INFORMATIONAL HEARING

Faces of Aging: African Americans and Aging
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There's growing diversity among our elders that reflects the social changes of the past 50 years. There are more elders of color, more older people whose origins lie outside the U.S., and more elders who are visibly, proudly, and openly lesbian, gay, bisexual, and transgender. Demographics reveal the anticipated and well-known gender ramifications of women living longer; a 2:1 ratio of women to men in the 85+ age cohort. Due to medical advances that have curbed deaths from heart and lung diseases, men are living longer and rapidly shedding tired stereotypes as they are pushed into caregiving, a role traditionally reserved for women. The "Faces of Aging" hearing series attempts to provide practical insights into the changing faces of the aging population in California, and to assure the valuable resources allocated for their care is maximized by a government that provides services that are relevant, appropriate and inclusive. Since 2000, California's population of older adults has grown rapidly. The number of people age 60 and over will reach 13.9 million by 2050, an increase of 128 percent from 2010. By 2050 it is estimated that over 25 percent of Californians will be 60 or older. Already there are population pockets in California where 20+ percent of the population is age 60 or older. While approximately 607,000 Californians are age 85 or older today, by 2050 nearly 2.5 million individuals will be in this age group, a 310 percent increase. This growth has many implications for individuals, families, communities and government.

POPULATION

The demographics of aging continue to undergo significant change. The aged population is growing fast, and the aging of the "Baby Boomers" born between 1946 and 1964 are accelerating this growth. This large population of older Americans will be more racially diverse and better educated than previous generations. Another significant trend is the increase in the proportion of men age 85 and over.

According to the American Community Survey, an ongoing survey that provides annual data that helps communities obtain the information they need to plan investments and services, California's population is considerably more diverse than the total U.S. population. In 2010, there were 40 million people in the U.S. over the age of 65, accounting for 13 percent of the population. By 2030, that number will grow to 72 million, and will account for 20 percent of the

total U.S. population. California will experience similar rates of growth of the 65+ population, but with several important variations indicating much more diversity. Where the U.S. in general reflects a 16.3 percent concentration of people who identify as Hispanics or Latinos, California's population is 37.6 percent Hispanic or Latino. African Americans make up about 12.6 percent of the total U.S. population but only about 6.2 percent of the California population. Asian/Pacific Islanders make up about 4.8 percent of the total U.S. population and about 13.0 percent of the California population. So, the population that will be aging in California during the next several years, the crest of the age-wave, so-to-speak, will be much more diverse in California, and present challenges that the rest of the nation as a whole will not be presented.

ECONOMICS

Poverty rates are a way to assess the economic well-being of the elderly. To determine who is "poor," the U.S. Census bureau compares family incomes with a set of poverty thresholds that vary by family size and composition. These figures are updated annually for inflation. People identified as living in poverty are at risk of having inadequate resources for food, housing, health care, and other needs.

The Elder Economic Security Standard Index (Elder Index), developed by Wider Opportunities for Women (WOW) and the Gerontology Institute at the University of Massachusetts, Boston, is a measure of the income that older adults need to meet their basic needs and age in place with dignity. The Elder Index is the cornerstone of national, state and community-based efforts to promote policies and programs that build economic security for elders and their families. According to WOW, the federal poverty level does not adequately account for the rising costs of living specific to elders, such as: medical care, long-term care, caregiving for spouses, housing, food and transportation.

The California Department of Aging (CDA) participates in the Elder Index project and state law requires area agencies on aging (AAAs) to report data on the numbers of individuals living below the Elder Index threshold. The index varies from community-to-community. According to the Elder Index, generally for 2013, an elder renter in the U.S. required $23,592 to remain economically secure. On the other hand, using the federal government's standard, the FPL as a measure of poverty, a single elder earning more than $11,490 a year is ineligible for a range of services and supports for impoverished elders. According to the CDA State Plan on Aging, the highest proportion of impoverished older adults (those with income below 200 percent of the FPL) is in Imperial County (61 percent), followed by several counties in Northern California and the San Joaquin Valley, where approximately 40 percent of the older population is in this income group.

Statewide, 11 percent of the state's elder population age 65 and over has income below the FPL, and another 21 percent has income between 100-199 percent of the FPL. Persons in this latter group have incomes too high to make them eligible for many public assistance programs, yet often do not have resources sufficient to meet their most basic needs. Gender is also a variable in describing poverty as women are 50% more likely to be impoverished than men. Race also can be used to predict poverty. In California 6.5% of older (60+) whites earned less than the FPL, and 16.1% earned less than 200% of the FPL. For older Latinos, those figures reach 13.6% and 28.5% respectively. Older African Americans: 13.4% and 23.1%. Older Native Americans:

11.5% and 25% respectively. Asian/Pacific Islanders and people of multiple racial heritages: 10% and 21% respectively.

HEALTH STATUS

Americans are living longer than ever before. Life expectancies at both age 65 and age 85 have increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of 19.2 more years, nearly 5 years longer than people age 65 in 1960. In 2009, the life expectancy of people who survive to age 85 was 7 years for women and 5.9 years for men.

Life expectancies vary by race and gender for the most part. The American Journal of Preventative Medicine recently reported that aging was accelerated at the cellular level in African-American men who reported experiencing racial discrimination and who internalized anti-black attitudes. Although African-Americans have a shorter life span than whites, the journal reports that researchers from the University of Maryland are believed to be the first to link biological aging to racism-related factors. Nonetheless, by age 85, disparities begin to blur. For instance, at age 85 an African American can anticipate an additional 6.8 years of life while the rest of the population can anticipate an additional 6.6 years.

