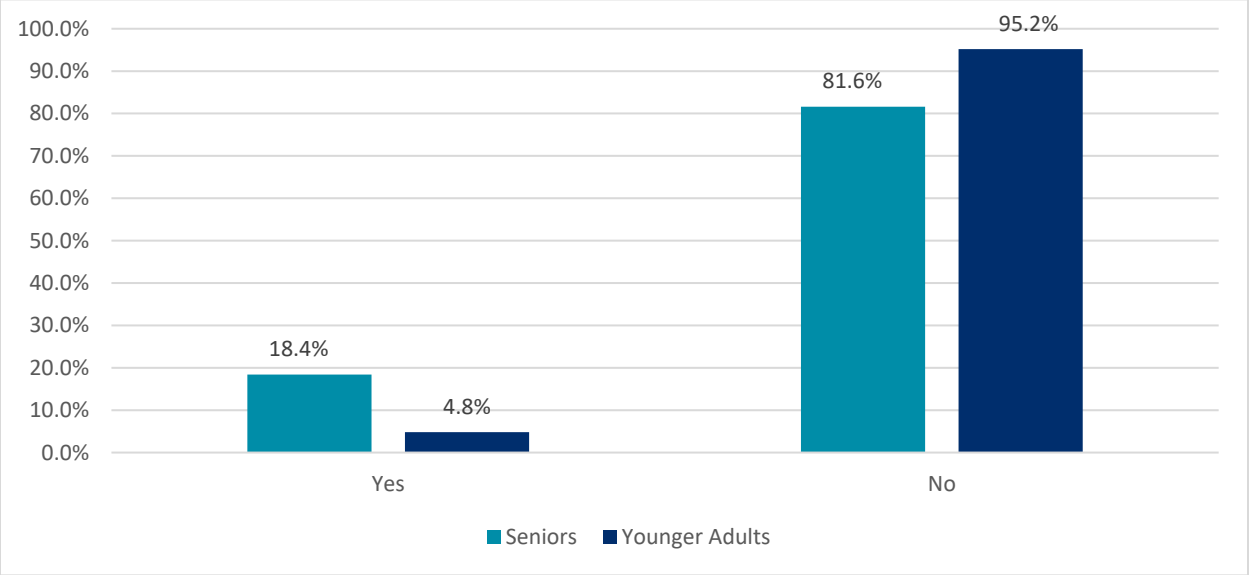
Sensory Limitations

Two common types of disability include vision and hearing deficits. Having visual or hearing problems can prevent or hinder daily activities from being performed. The CDC has estimated that there are about 40.3 million adults living with hearing problems and 21.7 million adults living with visual problems in the U.S.[1]

Hearing Difficulties

Participants were asked, "Are you deaf or do you have serious difficulty hearing?" Approximately 18.4% of local seniors—23,510+ people—are deaf or hard of hearing, as illustrated in Figure 35. Seniors are significantly more likely to have trouble hearing than younger adults; only 4.8% of younger adults are deaf or hard of hearing.

Figure 35. Deaf or Difficulty Hearing

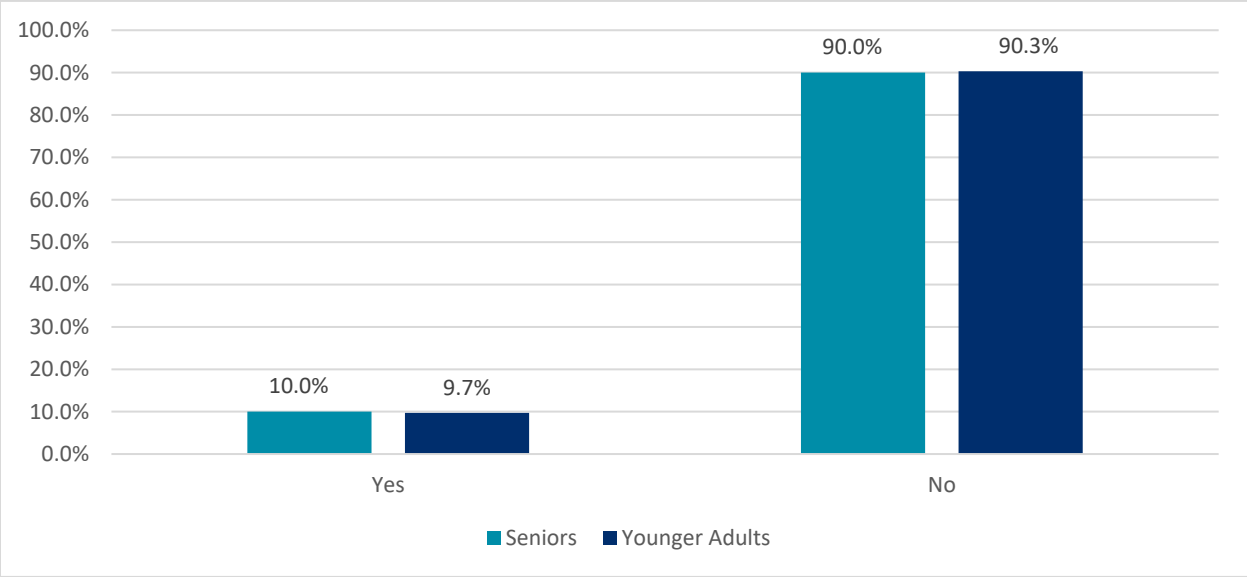


[1] Disability and Functioning (Noninstitutionalized Adults 18 Years and Over). (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/fastats/disability.htm

Vision Difficulties

Participants were asked, "Are you blind or do you have serious difficulty seeing, even when wearing glasses?" Approximately 10.0% of local seniors—12,730+ people—have vision difficulties. This is very similar to rates for younger adults, as illustrated in Figure 36.

