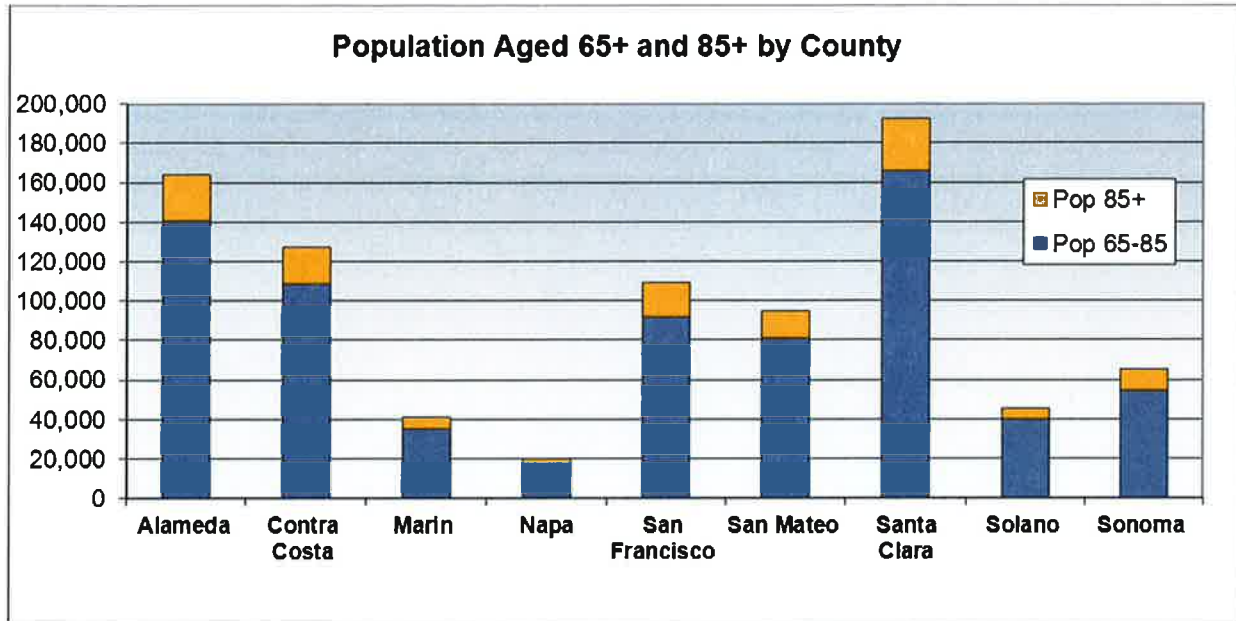


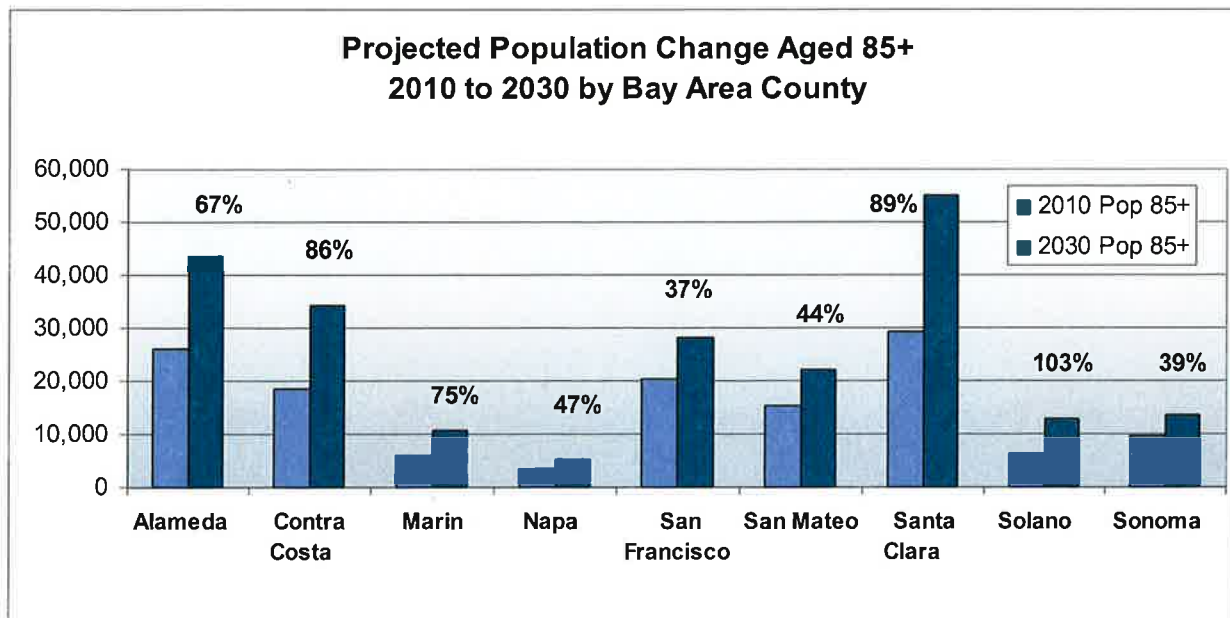
Characteristics and Trends for Bay Area Seniors

