

## FOUR-YEAR AREA PLAN ON AGING JULY 1, 2012 – JUNE 30, 2016

### Napa County's Older Population

Along with the rest of the U.S. and California, Napa County's population is getting older - the share of Napa County's total population accounted for by residents age 60+ (those eligible for OAA-funded services) grew from 25% to 28% (about 4,900 residents) between 2000 and 2010. Looking ahead, many of the approximately 9,400 residents between the ages of 55 and 60 will become eligible for OAA-funded services within the FY 2012 – FY 2016 Plan cycle. Napa County's median age, 39.7, in 2010 was more than 4 years higher than California overall.

The median age among Napa's cities ranged from 64 in Yountville (site of the Veteran's Home of California-Yountville - founded in 1884 and the largest veterans' home in the U.S. ) down to 35.5 in American Canyon.

Over 50% of the County's 60+ residents were concentrated in the City of Napa (14,727) followed by American Canyon with 10% (2,767). Both St. Helena and Yountville had around 1,900 residents age 60+, while Calistoga had around 1,650.

While less diverse than the general population, the number of Napa County's non-white 60+ residents is expected to grow in the future. The number of Hispanic/Latino residents age 60+ is expected to almost double between 2010 and 2020 (3,223 to 6,145) and grow from 10% to 16% of the county's total 60+ population. Meanwhile, the older Asian population is projected to grow by about 70%, from around 1,400 to about 2,380 and increase from 3% to 6% of the county's total 60+ population.

### Physical and Cognitive Disabilities

Almost 36% of Napa County's residents age 65 and older have a disability, with ambulatory difficulty as the most common disability (experienced by 22%), followed by hearing (17%)

Disabilities among older adults increase greatly for people over the age of 75. The percentage of adults with two or more disabilities jumps from 8% to 28% between the 65 – 74 and the 75+ age groups. The number of Napa County residents age 75 and older is projected by the California DOF to grow by about 20% between 2010 and 2020, with an additional 2,000 people (10,158 to 12,151) potentially experiencing the same types and level of disabilities as reported in the 2008 – 2010 ACS. The impact of disabilities is compounded by the high number of older adults who live alone – the 2006 - 2010 ACS estimated over 6,000 'householders living alone' age 65+, accounting for about 46% of all such households in the county.

## Chronic Diseases

Chronic diseases include conditions such as heart disease (coronary artery disease, heart attack, heart failure and angina), high blood pressure, high cholesterol, diabetes, cancer and arthritis. These diseases have serious consequences, especially if left untreated or not carefully managed. As with disabilities, older adults experience serious chronic diseases at much higher rates than younger people. As an example, people age 65+ accounted for the vast majority of deaths from the top two causes of death - cancer and heart disease - in Napa County between 2005 and 2008. People age 65+ accounted for 75% of all cancer-related deaths (75%) and 88% of all heart disease .

A major concern among many older adults is the potential for succumbing to Alzheimer's Disease, the most common cause of dementia and the fifth rankable cause of death in Napa County between 2005 and 2008. While a precise estimate of the number of people in Napa and Solano counties is not readily available, a report by the Alzheimer's Association, 2012 Facts and Figures Alzheimer's Disease Fact and Figures, provided the following national information:

- An estimated 5.4 million Americans of all ages have Alzheimer's disease in 2012. Of those with Alzheimer's disease, an estimated 4% are under age 65, 6% are 65 to 74, 44% are 75 to 84, and 46% are 85 or older.”
- 13% of people age 65+ has Alzheimer's disease.
- 45% of people age 85 and older have Alzheimer's disease.

These estimates were provided by the Chicago Health and Aging Project (CHAP), a population-based study of chronic health diseases of older people. Based on these estimates, about 2,700 residents age 65+ (13% of 20,594) and 1,600 (45% of 3,500) residents age 85+ in Napa County could be expected to have Alzheimer's Disease.

The 2005 Health Information Survey (CHIS) reported the following information on the incidence of chronic diseases among Napa County residents age 60+ (estimated to be 26,000 people in 2005 by the CHIS):

- High blood pressure - 15,000 people, (58%)
- Diabetes - 5,000 people, (19%)
- Arthritis /gout/lupus - 10,000 people, (38%)
- High blood cholesterol – 9,000 people, (33%)
- Heart disease - 6,000 people, (21%)
- Cancer – 5,000 people, (18%)
- Cancer diagnosis – 9,000 people, (16%).

