



2017 Stanislaus County Senior Health Report

Supplement to the 2013 Stanislaus County
Community Health Assessment

Written by
Kimberly Lindsey, MPH
Anuj Bhatia, DrPH
Lori Williams, MSW
Stanislaus County Health Services Agency

The 2017 Senior Health Report is a supplement to the 2013 Stanislaus County *Community Health Assessment* produced by the Stanislaus County Health Services Agency. The purpose of this report is to identify and assess issues and concerns that are specific to older residents of the county. While seniors were included in the 2013 *Community Health Assessment*, this report highlights the specific experiences and needs of residents at or above 60 years old to inform programs which provide outreach and services for them.

Methods

Primary Data

Data for the Senior Health Report was compiled from both primary elements from the 2013 Stanislaus County Community Health Assessment (CHA), and assorted secondary sources. For the purposes of this report, seniors are defined as adults 60 years of age and above. When data was not available for this range, 65 and above was used and is noted.

The CHA was administered to adults living in Stanislaus County in order to understand the health and well-being of county residents. Surveys were available on paper in English and Spanish (and also electronically in English), with data collection between April and August of 2013. Overall 2,056 surveys were collected from adults 18 and older and 343 surveys from seniors 60 and older. The data was analyzed and weighted for region, gender, and poverty status by the Family Health Outcomes Project at the University of San Francisco. Additional technical details about the CHA methodology and data can be found in the 2013 CHA.

Review and Analysis of Secondary Data

Secondary data included information from multiple sources concerning the health and well-being of Stanislaus County residents. The most updated data available from each source was used through December 2016.

The following is a comprehensive list of the secondary data sources used.

- 1) American Community Survey (ACS; multiple years) from the U.S. Census Bureau
- 2) California Health Interview Survey (multiple years) from the University of California Health Policy Institute
- 3) EpiCenter Injury Data from the California Department of Public Health (2014)
- 4) Death Statistical Master File (DSMF) from the California Department of Public Health (2013-2015)
- 5) IHSS –Case Management, Information and Payrolling System (CMIPS) Stanislaus County
- 6) Elder Abuse data came from the Stanislaus County Community Services Agency.
- 7) Elder Income Security Index was obtained from Insight Center for Community Economic Development (2011),

Statistical Stability

Given the importance of having data for local decision makers to base their strategic planning, statistically non-significant or unstable results were sometimes reported within this document and have been clearly marked as such with ^. Caution is urged when interpreting these results.

Privacy Concerns

In order to protect the identity of participants, results for groups of less than 10 individuals, in which some demographic or other potentially identifying piece of information (following federal guidelines established in the Health Insurance Portability and Accountability Act [HIPAA]) was given, are suppressed in this report (i.e. reported as ≤ 10). Data for other “cells” was also censored when the real values could be used to calculate a blocked value.

Demographics

Out of 531,997 people in Stanislaus County in 2014, 17%—or 90,265 people— were age 60 and above (Figure 1). Of those seniors, 54.1% are female, compared to 50.5% of the total population of the county. The population of seniors has been steadily increasing by over 1,700 people every year, as shown in Figure 2.

Figure 1: 2014 Population of Stanislaus County by Age

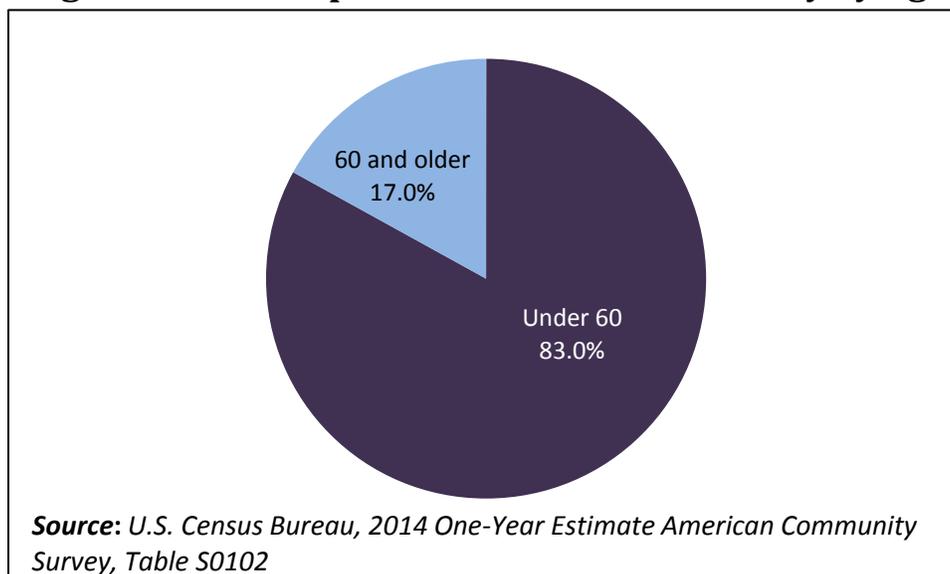
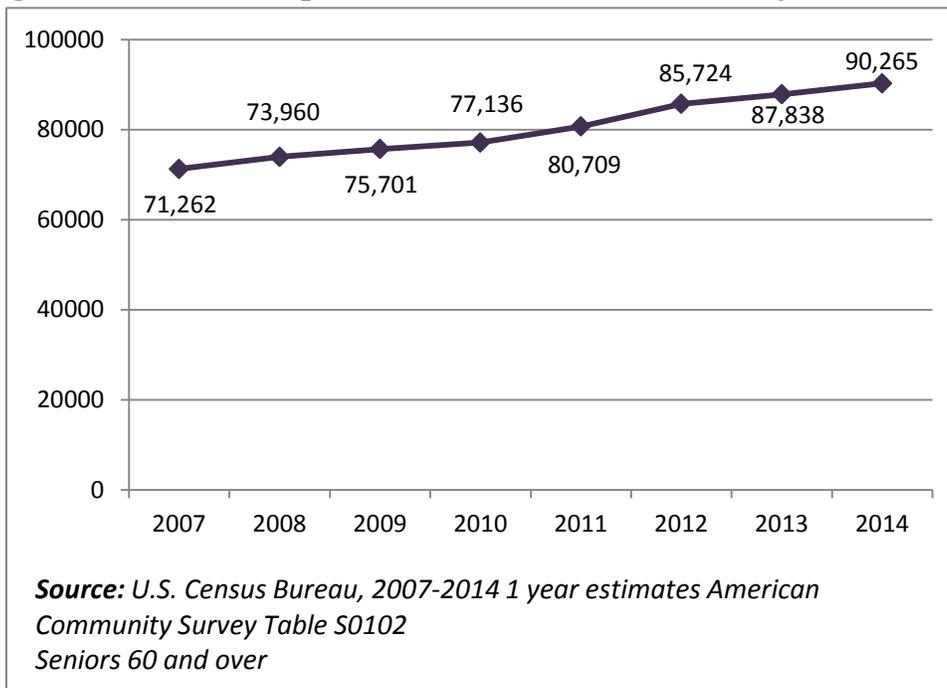
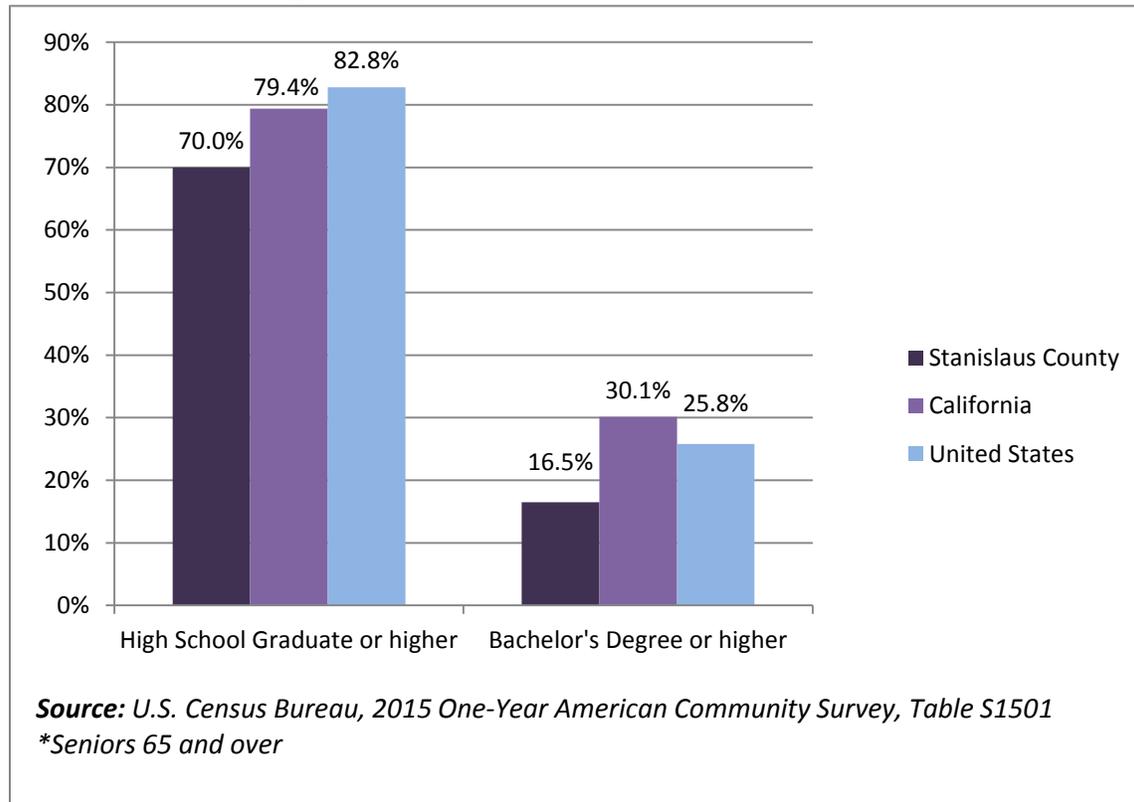


Figure 2: Senior Population in Stanislaus County 2007-2014



Education

More years of schooling is associated with better physical functioning and perceived health [Ross & Mirowsky, 1999]. While Stanislaus County is home to several institutions of higher learning such as California State University Stanislaus, Brandman University and University of Phoenix, the education levels for the senior population are markedly less than those in the state and country. According to the 2015 American Community Survey one-year estimate, only 70% of Stanislaus County seniors 65 and older have at least a high school degree compared to almost 80% of California seniors and over 82% of US seniors. Similarly, only 16.5% of Stanislaus seniors report having a bachelor's degree or higher education, compared with 30.1% of California seniors and 25.8% of US seniors (Figure 3). Likely this phenomenon is due in part to the availability of careers in the industrial and agricultural fields in Stanislaus County that don't require high levels of formal education.

Figure 3: Education Levels of Seniors*

Veterans

The current population of seniors came of age during the compulsory draft (1940-1973), which occurred during World War II, the First Indochina War, the Korean War and the Vietnam War. Having lived through such martial times, 16.4% of seniors in Stanislaus County 60 years old or more are civilian veterans¹ (ACS 2015 1-year estimate Table S0102).

Since the draft has not been in effect since 1973, 63% of all civilian veterans are 60 and older. Out of 392,019 adult civilians (residents 18 and older who are not current military), 6.2% are veterans (ACS 2015 one-year estimate Table S0102).

¹ "A 'civilian veteran' is a person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians 16 years old and over are classified as nonveterans." [US Census Glossary]

Disability Status

Disability is defined as ‘a long-lasting physical, mental or emotional condition which can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. A disability may also impede a person from being able to go outside the home alone or to work at a job or business’ [US Census Methodology]. Of the civilian non-institutionalized² population 60 and older in Stanislaus County, 39.0%—34,454— have a self-reported disability. This is much higher than the disability rates in the 60 and older civilian non-institutionalized populations of California overall (30.6%) and the United States (31.5%). (ACS 2014 1-year estimate Table S0102)

Detailed information on disability status is shown in Table 1 for residents at or above 65 years of age. Of the civilian non-institutionalized population 65 and over in Stanislaus County, 43.8%—27,409— have a disability. That includes:

- 28.3% ambulatory difficulty (Serious difficulty walking or climbing stairs),
- 11.9% cognitive difficulty (Difficulty remembering, concentrating or making decisions due to a physical, mental or emotional problem),
- 19.7% hearing difficulty (Deaf, or having serious difficulty hearing),
- 19.4% independent living difficulty (Difficulty doing errands alone such as visiting a doctor’s office or shopping due to a physical, mental or emotional problem),
- 10.3% self-care difficulty (Difficulty bathing or dressing), and

² The civilian non-institutionalized population excludes all of those currently serving active duty in the military and those living in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities, and other long-term care living arrangements. (US Census Glossary)

- 8.7% vision difficulty (Blind or having serious difficulty seeing, even when wearing glasses). (ACS 2014 one-year estimate Table S1810)

Compared to California and the United States, Stanislaus County has a much higher proportion of seniors over 65 with any disability (43.8% Stanislaus County, 35.7% California, and 36.0% United States), especially ambulatory difficulty (28.3% Stanislaus County, 23.2% California, and 23.0% United States) and hearing difficulty (19.7% Stanislaus County, 14.3% California, and 15.0% United States). These differences may be associated with the industrial and agricultural economy of this county and related air quality and noise exposures.

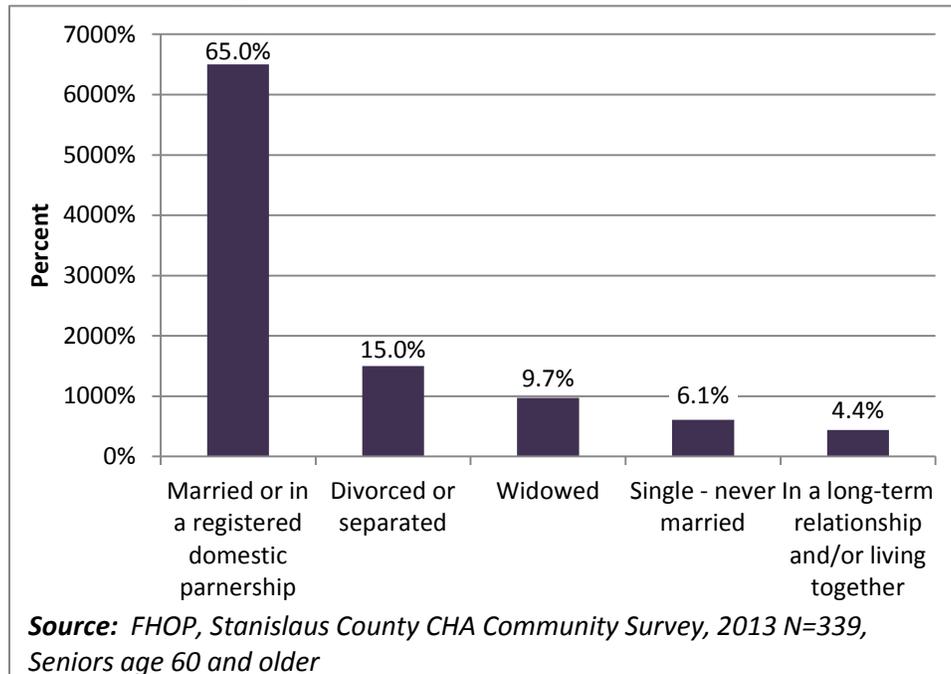
Table 1: Disability Categories for Stanislaus County Civilian Non-Institutionalized Seniors*

	Percent of Seniors 65 and over		
	Stanislaus County	California	United States
Any Disability	43.8%	35.7%	36.0%
Ambulatory Difficulty	28.3%	23.2%	23.0%
Cognitive Difficulty	11.9%	10.2%	9.1%
Hearing Difficulty	19.7%	14.3%	15.0%
Independent Living Difficulty	19.4%	17.6%	15.2%
Self-Care Difficulty	10.3%	10.1%	8.4%
Vision Difficulty	8.7%	6.7%	6.7%

Source: U.S. Census Bureau, 2014 1-year Estimate American Community Survey, Table S1810
**Seniors 65 and over.*

Families and Households

The majority of seniors (65.0%) are married or in a registered domestic partnership (Figure 4). Combined with the over four percent (4.4%) who reported being in a long-term relationship or living with a romantic partner, almost 70% of seniors have a spouse or partner in their lives. Almost a quarter of seniors have lost a spouse either through death, divorce or separation, and over six percent (6.1%) are single and have never been married.