Socio-Demographic Data for Greater Bay Area Counties Age 65 and Over

San Francisco Bay Area and the Los Angeles Basin are now home to about two-thirds of California's older population – a trend that is likely to continue over the next 40 years. While the overall population age 60 and over is growing rapidly, increases within this age group are occurring at different rates. By 2050, the population size of Californians aged 85 and over will experience a 364% increase¹. The graphs below show current and projected population growth for the nine Bay Area Counties:



Source: U.S. Census Bureau, 2008-2010 American Community Survey



Source: California State Plan on Aging, 2009-2013, Appendix F.

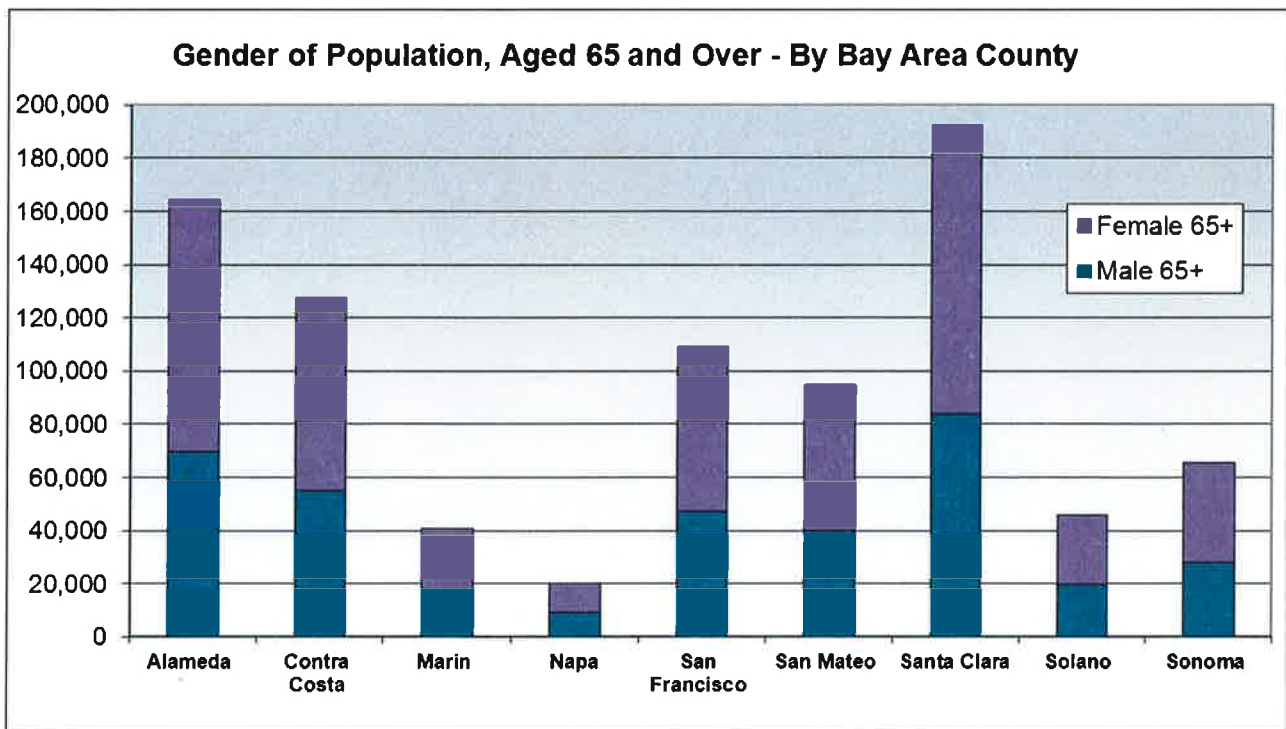
1. California State Plan on Aging 2009-2013.