Figure 36. Vision Difficulties



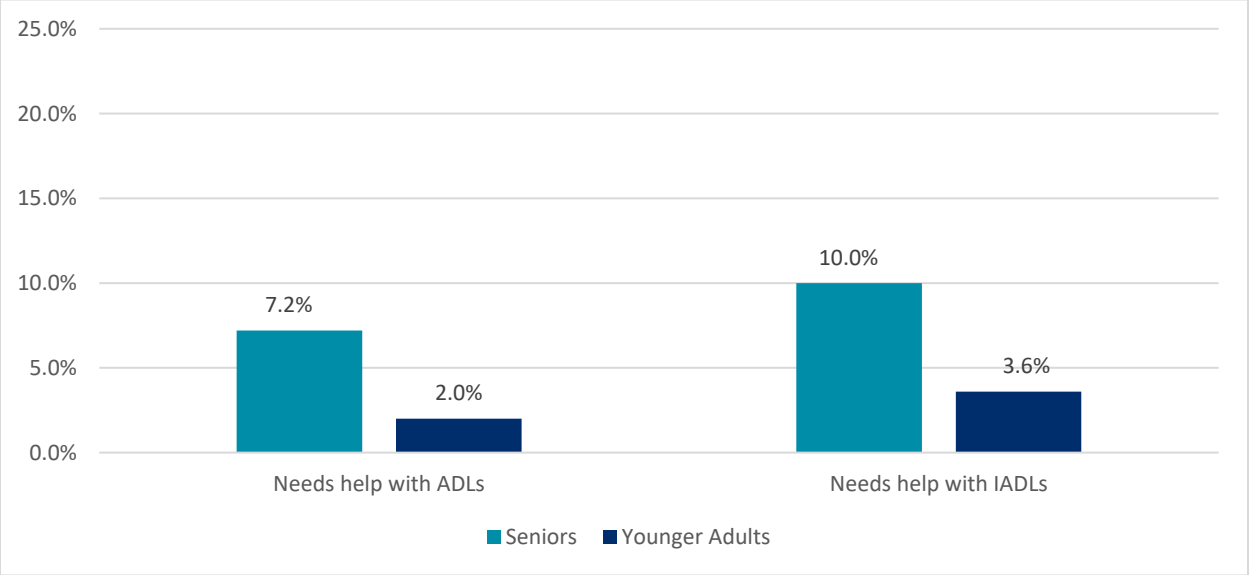
Assistance with Activities of Daily Living

People sometimes need assistance with 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 is a significant predictor of increased use of physician services, formal paid home care services, inpatient hospital services, and changes in living arrangements.

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. The CDC has estimated that 2.1% of adults in the U.S. have limitations in their ADLs and 4.0% have limitations in their IADLs.[1]

Approximately 7.2% of local seniors—9,120+ people—need assistance with the ADLs, and 10.0%—12,730+ people—need help with their IADLs. This is significantly higher than the rates for younger adults, who need help at lower rates, as illustrated in Figure 37.

Figure 37. Help with ADLs and IADLs



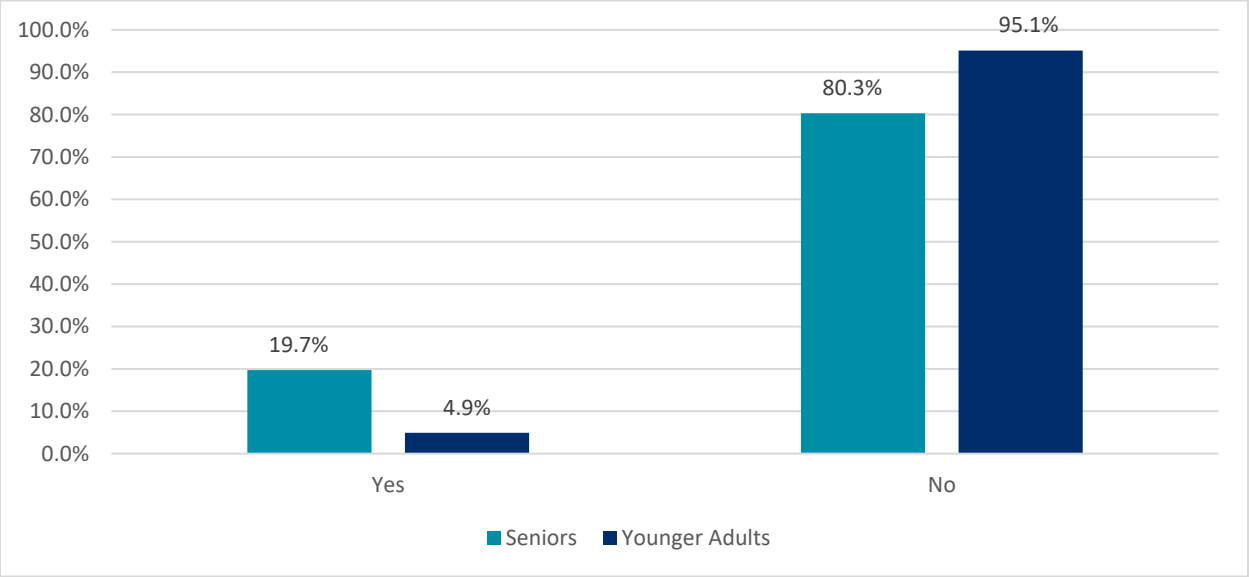
Those who need help were asked if there is someone available to assist them with those tasks. Most seniors who need help with ADLs and IADLs do have someone there to help them. However, 10.1% of seniors who need help with ADLs (920+ people) do not have someone to help them. Approximately 16.1% of seniors who need help with IADLs (2,030+ people) do not have someone to help them.

[1] 2014 National Health Interview Survey. (2015). Centers for Disease Control and Prevention. http://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2014_SHS_Table_P-3.pdf

Assistive Technology

Participants were asked, "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?" Approximately 19.7% of local seniors (25,120+ people) need such assistive technology. The need for special equipment is significantly higher in seniors than in younger adults, as illustrated in Figure 38.