Figure 4: Marital Status of Seniors

Grandchildren

In 2014, Stanislaus County was home to 2,098 seniors 60 and older living with their minor grandchildren (ACS 2014 one-year estimate Table S1002). In almost a quarter of those homes (24.6%), the householder or spouse was responsible for the grandchildren without the presence of the child's parents, which is less than the state average of 29.9%. Of Stanislaus seniors living with their grandchildren, 37.9% were living with a disability, compared 27.2% of California seniors living with their grandchildren having a disability.

Housing

Compared to the total adult population of Stanislaus County, more seniors reported having fixed, regular and adequate nighttime residence (Figure 5; 87.8% vs 85.8%). Table 2 lists the categories of homeless situations both seniors and the total adult population reported in descending frequency. Of those in homeless/unstable housing situations, both seniors and all adults reported most frequently that they were living with friends or relatives because they had lost their home or had no way to get other housing.

Figure 5: Stable Housing: Seniors vs. Total Population

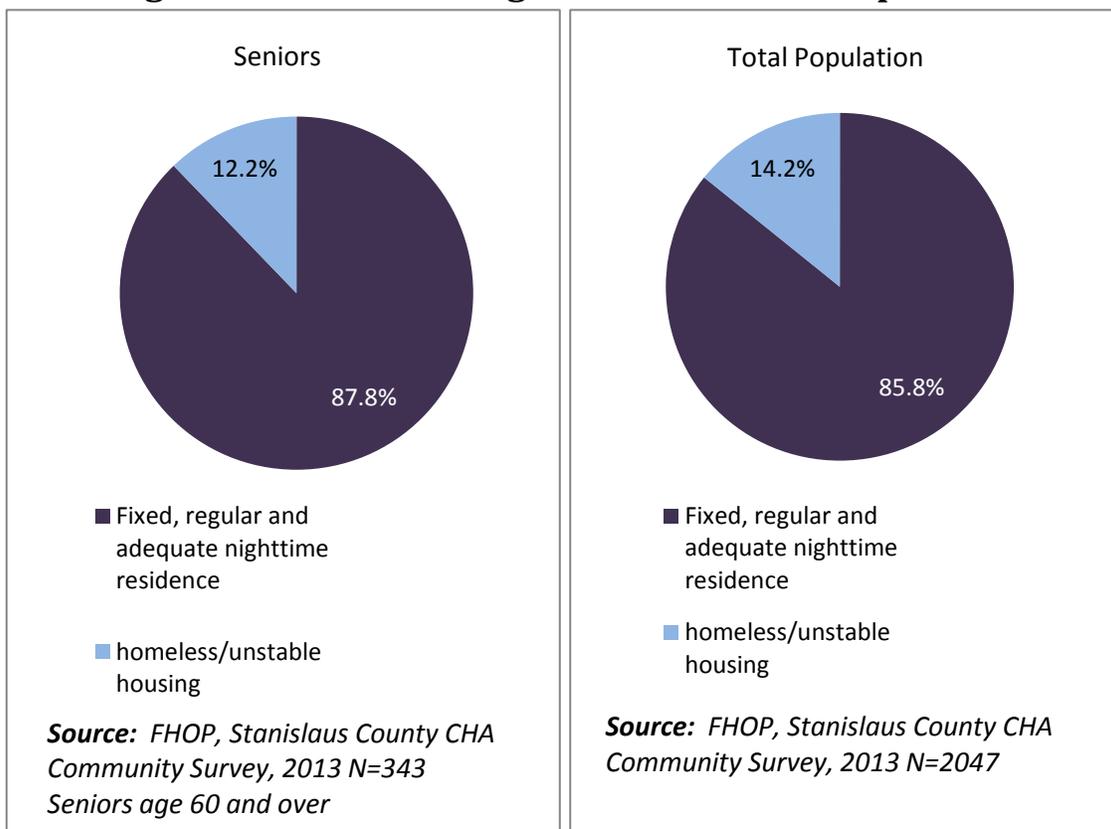


Table 2: Homeless/Unstable Housing Situations in order of most reported to least reported

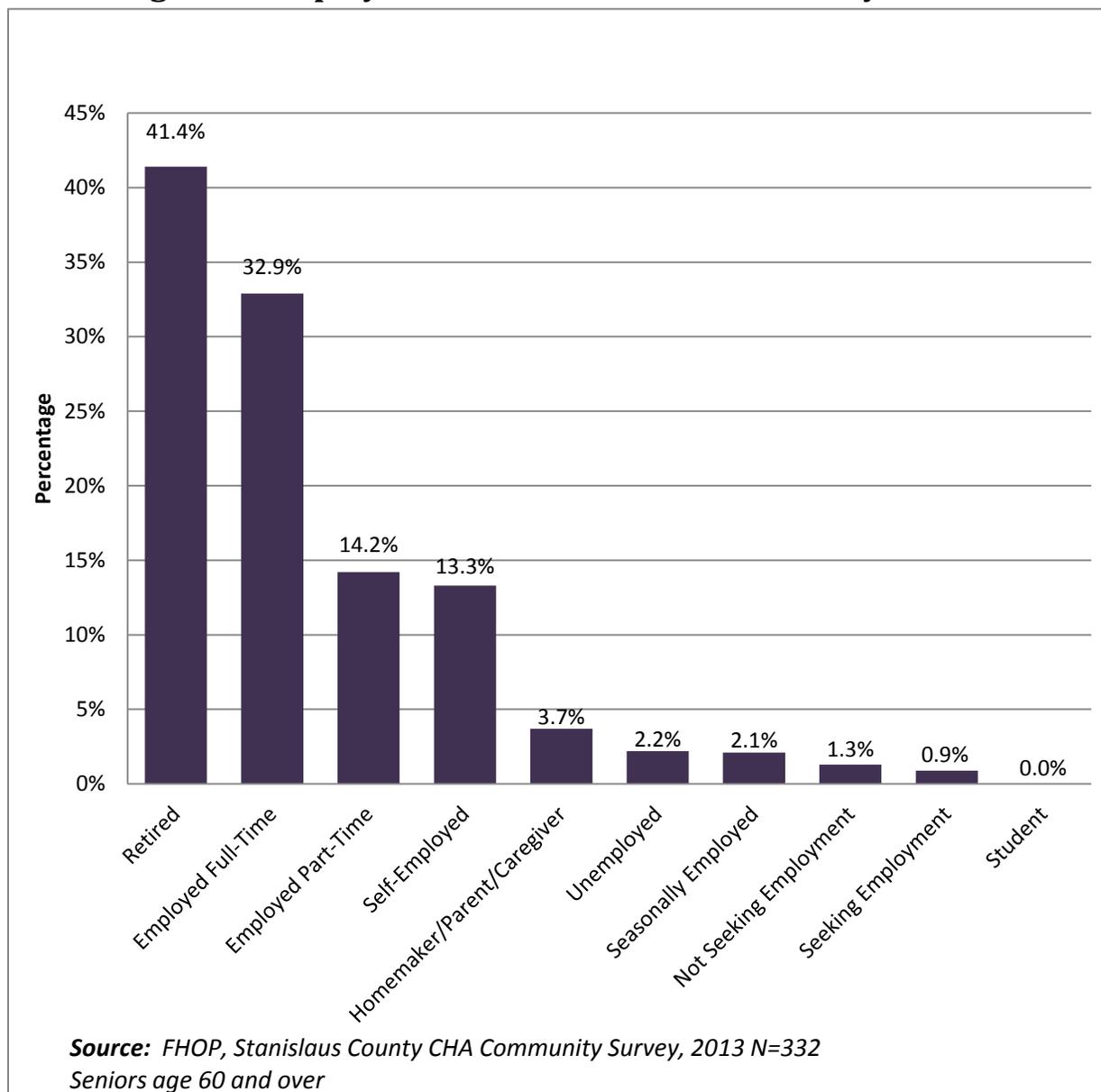
Seniors	All Stanislaus Adults
1. Living with Friends/relatives because lost home/no way to get housing	1. Living with Friends/relatives because lost home/no way to get housing
2. Living in a place not meant for humans to live in	2. Living in a place not meant for humans to live in
3. Home has been foreclosed upon	3. Home has been foreclosed upon
4. Live in an emergency shelter	4. Feel threatened or unsafe in current housing situation and no way to get another
5. Feel threatened or unsafe in current housing situation and no way to get other	5. Live in an emergency shelter
N/A	6. Live in transitional housing for homeless persons from streets or

	shelters
N/A	7. Being evicted within a week from private dwelling and no way to get other housing
<p>Source: FHOP, Stanislaus County CHA Community Survey, 2013 <i>Note: List compiled from those who reported homeless or unstable housing situation. Reported numbers of those in homeless/unstable housing situations were too small to include.</i></p>	

Economics and Employment

Full time employment not only provides income as well as (typically) health insurance and social outlets for the general adult population. Many seniors choose to retire for personal or health reasons, but many more do not have the financial autonomy to stop working entirely. The 2013 CHA revealed that 41.4% of seniors 60 and older are retired, 32.9% work full time and 14.2% work part time. Additionally, 13.3% reported being self-employed, and over two percent (2.1%) reported seasonal employment (Figure 6).

Figure 6: Employment Status of Stanislaus County Seniors



Income

Eligibility criteria for many different services rely on assessment of need based on the federal poverty level, which is calculated each year based on annual household income and number of residents in the home. In 2014, the federal poverty level for a family of one was \$11,670, and for a family of two was \$15,730 [Klinger, 2014]. The US Census Annual Community Survey estimated that in 2014, 11.8% of Stanislaus County seniors age 60 and older were below the federal poverty level, and another 12.8% were between 100%

and 149% of the poverty level (ACS 2014 1-year estimate Table S0102). In California, 11.1% of seniors 60 and older were below the federal poverty level, but only another nine percent (9.5%) were between 100 and 149%.

Elder Income Security Index

According to the Insight Center for Community Economic Development in 2011, only eight percent of Stanislaus County residents 65 and older fell below the federal poverty line. However, they calculated that fully half of all residents 65 and older did not have enough income to meet their most basic needs, leaving 42% of Stanislaus County residents 65 and older in an “eligibility gap”, unable to afford basic needs, but not qualifying for services designated for those strictly “in poverty”. These calculations are based on the UCLA Center for Health Policy Research in 2011 which pulled data from the American Community Survey data from 2006, listing the federal poverty line at \$10,890, with the income index in Stanislaus for an elderly renter living alone calculated to \$20,736 per year to meet basic needs.

Forgoing Basic Needs

One of the most critical concerns in times of financial hardship is the choice to forgo basic needs. Out of 324 senior respondents to the 2013 Stanislaus County Community Health Assessment, over five percent (5.3%) reported going without basic needs. The most frequently reported category of needs went without was food, followed by utilities, transportation, clothing, and rent or housing (Figure 7). With food as the most popular choice to go without in times of struggle, food assistance services are valuable resources for the county’s senior population. The 2014 American Community Survey reported that over nine percent (9.5%) of households with at least one member 60 and older received food stamps that year (ACS 2014 1-year estimate Table B22001). While there are direct health effects of going without basic needs such as insufficient nutrition, protection from exposure, safety and hygiene, indirect effects are also a concern. For example, inability to afford utilities, including electricity for air conditioning, can result in heat injuries in the intense summer heat of this region. The numbers reported here may be an

underestimate due to underreporting due to stigma or difficulty reaching the populations that are in need.

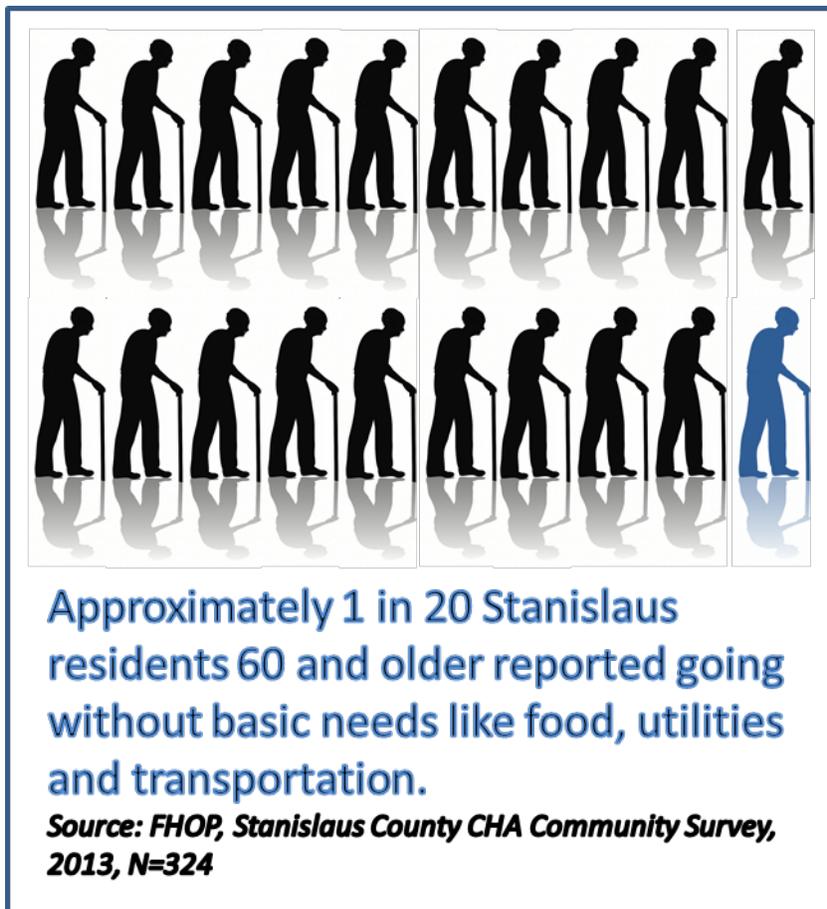
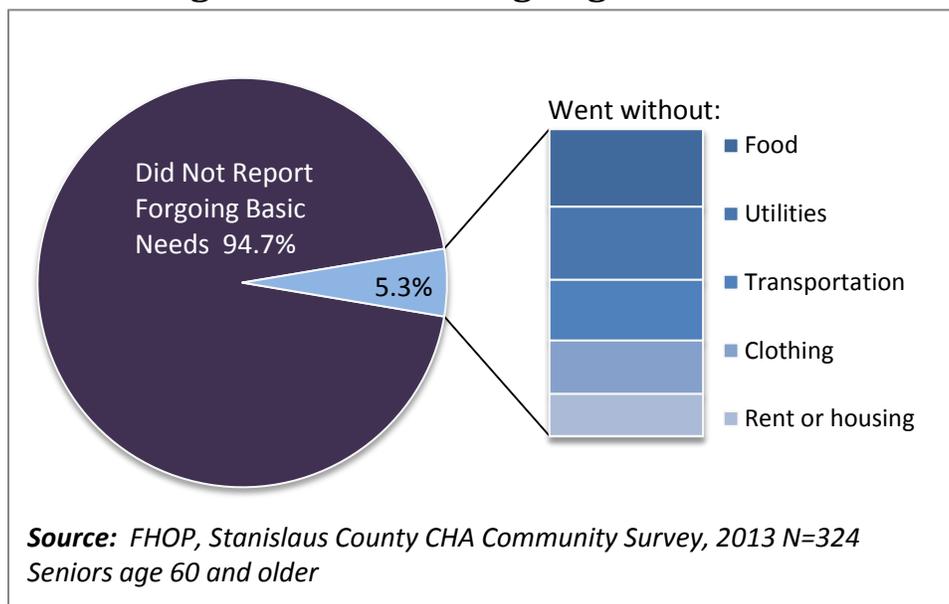