Socio-Demographic Data

Age and Gender:

The current size of the population age 85 and over and the projected increase in this age group is notable. Those 85 and older have a significantly higher rate of severe chronic health conditions and functional limitations that result in the need for more health and supportive services.

With respect to gender, on average, women live 5.3 years longer than men (National Center for Health Statistics, 2003). Among Californians aged 60-84, 54% are women. Beyond age 85, 65% are women. Because of their longer life expectancy, women have a much higher probability to be widowed and to live alone in old age. Women become more vulnerable as they grow older, because they are more likely than men to live alone, be (or become) poor, and have multiple chronic health conditions (California State Plan on Aging).



Source: U.S. Census Bureau, 2008-2010 American Community Survey

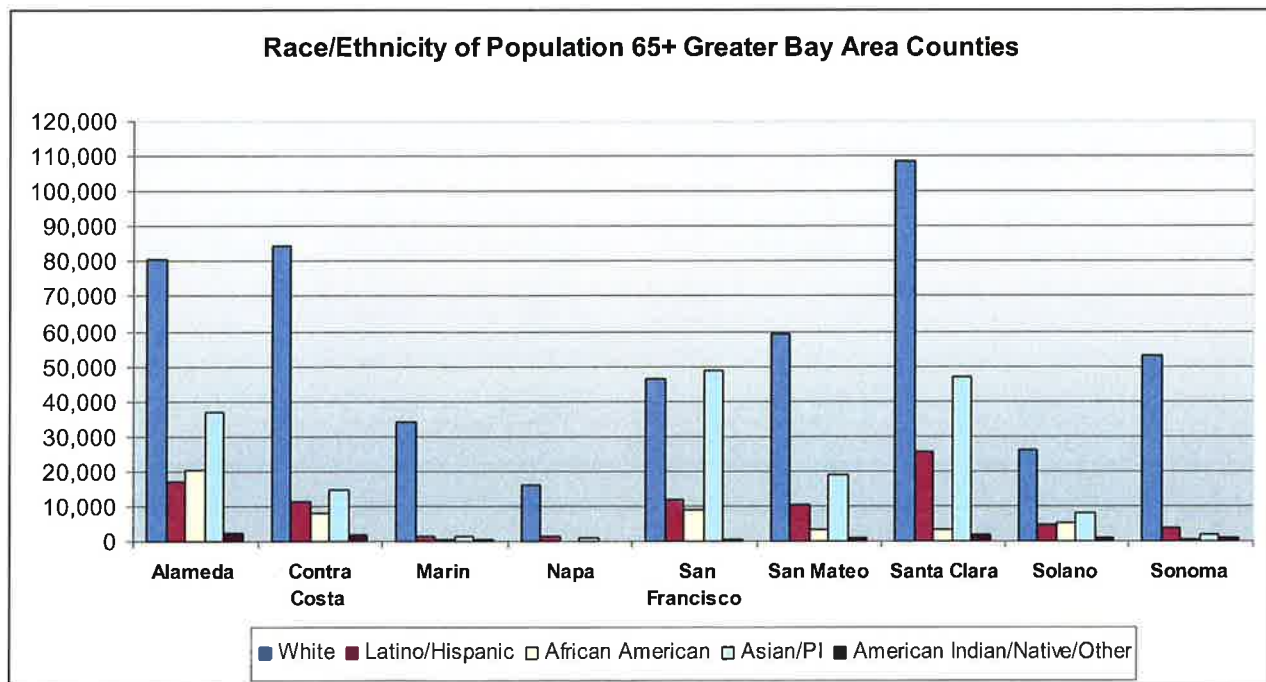
Socio-Demographic Data

Race and Ethnicity:

California's older adult population will continue to grow more racially, ethnically, and culturally diverse. While 63% of older adults were White (non-Hispanic) in 2010, by 2050 the majority of older adults will represent groups formerly considered to be minorities¹.

