USC University of Southern California

Los Angeles
Healthy Aging Report
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USC Social Work
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Healthy Aging in Los Angeles County

People are living longer than ever, and this dramatic shift toward longer lives has implications for how we live and what it means to live. During his long career in government, Congressman Edward R. Roybal was a foremost proponent of using knowledge to create positive change for older Americans. This report provides updated information about aging in Los Angeles County to inform stakeholders and stimulate discussions about how to establish new directions in thinking and acting to improve quality of life among older adults.

The Edward R. Roybal Institute on Aging at the University of Southern California School (USC) of Social Work prepared the report with valuable technical assistance from the County of Los Angeles Department of Public Health's Office of Senior Health, the City of Los Angeles Department of Aging, and our UCLA partners in the Los Angeles Healthy Aging Initiative.

Health is the most important determinant of successful living at any age. However, not everyone has the same opportunities for a long life free from major afflictions. There are significant differences in the health status of the many communities in Los Angeles. These differences are reflected in higher rates of premature death and shorter lifespans for

Declines were especially notable for coronary heart disease (-41%), stroke (-36%), lung cancer (-20%) and diabetes (-14%). Unfortunately, the mortality rate of Alzheimer's disease almost doubled during the same period.

people of certain racial and ethnic backgrounds who live in certain neighborhoods. The challenge of our time is to implement successful changes in the way we live so that all of us can benefit from longer, more productive, and healthier lives.

In Los Angeles, we are at the forefront of initiating intentional changes to improve the health and quality of life for everyone in our region. Private and public institutions are committed to working together to find innovative ways to make healthy aging a reality for all. This report is both an effort to begin to document the significant progress we have already made and to underscore the challenges we should understand and overcome to make Los Angeles County a model for healthy aging for the nation. We have selected three subcounty areas for a more in-depth review in this report to illustrate the differences in critical indicators that cannot be detected using county data.

The Patient Protection and Affordable Care Act of 2010 (ACA) represents a dramatic shift in how America will manage health; it provides a template for designing and coordinating programs and services that bridge public health and medical care; and will reduce burden of disease through improved prevention and disease management. It is a rare opportunity to create important health benefits for older adults.

Life expectancy has increased markedly from 75.8 years in 1991 to 81.5 years in 2011, and mortality rates have declined rapidly. In the last decade (2002–2011), Los Angeles County mortality rates declined by 18% compared to 13% for the nation as a whole.

Demographic Changes

Los Angeles County is the largest county and among the most diverse counties in the United States. Almost half of the adults in Los Angeles County are foreign born, and almost 60% do not consider English to be their primary language used at home. Between 1990 and 2010, the proportion of the Asian and Pacific Islander population grew by 40% (to 14.3%) and the Latino population grew more than 25% (to 47.7%); the non-Latino White population declined and now constitutes less than 30% of the total adult population.

Population projections from the California Department of Finance also indicate that the Los Angeles County population will grow older in the coming decades. The trend is for the greatest growth to occur in the oldest age groups. Whereas the 2010 population age 50 or older is expected to increase 27% by 2020, the size of the population age 65 and older will grow by 43%. The population aged 50 to 64 is expected to increase 16% by 2020 and the 65- to 79-year-old population will grow by 52%. Considering just the oldest-old adults, the age group 80 years or older will grow nearly 50% from 2020 to 2030.

Life expectancy is greatest among Asian and Pacific Islanders (85.9 years) and lowest among African Americans (75.5 years). Women's life expectancy exceeds men's by almost five years.[1]

Challenges at Home

As households emerge from the Great Recession, financial stress is reflected in the proportion of Los Angeles County residents who were late paying or unable to pay their rent or mortgage (21% of Latinos, 26% of African Americans, and 13% of Asians and Pacific Islanders compared to 11% of Whites). Los Angeles has one of the worst ratios of income-to-rental housing costs of any U.S. city.

People throughout Los Angeles face daily challenges where they live. Less than 85% of residents say their neighborhoods are safe from crime, and less than 70% say their neighborhoods are largely free from graffiti.

Outside their homes, only half of adults use walking paths, playgrounds, or sports fields in their neighborhoods. Although exposure to tobacco smoke is among the lowest in the nation, air quality remains a major problem. Los Angeles experiences 95 days of unhealthy air each year, based on Air Quality Index ratings above 100.

Health Impact

All of this takes its toll on health.

More than 20% of Los Angeles older adults rate their health as fair or poor. On average, they experience poor mental or physical health for six days each month. Poor health strains the resources of our institutions, from hospitals to social service agencies to families. Across the country, two-thirds of Medicare beneficiaries have two or more chronic conditions and account for two-thirds of total health care spending.[2]

Along with the social and environmental determinants described in Figure 1, personal health behaviors contribute to the onset of chronic diseases such as diabetes (reported by 9.5% of adults), hypertension (24%), high cholesterol (26%), arthritis (17%), and osteoporosis (27% of women age 65 or older). More than 60% of adults get the recommended levels of aerobic exercise, but fewer than 40% get the recommended levels of muscle strengthening needed to prevent falls and fall-related fractures. Almost a quarter of Los Angeles County adults are obese, and 40% are overweight. Although Los Angeles County remains a leader in public health efforts to reduce smoking, more than 15% of adults still smoke.