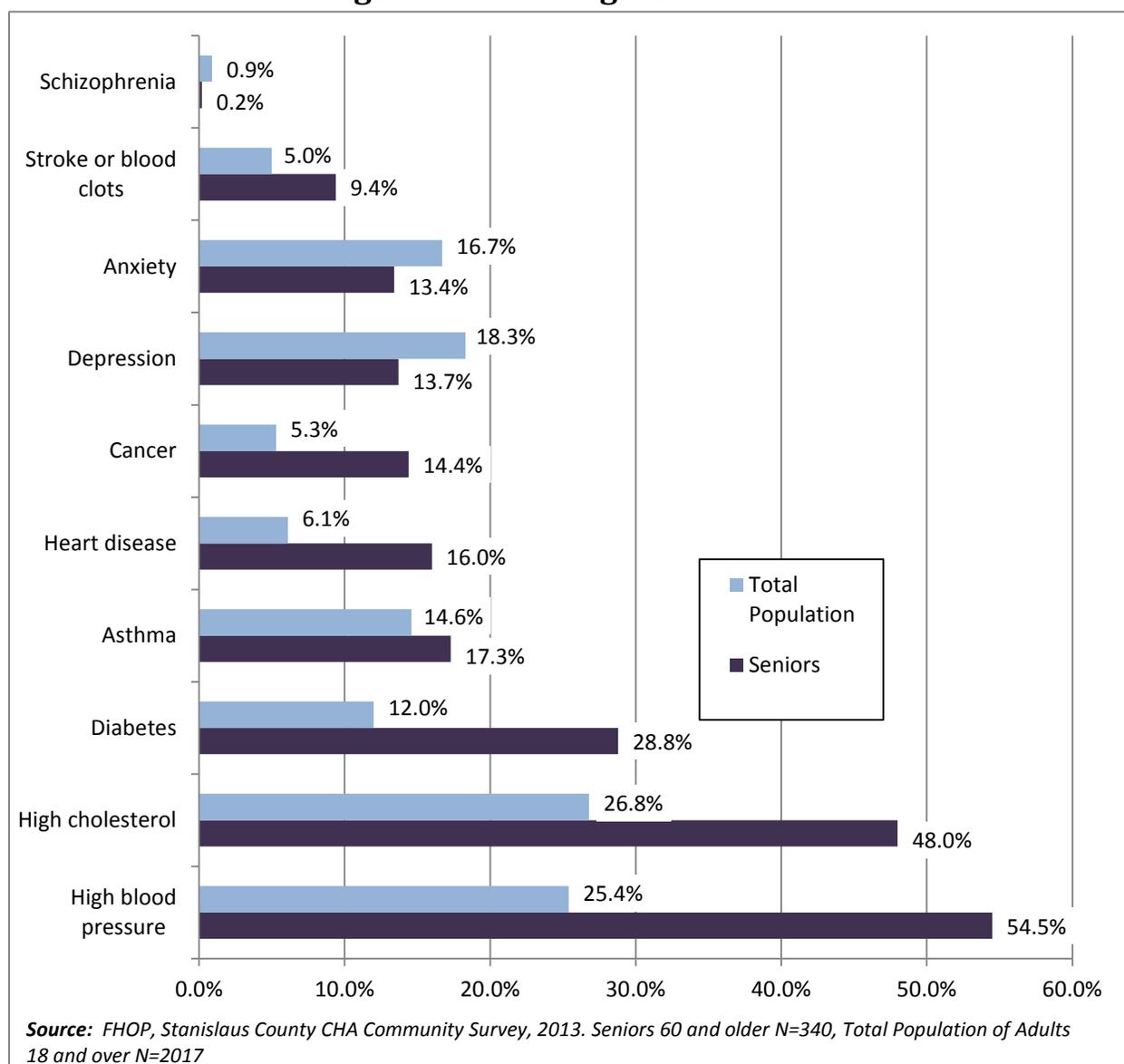
Figure 7: Seniors Forgoing Basic Needs



Senior Health

With age can come an assortment of ailments, elevating concerns surrounding health conditions and health care to a greater importance among seniors. Figure 8 illustrates the self-reported health conditions facing seniors 60 and older compared with those of the general adult population of Stanislaus County. The most commonly reported conditions for seniors and all adults were high blood pressure (seniors 54.5%, adults 25.4%), and high cholesterol (seniors 48.0%, adults 26.8%). Seniors reported more diagnoses than the overall adult population, with the exception of mental health disorders. Anxiety, depression, and schizophrenia were all self-reported by the total adult population at 0.7-4.6 percentage points more than seniors.

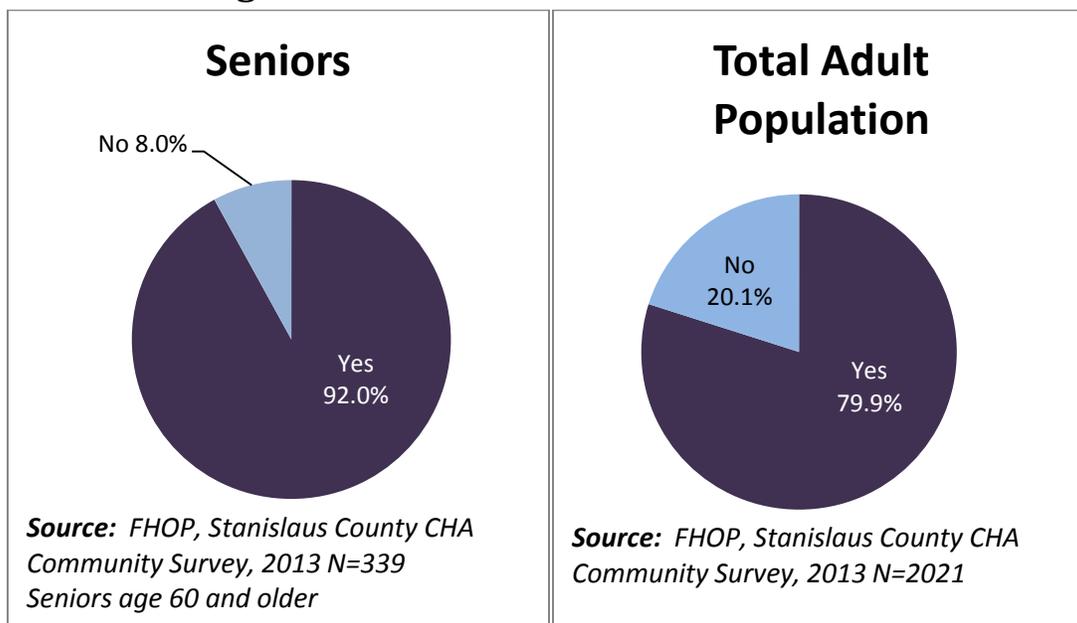
Seniors reported more than double the prevalence of High Blood Pressure (54.5% to 25.4%), diabetes (28.8% to 12.0%), heart disease (16.0% to 6.1%) and cancer (14.4% to 5.3%) compared with the overall adult population.

Figure 8: Ever Diagnosed With...

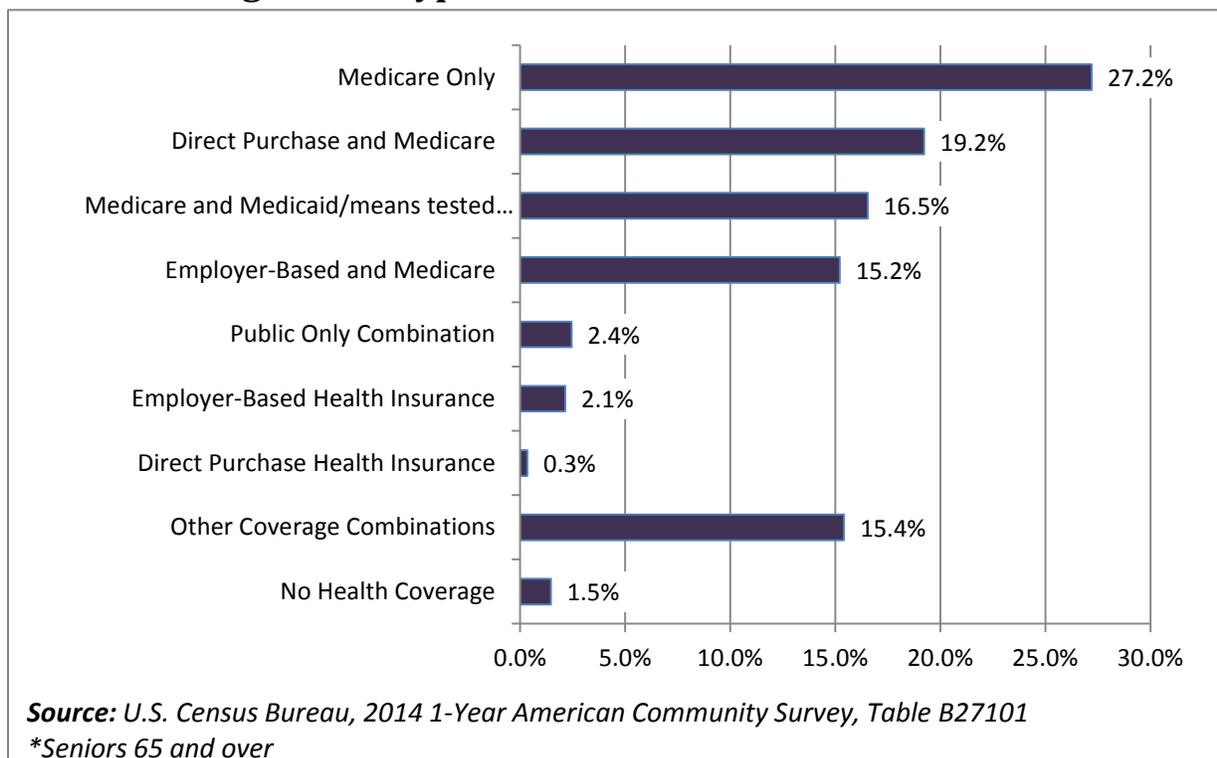
Access to Health Care

Lack of health insurance can limit a person's options for receiving needed medical care. Although the requirements of the 2010 Affordable Care Act were not yet fully in effect at the time of this study (2013), the passage of that law demonstrates the importance of health insurance in our society. While 20% of people in Stanislaus County reported not having health insurance, only eight percent (8.0%) of seniors lacked coverage (Figure 9). This is likely due in large part to the availability of Medicare to most people 65 and over.

Figure 9: Do You Have Health Insurance?

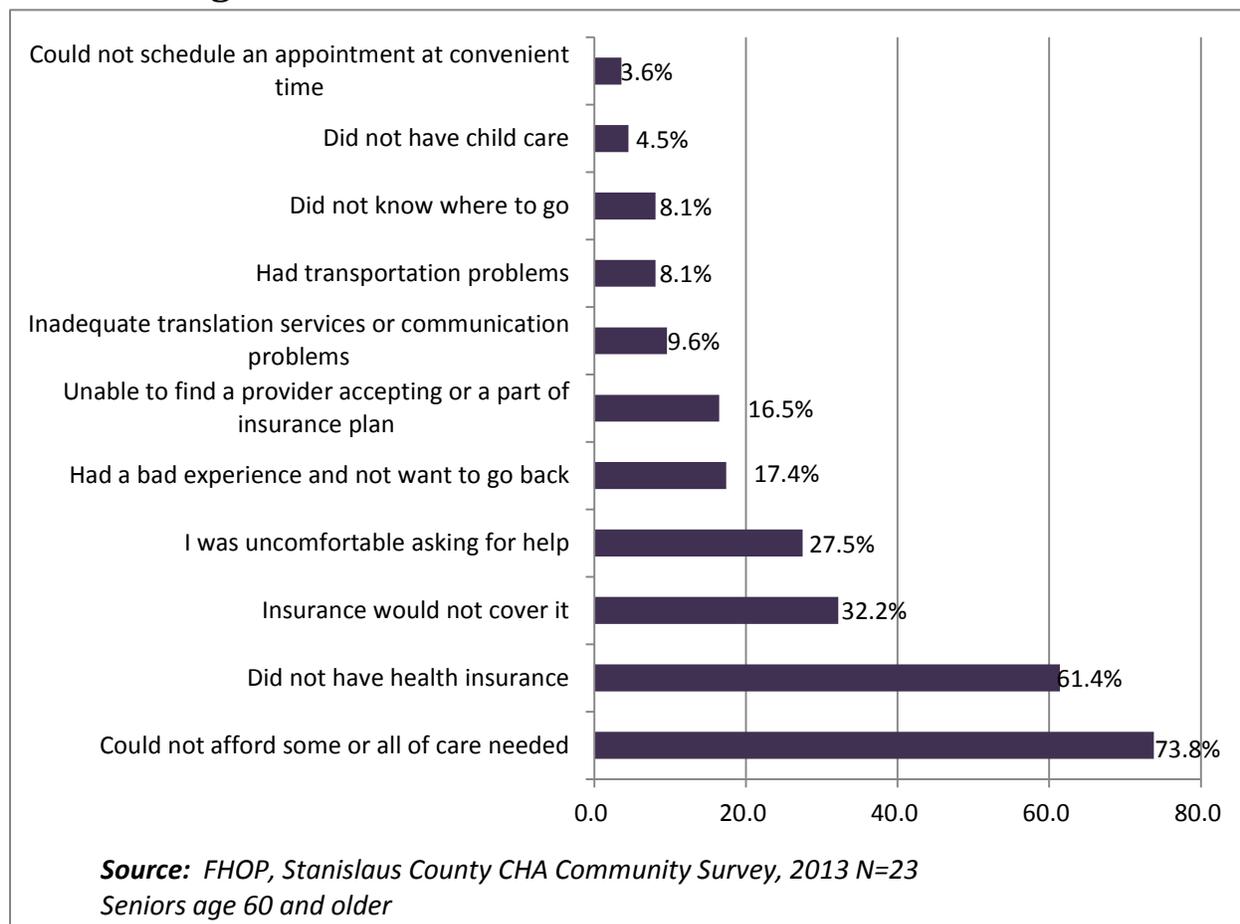


Medicare is by far the most common health insurance for seniors in Stanislaus County. For seniors 65 and over, 78.1% carry Medicare insurance with 50.9% of seniors holding Medicare in addition to other forms of coverage (Figure 10). While Medicare is a great resource for many members of the 65 and older population, there are citizenship/residency requirements and the coverage comes with an associated cost. These are likely some of the barriers keeping over one percent (1.5%) of the 65 and older population without any health insurance at all.