Figure 38. Needs Assistive Technology



Those who indicated that they needed assistive technology were then asked if they were able to get the equipment that they need. The vast majority of seniors who need this type of equipment (93.3%) were able to get it. However, 6.7% of them—1,640+ people—were not able to get the equipment they need, and may not be able to fully function because of it.

Section 7: 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 health. One's mental health can be affected by environmental, genetic, and/or psychological factors.

The National Institute of Mental Health has estimated there are about 43.6 million adults living with a mental disorder, not including substance-related disorders.[1] Of these mental disorders, anxiety disorders are the most commonly experienced among adults, affecting around 40 million adults in the U.S.[2]

Mental Health Diagnoses

Approximately 22.3% of local seniors (28,450+ people) have been diagnosed with one or more mental health disorders. This is very comparable to the rates for younger adults, 22.4% of whom have been diagnosed with a mental health disorder.

The most commonly diagnosed mental health disorder is depressive disorder, as illustrated in Table 6. Anxiety disorder is also relatively common. There are no significant differences in mental health disorder rates based on age; seniors and younger adults alike have been diagnosed at similar rates.

Table 6. Mental Disorder Diagnoses

Disorder	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Depressive disorder	12.8%	16,220	12.3%	22,076
Generalized anxiety disorder	9.2%	11,625	9.6%	17,222
Post-traumatic disorder	5.2%	6,631	5.6%	9,992
Panic disorder	5.1%	6,431	4.4%	7,956
Phobia	3.6%	4,565	5.9%	10,634
Bipolar disorder	2.8%	3,587	3.1%	5,515
Obsessive compulsive disorder	2.1%	2,702	3.4%	6,102
Other mental health condition	1.8%	2,273	3.5%	6,203
Schizophrenia	0.5%	607	1.2%	2,198

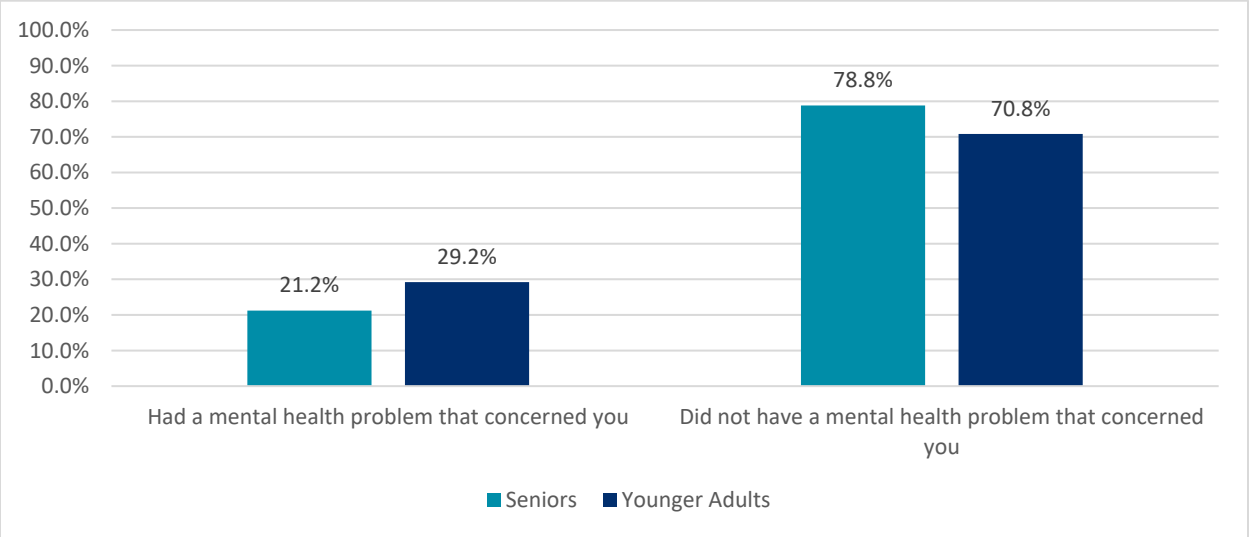
[1] Any Mental Illness (AMI) Among U.S. Adults. (2015). National Institute of Mental Health. http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml
[2] Facts & Statistics. (2014). Anxiety and Depression Association of America. http://www.adaa.org/about-adaa/press-room/facts-statistics

Mental Health Concerns

Not all mental health disorders have actually been diagnosed. To get information about those who may not have been diagnosed, participants were asked, "Have you had any emotional, mental, and behavioral problems such as stress, anxiety, or depression that concerned you during the past 12 months?"

Approximately 21.2% of local seniors (27,030+ people) have had such a concern in the prior year. Local seniors are significantly less likely to have had a concern of this type in the prior year when compared to younger adults, as illustrated in Figure 39.

Figure 39. Mental Health Concern in Past Year



Those who reported a concerning mental health problem were subsequently asked, "Did you consider any of these problems severe enough that you felt you needed professional help?" Approximately 58% of seniors with concerns (15,320+ people) felt that they were severe enough to warrant professional help.