## Older Adults and Economic Security

To help meet its goals to serve targeted groups, the AAANS will focus most of its planning and service delivery efforts on lower-income adults. For Napa County residents age 60+, around 2,100 have incomes below the federal poverty level (FPL), and around 4,000 (15%) have incomes below 150% of the FPL. Of the 12,815 households headed by people age 65+, an estimated 452 have incomes below the poverty level. Household incomes headed by people age 65+ include the following:

- Less than \$10,000 – 693 households
- \$10,000 to \$14,999 – 1,140 households
- \$15,000 to \$19,999 – 1,070 households
- \$20,000 to \$24,999 – 657 households

The U.S. Census uses a set of factors, including income and family size, to determine who is in poverty. All individuals who do not live with family members and families are assigned one of 48 possible poverty thresholds based on age and family composition. The FPL was developed in the 1960s and does not reflect the great variation in the local housing, transportation, utility and other costs. It also does not reflect other expenses, such as healthcare, that are experienced far more by older adults than younger people. To provide a realistic measure of the local living costs and healthcare expenses, and the incomes needed to meet those costs, the UCLA Center for Health Policy Research develops an Elder Economic Security Standard Index (Elder Index) for every county in California. In October, 2010, California passed legislation (AB 138) requiring agencies, including Area Agencies on Aging, to consider the Elder Index when developing plans and services.

Based on the Elder Index, an estimated 4,000 older adults in Napa County with incomes less than 150% of the FPL would not be able to rent a 1-bedroom apartment or to afford to stay in their homes, even without a mortgage. The high cost of housing in Napa County is reflected in the number of people age 60+ who pay more than 30% of their income for housing - almost 60% of Napa County households in renter-occupied housing units and over 30% of households in owner-occupied housing units pay more than 30% of their income for housing.

Table 3: UCLA - Napa County Elder Economic Security Index, 2010

	Single Elder Person			Elder Couple		
	Owner without a Mortgage	Owner with Mortgage	Renter, 1-Bedroom	Owner without a Mortgage	Owner with Mortgage	Renter, 1-Bedroom
Income Needed to Meet Basic Needs	\$17,376	\$35,209	\$23,261	\$25,365	\$43,198	\$31,250
Federal Poverty Guideline (2010 DHHS)	\$10,830	\$10,830	\$10,830	\$14,750	\$14,750	\$14,750
% above FPL	160%	325%	215%	174%	296%	214%
SSI Maximum Payment, California 2010 (Assistance to aged, blind, and disabled people)	\$10,140	\$10,140	\$10,140	\$16,886	\$16,886	\$16,886
GAP	(\$7,236)	(\$25,069)	(\$13,121)	(\$8,479)	(\$26,312)	(\$14,364)
Median Social Security Payment 2009	\$12,000	\$12,000	\$12,000	\$20,769	\$20,769	\$20,769
GAP	(\$5,376)	(\$23,209)	(\$11,261)	(\$4,596)	(\$22,429)	(\$10,481)

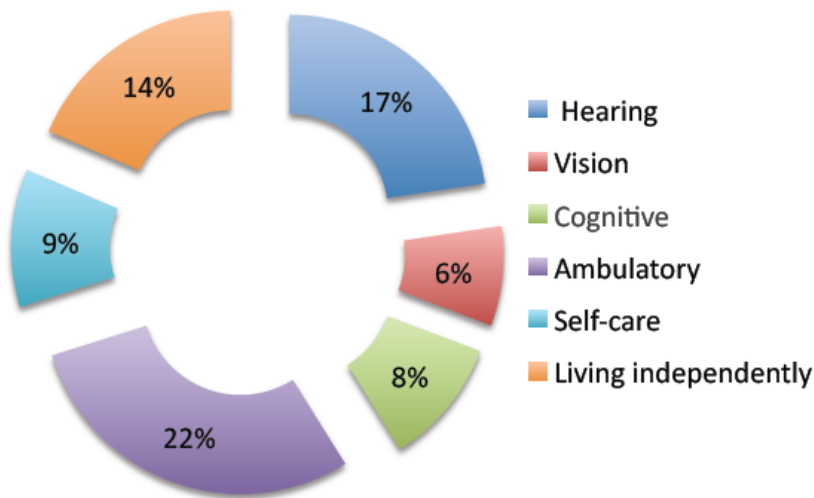
### Ethnically and Racially Diverse Older Residents

Napa and Solano Counties became more culturally and racially diverse between 2000 and 2010, a trend which is expected to continue in the future. As described earlier in Section 2, the most significant demographic trend in PSA 28 from 2000 to 2010 was the growth of Hispanic residents, increasing from 24% to 32% of Napa County's total population and from 18% to 24% in Solano County. Another strong trend in Napa County was the increase in the Asian population (from about 3,640 to 9,220), with over 85% of this growth concentrated in American Canyon, easily the most diverse city in Napa County.

The ethnic diversity of PSA 28's older adults is expected to increase along with the rest of the

population. In Napa County, the number of Hispanic/Latino residents age 60+ is expected to double between 2010 and 2020, while, the number of older Asian residents age 60 and over is projected to grow by about over 46%. In Solano County, the number of Hispanic adults age 60+ is expected to increase by almost 80% and account for about 11% of the county’s 60+ population by 2020. Meanwhile, the Asian 60+ population is projected to more than double, reaching around 22,300 by 2020.

