

Senior Health



The vast majority of seniors in Stanislaus County have health insurance from programs such as Medicare, Medicaid, job-based medical plans or private insurance. Compared to the state overall, seniors in Stanislaus County have higher rates of asthma, diabetes, and obesity. With the percentage of residents ages 60 and above expected to increase to 16% of the County population by the year 2015, the needs of this growing segment will present challenges to the community in regards to health care access and delivery.

Note: Data in this section reflect seniors who are ages 60 and over.

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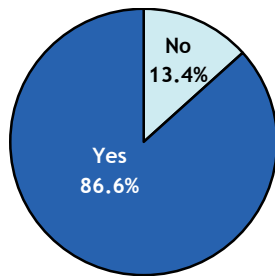
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Health Insurance - Seniors

Why It Is Important

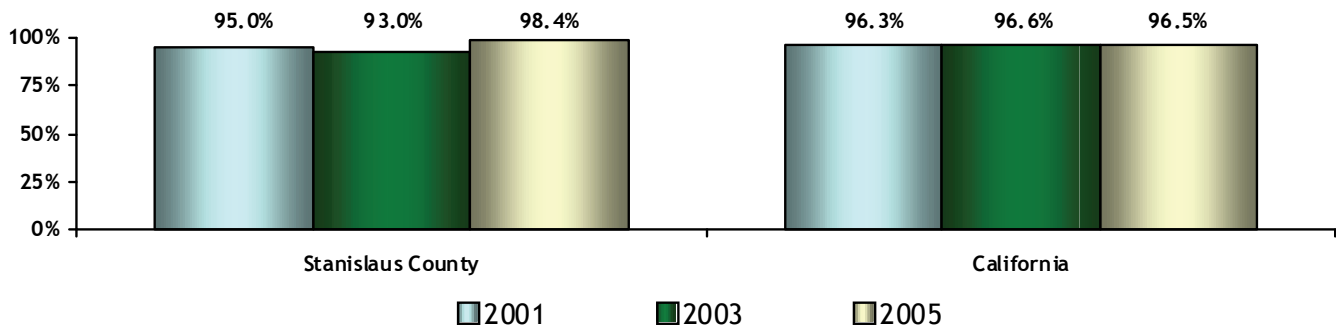
Health insurance facilitates entry into the health care system. The uninsured are more likely to die early and have poor health status; the costs of early death and poor health among the uninsured total \$65 billion to \$130 billion. The financial burden of having no insurance is also great for uninsured individuals; almost 50% of personal bankruptcy filings are due to medical expenses. The uninsured report more problems getting care, are diagnosed at later disease stages, and receive less therapeutic care. They are sicker when hospitalized and more likely to die during their stay.⁵⁶

Figure 126:  **Do You Have Health Insurance? 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008. N=418

Figure 127:  **Currently Insured**

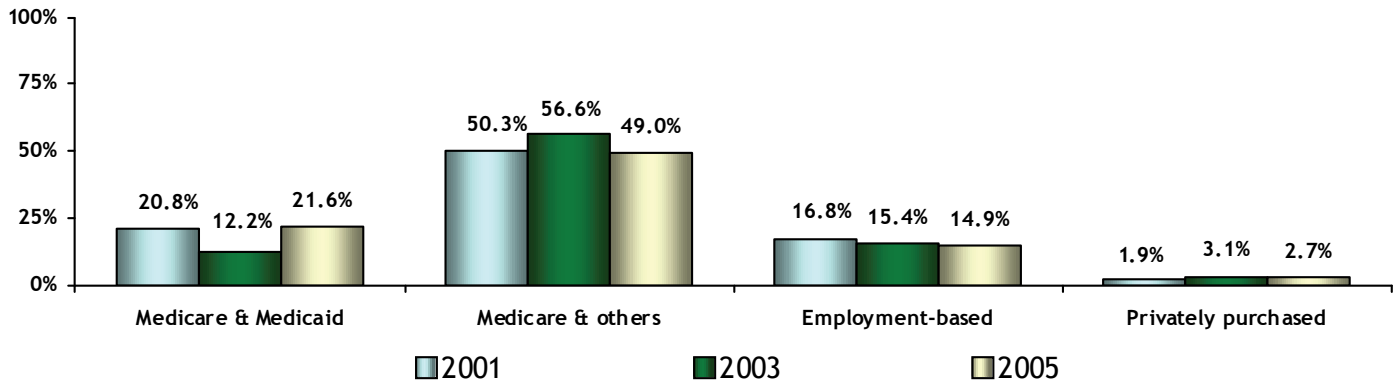


Source: 2001, 2003 and 2005 California Health Interview Survey.
 Stanislaus County 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.
 California 2001 N: 4,780,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

 **New data not available**

⁵⁶ United States Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*, 2005.

Figure 128:  **Type of Current Health Insurance Coverage, Stanislaus County**



Source: 2001, 2003 and 2005 California Health Interview Survey.
 Stanislaus County 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.


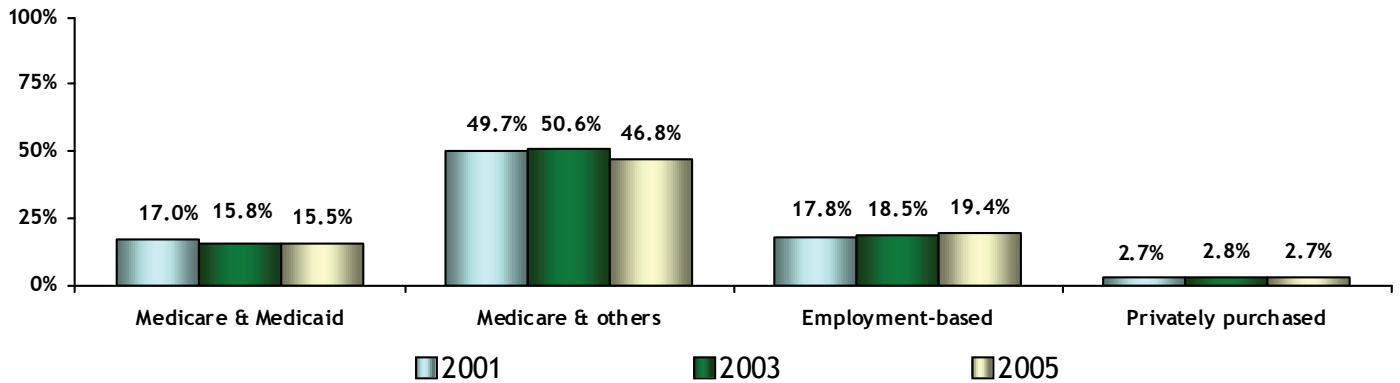
 **New data not available**

Figure 129:  **Type of Current Health Insurance Coverage, California**



Source: 2001, 2003 and 2005 California Health Interview Survey.
 California 2001 N: 4,780,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

 **New data not available**

Data Summary

Thirteen percent (13%) of respondents (ages 60 and over) to the Stanislaus County Community Health Assessment Survey reported that they did not have health insurance.