Ethnic and cultural diversity has enriched California communities. However, because some groups have been historically deprived of opportunities, or are faced with challenges of life in a new culture, diversity may translate into health and economic disparities that will have to be addressed. For example older adults who are not White report poor or fair health more often than Whites/Non-Hispanics. Older Hispanics and those with limited English abilities have the worst health profiles compared to statewide averages².

During the past decade, the unique issues experienced by California's lesbian, gay, bisexual, and transgender (LGBT) older adults have been increasingly recognized. Fear or discrimination have caused some of these LGBT older adults to avoid seeking much needed social, health and mental health services. It is difficult to estimate the number of LGBT older adults in the population. However, it is estimated that there are approximately 177,000-473,000 older LGBT Californians. More than 25,000 LGBT seniors age 55 and over live in San Francisco, and about 60,000 live in the Bay Area. Over the next 10 years as the baby boomer generation ages, that number is expected to increase by 40%³.



Source: U.S. Census Bureau, 2006-2008 American Community Survey

1. California State Plan on Aging – 2009-2013
2. Wallace, S.P. et al (2003) Health of Older Californians: County Data Book, (Data from the 2001 CHIS and 2000 US Census), Los Angeles: UCLA Center for Health Policy Research.
3. www.openhouse-sf.org

Economic Security Data for Greater Bay Area Counties Aged 65 and Over

The California Elder Economic Security Standard™ Index (Elder Index) is a new tool that quantifies how much income is needed for a senior with a given living arrangement and geographic location to adequately meet his or her basic needs living in the community.

The Federal Poverty Level (FPL), a 45-year old measure which is often used to determine income eligibility for public programs, is based solely on the cost of a bare-bones food diet. The FPL also fails to take into account housing and transportation costs, geography, and, most importantly, medical costs, which can be particularly debilitating for the elderly.

The table below shows adults aged 65+, including those living alone, as a couple or those living with others who have incomes below the FPL, compared to those who are considered economically insecure. The number of Medi-Cal beneficiaries aged 65+ as of April, 2009 and April, 2011 are also included.