Figure 10: Type of Health Insurance for Seniors*

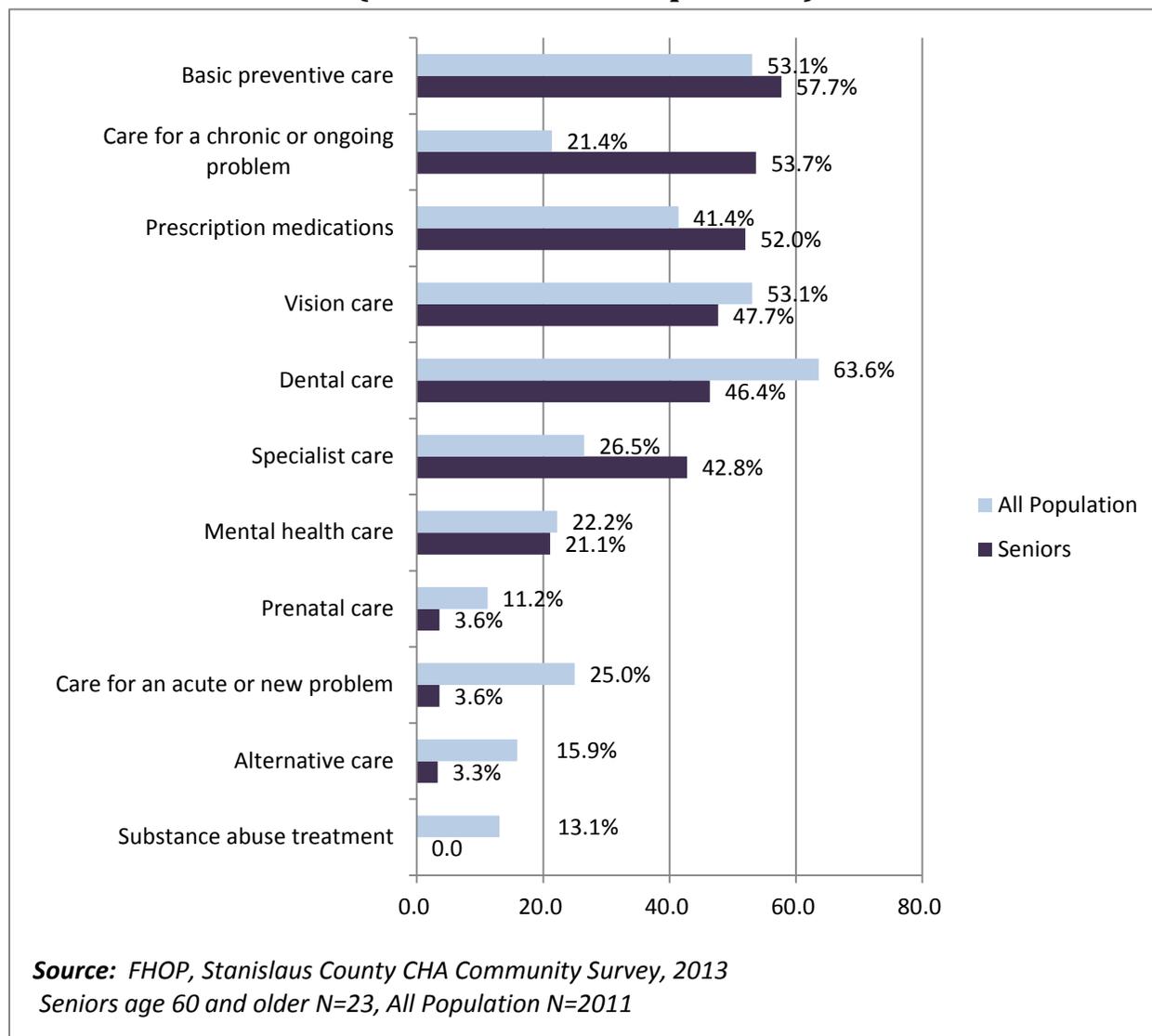
Of those seniors 60 and over who went without healthcare, 61% reported that they did so because they lacked health insurance, and 73.8% stated that they skipped healthcare because they couldn't afford the care. (Figure 11) Other insurance problems were also barriers including care that insurance would not cover (32.2%), and inability to find a provider accepting or part of the insurance plan (16.5%).

Figure 11: Reasons Seniors Went Without Healthcare



For those who had to go without needed medical care, Figure 12 shows what categories were skipped by seniors compared to all adults. Seniors who skipped healthcare reported going without basic preventative care, care for chronic or ongoing problems, prescription medication and specialist care at higher rates than the overall population of adults who had to go without healthcare.

Figure 12: For Those Who Went Without Healthcare, They Went Without (Seniors vs Total Population)



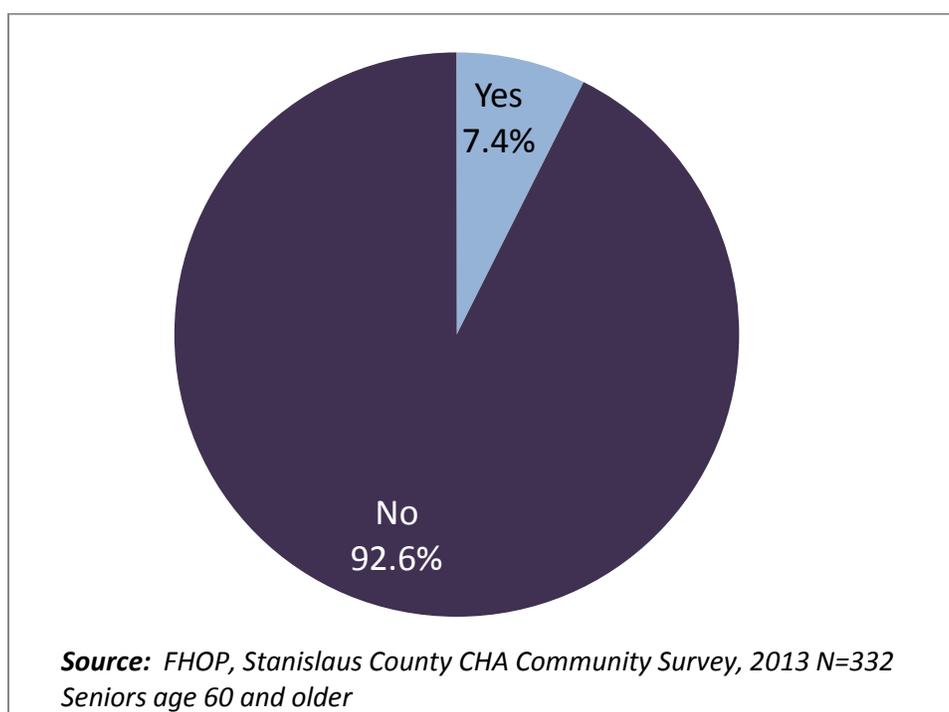
Usual Source of Care

Emergency rooms are designed to address acute and life-threatening conditions, and they are required to treat patients regardless of insurance coverage or ability to pay. [CMS 2012] People with non-life-threatening conditions are supposed to use other medical services such as office visits and urgent care. In Stanislaus County, 10.3% of the population, including over seven percent (7.4%) of seniors age 60 and older report getting most of their health care at the emergency rooms (Figure 13). This discrepancy may be due to seniors having higher rates of health insurance, or seniors having more

chronic health concerns requiring regular care from non-emergency physicians.

The California Health Interview Study of 2014 revealed that 95.4% of seniors 60 and older in Stanislaus County reported having a usual place to go when they are sick or needed health advice, slightly higher than the percentage for seniors throughout California (93.9%).

Figure 13: Do Seniors Get Most of Their Health Care at the Emergency Room?

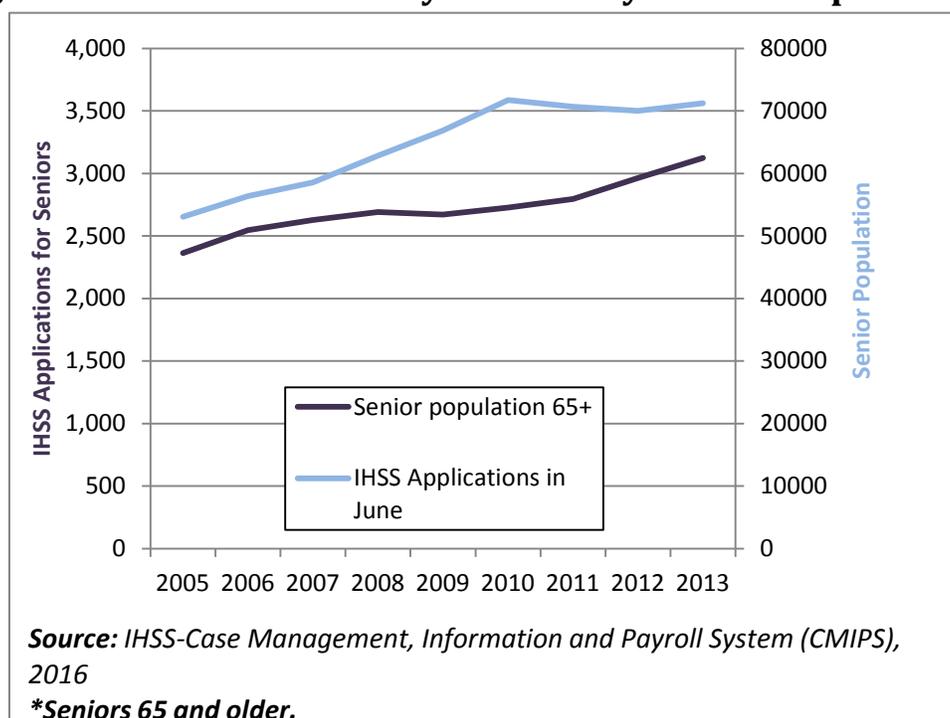


In Home Supportive Services

In-Home Supportive Services (IHSS) is the largest, publicly funded, non-medical program in the United States that is designed to provide assistance so that the elderly, blind, and disabled may remain living in their homes. The IHSS program is designed for providers to visit recipients at their home and provide assistance with personal care and domestic services. This program is crucial in preventing the need for an individual to live in an assisted care facility, which is a benefit to both the recipient and the taxpayer. [IHSS Report to the Community 2007]

As a representation of annual trends, Figure 14 below shows the number of IHSS applications for Stanislaus County residents 65 and older received in the month of June for 2004-2013 and the number of seniors 65 and older in Stanislaus County for each year. The number of applications increased steadily from 2004 to 2009, and has since leveled off at about 3,500 applications every June. Application rates have remained fairly steady at 5.5-6.6% of the senior population with applications in June.

Figure 14: Senior* IHSS Eligibility Applicants, by Number of Persons, June for Stanislaus County and County Senior* Population.



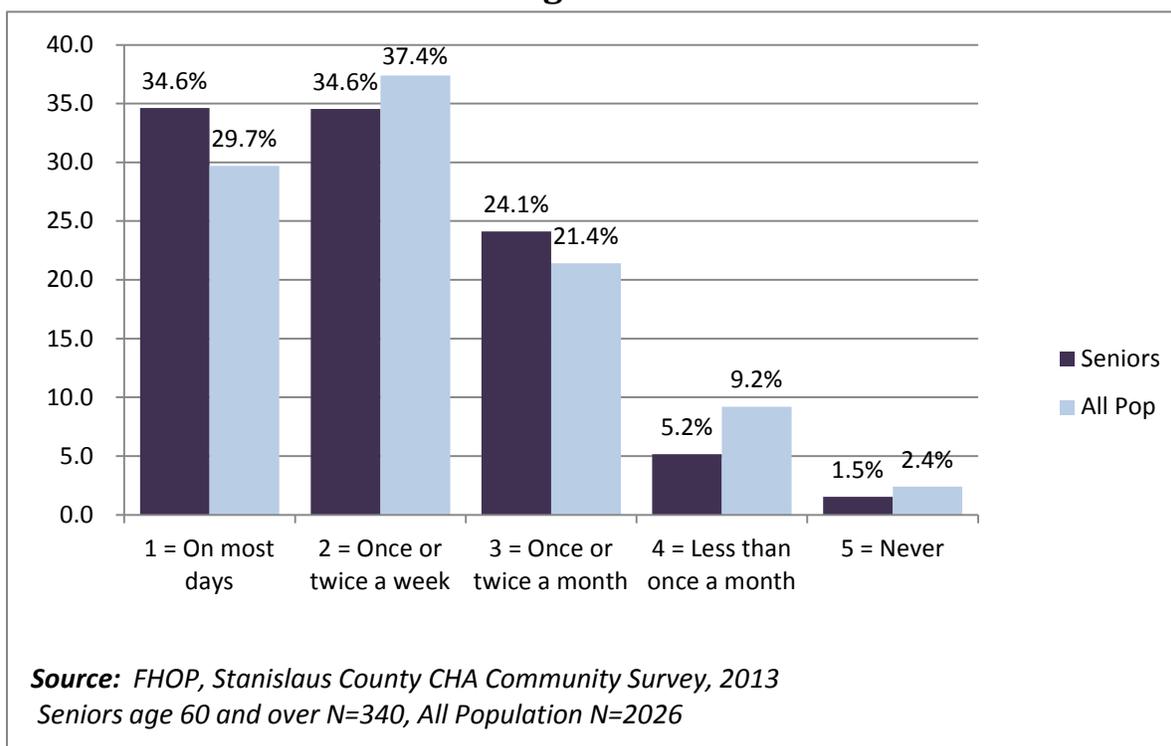
Physical and Mental Well Being

Meet Friends

Health restrictions and retirement can leave seniors socially isolated, and is associated with increased mortality and depression [Steptoe, et al. 2013]. The 2013 Stanislaus County *Community Health Assessment* showed that seniors are slightly more socially connected than Stanislaus adults overall. Almost 70% of seniors reported meeting friends or relatives at least once a week (Figure 15). Where 11.6% of the general county population sees friends or

relatives less than once a month or never, only over six percent (6.7%) of seniors reports that level of isolation. This may be an artifact of data collection, however, where less connected seniors may have been less likely to be reached to participate in the survey. Seniors and their loved ones may make more of an effort for meetings due to these seniors having fewer casual social encounters leading to a higher degree of isolation overall.

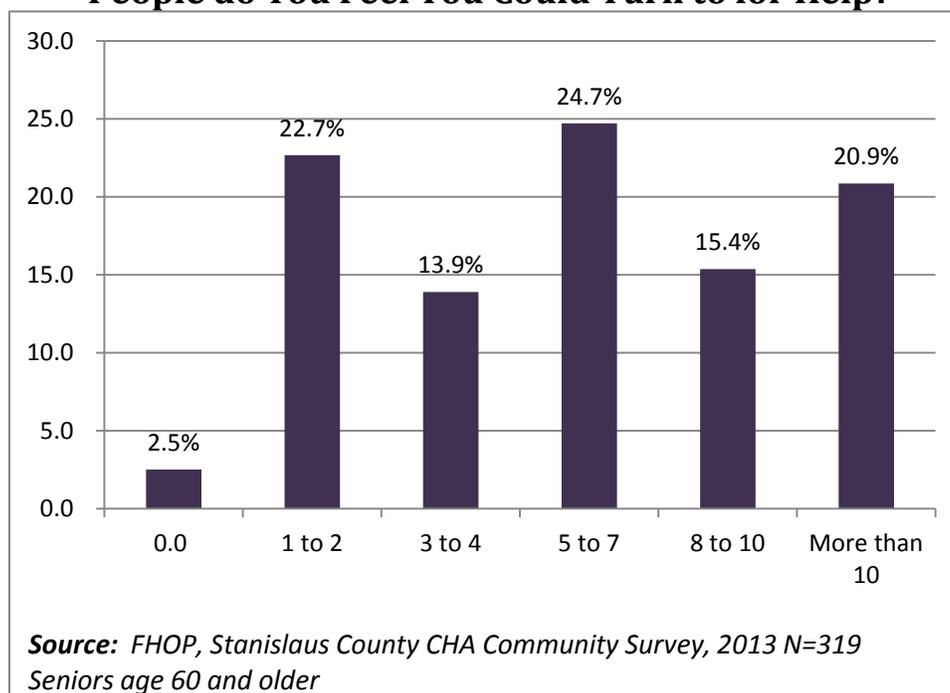
Figure 15: How Often do You Meet Friends or Relatives Who are Not Living with You?