According to the California State Plan on Aging, many leading causes of death can be prevented. Although the risk of disease and disability increases with age, poor health is not an inevitable consequence of aging. Three behaviors—smoking, poor diet, and physical inactivity are responsible for about a third of deaths in the state. These behaviors are often associated with the leading chronic disease killers such as heart disease, cancer, and stroke. Adopting healthier behaviors (e.g., regular physical activity, a healthy diet, a tobacco free lifestyle) and getting regular health screenings such as mammograms, (e.g., colonoscopies, cholesterol checks, bone density tests, etc.) can dramatically reduce the risk for most chronic diseases.

The 2009 California Health Interview Survey examined health and preventive service indicators considering various demographic factors. When California's older adult percentages are analyzed by race, ethnicity and region, other trends emerge. In 2009, 35 percent of all older Californians did not get a flu shot, whereas 40 percent of older Hispanic adults and 54 percent of older African American adults reported not receiving that vaccination. While 59.9 percent of older adults reported receiving a pneumonia vaccination, older White adults had the highest pneumonia vaccination rate at 64.2 percent. Although 93.2 percent of older adults reported receiving a blood cholesterol test, that rate was only 78.5 percent among Native Hawaiian/Pacific Islander and Asian older adults.

Similarly, the smoking rate among all California's older adults was 13.4 percent in 2009, and varied by race, ethnicity and region. For example, older African American adults had the highest smoking rate at 19 percent. California's northeastern region had the highest older adult smoking rate at 11.5 percent, while the lowest smoking rates were in the Bay Area, at 8 percent, and Southern California, at 9 percent.

According to National Vital Statistic reports from the National center for Health Statistics, Alzheimer's is becoming a more common cause of death as the populations of the United States

and other countries age. While deaths from other major causes continue to experience significant declines, those from Alzheimer's disease have continued to rise. Between 2000 and 2008, deaths attributed to Alzheimer's disease increased 66 percent while those attributed to the number one cause of death, heart disease, declined 13 percent. The International Journal of Geriatric Psychiatry has found that older African Americans are about twice as likely as whites to be afflicted by Alzheimer's disease, and Hispanics are about one and one-half times more likely than whites.

Near-old women have been found to be at greater risk of a range of health concerns. A recent Harvard study which analyzed hospital data from over 200,000 heart-attack hospitalizations found that black and Hispanic women under the age of 65 were significantly younger at the time of hospitalization, compared to white women and men under the age of 65. The data also showed that Hispanic, black and white women were 1.5, 1.4 and 1.2 times more likely to die in the hospital than white men. Rates of diabetes amongst those cases studied were 55.9 percent for Latinas, 46.1 percent for African American women and 35.9 percent for white women. Only 47.4 percent of African American women, 50.1 percent of Latinas and 58.2 percent of white women had coronary stent implants, or coronary bypass surgery compared to 73.3 percent of white men.

HEALTH CARE

Most older Californians have health insurance through Medicare. Medicare covers a variety of services, including inpatient hospital care, physician services, hospital outpatient care, home health care, skilled nursing facility care, hospice services, and (beginning in January 2006) prescription drugs.

According to the Federal Interagency Forum on Aging Related Statistics, average health care costs varied by demographic characteristics. Average costs among African Americans were $19,839 in 2008, compared with $15,362 among Hispanics. Low-income individuals incurred higher health care costs; those with less than $10,000 in income averaged $21,924 in health care costs whereas those with more than $30,000 in income averaged only $13,149.

Federal policies can have a dramatic impact on consumer patterns for health care. The number of home health care visits per 1,000 Medicare enrollees increased from 3,822 in 1992 to 8,376 in 1996. Home health care use increased during this period in part because of an expansion in the coverage criteria for the Medicare home health care benefit. Home health care visits declined after 1997 to 2,295 per 1,000 enrollees in 2001. The decline coincided with changes in Medicare payment policies for home health care resulting from implementation of the Balanced Budget Act of 1997. The visit rate increased thereafter to 3,864 per 1,000 enrollees in 2009.

Caregiving will become a significant part of most people's lives as our population transforms from one where one-in-10 are elder to one where one-in-5 are elder. Elder care issues are playing out with particular force and resonance for Asian-Americans. The suicide rate for women over 75 is nearly twice that of other women their age, a vexing reality for a culture infused with the concept of filial piety. Even Latinos are confronting stress as the shared belief of "familisimo," families taking care of one another, is tested to its limits--more Latinos are entering long-term care facilities.

In considering any future policies or programs aimed at helping older adults reach economic security, improved health status, or accessing health care, for a diversifying and aging population, decision makers may wish to follow some of the following basic principles:

1. Policies must address past structural barriers that have prevented communities of color, native peoples and LGBT communities from benefiting. For instance, one clear structural barrier is the Social Security "occupational exclusion" for domestic and agricultural workers which has impaired entire population from creating financially secure retirements.

2. Programs and policies must be culturally, linguistically, and age appropriate and sensitive.

3. Program participation rates and poverty indicators should be collected by age, race, ethnicity, gender, and sexual orientation. Data drives policy and good policy relies upon good data. Existing data for various subgroups within Hispanic population and subgroups within the Asian/Pacific Islanders are very limited, and data related to aging the LGBT population is almost non-existent. Improving data collection so policy makers can assess and monitor the benefits of social investments is key to relevant and inclusive policy development.

Regardless of perception, ethnicity, heritage, culture, gender identity or sexual orientation, older adults have the capacity and desire to remain integrated in society, to actively participate in the formation of policy, and to contribute to the well-being of the state as a whole.