According to the California Health Interview Survey (CHIS), in 2005, 98% of all seniors were insured, which was slightly higher than that of California (97%). The percentage of seniors insured in Stanislaus County and California have increased since 2001 (from 95% and 96%, respectively).

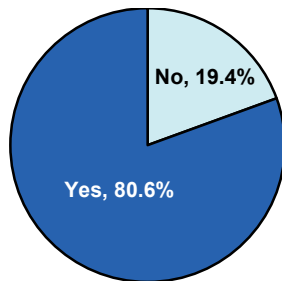
In 2005, in Stanislaus County, 22% of seniors had health insurance coverage through Medicare and Medicaid. Forty-nine percent (49%) had insurance through Medicare or another source, 15% had employment-based coverage, and 3% had health insurance that was privately purchased. Stanislaus County had a greater percentage of individuals with health insurance through Medicare and Medicaid than California (16%). Forty-seven percent (47%) of people in California had insurance through Medicare or another source, 19% had employment-based coverage, and 3% had health insurance that was privately purchased in 2005.

Health Care Access and Utilization - Seniors

Why It Is Important

Having a usual source of care (a facility where one regularly receives care) helps people get into the health care system, yet over 40 million Americans do not have a specific source of ongoing care. Individuals without a usual source of care report more difficulties obtaining needed services and receive fewer preventive services including blood pressure monitoring, flu shots, prostate exams, Pap tests, and mammograms.⁵⁷

Figure 130:  If You Needed Health Care During the Past 12 Months, Were You Able to Receive It? 2008



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

N=387


Note: Chart reflects those respondents who indicated that they had needed health care in the past 12 months.

⁵⁷ United States Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*, 2005.

Figure 131: 🚶🚶🚶 If You Needed Health Care During the Past 12 Months and Were Unable to Receive It, Why Couldn't You Receive It? (Mark All That Apply), 2008

Response	Frequency	Percent
No insurance	26	55.3
Couldn't afford it	18	38.3
Couldn't afford co-pay	14	29.8
Didn't know where to go	10	21.3
Unable to find doctor to accept public health insurance (Medi-Cal, Medicaid, etc.)	7	14.9
Transportation issues	7	14.9
Unable to communicate due to language or cultural differences	7	14.9
Insurance wouldn't cover it	6	12.8
Unable to understand phone instructions to make an appointment	6	12.8
Couldn't get a timely appointment	6	12.8
Not enough doctors/specialists available	5	10.6
Doctor's office hours were not convenient	5	10.6
No child care	2	4.3
Doctor's office/hospital did not want to attend to me	1	2.1
Money issues	0	0.0
New to area/moved to another area	0	0.0
Other	2	4.3
Total respondents	41	100.0
Total responses	122	100.0

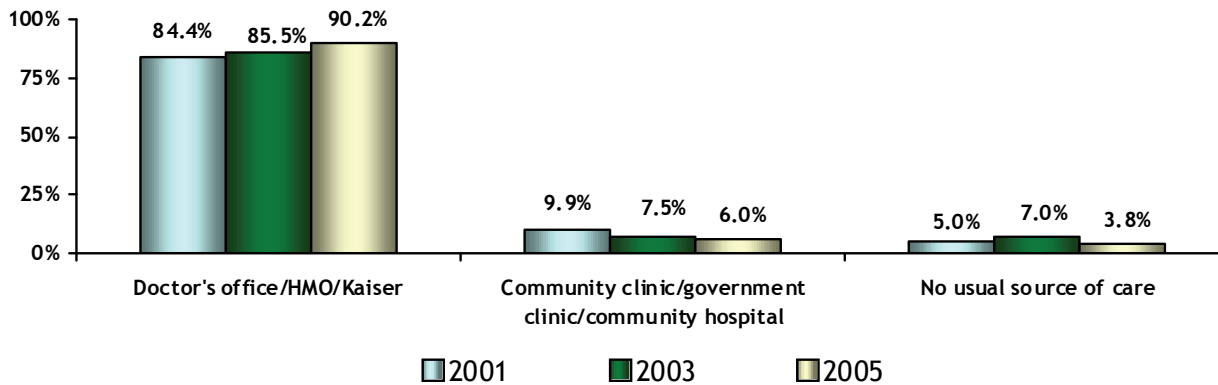
Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*

Figure 132:  If you needed health care during the past 12 months and were unable to receive it, what type of health care did you go without? (Mark all that apply), 2008

Response	Frequency	Percent
Basic care (routine care)	28	42.4
Dental	27	40.9
Chronic (ongoing) problem	18	27.3
Preventive care/annual exams	12	18.2
Specialist care	12	18.2
Prescription medications	11	16.7
Acute (new) problem	7	10.6
Substance abuse treatment (drugs/alcohol)	6	9.1
Mental health (counseling or other help)	5	7.6
Alternative (homeopathic or acupuncture)	4	6.1
Vision care	0	0.0
Other	3	4.5
Total respondents	66	100.0
Total responses	133	100.0

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*

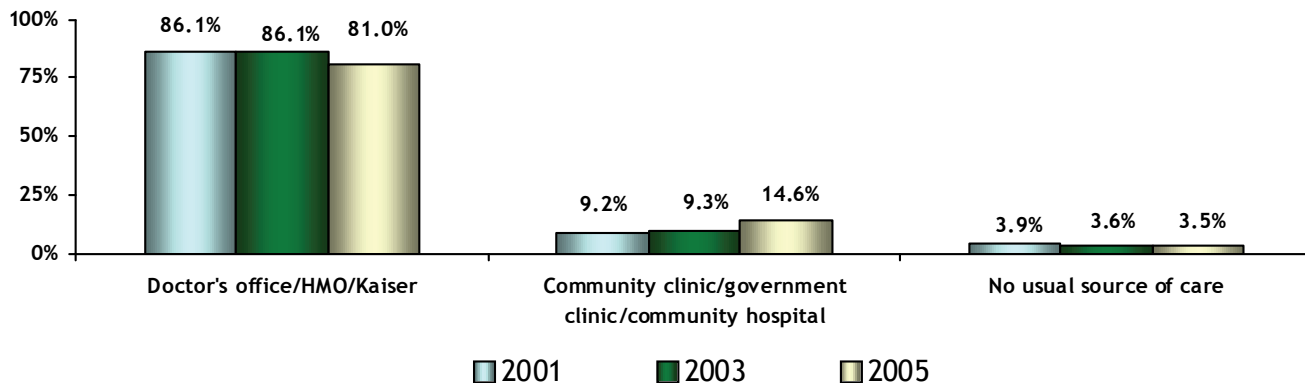
Figure 133:  Usual Source of Care, Stanislaus County



Source: 2001, 2003 and 2005 California Health Interview Survey.
 Stanislaus 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.