**Napa County: Disabilities Among People Age 65+**



These changes bring both opportunities and challenges for Napa and Solano Counties and the AAANS. These challenges include language barriers and the related risk of isolation - according to the 2006 – 2010 American Community Survey (ACS), about 16% of the Napa county’s residents age 60+ spoke a language other than English at home, with about 9% speaking English “less than very well.” ADD non-English speaking for Solano County.

The AAANS will also need to take into account the variations in the frequency and type of certain health conditions experienced among cultural and ethnic populations when developing and implementing its health promotion and other programs. For example, according to a 2010 study by the UCLA Center for Health Policy Research, Obesity and Diabetes: Two Growing Epidemics in California, “the prevalence of both obesity and diabetes is higher among American Indians, African Americans and Latinos than among whites or Asia.” Most significantly for the AAANS, the study also states that “Latinos, African Americans and American Indians experience much larger increases in diabetes with age compared to whites.” Among adults age 65+, 28% of Latinos and African-Americans and 48% of American Indians have diabetes, compared to just 14% of the older white population. The prevalence of diabetes among older Asian adults is also significantly higher compared to older whites (20% vs. 14%), according to the study.

While the study does not provide similar information for age groups on obesity, it does provide the following statistics for obesity by race/ethnicity: White – 20.4%; Latino – 30.1%, Asian – 6.7%, African-American – 32.4%, and American-Indian – 32.4%.

The AAANS recognizes the importance of providing services and programs to serve the ethnically and racially diverse residents in PSA 28. Many of its programs, including the Chronic Disease Self-Management program and fall prevention education, are provided in both English and Spanish.

### Meeting the Needs of the Baby Boomer Generation

The year 2011 was a landmark for the 75 million baby boomers (people born between 1946 and 1965) as members of their generation started to become eligible for Medicare. (Based on 2010 Census data, there are 37,775 baby boomers (people age 45 to 64) in Napa County and 115,100 in Solano County. The lifestyle and demographic characteristics of the baby boomer generation will have major impacts on local support systems and the need for services for older adults. These

characteristics include (1) the decrease in traditional family support systems due to marriage and divorce rates, and, (2) the role of baby boomers as caregivers for elderly parents.

### Changes in traditional family support systems

A 2012 article by The New York Times states that “the divorce rate among baby boomers has more than doubled, even as divorce rates over all have stabilized nationally. At the same time, more adults are remaining single. About a third of adults ages 46 through 64 were divorced, separated or had never been married in 2010, compared with 13 percent in 1970...Unmarried baby boomers are five times more likely to live in poverty than their married counterparts, statistics show. They are also three times as likely to receive food stamps, public assistance or disability payments.

Although these changing trends in long-term relationships create challenges for both older women and men, studies indicate that baby boomer women have the most difficulty. A 2010 policy brief by the UCLA Center for Health Policy Research showed the potential impact for these trends for access to healthcare by women in the baby boomer generation, finding that older women who are divorced, separated, widowed or ever married are twice as likely to be uninsured as married women. Also, the younger women in the age group are still several years away from being eligible for Medicare.

### Baby Boomers and Caregiving

Many baby boomers are the primary caregiver for aging and disabled family members in California and experience heavy financial and emotional burdens, especially given recent reductions in state funding for support services such as in-home care. The 2009 CHIS data provides estimates of the number of people who reported that they provided care for family or friends within the past year: in Napa County, 31.5% (11,000) of the total population age 45 – 64 (35,000), and in Solano County, 38% (43,000) of the population age 45 to 64 (114,000).

A 2011 UCLA study, *Stressed and Strapped: Caregivers in California*, of California's estimated 6 million-plus informal caregivers found that the following:

- 62% of the caregivers of all ages work full or part time.
- They spend an average of 20 hours per week on caregiving.
- About one-third who live with care recipients spend an average of 36 hours on caregiving.
- Only 7.4% reported being paid for the help they provide; nearly 20% spent \$250 or more of their own money on caregiving in the past month.
- Only 13.5 percent of caregivers report ever using any respite care.

The study found higher rates of serious psychological distress and poor health behaviors among these caregivers and special concerns for the 2.6 million middle-aged caregivers between the ages of 45 and 64, including:

- They are more likely to binge drink (25.5%), smoke (16%) and/or be obese (30%) compared with both older caregivers and non-caregivers of the same age
- Nearly 29% are single, divorced or widowed, over 67% hold down full- or part-time jobs, and 22.5 % are low-income.

The study's lead author noted that "This is the 'sandwich generation,' the group of people struggling to meet the needs of both growing children and aging parents, often alone and while holding down full-time jobs.