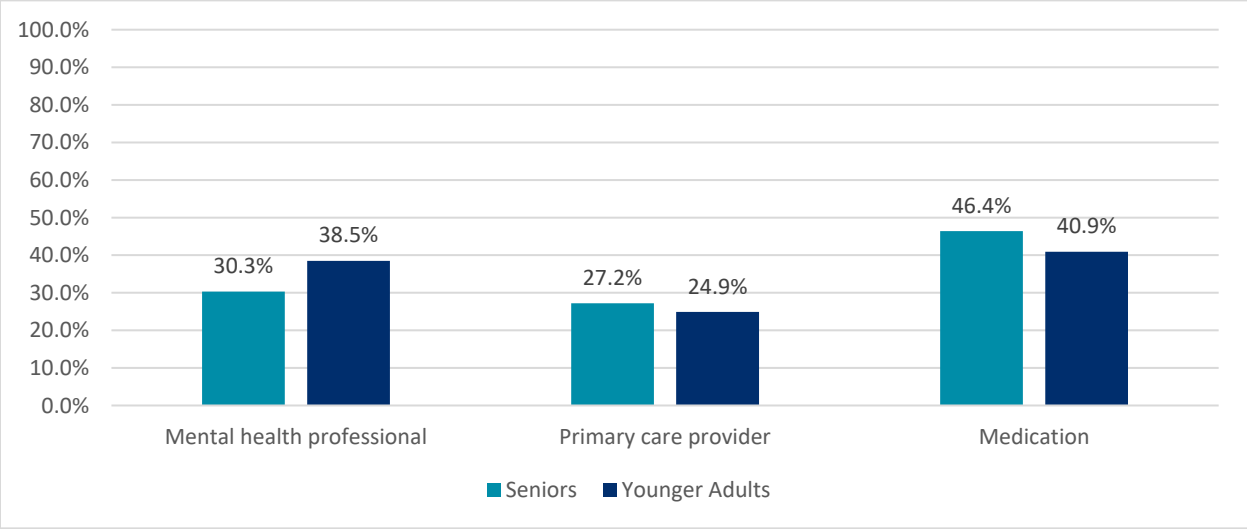
Those who felt they needed professional help were then asked, "Do you know who to contact for help with these problems?" Most of them (84.3%) did know who to contact. However, 15.7% of the seniors with a mental health concern who thought it warranted professional help (4,180+ people) did not know where to go to get that help. They likely did not receive any treatment for their mental health concerns as a result.

Mental Health Treatment

Individuals who had been diagnosed with a mental health disorder and/or those who had a mental health issue that concerned them in the past year were then asked a series of questions to determine whether they received any treatment for those issues.

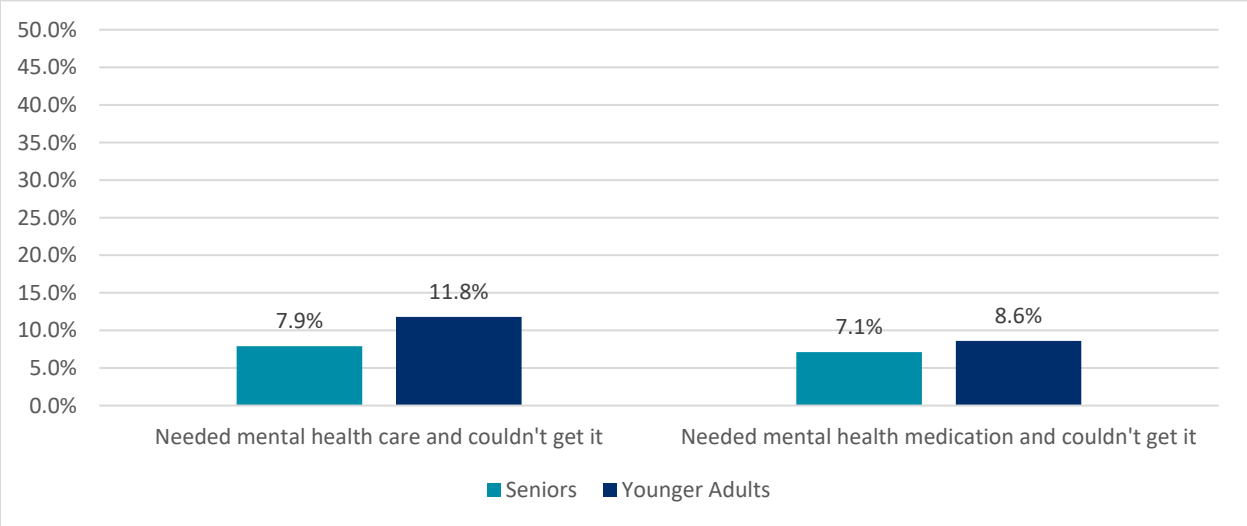
The most common form of treatment for mental health issues is taking medication, as illustrated in Figure 40. Treatment-seeking patterns did not differ significantly based on age; that is, seniors and younger adults are equally likely to have received each type of treatment.

Figure 40. Mental Health Treatment – Diagnosed Disorder and/or Mental Concern Only



People with a diagnosed mental health disorder and/or a mental health concern were asked whether they experienced a time in the past year where they needed mental health care or medication and could not get it. As illustrated in Figure 41, this was relatively rare for both seniors and younger adults. Approximately 2,950+ local seniors needed mental health care and could not get it, and 2,640+ needed mental health medication and could not get it.

Figure 41. Needed Mental Health Care/Medication and Could Not Get It



Section 8: Obesity and Exercise

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.