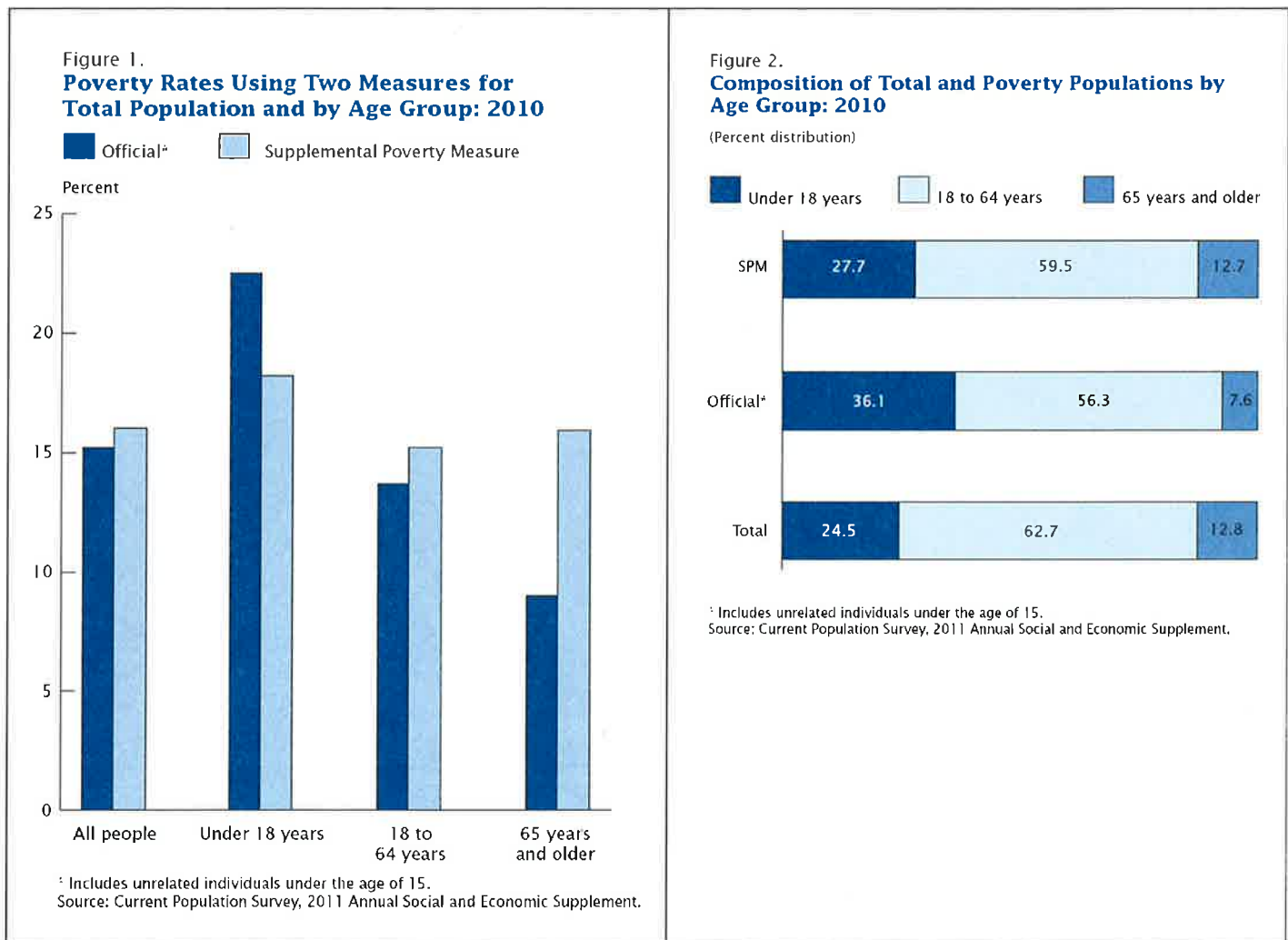
County	Total Above and Below Elder Index	Below Federal Poverty Level (FPL)	Above FPL and Below Elder Index	Total Below Elder Index (Economically Insecure)	Medi-Cal Beneficiaries Aged 65 + (4/2009)	Medi-Cal Beneficiaries Aged 65 + (4/2011)	% Increase from 2009 to 2011
California							
Number	3,736,000	295,000	1,465,000	1,760,000			
% of total	100.0%	7.9%	39.2%	47.1%			
Alameda							
Number	143,000	10,000	62,000	71,000	38,293	40,782	6.5%
% of total	100.0%	6.8%	42.9%	49.8%			
Contra Costa							
Number	116,000	6,000	42,000	48,000	16,197	17,215	6.3%
% of total	100.0%	5.4%	36.1%	41.5%			
Marin							
Number	35,000	2,000	7,000	9,000	2,579	2,838	10.0%
% of total	100.0%	4.3%	21.0%	25.3%			
Napa /Solano							
Number	60,000	5,000	22,000	27,000	1,944	2,124	9.3%
% of total	100.0%	8.9%	36.9%	45.7%			
San Francisco							
Number	106,000	10,000	55,000	65,000	37,858	38,239	1.0%
% of total	100.0%	9.3%	52.0%	61.3%			
San Mateo							
Number	88,000	6,000	31,000	38,000	13,999	14,399	2.9%
% of total	100.0%	7.2%	35.8%	43.0%			
Santa Clara							
Number	170,000	11,000	72,000	82,000	47,435	49,167	3.7%
% of total	100.0%	6.3%	42.1%	48.4%			
Solano							
Number	See above for Napa County				6,791	6,993	3.0%
% of total							
Sonoma							
Number	60,000	3,000	16,000	19,000	6,115	6,528	6.8%
% of total	100.0%	4.7%	26.8%	31.5%			

1. <http://www.insightccd.org/index.php?page=ecounty>

2. April, 2009 and April, 2011 Medi-Cal Beneficiary Data from <http://www.dhcs.ca.gov>

Economic Security Data

In response to the limitations of the FPL, the Census Bureau developed a poverty measurement that accounts for housing, transportation, geography, health care costs and rising levels and standards of living. This alternate poverty measurement called the Supplemental Poverty Measure (SPM) remains a work in progress and has not been adopted as the basis of federal policymaking. Nevertheless, SPM (like the Elder Index) is an attempt to develop a more realistic gauge of poverty in this country. **Figure 1** below illustrates how the official poverty measure, FPL, compares to the SPM by age group. The difference in the 65+ poverty rate is attributable to the official FPL thresholds being set \$900 to \$1400 lower for families with householders over 65. **Figure 2** compares the official FPL to the Supplemental Poverty Measure relative to the age composition of the total US population. The FPL as a measure of poverty makes it more difficult to qualify for government support programs.