 **New data not available**

Figure 134:  **Usual Source of Care, California**



Source: 2001, 2003 and 2005 California Health Interview Survey.
 Stanislaus 2001 N: 4,772,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

 **New data not available**

Data Summary

According to the Stanislaus County Community Health Assessment Survey, 19% of those who needed health care within the past 12 months were unable to receive it. Some of the reasons for being unable to receive care included “no insurance” (55%), “couldn’t afford it” (38%), “couldn’t afford co-pay” (30%), and “didn’t know where to go” (21%). Some of the health care services that seniors went without were “basic care” (42%), “dental” (41%), “chronic problems” (27%), “preventive care/annual exams” (18%), and “specialist care” (18%).


According to CHIS, in 2005, the majority of seniors’ (90%) usual source of care was at the doctor’s office, through an HMO, or at Kaiser. The majority of seniors in California also had the same usual source of care, although the percentage was lower (81%). In Stanislaus County, 6% of seniors’ usual source of care was at a community clinic, government clinic, or a community hospital and 4% had no usual source of care in 2005.

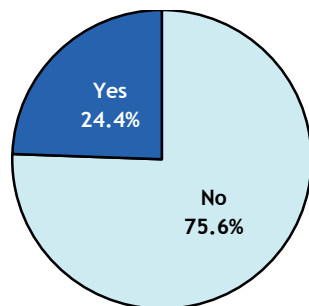
Mental Health - Seniors

Why It Is Important

Mental health problems include depression, anxiety disorders, and psychotic disorders such as schizophrenia, attention-deficit/hyperactivity disorder, and conduct disorder. A recent study found that 7.6 million out of 32 million (about 1 in 4) hospital stays by Americans ages 18 and older involved mental illness or alcohol or other drug disorders.⁵⁸ Accessing quality mental health services is often difficult for many people, but often is more so for people with low incomes. Compared with coverage of physical health issues, private insurance has generally been more restrictive in coverage of mental health illness. Public insurance programs such as Medicare and Medicaid also impose limitations on mental health coverage.⁵⁹

Timely and appropriate treatment for mental health issues can sometimes shorten the duration of symptoms or lessen the impact of the illness on the person’s quality of life. Depression is the most common mental health disorder, affecting more than 19 million adults in the United States.⁶⁰ In any given year, about one in ten American adults suffer from a depressive disorder.⁶¹ It is estimated that more than two-thirds of those who commit suicide each year have suffered from depression.⁶² Often, health professionals, such as primary care physicians, are the first to discuss and diagnose mental health issues.

Figure 135:  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 some usual activities? 2008



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

N=386


⁵⁸ Join Together: Advancing Effective Alcohol and Drug Policy, Prevention and Treatment, “Community Hospitals Hit Hard by Addiction, Mental Illness,” April 11, 2007.

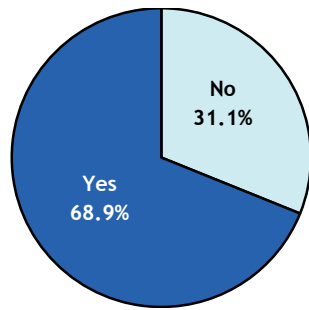
⁵⁹ The Office of the Surgeon General, *Mental Health: A Report of the Surgeon General*, 1997.

⁶⁰ U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

⁶¹ U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Mental Health, *Depression*, 2002.

⁶² U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.


Figure 136:  If you needed mental health treatment (counseling or other help) in the last 12 months, were you able to receive it? 2008



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.


N=206

Note: Chart reflects those respondents who indicated that they had needed mental health treatment in the last 12 months.

Figure 137:  If you needed mental health treatment in the last 12 months and were unable to receive it, why couldn't you receive it? (Mark all that apply), 2008

Response	Frequency	Percent
No insurance	22	56.4
Uncomfortable asking for help	15	38.5
Couldn't afford it	11	28.2
Transportation issues	9	23.1
Didn't know where to go	9	23.1
Couldn't afford co-pay	9	23.1
Unable to communicate due to language or cultural differences	7	17.9
Insurance wouldn't cover it	6	15.4
Unable to find doctor to accept public health insurance	5	12.8
Doctor's office hours were not convenient	3	7.7
Lack of services/services unavailable	3	7.7
No follow up from providers	0	0.0
Other	1	2.6
Total respondents	39	100.0
Total responses	100	100.0

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008.

Figure 138:  If you didn't get *professional* mental health assistance, did you go to any of the following for help? (Mark all that apply) Those responding "Yes," 2008

Response	Frequency	Percent
Church	13	23.6
Family	13	23.6
Friend	11	20.0
Doctor	10	18.2
Spouse	5	9.1
Social service provider	3	5.5
Pastor/minister	3	5.5
Teacher	0	0.0
None of the above	29	52.7
Total respondents	55	100.0
Total responses	87	100.0

Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*

Data Summary

Twenty-four percent (24%) of senior survey respondents reported having felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Of those who needed mental health treatment in the last 12 months, 31% were unable to receive treatment. The most common reasons for being unable to receive treatment were "no insurance" (56%), "uncomfortable asking for help" (39%), "couldn't afford it" (28%), and "transportation issues" (23%). For those who didn't get professional mental health assistance, the most common resources to whom seniors turned were "church" (24%), "family" (24%), "friend" (20%), "doctor" (18%), and "spouse" (9%).

How We're Making a Difference

Doctors Behavioral Health Center

The Doctors Behavioral Health Center is a 67-bed adult inpatient psychiatric treatment center that is dedicated to providing quality mental health services. The center offers a progressive treatment environment with caring professionals working in harmony to help improve the quality of life for individuals experiencing acute psychiatric impairment.

The Doctors Behavioral Health Center offers an adult psychiatric program designed for adults who may be experiencing a range of difficulties. This structured and nurturing environment provides close observation and treatment while promoting a higher level of independence.

Upon admission to the program, patients receive a psychiatric and medical evaluation. Based on this information, an individualized treatment plan is developed under the direction of a professional, multi-disciplinary team consisting of affiliated physicians, licensed psychiatric nurses, masters level therapists, mental health counselors, recreational therapists, and clinical case managers. Patients are also connected to necessary resources in the community upon discharge.