BMI and Obesity

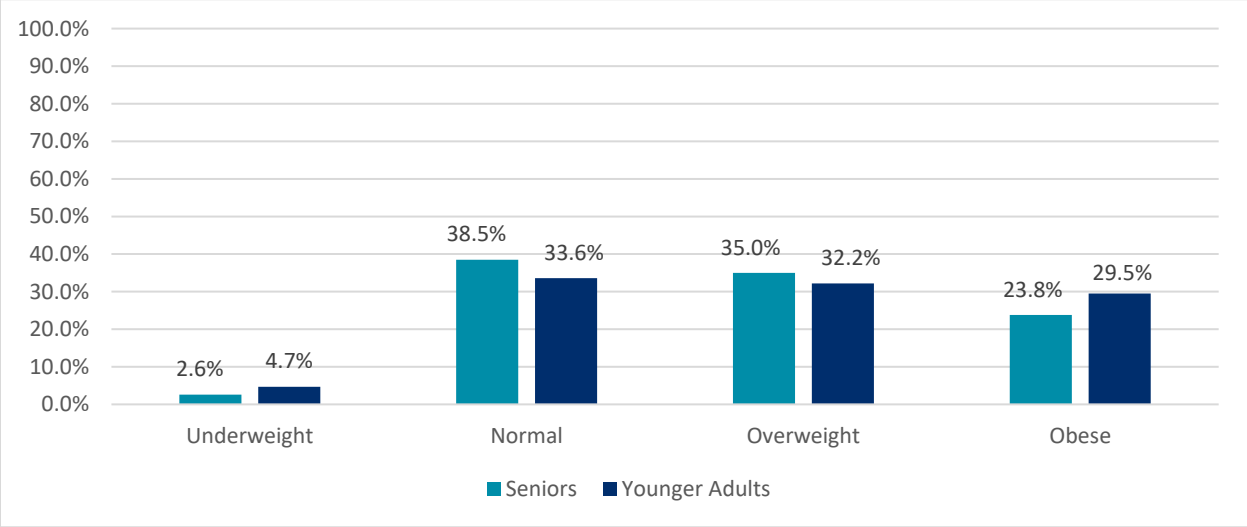
Body mass index (BMI) is a calculated value based on the height and weight of a person. For most people, BMI correlates strongly with body fat percentage, and as such it is one of the widely accepted tools used to measure obesity.[1] A person with a BMI value higher than 30 is considered obese.[2]

Obesity is typically caused by a combination of two factors: poor nutrition and a lack of physical activity. Poor nutrition refers to the consumption of foods with inadequate nutritional content, despite often having high caloric value. Individuals who are inactive do not burn all of these consumed calories, and most unused calories are stored in fat cells.

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. Because obesity is associated with these conditions, it is among the leading causes of death in the U.S.[3]

HARC calculated BMI for participants based on their self-reported height and weight. As illustrated in Figure 42, over half of local seniors (58.8%, 71,400+ people) have a BMI that puts them in the "overweight" or "obese" category. There is no significant difference in obesity based on age; younger adults are equally likely to be overweight or obese.

Figure 42. Obesity



[1] Obesity and Overweight. (2014). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/fastats/obesity-overweight.htm
[2] Calculate your Body Mass Index. (n.d.). U.S. Department of Health and Human Services. http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm
[3] Adult Obesity Facts. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/obesity/data/adult.html

Participants were also asked to report what they believed their weight status to be: overweight, about the right weight, or underweight. Perceptions of weight status were considerably different than participants' actual BMI scores, as illustrated in Table 7.

For example, about 38.5% of local seniors have a BMI that places them in the "normal weight" category. However, 53.6% believe their weight is a healthy weight. This mismatch means that there are people who are overweight (clinically speaking) but do not realize it. These people are unlikely to change their behavior, as they likely see no need to change their behavior based on their perceptions. Thus, they will likely remain obese. This signals a need for education to raise awareness of what obesity actually looks like in our community.

Table 7. BMI Compared to Weight Perception

Category	Seniors		Younger Adults	
	BMI	Perception	BMI	Perception
Underweight	2.6%	5.0%	4.7%	4.0%
About the right weight/ normal weight	38.5%	53.6%	33.6%	57.3%
Overweight/ Obese	58.8%	41.3%	61.7%	38.7%

Overall, seniors are slightly more accurate about their weight perceptions than younger adults. As illustrated in Table 7, seniors have a 15-point difference between their BMI and their perceptions in the "about the right weight/normal weight" category, and a 17.5-point difference in the "overweight/obese" category. In contrast, slightly more young adults are off; there is a 24-point difference in the "about the right weight/normal" category and a 23-point difference in the "overweight/obese" category. Thus, seniors seem to have a better understanding of obesity than their younger counterparts, although education is needed for both groups.

Physical Activity

Physical activity is important for maintaining good health and a necessary part of a healthy lifestyle. Engaging in regular physical activity lowers one's risk of premature death and decreases the risk for heart disease, diabetes, high blood pressure, depression, anxiety, and colon cancer. Physical activity facilitates weight control, improves mood, and reduces the risk of falling.

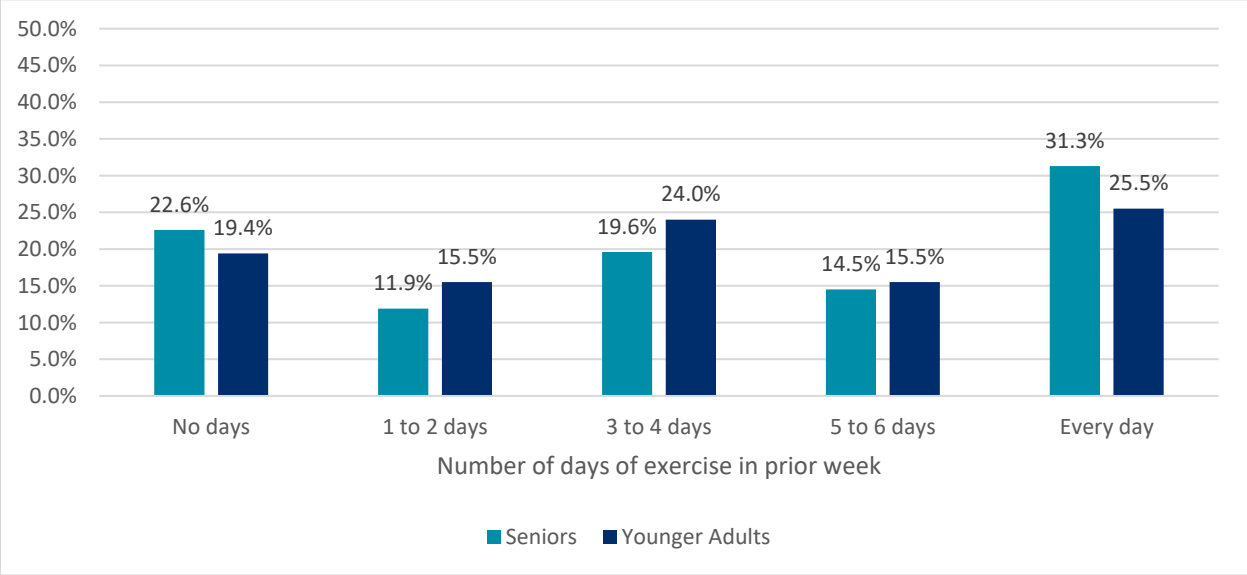
The U.S. Department of Health and Human Services recommends that adults get at least 150 minutes of moderate-intensity aerobic activity each week, as well as 2 or more days per week of muscle-strengthening activities for all major muscle groups.[1] As estimated by the CDC, only 21% of adults in the U.S. meet these criteria for physical activity.[2]