Changes in Health Status, Health Risks and Use of Health Services by County, Age 65 and Over, California 2001 and 2005

The rates of **diabetes** and **high blood pressure** went up for older adults throughout the state. While there were only seven geographic areas with **diabetes** rates over 20% in 2001, the number had doubled to 14 areas by 2005. The proportion of older adults with **high blood pressure** was higher in 2005 in every single region statewide when compared to 2001 rates.

The chart below compares the rates for California to Greater Bay Area Counties for diabetes and high blood pressure. Bolded and shaded estimates indicated a statistically significant trend.

	Number (N) and Percent (%) Population Age 65 and Over				Percent of Persons Age 65 and Over with Characteristic			
	2001		2005		Diabetes		High Blood Pressure	
	N x 1000	%	N x 1000	%	2001	2005	2001	2005
All California	3660	10.6%	3868	10.7%	15.1%	17.5%	53.6%	60.3%
Bay Area Counties	766	11.1%	802	11.7%	11.9%	16.3%	52.2%	60.7%
Alameda	148	10.1%	153	10.5%	12.8%	15.8%	51.6%	66.8%
Contra Costa	109	11.2%	116	11.4%	14.4%	17.5%	50.1%	63.7%
Marin	34	13.6%	36	14.6%	8.6%	8.2%	39.2%	51.2%
Napa	19	15.0%	19	14.4%	15.6%	13.5%	52.7%	58.1%
San Francisco	107	13.7%	109	14.8%	10.8%	21.1%	51.0%	60.2%
San Mateo	88	12.4%	91	12.9%	9.4%	13.8%	53.7%	58.6%
Santa Clara	163	9.6%	177	10.4%	10.4%	16.7%	57.5%	60.7%
Solano	39	9.6%	42	10.3%	18.6%	16.7%	61.2%	54.7%
Sonoma	58	12.5%	59	12.6%	10.8%	14.0%	43.9%	53.6%

	Percent of Persons Age 65 and Over with Characteristic									
	Hormone Replacement Therapy		No Colonoscopy		No Mammogram in Past 12 Months		ER Visits		12 or More MD visits *	
	2001	2005	2001	2005	2001	2005	2001	2005	2001	2005
All California	31.8%	11.6%	38.2	29.3%	36.1%	31.0%	21.0%	24.7%	12.0%	15.4%
Bay Area Counties	30.9%	12.2%	35.9%	27.0%	37.5%	27.0%	20.9%	24.4%	11.5%	12.4%

Note: * statistically significant difference for Marin County, which increased from 7.7% to 14.9%

Wallace, SP, Lee JH and Aydin MJ. *Trends in the Health of Older Californians*. Los Angeles, CA: UCLA Center for Health Policy Research, 2008.