Support in Crisis

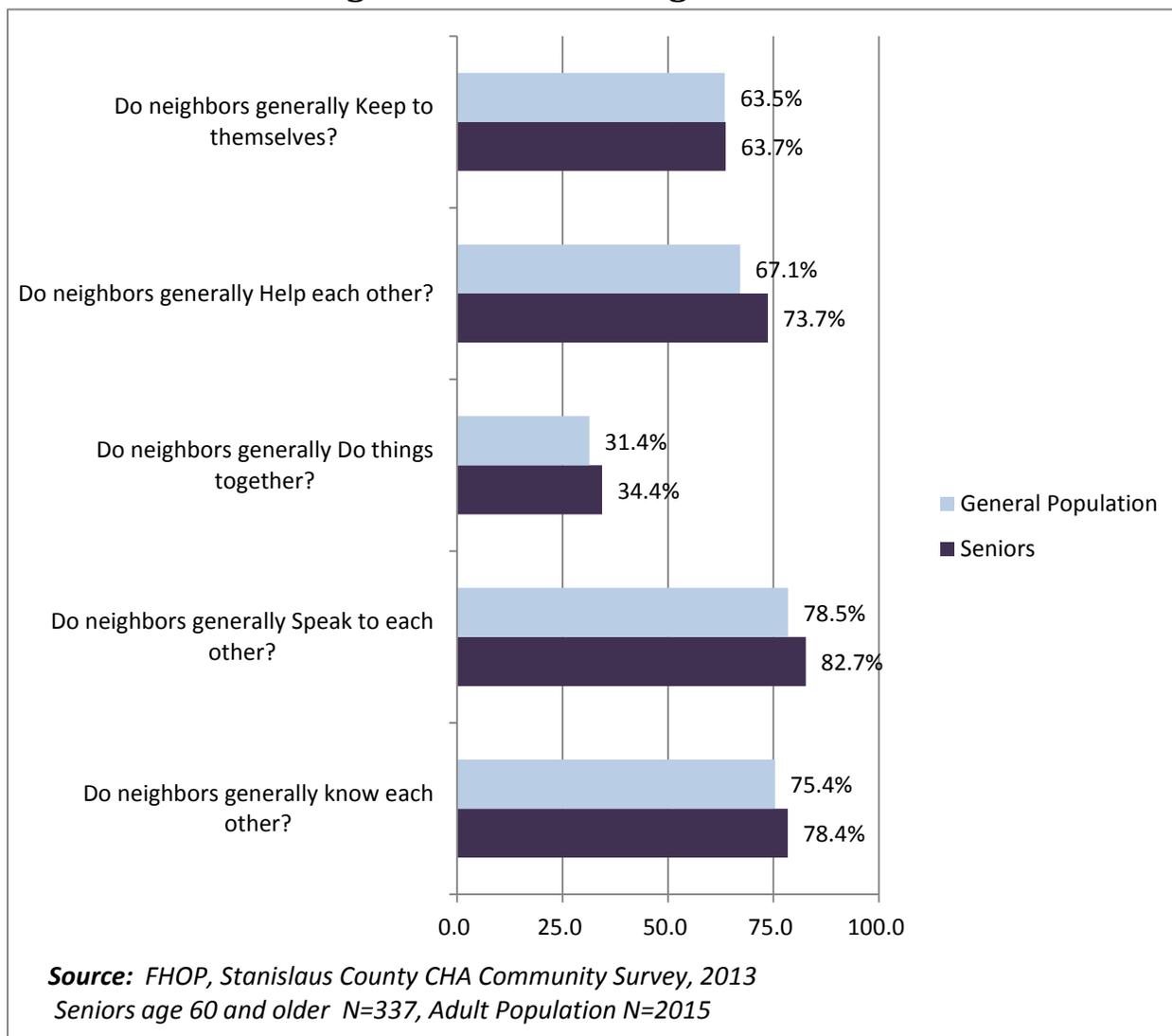
Social connectedness is especially important in times of trial. A more diverse social network is associated with better health outcomes such as greater immunity to the common cold and better cardiovascular health [Cohen et al. 1997, Heffner et al. 2011]. Stanislaus County seniors reported several resources available should the need arise. Sixty percent of seniors 60 and older stated that they had five or more people they could look to for help and only two and a half percent stated that they had no one to turn to in a time of serious personal crisis (Figure 16). It is possible that many of those who count more than 10 people as resources in the event of crisis may belong to a faith community.

Figure 16: If You Experienced a Serious Personal Crisis, How Many People do You Feel You Could Turn to for Help?



Neighborhood Questions

One of the easiest forms of community is found in the neighborhood where people live. Stanislaus County seniors reported more connection in their neighborhoods than adults overall. Seniors reported higher rates of neighbors helping each other (73.7% vs 67.1%), knowing each other (78.4% vs 75.4%), speaking to each other (82.7% vs. 78.5%), and doing things together (34.4% vs 31.4%) (Figure 17).

Figure 17: In Your Neighborhood...

Injuries Rates and Types

In addition to death statistics, serious injuries among the older population are of interest in specific areas including assault, heat, self-inflicted injuries and falls. Non-fatal emergency department visits are the number of emergency department visits due to injury that do not lead to hospitalization or death, non-fatal hospitalizations are hospital admissions that do not lead to death before discharge, and serious non-fatal injuries are the combination of the two. For the population 65 and older, Stanislaus residents experienced more serious non-fatal injuries per capita due to assaults and heat than California residents in 2014 (Figure 18). Given that the central valley experiences much

higher summer high temperatures than most of the rest of the state, more heat injuries are to be expected. Conversely, California seniors over 65 were more likely to experience self-inflicted serious non-fatal injury than those in Stanislaus County. For falls, Stanislaus County seniors saw 5,024 non-fatal emergency department visits per 100,000 population, where the rate for California seniors overall was only 4,178 per 100,000 population (Figure 19). Compared to the state averages, Stanislaus County seniors 65 and older are much more likely to experience serious non-fatal falls, but less likely to experience serious non-fatal self-inflicted injury. Falls are of special concern to the senior population as they result in more severe injury than similar falls in younger people, including head and neck and pelvic trauma [Sterling et al. 2001].

Figure 18: 2014 Serious Non-Fatal Injury Rates for Seniors*

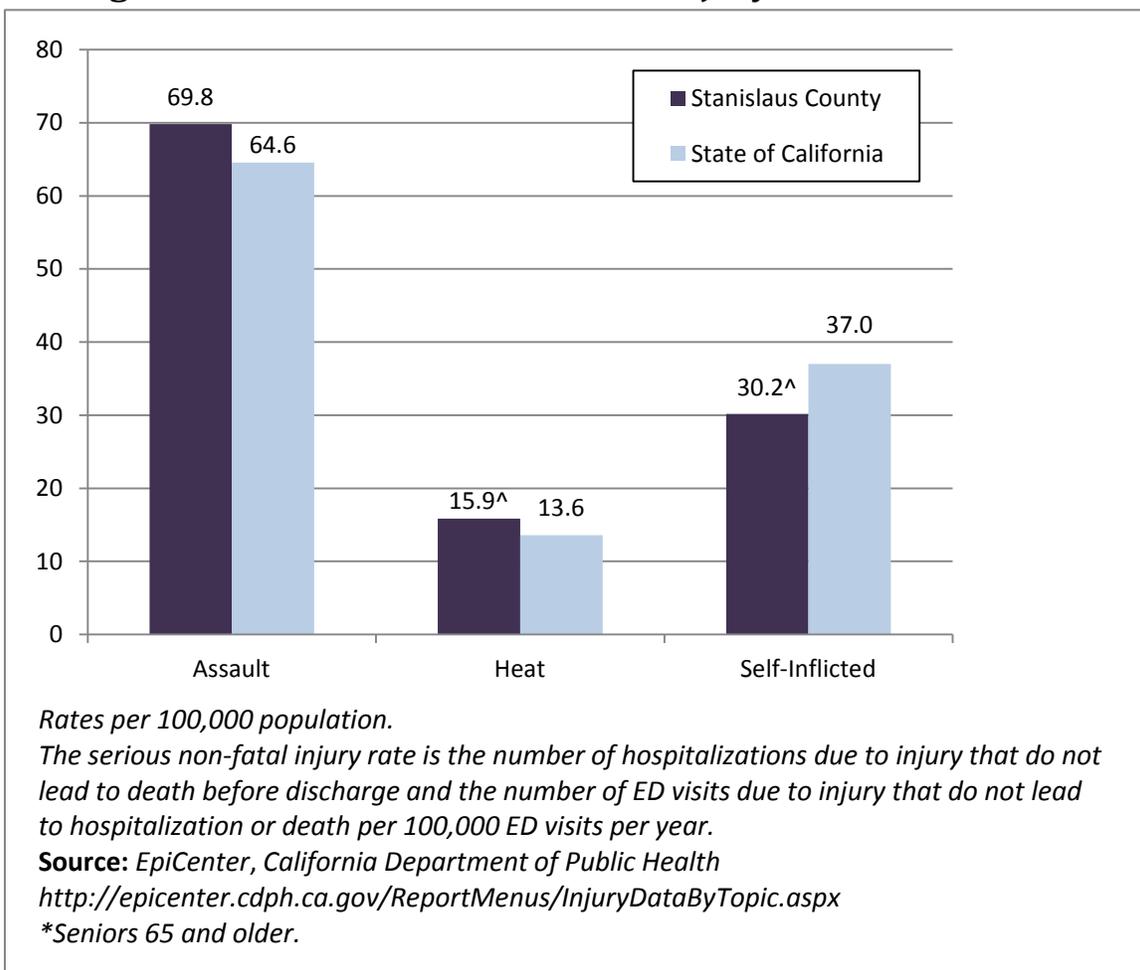
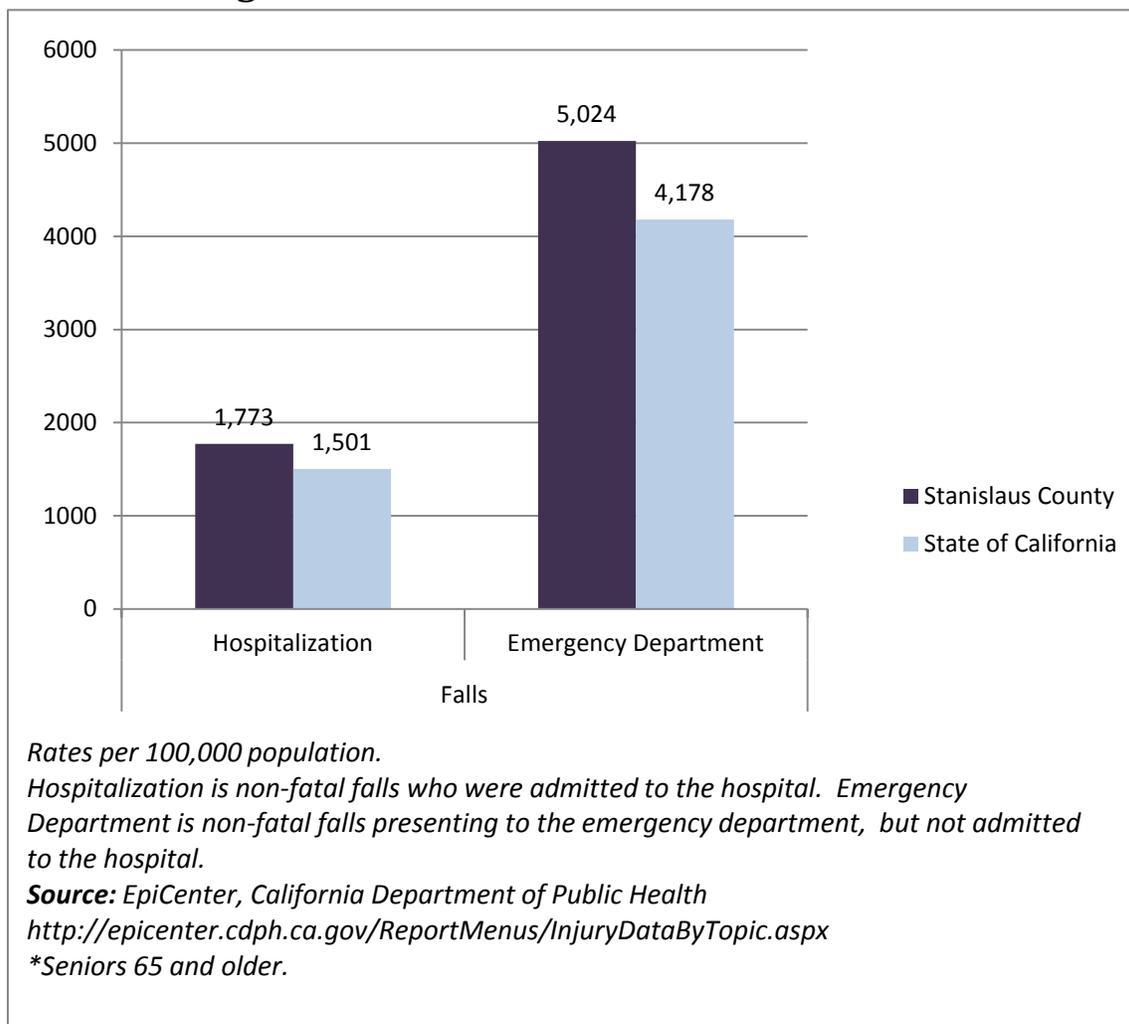


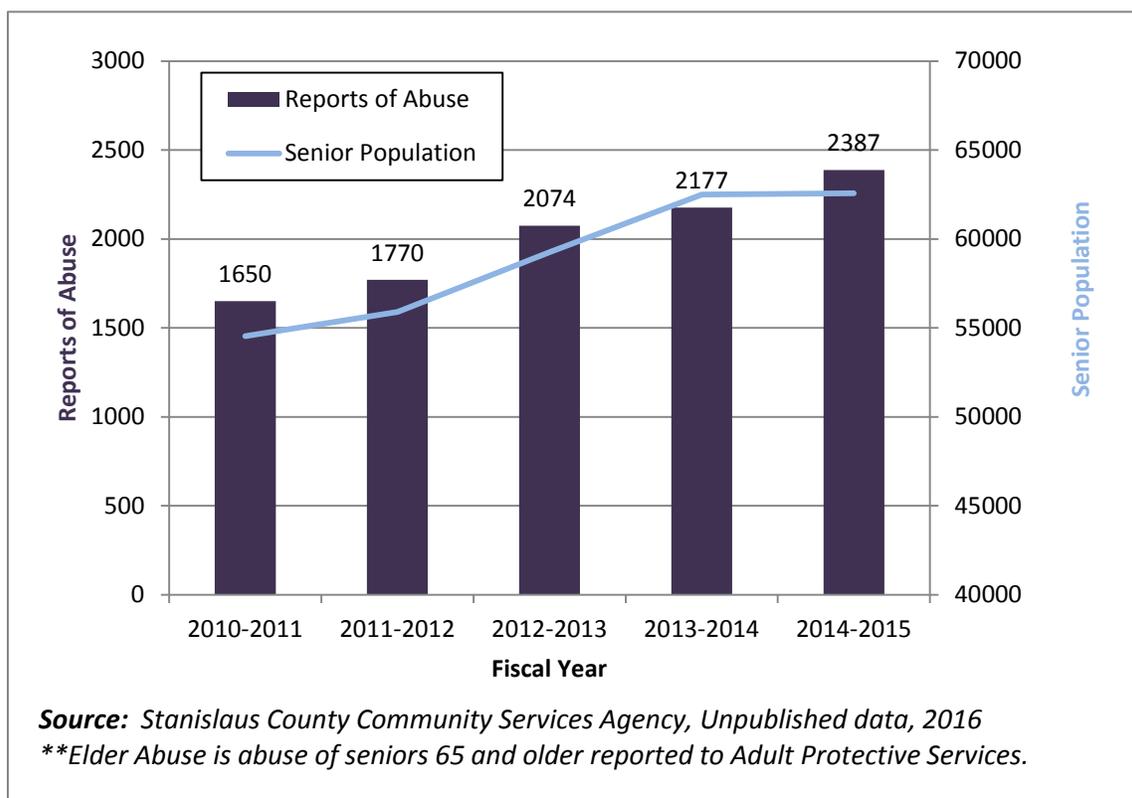
Figure 19: 2014 Non-Fatal Falls for Seniors*

Elder Abuse

As a physically and financially vulnerable population, seniors are at risk for a variety of abuses from caregivers, family, and associates. Stanislaus County Community Services Agency (CSA) investigates all reports of elder abuse including abandonments, abduction, financial, isolation, mental suffering, neglect, physical, self-neglect, and sexual abuse. Figure 20 illustrates the number of reports of elder abuse fielded by CSA annually, as it has increased steadily from 1650 cases during the 2010-2011 fiscal year to 2,387 in the 2014-2015 fiscal year. This increasing trend can largely be explained by the growing senior population, as the rate of reports did not change much during

this time (three reports per hundred seniors 65 and over in 2010 versus over three (3.5) reports per hundred seniors 65 and over in 2014. According to CSA, the three largest categories of abuse reports are financial abuse (31%), psychological/mental abuse (23%), and neglect (21%). While reports are not always well-founded or simple to investigate, an estimated one-third of reports are confirmed.