To assess the frequency of physical activity, participants were asked, "During the last 7 days, on how many days did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

As illustrated in Figure 43, about a third of seniors (31.3%, 39,770+ people) engage in physical activity every day of the week. Assuming the physical activity session lasts approximately 30 minutes, these seniors are not only meeting the CDC's guidelines, but exceeding them. At the other end of the spectrum, 22.6% of seniors (28,800+ people) got no exercise in the prior week, putting them at high risk of poor health.

There are no significant differences in physical activity based on age. That is, seniors and young adults have equal rates of physical activity in each category.

Figure 43. Aerobic Physical Activity in Past Week



[1] 2015–2020 Dietary Guidelines for Americans. 8th Edition. (2015). U.S. Department of Health and Human Services. http://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf

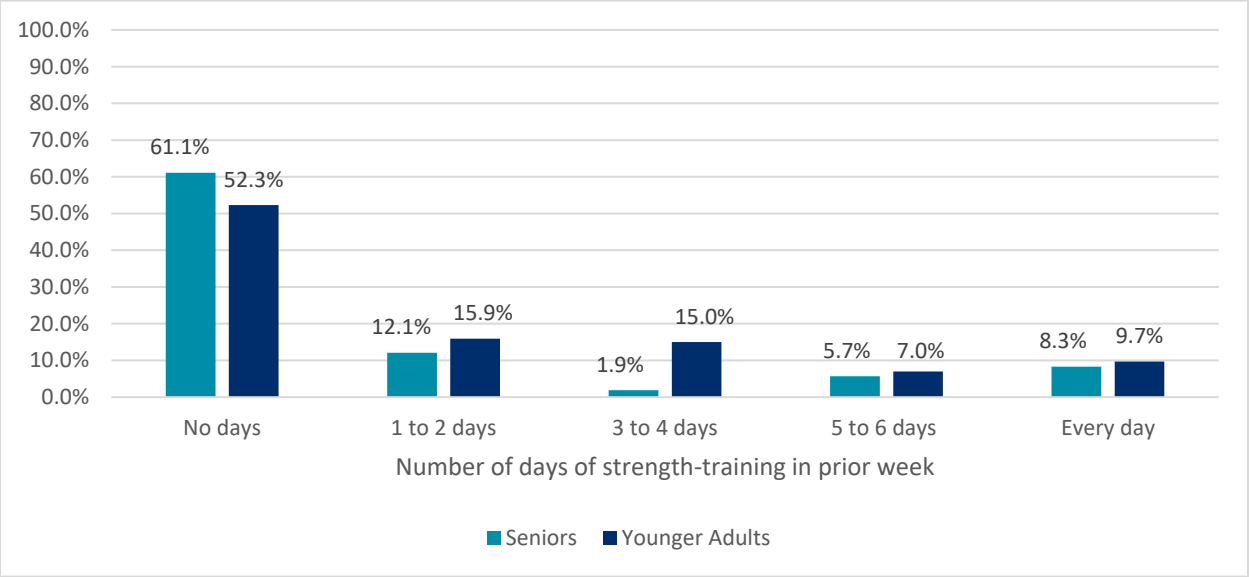
[2] Facts about Physical Activity. (2014).Centers for Disease Control and Prevention. http://www.cdc.gov/physicalactivity/data/facts.htm

To assess the frequency of strength-training activities, participants were asked, "During the last 7 days, on how many days did you do activities to strengthen your muscles, such as lifting weights or other strength-building exercises?"

Strength training is much less common than aerobic exercise, as illustrated by comparing Figure 44 to the prior Figure 43. The majority of local seniors (61.1%, 77,340+ people) did not engage in any strength training in the previous week.

Seniors are significantly less likely to engage in strength training than younger adults, although both groups could benefit from more frequent strength training.

Figure 44. Strength Training in Past Week



Section 9: Food Insecurity

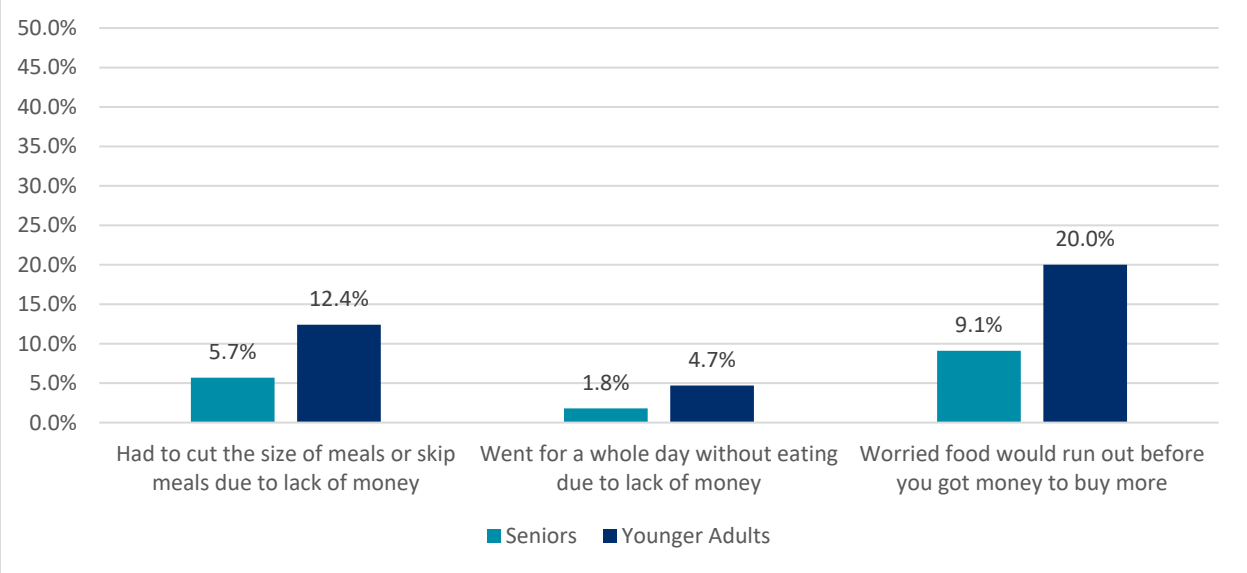
Food insecurity is defined by the U.S. Department of Agriculture Economic Research Service as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways."[1]

