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Los Angeles Population Change and Healthy Aging

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As the nation's aging population has continued to grow, so has the risk for chronic diseases, such as asthma, diabetes, and cardiovascular disease. The presence of one or more chronic illnesses can interfere significantly with the capacity for individuals to successfully age in place. Los Angeles County faces tremendous challenges—as well as opportunities—in the provision of health and support services. This health policy brief focuses on the older adult population in Los Angeles County and the ascendant problems of chronic conditions and other health problems.

"The hispanic and Asian older adult population has grown by over 40% since 2000"

THE CHANGING POPULATION

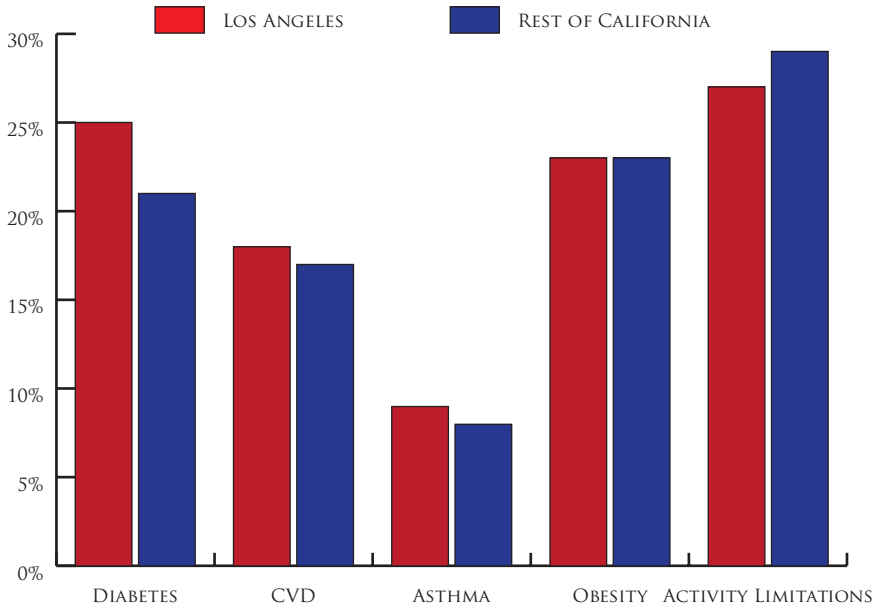
Between 2000 and 2008, the number of California residents aged 65 and older grew by 16%. The comparable rate for Los Angeles County is 19%, while the elder population of the rest of the state grew by 15% (Department of Finance). In particular, the minority elder population of Los Angeles County is growing rapidly. The county's racial and ethnic composition is evolving in ways that will transform future health service needs. Policymakers already anticipate that the absolute size of the population aged 65 and older will continue to grow steadily. We must also anticipate changing cultural competence needs in the decades ahead for optimally effective community-based prevention and clinical intervention services to enable a healthy aging population.

Los Angeles County's older population transformation is well underway. The Hispanic and Asian older adult population has grown by over 40% since 2000, while the African American older adult population grew by about 9% (U.S. Census Bureau). In contrast, the non-Hispanic white population has not grown at all. Over the next 20 years (from 2010 to 2030), the older adult population in Los Angeles County is projected to grow from its current size of 1.1 million to 2.2 million (Department of Finance). In 2030, the three major minority groups—Hispanics, Asian/Pacific Islanders, and African Americans—will represent about two-thirds of the county's older adult population (or 1.4 million individuals).

PREVALENCE OF CHRONIC CONDITIONS

Recent data from the 2008 and 2009 Behavioral Risk Factor Surveillance Survey (BRFSS; Centers for Disease Control and Prevention [CDC]) provide a picture of the current health status of county residents. Among adults aged 60 and above who live in Los Angeles (see Figure 1), about one quarter report being diabetic (including pre- and borderline), 22% are classified as obese (i.e. having a body mass index of 30 or greater), 18% live with cardiovascular disease or have had a heart attack, and 27% report being limited in their daily activities due to physical, mental, or emotional problems. In some cases, older adults in Los Angeles County appear to fare worse health-wise than older adults in other parts of California. Most notably, the rate of diabetes is higher among older adults living in Los Angeles County, compared to the rest of California (25% and 21%, respectively). Over 18% of older adults in Los Angeles County, versus 15% of older adults in the rest of California, reported having at least 14 days of "not good" physical health in the past month.