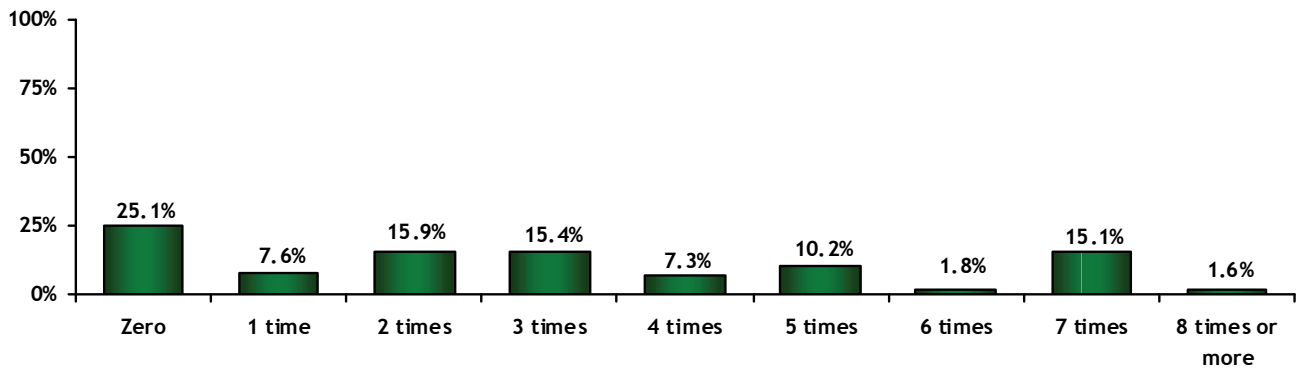
The Assessment Services team is dedicated to assisting those in need of emergent mental health services. Available 24 hours a day, seven days a week, the team works to assess each patient's needs and helps find appropriate treatment, whether it is providing information, admission, or a referral. All assessments are confidential. Additionally, the mobile assessment team is available to travel to local area hospitals.

Physical Activity - Seniors

Why It Is Important

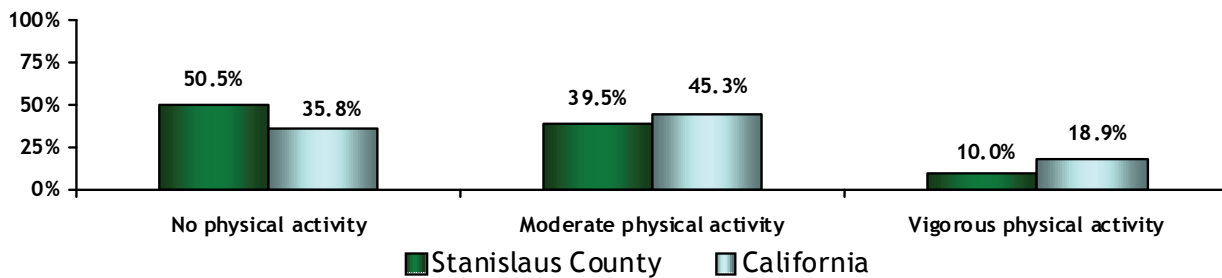
According to the Centers for Disease Control and Prevention (CDC), “Regular physical activity substantially reduces the risk of dying of coronary heart disease, the nation’s leading cause of death, and decreases the risk for stroke, colon cancer, diabetes, and high blood pressure. It also helps to control weight, contributes to healthy bones, muscles, and joints, reduces falls among older adults, helps to relieve the pain of arthritis, reduces symptoms of anxiety and depression, and is associated with fewer hospitalizations, physician visits, and medications.”⁶³ According to the CDC, people are classified as active at the minimum recommended level if they report moderate-intensity activity at least 30 minutes per day, five or more days per week, or vigorous-intensity activity at least 20 minutes per day, three or more days per week.

Figure 139:  In the Past 7 Days How Many Times Did You Exercise or Participate in Vigorous Physical Activity for at Least 20 Minutes? 2008




Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008*.
N=383

Figure 140:  Level of Physical Activity, 2005



Source: 2005 California Health Interview Survey.
Stanislaus 2005 N: 28,000.
California 2005 N: 2,393,000.

 **New data not available**

⁶³ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity, *The Importance of Physical Activity*, 2004.

Data Summary

According to the Stanislaus County Community Health Assessment Survey, 25% of seniors did not exercise or participate in vigorous physical activity for at least 20 minutes within the past seven days. Thirty-nine percent (39%) of survey respondents exercised one to three times within the past seven days, 19% exercised four to six times, and 17% exercised seven or more times.

In 2005, 51% of seniors got no physical activity, 40% got moderate physical activity, and 10% got vigorous physical activity in Stanislaus County. In California, 36% got no physical activity, 45% got moderate physical activity, and 19% got vigorous physical activity.

Obesity - Seniors

Why It Is Important

Obesity has increased greatly in the last 20 years and is significantly associated with diabetes, high cholesterol, high blood pressure, asthma, arthritis, and overall poor health status.^{64,65} Obesity is defined using a Body Mass Index (BMI) of 30.0 or greater. A normal BMI is 18.5 to 24.9, and a person is overweight if their BMI is 25.0 to 29.9.⁶⁶ BMI for adults is calculated in the following way:

$$\text{BMI} = \left(\frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

While a BMI of 30 or greater strongly suggests that an individual will be at a higher risk for the aforementioned obesity-related diseases, a person's waist circumference is a more powerful predictor of cardiovascular disease risk than any other single measure of obesity.⁶⁷ Waist circumferences greater than or equal to 40 inches for men and greater than or equal to 35 inches for women are very predictive of heightened cardiovascular disease risk.⁶⁸

Further, linked to obesity is metabolic syndrome, which is a combination of medical disorders that increase the risk of developing cardiovascular disease and diabetes. Metabolic syndrome is diagnosed when a person has at least three of the following heart disease risk factors: excessive fat in the stomach area ("apple shaped"), high blood levels of triglycerides (a type of fat in the blood), low blood levels of high-density cholesterol (HDL, a protective blood fat-protein), high blood pressure, and high blood sugar. It affects a large number of people, and prevalence rises with increasing obesity, particularly abdominal obesity.⁶⁹ Almost 25% of U.S. residents currently have metabolic syndrome, and the numbers continue to grow.⁷⁰

⁶⁴ Centers for Disease Control and Prevention (CDC), *Overweight and Obesity: Economic Consequences*, 2004.

⁶⁵ Centers for Disease Control and Prevention (CDC), *Overweight and Obesity: Health Consequences*, 2004.

⁶⁶ Centers for Disease Control and Prevention (CDC), *Overweight and Obesity: Defining Overweight and Obesity*, 2005.

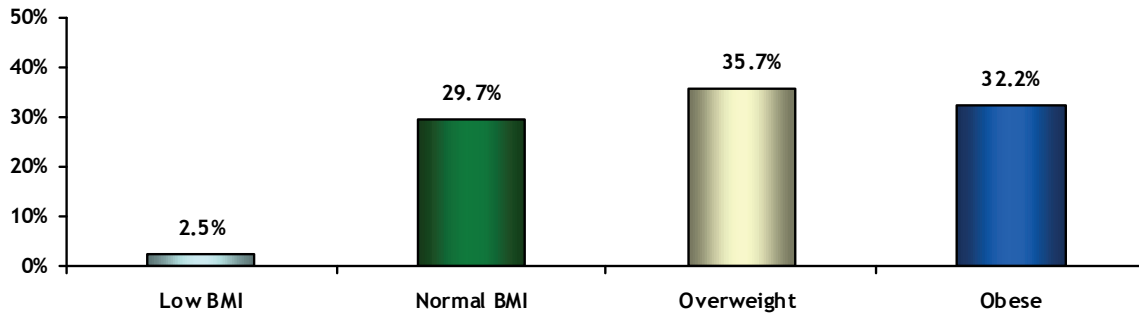
⁶⁷ Lakka et al., *Abdominal Obesity is Associated with Increased Risk of Acute Coronary Events in Men*, 2002.