Food insecurity in the U.S. was at 14.0% in 2014.[2] These estimates include the 8.4% of households that are very food insecure.[3] In these households, the food intake and regularity of eating patterns of at least one household member was decreased or interrupted during the year.

In the past year, 5.7% of local seniors (7,320+ people) had to cut the size of meals or skip meals because they didn't have enough money for food. Approximately 1.8% of seniors (2,330+ people) went for an entire day without eating due to lack of funds.

Overall, seniors are significantly less likely to experience food insecurity, as illustrated in Figure 45. However, that does not minimize the need for the thousands of seniors who do need support in order to be able to eat.

Figure 45. Food Insecurity in Past Year



In the past month, 4.8% of seniors (6,110+ people) have received food from a food bank, food pantry, or other food assistance program.

[1] Measurement. (2015).United States Department of Agriculture and Economic Research Service. http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx
[2] Key Statistics and Graphs. (2015). United States Department of Agriculture and Economic Research Service. http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#trends
[3] Ibid.

Section 10: Socioeconomic 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.

To assess needs, participants were asked, "In the past 12 months, have you needed help with any of the following?" followed by a list of potential needs.

The most common needs for local seniors include transportation assistance and utility assistance, in Table 8. More than 10,000 seniors need assistance with each of these.

Seniors are significantly less likely than their younger adult counterparts to need food assistance, financial assistance, and rental assistance.

Table 8. Socioeconomic Needs in Past Year

Needs	Seniors		Younger Adults	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Transportation assistance	8.6%	10,965	9.5%	17,043
Utility assistance	8.3%	10,650	8.5%	15,285
Food assistance	7.4%	9,445	13.3%	23,862
Home health care assistance	7.0%	8,897	4.6%	8,164
Financial assistance	6.1%	7,742	10.5%	18,740
Housing assistance	3.4%	4,355	4.8%	8,598
Rental assistance	2.6%	3,285	4.7%	8,357

Section 11: Community Cohesion

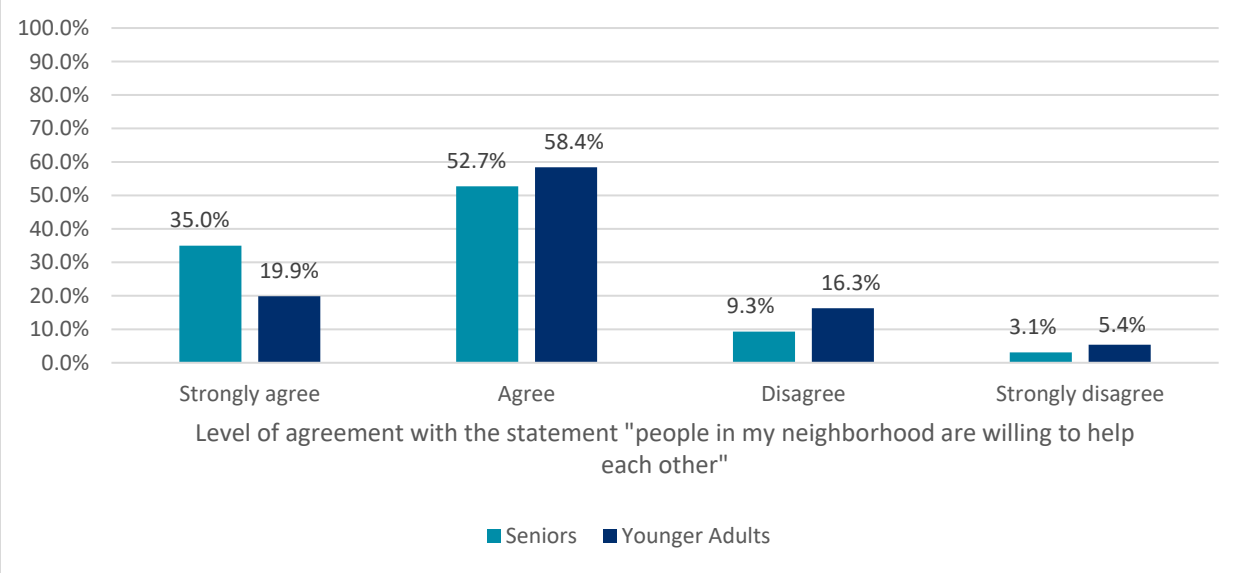
Community health refers to the advancement of positive health outcomes in geographical areas which can include cities, towns, and even counties. Communities that work together are stronger and better able to address public health concerns, such as disease, illness, disability, and healthcare coverage. Even sociodemographic concerns can be addressed with tightly knitted communities including education, employment, and volunteering. When people work together at the community level, disparities in health can be closed and resources can be increased to help more people in need.[1]

In order to assess community cohesion, participants were asked to rate the extent to which they agreed/disagreed with the statement "people in my neighborhood are willing to help each other". As illustrated in Figure 46, most seniors (87.7%) at least agree with the statement, indicating a strong community.