Health Status Data

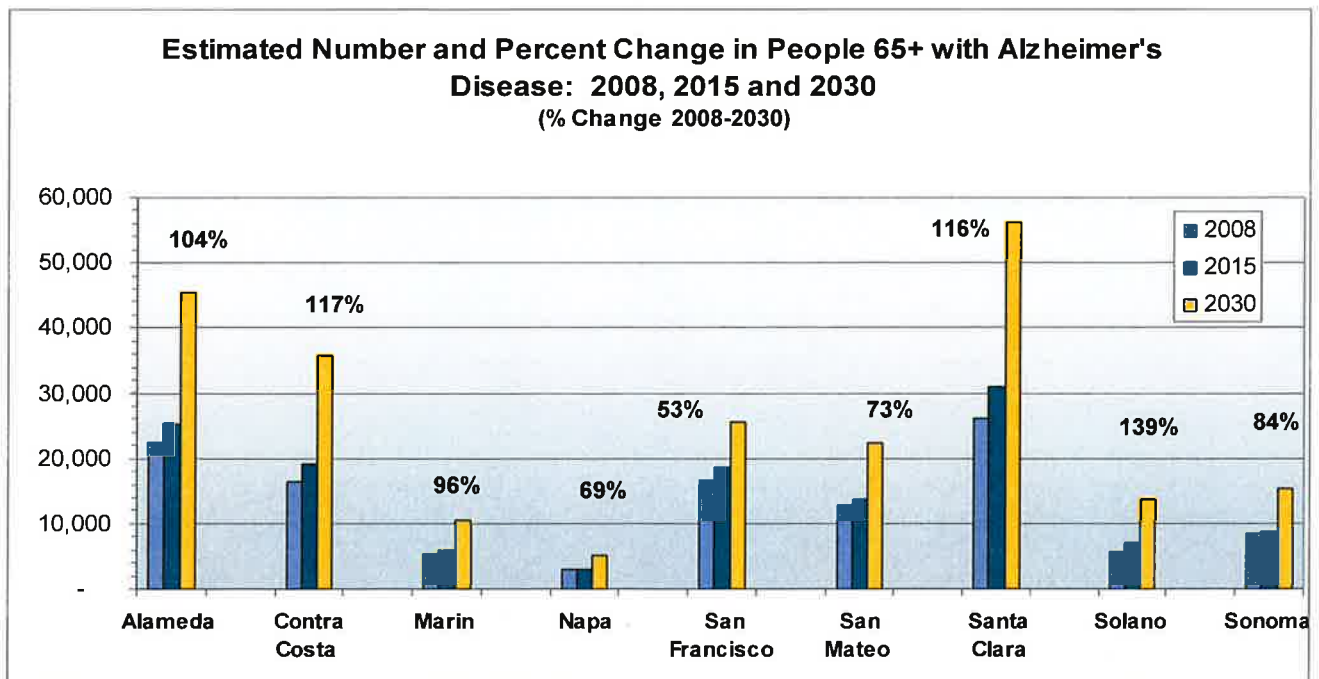
As opposed to the statistically significant differences identified in the previous tables (from 2001-2005), the indicators below had few statistically significant changes at the county level between 2001 and 2005, so only 2005 data is presented.

Several counties in the Bay Area had low rates of many health status and health risk indicators, and favorable rates of preventive health services. Sonoma County in particular had among the lowest rates in the state for a number of indicators.

Percent of Persons Age 65 and Over with Characteristic							
	<i>Fair/Poor Health Status</i>	<i>Arthritis</i>	<i>Asthma</i>	<i>Cancer</i>	<i>Stroke</i>	<i>High Cholesterol</i>	<i>Heart Disease</i>
All California	31.7%	50.4%	11.2	18.9%	9.1%	31.9%	22.2%
Bay Area Counties	29.9%	45.4%	11.9%	17.5%	9.3%	28.9%	20.4%

Percent of Persons Age 65 and Over with Characteristic					
	<i>Needed Emotional/Mental Health Care</i>	<i>Condition that Limits Basic Activities</i>	<i>Food Insecure</i>	<i>Obesity</i>	<i>Sedentary Lifestyle</i>
All California	9.2%	36.0%	18.7%	17.9%	17.3%
Bay Area Counties	9.8%	35.6%	18.7%	15.9%	16.5%

Bay Area Counties will experience an exponential growth in the number of individuals living with Alzheimer's disease. Although most prevalent in older adults, Alzheimer's disease can affect individuals in their 30's, 40's, and 50's. The number of Californians over age 55 living with Alzheimer's disease will double in the next generation. For consistency with other data presented here, the table below includes the population 65+:



- Wallace, SP, Lee JH and Aydin MJ. *Trends in the Health of Older Californians*. Los Angeles, CA: UCLA Center for Health Policy Research, 2008.
- Data extracted from *Alzheimer's Disease Facts and Figures in California: Current Status and Future Projections*, February 2009.

Elimination of Adult Day Health Care Services

In March 2011, the state legislature voted to eliminate Adult Day Health Care (ADHC) as an optional Medi-Cal benefit (AB 97). The state Department of Health Care Services (DHCS) was directed to transition these Medi-Cal beneficiaries to community-based programs that would address their needs. DHCS developed a plan to transition these ADHC participants to managed care on October 1st and to other community-based programs by December 1st. On November 17th, parties settled a lawsuit challenging the elimination of ADHC as an optional Medi-Cal benefit. The settlement delays the elimination of ADHC until February 29, 2012 and replaces it with a new service called Community Based Adult Services (CBAS), effective March 1st, 2012.

The table below shows the total number of enrolled ADHC participants by Bay Area county and statewide along with the number of participants who exhibit identified characteristics. The high level of services adult day health provides for these participants allows them to remain in their communities.