⁶⁸ The Journal of the American Medical Association, *National Cholesterol Education Program (NCEP) ATP II*, 2001.

⁶⁹ Grundy et al., *AHA Scientific Statement: Diagnosis and Management of the Metabolic Syndrome*, 2005.

⁷⁰ U.S. Department of Health & Human Services, National Institute of Health (April 2007), *Metabolic Syndrome*, Retrieved March 2008 from, http://www.nhlbi.nih.gov/health/dci/Diseases/ms/ms_what.html.

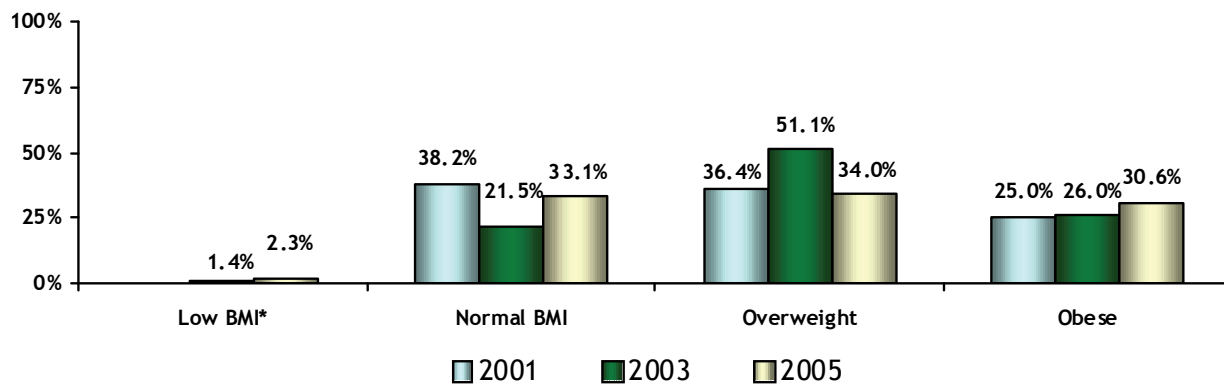
Figure 141:  **Body Mass Index, 2008**



Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey, 2008.*

N=401

Figure 142:  **Body Mass Index, Stanislaus County**



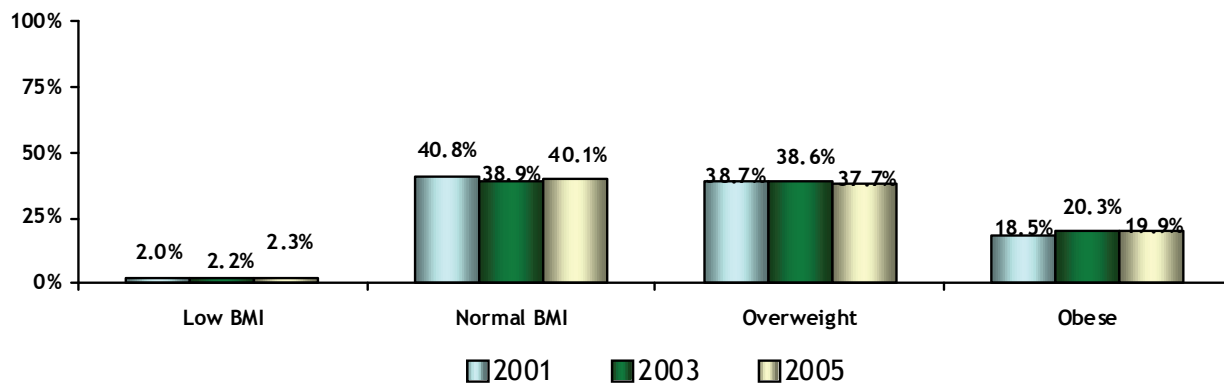
Source: 2001, 2003 and 2005 California Health Interview Survey.

Stanislaus 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.

*Data not available for 2001.

 **New data not available**

Figure 143:  **Body Mass Index, California**



Source: 2001, 2003 and 2005 California Health Interview Survey.

California 2001 N: 4,656,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

 **New data not available**

Data Summary

Of the seniors (ages 60 and older) who responded to the Stanislaus County Community Health Assessment Survey, 30% were of normal weight, 36% were overweight, and 32% were obese.

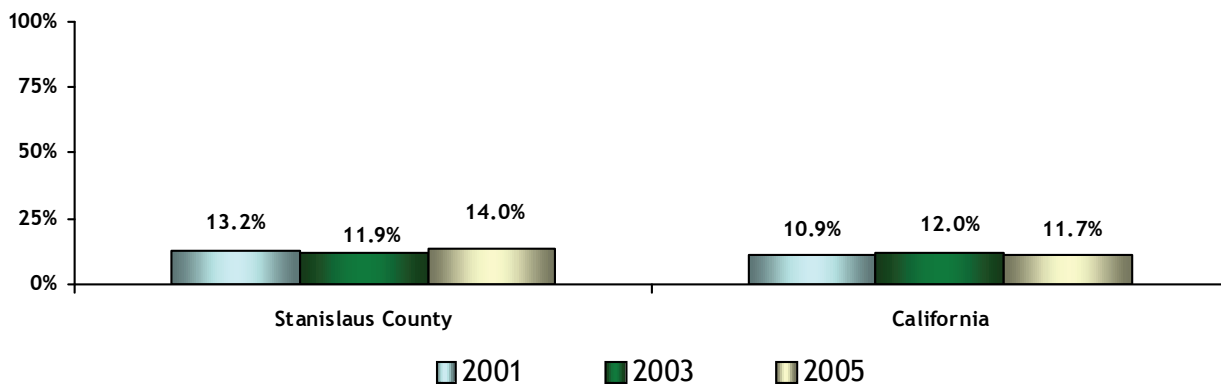
According to CHIS, in 2005, about one third of seniors in Stanislaus County were of normal weight (33%), one third were overweight (34%), and one third were obese (31%). The percentage of those who were normal weight increased since 2003 (from 22% to 33%) while the percentage of those who were overweight decreased since 2003 (from 51% to 34%). However, the percentage of those who were obese increased by 5% since 2003 (from 26% to 31%).

Asthma - Seniors

Why It Is Important

Asthma is a chronic respiratory condition characterized by breathlessness, wheezing, and chest tightness and has been on the rise in the U.S. over the past 20 years.⁷¹ Fortunately, asthma can be successfully controlled with medical supervision and treatment. However, children and adults who do not have access to adequate medical care are likely to experience repeated serious episodes and trips to the emergency room. Asthma hospitalization rates illustrate the worst episodes of asthma and are a proxy measure for inadequate treatment.