Overall, seniors feel more positively about their communities than younger adults. Seniors are significantly more likely to strongly agree with the positive statement, while younger adults are more likely to disagree with it.

It is worth noting that there are more than 8,690 local seniors who strongly disagree with the statement that people in the neighborhood are willing to help each other. This indicates a serious disconnect and may be hazardous to health.

Figure 46. Community Cohesion



[1] Benefits of Community Health. (2016). Centers for Disease Control and Prevention. http://www.cdc.gov/nccdphp/dch/about/benefits_community_health.htm

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

Under California Law, abuse of an elder or a dependent adult includes physical or mental abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm, pain, or mental suffering. The consequences of elder abuse include numerous physical and psychological ailments. Physically, elders who endure abuse are likely to have wounds, injuries, nutrition deficits, increased susceptibility to illnesses, and increased risks for premature death. Psychologically, there is increased distress, depression, anxiety, PTSD, and feelings of helplessness.[1]

Every year, hundreds of thousands of elderly people are abused physically, sexually, emotionally, financially, or through neglect and abandonment. According to the CDC, one out of every ten elders are abused in their own home.[2] Unfortunately, this estimate is likely higher due to the fear of speaking out or the inability to seek help; the CDC has also estimated that for every case of elder abuse detected/reported, there are an additional 23 cases unreported.[3]

As illustrated in Table 9, over 6,000 local seniors have been taken advantage of financially, while over 4,000 have been physically or mentally mistreated/neglected.

Table 9. Elder Abuse

Type of Abuse	Seniors	
	Weighted Percent	Population Estimate
Physically or mentally mistreated or neglected in the past year	3.2%	4,066
Taken advantage of financially in the past year	5.0%	6,324

[1] Elder Abuse: Consequences. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/violenceprevention/elderabuse/consequences.html
[2] Elderly Abuse Prevention. (2016). Centers for Disease Control and Prevention. http://www.cdc.gov/features/elderabuse/
[3] Elder Abuse: Consequences. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/violenceprevention/elderabuse/consequences.html

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.[1] Further, reduced mobility increases the chances of falling and fear of falling.[2]

Nationally, falling is a serious concern for seniors and is the leading cause of unintentional death for those aged 65 and above.[3] Falling is very common, with one out of every three elders falling annually. Of these falls, one out of every five results in a serious injury, such as broken bones or head trauma.[4] Additional injuries include hip fractures and traumatic brain injuries. These injuries can further reduce an elderly adult's mobility, and even if a physical injury doesn't occur, she or he may develop a fear of falling that may still limit mobility.

Approximately a third of Coachella Valley seniors (32.3%) have a fear or concern of falling. Although only a concern/fear, this can still limit mobility as it leads to an avoidance of ambulatory activities. As illustrated in Table 10, over 21,000 have fallen at least once.

Table 10. Falls in Past Three Months

Number of Falls	Seniors	
	Weighted Percent	Population Estimate
Once	10.4%	13,154
Two or more	6.3%	7,992
None	83.3%	105,164

Of the seniors who had a fall, over a third of them (36.5%) had experienced an injury as a result of the falling. As illustrated in Table 11, over 6,500 seniors had a single fall that caused an injury, and over 1,000 had two or more falls that caused an injury.

Table 11. Falls Causing Injury

Number of Falls Causing an Injury	Seniors	
	Weighted Percent	Population Estimate
One	30.9%	6,537
Two or more	5.5%	1,172
None	63.5%	13,437

[1] 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

[2] The State of Aging and Health in America. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/features/agingandhealth/state_of_aging_and_health_in_america_2013.pdf

[3] 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2014. (2014). Centers for Disease Control and Prevention. http://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_injury_deaths_highlighting_unintentional_injury_2014-a.pdf

[4] Important Facts about Falls. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html

CONCLUSION

Overall, Coachella Valley seniors have high socioeconomic status, are insured, and have access to healthcare. As a result, most Coachella Valley seniors are frequent users of healthcare services in the Valley, and seem to be obtaining the important preventive health screenings needed to maintain good health. This is beneficial, as the majority of seniors (88.1%) have been diagnosed with one or more major diseases, which require monitoring by a healthcare professional.

While the majority of local seniors have relatively high income levels, there are thousands who are living in poverty, need assistance with basic necessities, and may be going hungry. Thus, we must ensure that there are support systems in place to assist these thousands of seniors.

Fortunately, most seniors in the Coachella Valley are not engaging in high risk behaviors such as binge drinking and smoking cigarettes. One health behavior that could use improvement is in regard to sexual health; more than 51,400 seniors are sexually active and not using condoms to protect from STDs. Given the fact that the majority of these same seniors have never been tested for HIV, this presents a concerning trend. Raising awareness of sexual health issues among seniors should be a priority.

Obesity remains an issue for the majority Coachella Valley seniors, as it does for people of all ages across the nation. There is room for improvement in terms of physical exercise—especially strength-training exercise. Any programs or services that can encourage physical activity would be beneficial to the health of seniors.

Disability disproportionately impacts seniors; about a third are limited by a disability. We must remember that not all disabilities are visible, and strive to make accommodations for all types of disabilities in our work with seniors.

About a quarter of local seniors (22.3%) have been diagnosed with one or more mental health disorders, and nearly 3,000 seniors needed mental health care and could not get it in the past year. It is critically important that we have mental health programs to support these seniors.

Overall, seniors in the Coachella Valley have a strong foundation for a healthy life. To even further improve the health of our seniors, efforts can be made by both healthcare providers and seniors themselves. Together, the community can work to ensure that the retirement years are just as vivacious as seniors envisioned that they would be.