ADHC Enrollment and Participant Characteristics

	Total Participants Enrolled	Dementia	Mental Retardation or DD	Psyeh Diagnosis	Incontinent (bowel and/or bladder)	Restorative PT and/or OT	Does not speak English	Requires Skilled Nursing Svcs
Alameda	712	313	15	236	303	8	457	590
Contra Costa	288	105	16	90	64	108	82	51
Marin	52	41	1	19	30	33	5	12
Napa	106	50	10	23	48	37	16	47
San Francisco	1,198	393	24	641	671	582	1,090	1,206
San Mateo	157	68	10	32	20	10	26	98
Santa Clara	1,089	224	69	304	256	234	739	714
Solano	36	6	10	26	6	23	2	-
Sonoma	43	22	1	27	16	42	2	22
Statewide								
Count	37,780	9,630	2,274	17,622	14,621	18,802	23,579	28,768
Statewide %	100.0%	25.5%	6.0%	46.6%	38.7%	49.8%	62.4%	76.1%

Source: California Department of Aging, Adult Day Health Branch. June 2011.

Mandatory Enrollment of Seniors and Persons with Disabilities in Managed Care

As part of the Medi-Cal 1115 waiver, Medi-Cal eligible seniors and persons with disabilities (SPDs) began enrolling in Medi-Cal managed care plans in sixteen counties statewide. The one-year transition began in June 2011 and involves 380,000 Medi-Cal beneficiaries who are not eligible for Medicare. DHCS published data profiling the status of this transition in November 2011. Following are reprinted selections of this data to profile the impact in the four Bay Area counties affected (Alameda, Contra Costa, San Francisco and Santa Clara). The remaining Bay Area counties (San Mateo, Solano, Napa, Sonoma, and Marin) operate County Organized Health Systems (COHS) and are not affected by this transition since all Medi-Cal beneficiaries in those counties are already mandatorily enrolled in a single COHS plan.

Seniors represent varying proportions of the Medi-Cal only beneficiaries affected by the transition from Fee for Service (FFS) into Medi-Cal managed care plans. In San Francisco County, Medi-Cal only seniors represented a low of about 17 percent of the FFS Medi-Cal population. In Santa Clara County, the proportion of seniors in Medi-Cal FFS was much higher at about 31 percent.

**FFS Medi-Cal Only SPD Distribution by Age Groups
In Two-Plan and GMC Managed Care Counties (May 2010)**

	Age Groups			Total All Ages
	65-74	75-84	85+	
Alameda	3,505	1,264	191	23,659
Contra Costa	1,741	772	106	12,396
San Francisco	2,189	592	78	17,075
Santa Clara	4,073	1,545	214	18,598

Source: Medi-Cal Managed Care Division (May 2010)

State Policy Changes Impacting Seniors

The following table shows statewide and county level total monthly enrollment for the overall Medi-Cal managed care population and for the SPD population. The number of seniors and people with disabilities in Medi-Cal managed care plans has increased sharply as the transition plan has been implemented.

Total Medi-Cal Managed Care and SPD Enrollment Increases By County through August, 2011

	STATEWIDE	Alameda	Contra Costa	San Francisco	Santa Clara
2011 JUN					
# ALL	3,405,329	135,947	76,588	54,647	139,499
% Δ ALL	1.5%	2.4%	2.2%	4.1%	1.2%
# SPD ONLY	91,700	6,078	2,936	2,684	4,232
% Δ SPD	73.6%	59.9%	61.1%	118.4%	63.8%
JUL					
# ALL	3,454,904	137,795	77,506	56,250	141,449
% Δ ALL	1.5%	1.4%	1.2%	2.9%	1.4%
# SPD ONLY	126,349	7,444	3,630	4,154	5,851
% Δ SPD	37.8%	22.5%	23.6%	54.8%	38.3%
AUG					
# ALL	3,472,030	140,387	78,382	57,593	141,166
% Δ ALL	0.5%	1.9%	1.1%	2.4%	-0.2%
# SPD ONLY	169,628	10,900	5,324	5,726	7,574
% Δ SPD	34.3%	46.4%	46.7%	37.8%	29.4%

Source: California Department of Health Care Services, Dashboard for Monitoring Managed Care Implementation for Seniors and Persons with Disabilities, Nov 2011.

% Δ means percentage change in enrollment from previous month

% Δ ALL means percentage change in enrollment for the overall managed care population

% Δ SPD means the percentage change in enrollment for All SPDs