Figure 144: 🏥 Ever Been Diagnosed with Asthma



Source: 2001, 2003 and 2005 California Health Interview Survey.
 Stanislaus 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.
 California 2001 N: 4,771,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

📄 **New data not available**

Data Summary

In 2005, 14% of seniors in Stanislaus County had been diagnosed with asthma at some point in their lives. This was a slight increase from 13% in 2001. In California, 12% of seniors had been diagnosed with asthma at some point in their lives. This too was a slight increase from 11% in 2001.

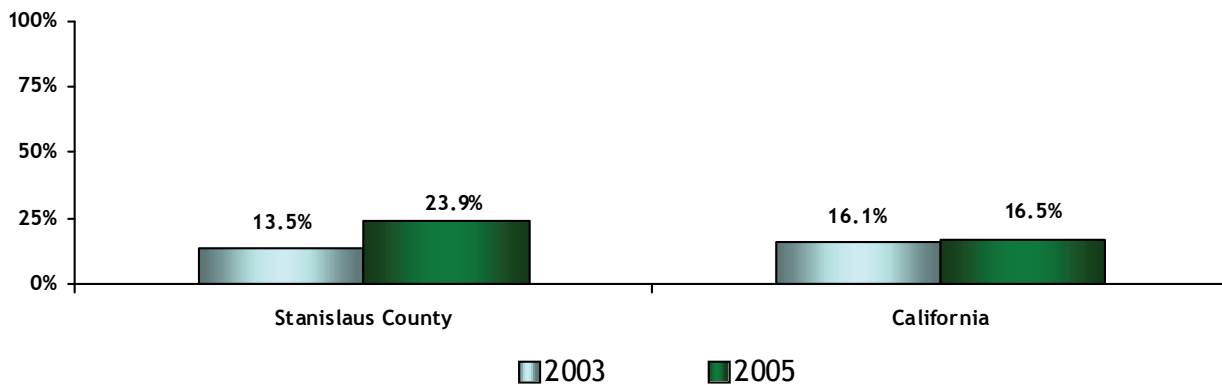
⁷¹ UCLA Center for Health Policy Research, *Policy Brief: Asthma among California’s Children, Adults and the Elderly: A Geographic Look by Legislative Districts*, September 2004.

Diabetes - Seniors

Why It Is Important

Diabetes is considered a silent killer because it is often overlooked. Yet, diabetes is the leading cause of kidney failure, adult blindness, and amputations and is a leading contributor to strokes and heart attacks. In the United States, 20.8 million people have diabetes. Ninety to 95% have type 2 diabetes (previously called adult onset diabetes), and 5–10% have type 1 diabetes (also called juvenile diabetes). Good self-management and care help control the disease and prevent complications.⁷²

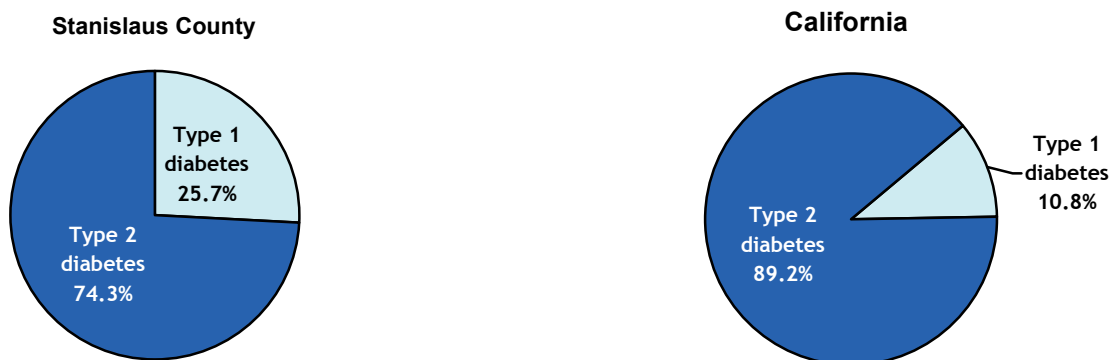
Figure 145: 🏥 Ever Been Diagnosed with Diabetes



Source: 2003 and 2005 California Health Interview Survey.
 Stanislaus 2003 N: 65,000; 2005 N: 64,000.
 California 2003 N: 5,130,000; 2005 N: 5,301,000.

📄 New data not available

Figure 146: 🏥 Of Those Diagnosed with Diabetes, Type of Diabetes, 2005



Source: 2005 California Health Interview Survey.
 Stanislaus 2005 N: 15,000.
 California 2005 N: 873,000.

📄 New data not available

⁷² California Department of Health Services, California Diabetes Control Program, *Fast Facts on Diabetes*, 2003.

Data Summary

In 2005, 24% of seniors in Stanislaus County and 17% of California seniors had been diagnosed with diabetes at some point in their lives. Of those diagnosed with diabetes, 26% of Stanislaus County seniors had type 1 diabetes in comparison to 11% of California seniors, and 74% of Stanislaus County seniors diagnosed with diabetes had type 2 diabetes in comparison to 89% of California seniors.

Hypertension - Seniors

Why It Is Important

High blood pressure, which is also known as hypertension, is dangerous because it forces the heart to work extra hard to pump blood out to the rest of the body and contributes to the development of the hardening of the arteries and heart failure. While the exact causes of hypertension are unknown, the following are believed to be contributing factors: smoking; being overweight; lack of physical activity; too much salt in the diet; too much alcohol consumption (no more than one to two drinks per day); stress; older age; genetics; family history of high blood pressure; chronic kidney disease; and adrenal and thyroid disorders.⁷³

High blood pressure, or hypertension, is a blood pressure reading of 140/90 mmHg or higher.⁷⁴ Nearly 1 in 3 American adults has high blood pressure, and once it develops, it usually lasts a lifetime.⁷⁵ High blood pressure is referred to as the silent killer because it typically does not have symptoms. Some people may not find out they have it until they have trouble with their heart, brain, or kidneys. When high blood pressure is not found and treated, it can cause:

- The heart to get larger, which may lead to heart failure.
- Small bulges (aneurysms) to form in blood vessels. Common locations are the main artery from the heart (aorta); arteries in the brain, legs, and intestines; and the artery leading to the spleen.
- Blood vessels in the kidney to narrow, which may cause kidney failure.
- Arteries throughout the body to “harden” faster, especially those in the heart, brain, kidneys, and legs. This can cause a heart attack, stroke, kidney failure, or amputation of part of the leg.
- Blood vessels in the eyes to burst or bleed, which may cause vision changes and can result in blindness.⁷⁶