Figure 1. Health of Older Adults in Los Angeles County and California



SOURCE: CDC BRFSS 2008-2009

RACE AND ETHNIC GROUP RATES

As shown in Table 1 below, the data reveal significant racial/ethnic differences in the prevalence of certain chronic conditions or health risks—particularly in the case of diabetes, obesity, and activity limitations. The rates of diabetes are substantially lower among non-Hispanic whites compared with Hispanics, Asian/Pacific Islanders, and African Americans. Most notably, over a third of Hispanic elderly reported having diabetes and well over a quarter of African American and Asian/Pacific Islander elderly had diabetes. Among the groups, African American elderly had the highest rates of asthma (13%) and obesity (38%), as well as the highest proportion of individuals with activity limitations.

In terms of health-related quality of life (not shown in table below), 14% of the population of each group reported 14 or more days of poor physical health—except for Hispanics. Among the Hispanic population, 28% reported 14 or more days of poor physical health, which is twice the rate of any other group.

Table 1. Prevalence of health problems among older adults (aged 60+) in Los Angeles County

	Diabetes	Asthma	Cardiovascular Disease	Obesity	Activity Limitations
White	16%	9%	20%	20%	33%
Hispanic	35%	7%	19%	30%	25%
African American	30%	13%	17%	37%	39%
Asian Pacific Islander	27%	8%	16%	9%	12%

SOURCE: 2008-09 CDC BRFSS

We analyzed State Department of Finance population estimates in the context of the current chronic disease prevalence data from the CDC to project the local chronic illness profile of 2030's senior population. The projection suggested that the overall proportion of the population living with chronic illness would not diminish with the changing sociodemographic profile. However the absolute numbers of older individuals in the population with health care for their chronic conditions will grow substantially. Two decades from now, there would be over half a million seniors with diabetes in the county, the majority of whom will be Hispanic/Latino and Asian, for example. Over half a million seniors in the county would also be obese and potentially at-risk of having diabetes or cardiovascular disease.

Co-occuring physical illnesses

About 30% of the county's older adult population have at least one of the chronic diseases (i.e. asthma, diabetes, and cardiovascular disease) while about 10% report having at least two of the conditions. Roughly half of elderly Hispanics (49%) and African Americans (45%) have at least one chronic condition. In contrast, only one-third of the non-Hispanic white and Asian/Pacific Islander elderly report at least one of the chronic diseases. About 10% of the county's older adult population had more than one of the three chronic conditions at the same time. Both elderly African Americans and Asian/Pacific Islanders have slightly higher rates of co-occurring physical illnesses, or comorbidity, with about 13% reporting at least two of the chronic conditions, as compared to just 9% of non-Hispanic white and 10% of Hispanic elderly.

Conclusions

The future demographic and health outlook in Los Angeles offers challenges and opportunities to health and human services. In the next two decades, the aging population in Los Angeles County will nearly double in size and will look very differently than it does today. Not surprisingly, our analysis highlighted that chronic health conditions are prevalent in the older adult population of Los Angeles County. The rates for specific chronic conditions vary greatly by race/ethnicity in Los Angeles County, as does the presence of co-occurring health problems.

Table 2: Number of chronic conditions (asthma, diabetes, cardiovascular disease)

	0	1	2	3	Total
White	65%	26%	8%	1%	100%
Hispanic	51%	38%	9%	1%	100%
African American	55%	31%	12%	1%	100%
Asian Pacific Islander	66%	21%	10%	3%	100%
Total	60%	29%	9%	1%	100%

Source: 2008-09 CDC BRFSS

Access to preventive and comprehensive care will be critical in addressing the growing health needs of the county's aging population. Moreover, the prevalence of health disparities across racial/ethnic groups further highlight the importance of developing and implementing culturally- and linguistically-competent services. The high prevalence of comorbid conditions will require greater coordination between county agencies and providers to ensure a comprehensive continuum of care. Greater resources for medical and community-based support services are needed to ensure that older adults have the means and resources to adequately manage their chronic conditions and still lead productive lives with minimal institutionalization.

California's Medicaid Section 1115 Waiver—recently approved by the Obama administration—would provide counties the opportunity to redesign safety-net services, thereby addressing some of the unique needs of minority low-income older adults. Under the waiver are calls for innovations through pilot projects with a focus on initiatives with care coordination for better care, improved health and cost reduction. While innovations are focused on controlling costs and improving quality of life, it is also an opportunity to develop the necessary scientific evidence to support the implementation of demonstration models.

Author Information

Dennis T. Kao, **PhD**, is a Postdoctoral Fellow at the USC Roybal Institute. He recently completed his doctorate at the USC School of Social Work and is interested in conducting research on health and healthcare disparities affecting immigrant populations, with a specific focus on Asian Americans and older adults. In January 2011, he will join the faculty at the University of Houston Graduate College of Social Work.

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