Figure 20: Stanislaus County Reports of Elder Abuse Opened During Fiscal Years 2010-2011 to 2014-2015**

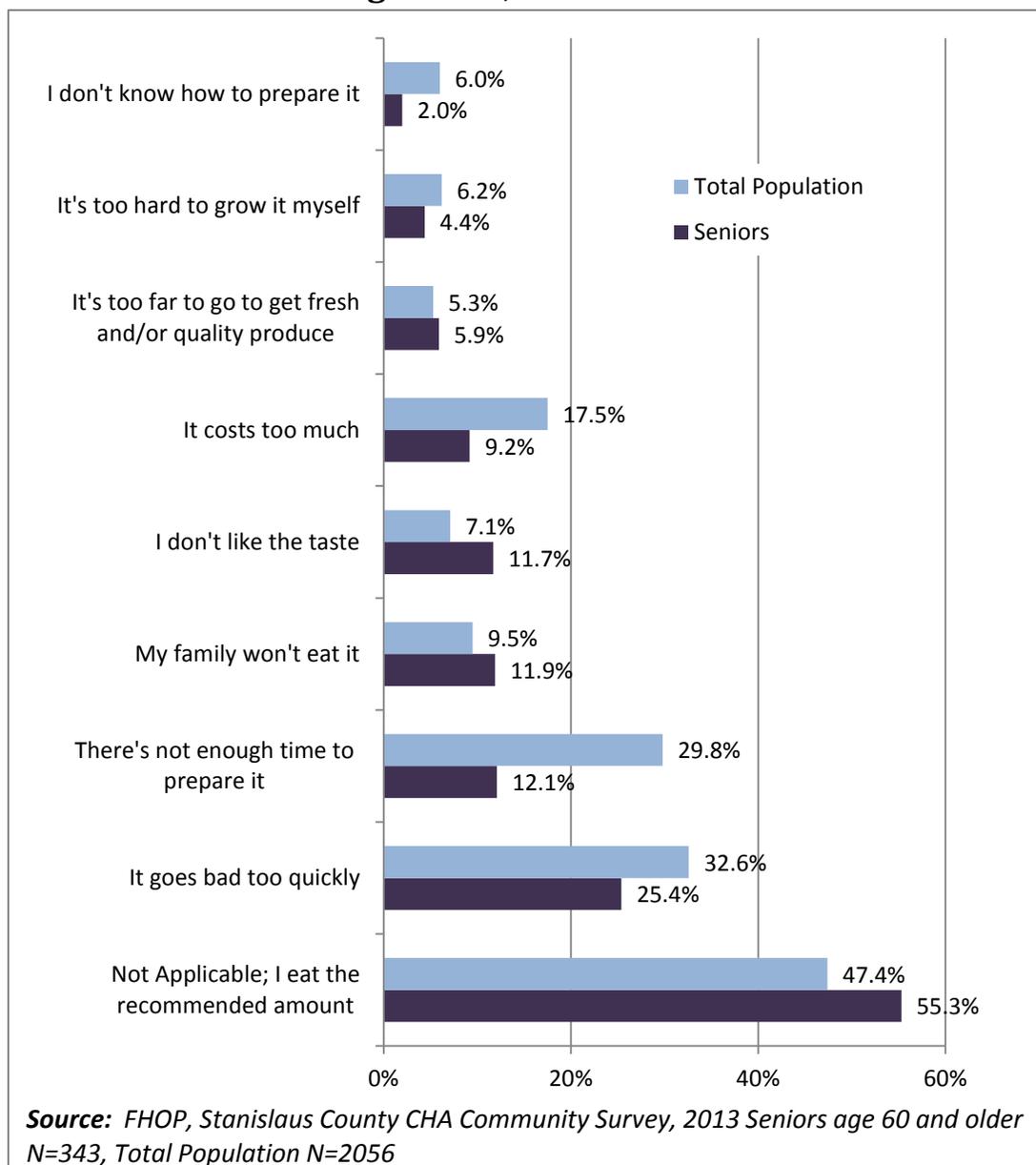


Nutrition and Access to Healthy Food

Stanislaus County has a rich agricultural industry, but that bounty of produce does not always find its way to the plates of its residents. While 55.3% of seniors report consuming the recommended amount of fruits and vegetables (which is considerably more than the 47.4% of the total adult population who reported the same), seniors reported several barriers to healthy produce consumption. One in four seniors reported limited produce intake because “it goes bad too quickly,” while “Not enough time to prepare” the produce,

“family won’t eat it,” and “don’t like the taste” each were reported by close to 12% of seniors, as seen in Figure 21, below.

Figure 21: When I Don’t Get the Recommended Amount of Fruits and Vegetables, it’s Because...



Physical Activity and Access to Safe Places

The US Centers for Disease Control and Prevention (CDC) recommends at least 2.5 hours of moderate –intensity aerobic activity such as walking and muscle-strengthening activities at least twice a week for all major muscle groups for all adults who are generally fit [CDC, 2015] . That averages to just over 20 minutes a day of aerobic exercise. Two-thirds of Stanislaus seniors age 60 and older reported over 15 minutes of daily exercise on average (Figure 22). However, only 24.1% of seniors report that they are getting sufficient exercise when asked what obstacles are keeping them from exercising as much as they “should.” The top reasons seniors expressed for not getting sufficient exercise include too busy (40.6%), too tired (34.4%), and physical inability (29.6%) (Figure 23). The total adult population also listed too busy (61.0%) and too tired (42.7%) as their greatest hurdles to exercise, although physical inability only hindered 12.8% of adults. While approximately 20% of seniors and adults listed heat as a reason not to exercise, this number may have been smaller if the surveys were administered during the cooler fall and winter months.

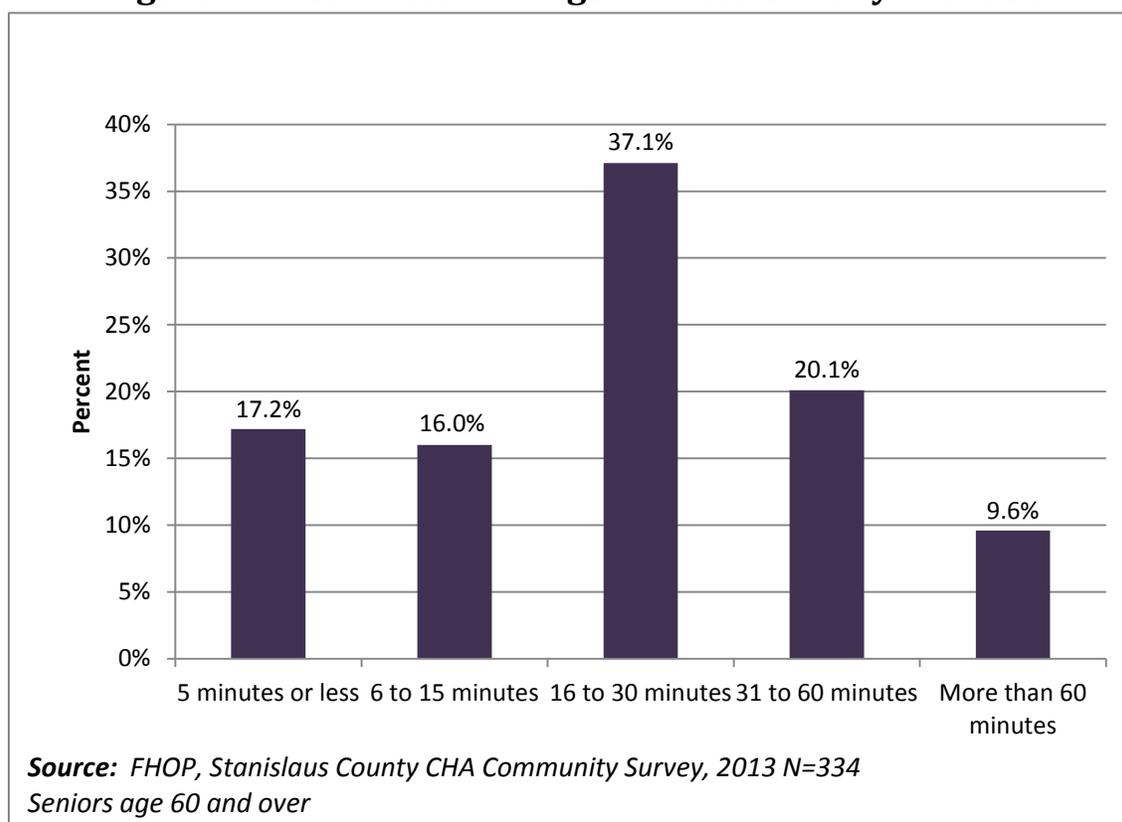
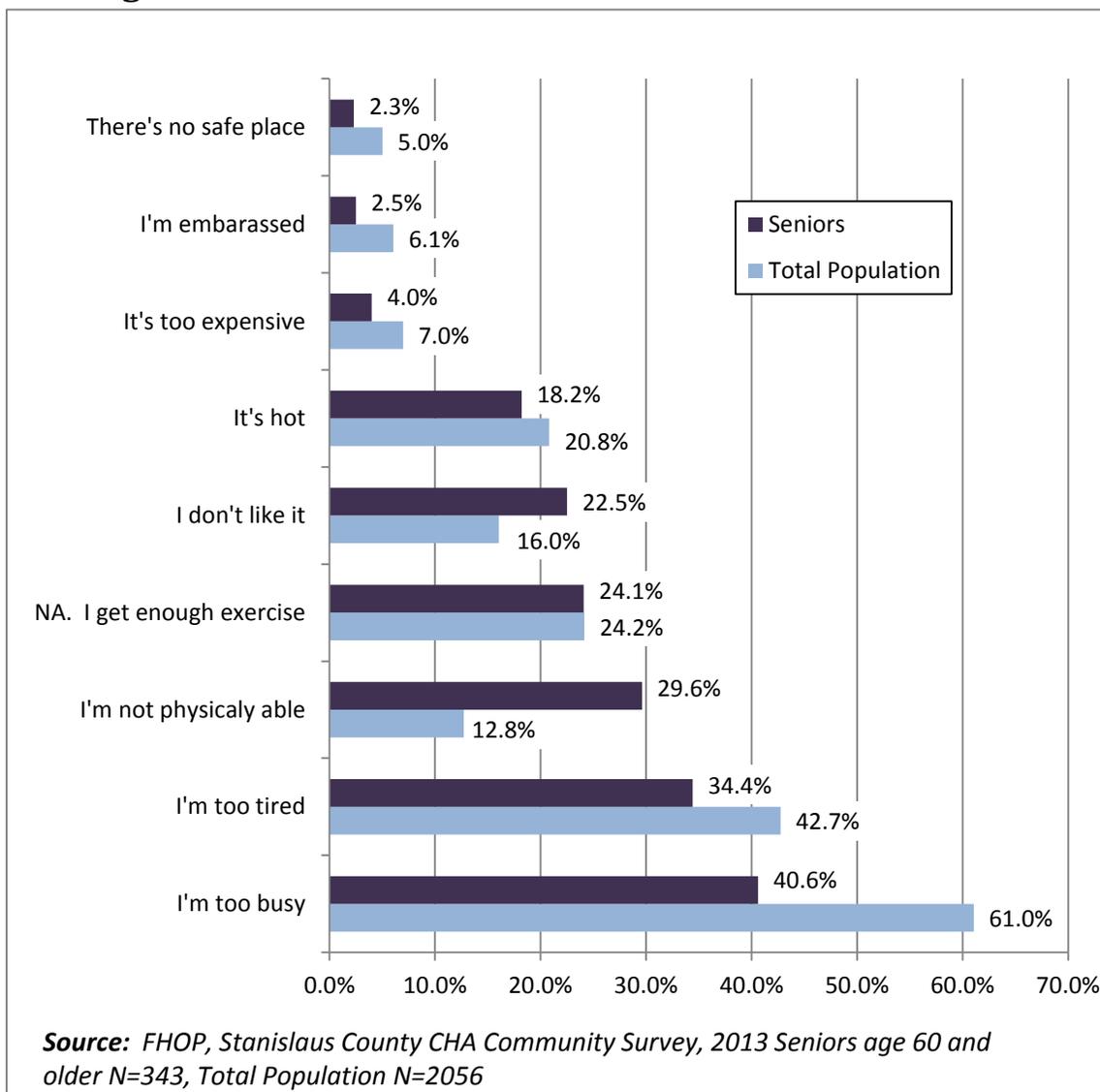
Figure 22: Estimated Average Minutes of Daily Exercise

Figure 23: I Don't Exercise as Much as I Should Because...



Body Mass Index

Body Mass Index (BMI) is a calculation of weight in relation to height. It is calculated by dividing a person's weight in pounds by their height in inches squared, and then multiplying by a factor of 703. BMI is used as an indicator of obesity, with BMI categorized as underweight (less than 18.5), normal weight (18.5-24.9), overweight (25.0-29.9), and obese (30.0 or more). Higher levels of fat (associated with increased BMI) are associated with increased risk of negative health outcomes such as Type 2 diabetes, heart disease, stroke and mortality [CDC, May 15, 2015].

Figure 24 below shows the distribution of BMI calculated for Stanislaus County seniors from self-reported height and weight. The distribution of BMI has moved further away from normal body weight (29.7% in 2008 to 23.1% in 2013), while the percentage of underweight, overweight and obese seniors has increased since 2008 (Figure 25).