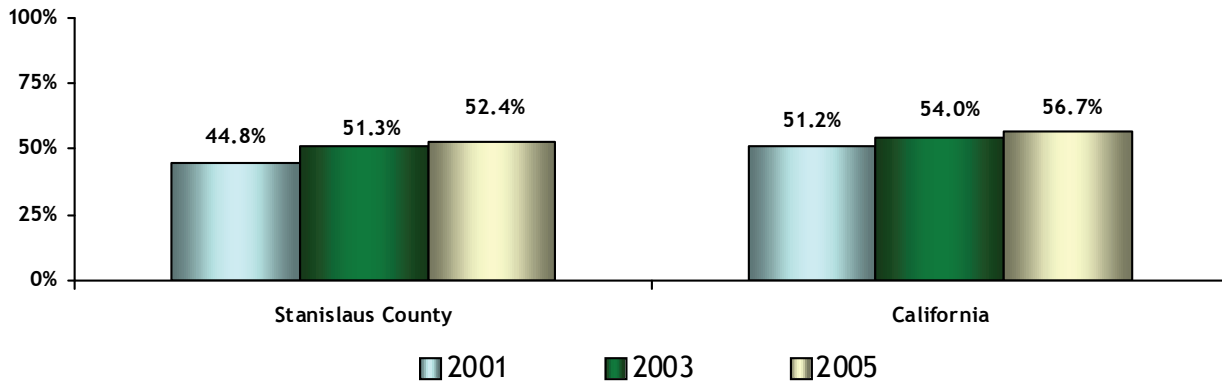
⁷³ Reviewed by doctors at the Cleveland Clinic Heart Center. “Hypertension: Blood Pressure Basics.” *WebMD*, 2006. <<http://www.webmd.com/hypertension-high-blood-pressure/guide/blood-pressure-basics>>.

⁷⁴ National Heart Lung and Blood Institute Diseases and Conditions Index, High Blood Pressure, May 1, 2007, http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP_WhatIs.html.

⁷⁵ *Ibid.*

⁷⁶ *Ibid.*

Figure 147:  **Ever Been Diagnosed with High Blood Pressure**



Source: 2001, 2003 and 2005 California Health Interview Survey.
 Stanislaus 2001 N: 60,000; 2003 N: 65,000; 2005 N: 64,000.
 California 2001 N: 4,767,000; 2003 N: 5,130,000; 2005 N: 5,301,000.

 **New data not available**

Data Summary

In 2005, 52% of Stanislaus County seniors had been diagnosed with high blood pressure at some point in their life compared to 57% of California seniors. The percentage of seniors who have ever been diagnosed with high blood pressure in both Stanislaus County and California has been gradually increasing since 2001. In 2001, the percentage of seniors ever diagnosed in Stanislaus County was 45%, and in 2003 increased to 51%.

Elder Abuse

Why It Is Important

Every year in the United States tens of thousands of elderly individuals are abused and the harm is often directly inflicted by those who care for them. Over half a million cases of abuse are reported to authorities every year, yet millions more cases go unreported. While institutional, long-term care facilities can be places where abuse takes place; most cases take place in the home where an elderly person is being cared for by adult children, other family members, or spouses or adult partners. Different types of abuse include: physical abuse; emotional abuse; sexual abuse; neglect or abandonment by caregivers; financial exploitation; and healthcare fraud and abuse.⁷⁷

Figure 148: Elder Abuse in Stanislaus County, 12 Month Average

	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	04-08 % Change
APS ¹ reports of alleged abuse	152	171	179	158	3.9
APS case management ²	402	518	669	688	71.1

Source: Stanislaus County Community Services Agency, Key Programs Quarterly Report: FY 2007-08, 2008.

¹Adult Protective Services

²Case management is reported as the total number of active cases during the month.

Data Summary

During the 2007-2008 fiscal year, there were 158 reports of alleged elder abuse on average every month during the year. This was a 4% increase from the 2004-05 fiscal year 12 month average. There were also 688 active cases on average every month during 2007-08. Adult Protective Services cases are greater than the number of reports of alleged abuse because active APS cases are an accumulation of previous reports that are still receiving case management services in addition to new reports opened during the month. However, there was a 71% increase in the average monthly number of APS cases between 2004-05 and 2007-08 fiscal years.

⁷⁷ Ellen Jaffe-Gill, M.A., Tina de Benedictis, Ph.D., and Jeanne Segal, Ph.D. "Elder Abuse: Types, Signs, Symptoms, Risk Factors, and Prevention." *HelpGuide.org*, 2008. Retrieved from http://www.helpguide.org/mental/elder_abuse_physical_emotional_sexual_neglect.htm.

Supportive Services - Seniors

Why It Is Important

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 set up so that providers can 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.⁷⁸

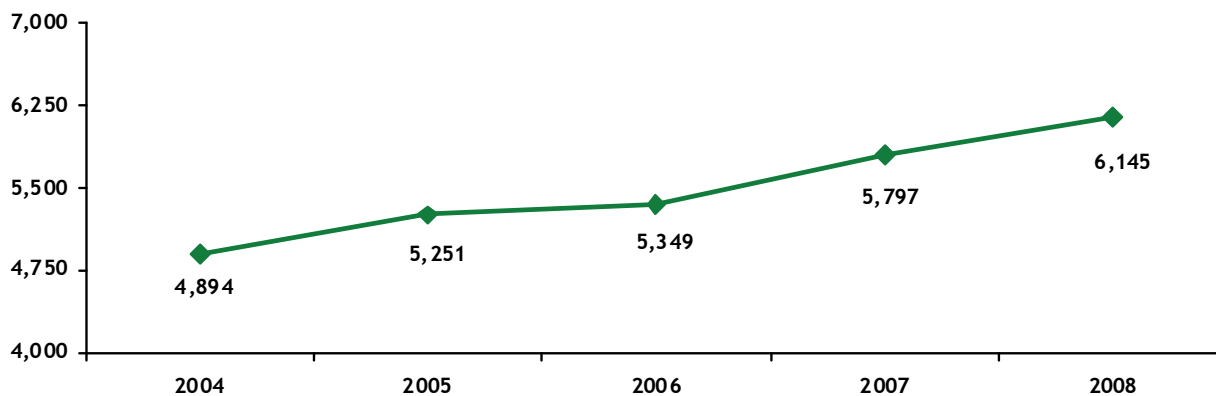
Figure 149: In-Home Support Services (IHSS), by Eligibility Status Codes, Stanislaus County

Eligibility Status	June 2004	June 2005	June 2006	June 2007	June 2008
Application in process	181	244	198	214	198
Interim eligibility	1	0	0	0	3
Eligible	4,514	4,769	4,918	5,366	5,694
Leave of absence	51	68	55	50	32
Deny	61	75	85	78	103
Terminated	86	95	93	89	115
Total	4,894	5,251	5,349	5,797	6,145

Source: IHSS—Case Management, Information and Payrolling System (CMIPS), 2008.

Note: the total represents all who applied for services. This does not necessarily mean that all those who applied ended up utilizing or gaining access to IHSS. The IHSS collects data on gender and age at the beginning of its application process. Thus, data on gender and age represent the breakdown of all those who applied for services - not necessarily all those who ended utilizing services. Information on ethnicity is collected later in the process. Breakdown by ethnicity represents all those who ended up utilizing IHSS.