Figure 24: Calculated Body Mass Index Categories for Seniors in Stanislaus County

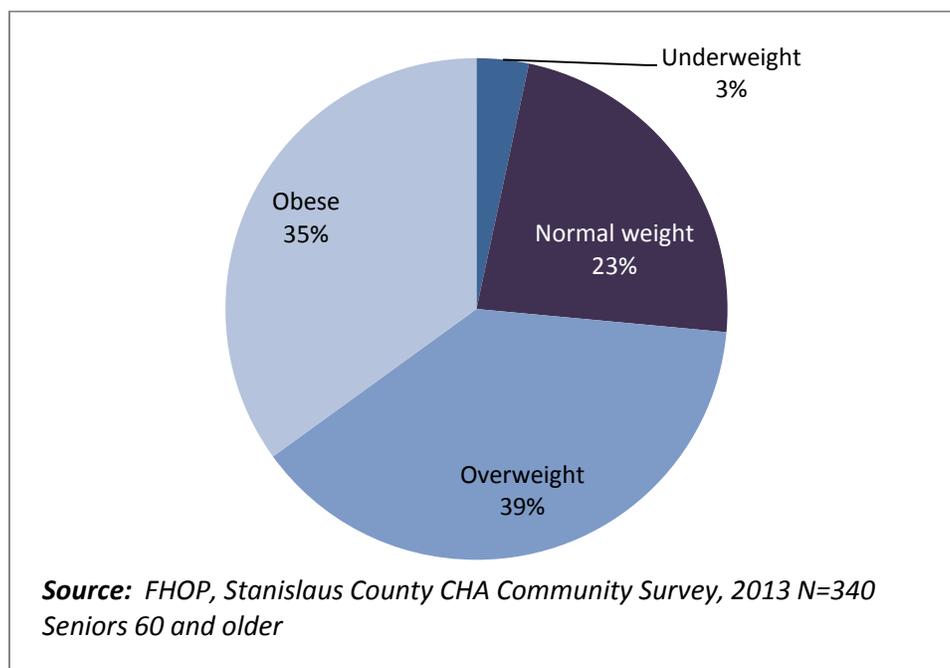
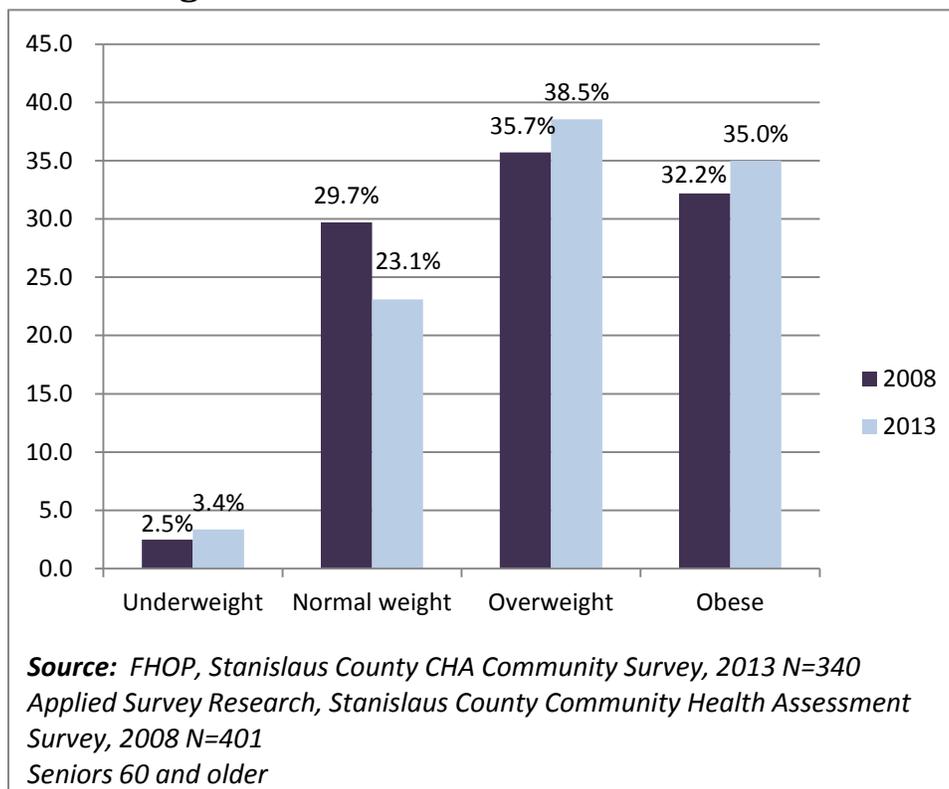
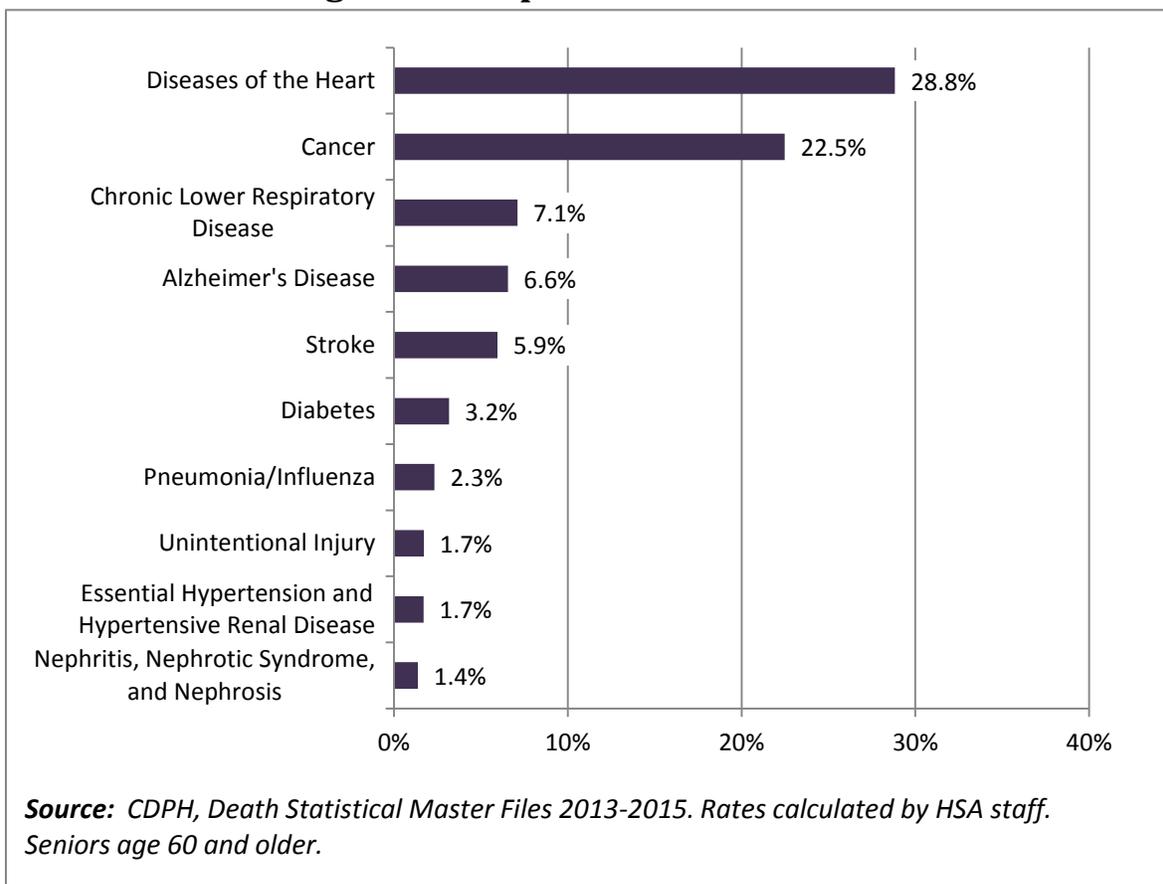


Figure 25: BMI 2008 to 2013 for Seniors

Top Causes of Death

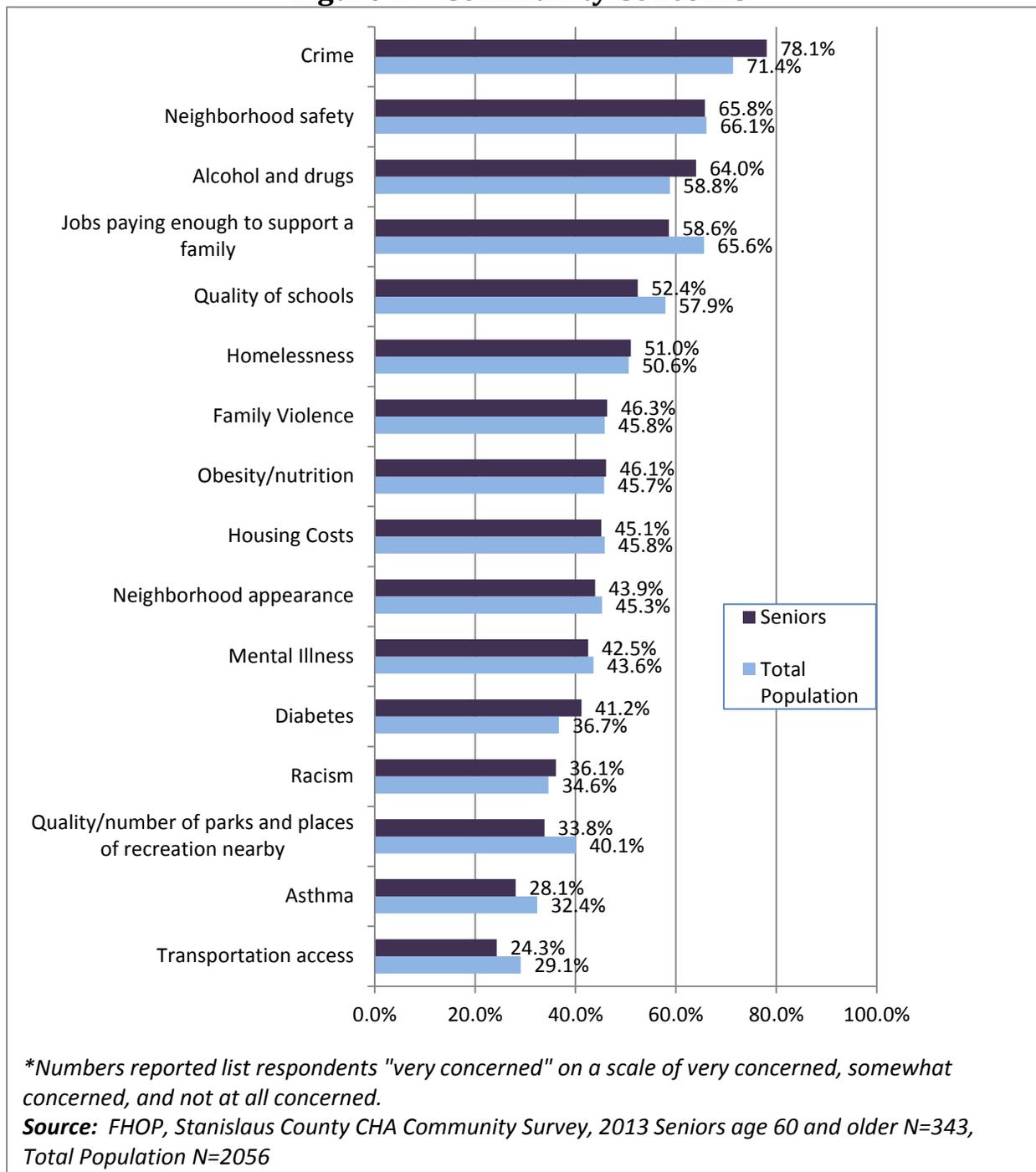
From 2013 to 2015 the leading cause of death for seniors 60 and older in Stanislaus County was diseases of the heart, followed by cancer (Figure 26). Those two causes together comprise half of all deaths among Stanislaus County seniors, with the third leading cause of death, chronic lower respiratory disease, only responsible for over seven percent (7.1%) of senior deaths. From 2013 to 2015, an average 2975 seniors died each year in Stanislaus County.

Figure 26: Top Ten Causes of Death

Community Concerns

Seniors have many concerns about their communities. Primarily, they are very concerned with crime (78.1%) and neighborhood safety (65.8%) (Figure 27). More than half of seniors also reported being very concerned with alcohol and drugs (64.0%), jobs that pay enough to support a family (58.6%), quality of schools (52.4%), and homelessness (51.0%). While those were the same categories of heightened concern among the general population, seniors have more concern about crime (78.1% vs 71.4%) and alcohol and drugs (64.0% vs 58.8%). The total population has more concern about jobs that pay enough to support a family (65.6% vs 58.6%), quality of schools (57.9% vs 52.4%), and quality/number of parks in the area (40.1% vs 33.8%). Less than one third of seniors or adults were very concerned with asthma and transportation access.

Figure 27: Community Concerns*



Conclusion

The senior population in Stanislaus County is valuable and reports like these make it easier to identify ways to best support them. They are a growing population with greater rates of disability compared to California overall, especially in relation to ambulatory and hearing difficulties. One in four seniors have incomes less than 150% of the poverty level, and five percent report going without basic needs like food and transportation. Non-fatal hospitalizations and emergency room visits for falls are much more frequent in Stanislaus County seniors than the state as a whole. Meanwhile rates of being overweight and obesity are increasing within this population, as well as higher rates of high blood pressure, diabetes, heart disease, and cancer than adults overall in the county. While there are many possible contributing factors, these can be areas to target further research and services. Programs to support senior health and resources are valuable in Stanislaus County, especially in the fields of affordable healthcare and basic needs.

References

ACS, American Community Survey. Various years 1-year estimates U.S. Census Bureau, <http://factfinder.census.gov>

CDPH, California Department of Public Health, Office of Health Information and Research (2013-2015) *Death Statistical Master Files*. Provided to Stanislaus County by the California Department of Public Health.

California Health Interview Survey (2014) from the University of California Health Policy Institute <http://healthpolicy.ucla.edu/chis>

CDC, Centers for Disease Control and Prevention, Physical Activity, Physical Activity Basics webpage. [Cdc.gov/physicalactivity/basics/older_adults](http://cdc.gov/physicalactivity/basics/older_adults) Updated 6-4-2015, accessed 1-4-2017

CDC, Centers for Disease Control and Prevention, Healthy Weight, Assessing Your Weight webpage.

http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html Updated May 15, 2015, Accessed 1-4-2017

CMS, Centers for Medicare & Medicaid Services, “Emergency Medical Treatment & Labor Act”. <https://www.cms.gov/regulations-and-guidance/legislation/emtala/>, Revised 3/26/2012, Accessed 3/31/2017.

[Cohen S., Doyle WJ, Skoner DP, Rabin BS, Gwaltney JM. Social Ties and Susceptibility to the Common Cold. JAMA 1997; 277:1940-1944](#)

EpiCenter, 2014, California Office of Statewide Health Planning and Development, Emergency Department and Inpatient Discharge Data, Prepared by: CDPH Safe and Active Communities Branch, Report generated from <http://epicenter.cdph.ca.gov> on 12-1-2016.

“The In-Home Supportive Services Advisory Committee of Stanislaus, 2007 Report to the Community, 2007”

IHSS-Case Management, Information and Payroll System (CMIPS) In-Home Supportive Services, Stanislaus County, Unpublished data 2016

Insight Center for Community Economic Development (2011). *What seniors need to make ends meet: Elder Index in Stanislaus County*. Retrieved from: <http://www.insightcced.org/past-archives/insight-networks/building-economic-security-for-all-besa/measuring-and-addressing-older-californians-needs/what-seniors-need-to-make-ends-meet-elder-index-in-stanislaus-county/>

[Kathi L. Heffner](#), Ph.D., [Molly E. Waring](#), Ph.D., [Mary B. Roberts](#), M.S., [Charles B. Eaton](#), M.D., M.S., and [Robert Gramling](#), M.D., D.Sc. Social isolation, C-reactive protein, and coronary heart disease mortality among community-dwelling adults *Soc Sci Med.* 2011 May; 72(9): 1482–1488.

Klinger, L. 2014 Federal Poverty Levels. Leavitt Group 2/24/2014.
<https://static.ark.org/eeuploads/hbe/2014-Federal-Poverty-Levels.pdf>

[Ross CE](#)¹, [Mirowsky J](#). Refining the association between education and health: the effects of quantity, credential, and selectivity. *Demography.* 1999 Nov;36(4):445-60.
https://www.ncbi.nlm.nih.gov/pubmed/10604074?access_num=10604074&link_type=MED&dopt=Abstract *Demography.* 1999 Nov;36(4):445-60.

Stanislaus County Community Services Agency, Unpublished data, 2016

[Sterling DA](#)¹, [O'Connor JA](#), [Bonadies J](#). Geriatric falls: injury severity is high and disproportionate to mechanism. *J Trauma.* 2001 Jan;50(1):116-9.

Andrew Steptoe, Aparna Shankar, Panayotes, Demkakos, Jane Wardle: Social Isolation, Loneliness, and all-cause mortality in older men and women, PNAS vol 110, no 15, 4-9-13, pages 5797-5801.

US Census Glossary

<https://factfinder.census.gov/help/en/index.htm#glossary.htm> Accessed January 4, 2017

US Census Methodology

<https://www.census.gov/people/disability/methodology/acs.html> Accessed 1/4/2017

Appendix One:

2013 Stanislaus County *Community Health Assessment* Questionnaire

Stanislaus County Community Health Assessment Survey

Stanislaus County is conducting a community health assessment for 2013 to identify critical issues in the county. Thank you for taking the time to complete this survey. Your opinions are very important!
 This survey is taken anonymously (no names), and your responses will be kept confidential.
 Only Stanislaus County residents 18 years and over please.

1. What is your zip code? _____

2. Which area of Stanislaus County do you live in?

- | | | |
|-------------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> Ceres | <input type="radio"/> Hickman | <input type="radio"/> Oakdale |
| <input type="radio"/> Crows Landing | <input type="radio"/> Hughson | <input type="radio"/> Patterson |
| <input type="radio"/> Del Rio | <input type="radio"/> Keyes | <input type="radio"/> Riverbank |
| <input type="radio"/> Denair | <input type="radio"/> Knights | <input type="radio"/> Salida |
| <input type="radio"/> Diablo Grande | <input type="radio"/> Ferry | <input type="radio"/> Turlock |
| <input type="radio"/> Empire | <input type="radio"/> La Grange | <input type="radio"/> Valley Home |
| <input type="radio"/> Grayson | <input type="radio"/> Modesto | <input type="radio"/> Waterford |
| | <input type="radio"/> Newman | <input type="radio"/> Westley |
- Other (specify): _____

3. How concerned are you about the following issues in your community?

	Very	Somewhat	Not at all
Alcohol/drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime, including gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jobs that pay enough to support a family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity/nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality or number of parks and places of recreation nearby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please mark yes or no for each question. In your neighborhood, do neighbors generally...

- | | | |
|--|---------------------------|--------------------------|
| Know each other? | <input type="radio"/> Yes | <input type="radio"/> No |
| Speak to each other? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do things together? | <input type="radio"/> Yes | <input type="radio"/> No |
| Help each other? | <input type="radio"/> Yes | <input type="radio"/> No |
| Keep to themselves? / Mind their own business? | <input type="radio"/> Yes | <input type="radio"/> No |

5. Please mark the single best option. When I need to go somewhere, I usually get there by...

- | | |
|---|--|
| <input type="radio"/> Bike | <input type="radio"/> Walking |
| <input type="radio"/> Bus or train | <input type="radio"/> Wheelchair/scooter |
| <input type="radio"/> Car or truck | <input type="radio"/> Other (specify): _____ |
| <input type="radio"/> Getting a ride from someone | |

6. I live _____ miles from the nearest store (like a grocery store, farmer's market, or fruit stand) that sells healthy food like fresh fruits and vegetables, and it usually takes me _____ minutes to get there (using my normal way to get around).

7. I live _____ miles from the nearest safe place to be physically active (like a park, gym, or walking trail) and it usually takes me _____ minutes to get there (using my normal way to get around).

8. I weigh _____ pounds without shoes.

9. I am _____ feet and _____ inches tall without shoes.

10. In a typical week, I sit (at a desk, couch, in a vehicle) for about _____ hours each day.

11. In a typical week, I do an activity (at work, home, or for recreation) that raises my heart rate and/or makes it difficult to carry on a conversation for about _____ minutes each day.

12. Please mark all that apply. When I don't exercise as much as I should, it's because...

- | | |
|---|---|
| <input type="radio"/> Not applicable; I get enough exercise | <input type="radio"/> I'm not physically able |
| <input type="radio"/> I don't know how | <input type="radio"/> I'm too busy |
| <input type="radio"/> I don't like it | <input type="radio"/> It's too expensive |
| <input type="radio"/> I'm embarrassed | <input type="radio"/> It's hot |
| <input type="radio"/> There's no safe place | <input type="radio"/> I'm too tired |
| <input type="radio"/> Other (specify): _____ | |

13. Please mark all that apply. Typically, I eat the recommended 5-7 servings of fruits and vegetables (like half a banana or a handful of raisins) _____ days per week. When I don't get the recommended amount, it's because...

- | | |
|--|--|
| <input type="radio"/> Not applicable; I get the recommended amount | <input type="radio"/> I don't like the taste |
| <input type="radio"/> I don't know how to prepare it | <input type="radio"/> It costs too much |
| <input type="radio"/> My family won't eat it | <input type="radio"/> It's too hard to grow it myself |
| <input type="radio"/> It goes bad too quickly | <input type="radio"/> It's too far to go to get fresh and/or quality produce |
| <input type="radio"/> There's not enough time to prepare it | |

Please continue to the next page →

14. Presently, how would you describe your tobacco use (including cigarettes, cigars, chewing tobacco, pipes, hookah, e-cigarettes):

- I am a former tobacco user
- I am a current regular tobacco user
- I occasionally, but not regularly, use tobacco products
- I don't use tobacco products

15. Considering all types of alcoholic beverages, in the past 30 days, about how many times did you have 5 or more drinks in about 2 hours?
_____ times

16. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing normal activities?

- Yes
- No

17. If you are a woman over the age of 21, have you had a Pap smear (annual female exam)?

- Yes
- No
- Not applicable

18. If you are a woman over the age of 40, have you had a mammogram in the past 2 years?

- Yes
- No
- Not applicable

19. If you are a man over the age of 50, have you had a prostate exam ('glove test' or PSA blood test)?

- Yes
- No
- Not applicable

20. If you are over the age of 45, have you been screened for diabetes (blood sugar test) within the past 3 years?

- Yes
- No
- Not applicable

21. If you are over the age of 50, have you been screened for colorectal cancer (stool test, sigmoidoscopy or colonoscopy)?

- Yes
- No
- Not applicable

22. Do you have health insurance (like Medi-Cal, Medicare, Health Net, Health Plan of San Joaquin, Blue Cross, Kaiser Permanente)?

- Yes
- No
- Not applicable

23. Has a health care provider ever told you that you have any of the following?

Asthma	<input type="radio"/> Yes	<input type="radio"/> No
Anxiety	<input type="radio"/> Yes	<input type="radio"/> No
Cancer	<input type="radio"/> Yes	<input type="radio"/> No
Depression	<input type="radio"/> Yes	<input type="radio"/> No
Diabetes	<input type="radio"/> Yes	<input type="radio"/> No
Heart disease	<input type="radio"/> Yes	<input type="radio"/> No
High blood pressure	<input type="radio"/> Yes	<input type="radio"/> No
High cholesterol	<input type="radio"/> Yes	<input type="radio"/> No
Stroke or blood clots	<input type="radio"/> Yes	<input type="radio"/> No
Schizophrenia	<input type="radio"/> Yes	<input type="radio"/> No

24. If you needed health care (including dental, physical, mental, eye, and prescriptions) in the past 12 months, were you able to get it from a licensed health professional (like a nurse, counselor, dentist, doctor, or pharmacist)?

- I haven't needed health care in past 12 months. (Continue to question 25)
- Yes, I got all needed care in Stanislaus County. (Continue to question 25)
- Yes, I got all needed care outside Stanislaus County. (Continue to question 25)
- Yes, I got all the care I needed, some inside Stanislaus County and some outside Stanislaus County. (Continue to question 25)
- No, I didn't get all the care I needed. (Answer questions 24a, 24b and 24c)

24a. If no, did you have to go without...

Basic/preventive care (e.g. checkups, screenings)?	<input type="radio"/> Yes	<input type="radio"/> No
Mental health care?	<input type="radio"/> Yes	<input type="radio"/> No
Specialist care (oncologist, heart specialist, allergist)?	<input type="radio"/> Yes	<input type="radio"/> No
Alternative care (acupuncture)?	<input type="radio"/> Yes	<input type="radio"/> No
Care for a chronic or ongoing problem (diabetes, asthma, arthritis)?	<input type="radio"/> Yes	<input type="radio"/> No
Care for an acute or new problem (cold, sprained ankle)?	<input type="radio"/> Yes	<input type="radio"/> No
Prescription medications?	<input type="radio"/> Yes	<input type="radio"/> No
Prenatal care?	<input type="radio"/> Yes	<input type="radio"/> No
Dental care?	<input type="radio"/> Yes	<input type="radio"/> No
Vision care?	<input type="radio"/> Yes	<input type="radio"/> No
Substance abuse treatment?	<input type="radio"/> Yes	<input type="radio"/> No
Other (specify): _____		

24b. If you had to go without care, why? Please mark yes or no for each item.

I didn't have health insurance.	<input type="radio"/> Yes	<input type="radio"/> No
My insurance wouldn't cover it.	<input type="radio"/> Yes	<input type="radio"/> No
I couldn't afford some or all of the care I needed.	<input type="radio"/> Yes	<input type="radio"/> No
I was unable to find a provider that accepts or is part of my insurance plan.	<input type="radio"/> Yes	<input type="radio"/> No
I had transportation problems.	<input type="radio"/> Yes	<input type="radio"/> No
I didn't know where to go.	<input type="radio"/> Yes	<input type="radio"/> No
I didn't have child care.	<input type="radio"/> Yes	<input type="radio"/> No
I couldn't schedule an appointment at a time convenient for me.	<input type="radio"/> Yes	<input type="radio"/> No
There were inadequate translation services. They did not speak my language well enough/ I could not communicate with them.	<input type="radio"/> Yes	<input type="radio"/> No
I had a bad experience and didn't want to go back.	<input type="radio"/> Yes	<input type="radio"/> No
I was uncomfortable asking for help.	<input type="radio"/> Yes	<input type="radio"/> No

Please continue to the next page →

24c. If you were unable to get care from a licensed health care professional, did you receive help from any of the following instead? *Mark all that apply.*

- Family member
- Friend
- Herbalist, curandera or healer
- Online support group
- Phone hotline
- Place of worship/religious leader
- Social service provider
- Spouse or intimate partner
- Support group
- Teacher
- Other: _____

25. Do you get most of your health care at the emergency room?

- Yes
- No

26. How many people live in your household?

Adults over 18: _____ Children 0-17: _____

27. Please fill out the following table for all children 0-17 living in your household.

- Not applicable (*Continue to question 29*)

	Age of child	Does he/she have health insurance?	Does he/she have dental insurance?
Child 1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 7		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 8		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

28. For each child you listed in Question 27 who had to go without health care in the past 12 months, use the choices numbered 1-8 provided below to explain why (*use all choices that apply*). List all choices that apply next to each child who had to go without care. If your child did not have to go without care, please leave the line blank.

- 1 No insurance
- 2 Insurance wouldn't cover it/ Couldn't afford some or all of the care my child needed
- 3 Unable to find a provider that accepts or is part of my child's insurance plan
- 4 Transportation issues
- 5 Didn't know where to go
- 6 Couldn't schedule an appointment at a convenient time
- 7 There were inadequate translation services. They did not speak my language/ I could not communicate with them.
- 8 Had a bad experience and didn't want to go back

28. Continued

	Reason(s) your child had to go without health care in the past 12 months
Child 1	
Child 2	
Child 3	
Child 4	
Child 5	
Child 6	
Child 7	
Child 8	

29. In the past 12 months, did you or your family have to go without basic needs such as food, child care, health care, or clothing?

- Yes (*Continue to question 29a*)
- No (*Skip to question 30*)

29a. If yes, did you go without...

Clothing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rent/housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

30. If you experienced a serious personal crisis, how many people do you feel you could turn to for help or comfort?

_____ people

31. How often do you meet friends or relatives who are not living with you?

- On most days
- Once or twice a week
- Once or twice a month
- Less than once a month
- Never

32. Please answer the following questions about your housing status.

Do you own your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you rent your home, condo, or apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a fixed, regular, and adequate nighttime residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live in a place not meant for humans to live in, such as a car, park, sidewalk, or abandoned building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live in an emergency shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live in transitional housing for homeless persons who originally came from the streets or emergency shelters?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please continue to the next page →

32. Continued

Are you being evicted within a week from a private dwelling, and don't have a way to get other housing?	<input type="radio"/> Yes <input type="radio"/> No
Do you feel threatened or unsafe in your current housing situation, and don't have a way to get other housing?	<input type="radio"/> Yes <input type="radio"/> No
Has your home been foreclosed upon?	<input type="radio"/> Yes <input type="radio"/> No
Are you living with friends or relatives because you lost your home or don't have a way to get other housing?	<input type="radio"/> Yes <input type="radio"/> No

33. What is your household income each month (income is any money that comes into the household)?

- Less than \$929
- \$930 to \$1,239
- \$1,240 to \$1,399
- \$1,400 to \$1,799
- \$1,800 to \$2,799
- \$2,800 to \$3,699
- \$3,700 to \$4,499
- \$4,500 to \$6,499
- \$6,500 to \$7,999
- \$8,000 to \$12,999
- \$13,000 to \$16,999
- \$17,000 or more
- Don't know

34. How much does your household pay per month for housing costs, including rent or mortgage, gas, electricity, water, trash and sewage?

- \$_____ per month
- Not applicable
 - Don't know

35. What is the highest level of education you have finished?

- Less than high school diploma
- High school diploma or GED
- Trade/Technical school
- Community college/AA/AS degree
- Bachelor's of Art/Science degree
- Graduate/professional degree

36. Are you currently taking courses to achieve a diploma, certificate or degree?

- Yes
- No

37. Have you ever served in the U.S. Armed Forces (Army, Navy, Air Force, Marine Corps, National Guard, Navy Reserves, Coast Guard, U.S. Merchant Marines, Public Health Service, etc)? Mark all that apply.

- Yes, on active duty in the past, but not now
- Yes, now on active duty
- Yes, but not on active duty except for initial/basic training
- Yes, in active service in the National Guard
- No, never served in the U.S. Armed Forces

38. What is your current relationship status? Mark all that apply.

- Divorced or separated
- In a long-term relationship and/or living together
- Married or in a registered domestic partnership
- Single, never married
- Widowed

39. What is your employment status? Mark all that apply.

- Homemaker, parent, or caregiver
- Student
- Retired
- Unemployed
- Self-employed
- Other (AWP, Alliance WorkNet, Welfare to Work, etc): _____
- Employed part-time
- Employed full-time
- Seasonally employed
- Seeking employment
- Not seeking employment

40. Do you consider yourself:

Hispanic or Latino (Mexican, Puerto Rican, Colombian, Salvadoreño/a, etc)?	<input type="radio"/> Yes	<input type="radio"/> No
Southeast Asian (Cambodian, Laotian, Thai, Vietnamese, etc)?	<input type="radio"/> Yes	<input type="radio"/> No
From the Indian subcontinent (Pakistani, Indian, Sri Lankan, Punjabi, Rajasthani, etc)?	<input type="radio"/> Yes	<input type="radio"/> No
Assyrian?	<input type="radio"/> Yes	<input type="radio"/> No

41. Do you consider yourself:

African American or Black?	<input type="radio"/> Yes	<input type="radio"/> No
Asian?	<input type="radio"/> Yes	<input type="radio"/> No
Caucasian or White?	<input type="radio"/> Yes	<input type="radio"/> No
Hawaiian or Pacific Islander?	<input type="radio"/> Yes	<input type="radio"/> No
Native American or Alaska Native?	<input type="radio"/> Yes	<input type="radio"/> No

Other (specify): _____

42. Do you consider yourself lesbian, gay, bisexual, transgender, or questioning (LGBTQ)?

- Yes
- No
- Write-in: _____
- Prefer not to answer

43. What best describes your gender identity?

- Female
- Male
- Write-in: _____
- Prefer not to answer

44. Which languages do you regularly use in your everyday life? Mark all that apply.

- Arabic
- Assyrian
- Cambodian
- English
- Hindi
- Hmong
- Lao
- Portuguese
- Punjabi
- Spanish
- Tagalog
- Vietnamese
- Other (specify): _____

45. How old are you? _____ years

That's the last question. Thank you! We appreciate your participation.