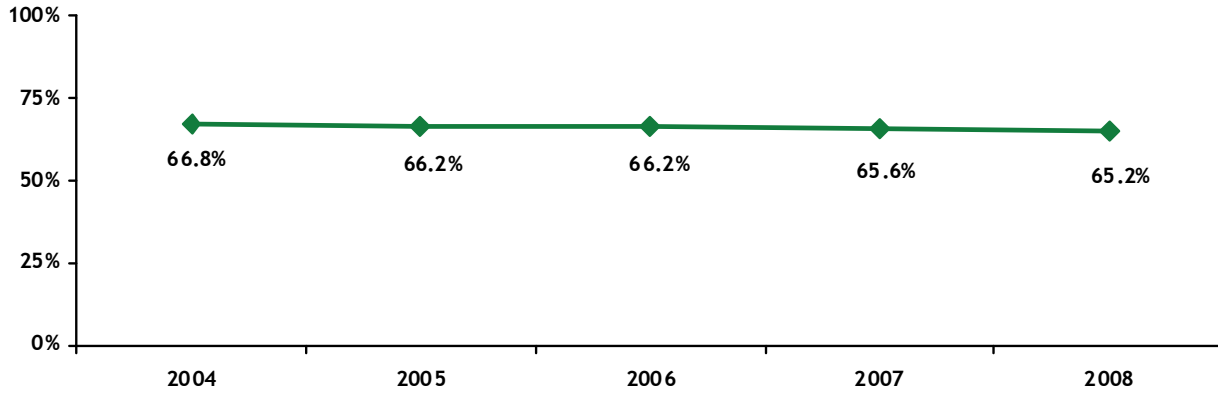
Figure 150: IHSS Eligibility Applicants, by Number of Persons, June, Stanislaus County



Source: IHSS—Case Management, Information and Payrolling System (CMIPS), 2008.

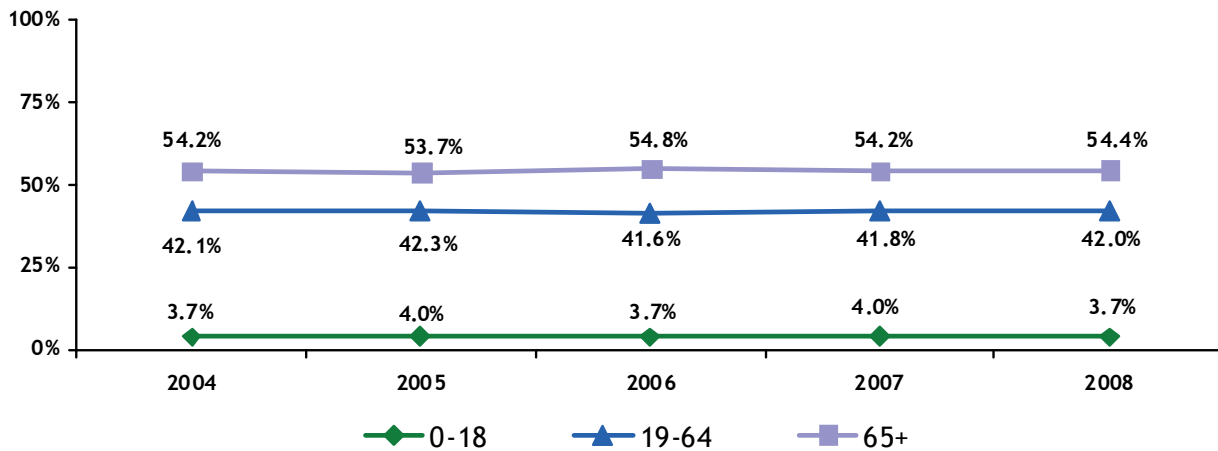
⁷⁸ The In-Home Supportive Services Advisory Committee of Stanislaus, *2007 Report to the Community*, 2007.

Figure 151: IHSS Eligibility Applicants, by Gender, Female, June, Stanislaus County



Source: IHSS—Case Management, Information and Payrolling System (CMIPS), 2008.

Figure 152: IHSS Eligibility Applicants, by Age, Stanislaus County



Source: IHSS—Case Management, Information and Payrolling System (CMIPS), 2008.

Note: data represent the month of June.

Figure 153: Percent of Those Utilizing IHSS, by Ethnicity, Stanislaus County

Ethnicity	June 2004	June 2005	June 2006	June 2007	June 2008
White	69.8	68.2	66.4	64.5	64.3
Hispanic	16.1	16.6	17.7	19.2	19.6
Black	5.3	5.7	5.9	6.0	5.7
Other Asian or Pacific Islander	1.9	2.0	2.3	2.5	2.5
American Indian or Alaska Native	0.4	0.5	0.5	0.5	0.5
Total	4,669	4,949	5,069	5,507	5,847

Source: IHSS—Case Management, Information and Payrolling System (CMIPS), 2008.

Note: the total represents all who ended up utilizing IHSS.

Data Summary

In June 2008, 6,145 individuals applied for IHSS. The number of applications has been increasing every year since 2004. Of those who applied for services, females constituted a larger percentage than males, and those who were 65 or older constituted a larger percentage than those who were between the ages of 19-64, or who were 18 years or younger. In addition, Whites constituted the majority, by race/ethnicity, of those who ended up utilizing services. In June 2008, 64% of those utilizing IHSS were White, 20% were Hispanic, 6% were Black, and 3% were Asian or Pacific Islander.

How We're Making a Difference

Stanislaus County Area Agency on Aging

The Stanislaus County Area Agency on Aging (AAA) is one of 33 Area Agencies on Aging in California. The AAA is a part of an important "Aging Services Network" helping to connect older adults and their caregivers to available services. The Senior and Caregiver Information line is accessed by a statewide toll-free number (800) 510-2020 or directly at (209) 558-8698.

Amy, for example, is a 94-year-old resident of Stanislaus County who lives alone and has no family in California. She called the information line asking if someone would help her understand a letter she received from a bank. A representative agreed and Amy came into the office. It turns out her home was in foreclosure. She simply did not understand that the loan had been transferred to another financial agency so she was ignoring the statements. As you may have guessed, Amy suffers from mild dementia and confusion. As she was not Medi-Cal eligible, she was referred to the Linkages Case Management program, which in turn assisted her with stopping the foreclosure, arranged for a representative payee, medication delivery, medical appointments, and transportation as needed.

Not all of those who call in are facing such serious problems but most don't know where to go for help. Some of the most common requests are for in-home assistance, affordable housing, and home delivered meals. AAA frequently makes referrals and sends out information about In-Home Supportive Services (IHSS), the Catholic Charities Homemaker program, the Family Caregiver Support Respite program, other private in-home agencies, independent housing, the Senior Meals program, and much more.

The AAA also actively supports many collaborative efforts of local senior service providers. One example is the newly formed Fall Prevention Coalition of Stanislaus County. Led by the Healthy Aging Association, the Coalition is composed of members from multiple county and city departments, local non-profits, and private agencies that are involved in Fall Prevention. The Coalition is creating a strategic plan to help prevent falls, develop a resource guide specific to fall prevention services, and is sponsoring a Fall Prevention workshop at the Healthy Aging Summit held annually in October at the downtown Center Plaza.