Access to care and health literacy remain critical issues. Almost 25% of adults have no regular source of medical care, and more than 30% have difficulty accessing such care. Only 65% of adults age 65 or older are vaccinated for influenza each year, and even fewer have ever received the pneumococcal vaccine. Rates of recommended screening for

colorectal cancer are similar. Rates of osteoporosis screening for older women seem high (73%), but this masks large differences. About 80% of Asians, Pacific Islanders, and Whites have been screened, compared to 63% of Latinos and only 46% of African Americans.

Early Aging and Older Adults

In 2015, we have the knowledge to significantly improve the lives of older adults and take action. The first stage involves creating awareness across the many sectors of our diverse communities.

We chose to emphasize information for people age 50 or older because we recognize that people age differently and have different service needs during the course of their lives. In this report, we refer to individuals age 18 or older as adults and to those age 50 or older as older adults, unless otherwise stated. This enabled us to track differences across age subgroups over time. When the term Latino is used, it refers to all Latinos irrespective of their racial background.

When taken in aggregate, this document provides concise profiles of various types of information that reflect conditions affecting the lives of older adults. These profiles can help us develop comprehensive policies and programs that have a wider impact on our social and physical environment and improve the lives of everyone in Los Angeles.

Fig. 1. Social Determinants of Health Model
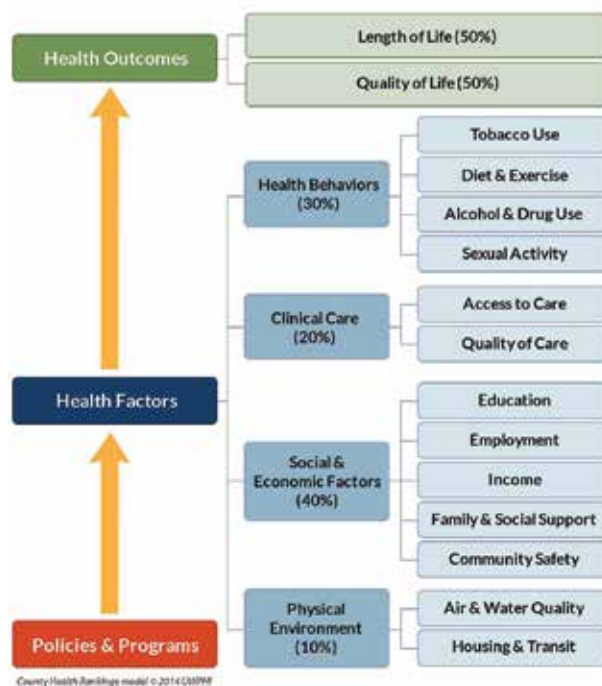
The health and well-being we experience as we age is in large measure a product of community conditions and social factors, in addition to our individual health behaviors, biological composition, and health care. The *Los Angeles Healthy Aging Report* was designed to cover a wide range of indicators but not everything in the social determinants of health model. The model in Figure 1 illustrates, based on expert opinion, the estimated contribution in percentages of four critical sectors to the production of health in American society. Three sectors, namely health behaviors, social and economic factors, and physical environment, account for approximately 80% of health production, whereas clinical care accounts for 20%. The essential take-away message is that we need to do a better job of linking and harmonizing these sectors to promote health across the life course. This is also an underlying principle of the ACA; we must reduce the burden of disease in populations, thereby promoting healthy aging and reducing the demand for intensive medical services.

Snapshot: Older Adults in Los Angeles

Los Angeles County Adults Age 50 or Older

In 2013, the median annual household income of residents age 50 to 64 reached $62,000. Although a greater proportion of those age 65 or older own their homes than in the 50–64 age group, their income is dramatically lower. About 44% of people age 65 or older are White, compared with 35% of those 50–64 years old. The percentage of African Americans is equal across the two age groups, and the percentage of Asians is nearly equal. However, the percentage of Latinos in the 50–64 age group is greater than among their older counterparts. About half the Los Angeles County population age 50 or older is foreign born, and nearly two-thirds report speaking English less than very well. About 76% of the population age 50–64 have at least a high school education, slightly more than the 65 or older group.

Table 1. Profile of LA County residents, ages 50-64 and 65+

	2013	
	50-64	65+
Median household income (2013 dollars)	62,000	39,400
Population Share	17.9%	11.7%
White	35.2	43.6
African American	8.9	8.8
Asian	16.9	18.2
Latino	36.8	27.7
Foreign born	51.4	48.3
Speak English less than "very well"	68.2	72.7
High school or higher	75.8	71.0
Currently married	61.1	50.6
Homeownership rate	57.0	65.1

Health Differences

Differences by race and ethnicity and sex are seen in three major chronic health conditions in the 50 or older population of Los Angeles County. Rates of arthritis are highest among White and African American residents and lowest among Asian Americans. Diabetes is lowest among Whites (13%); Latinos have nearly double the rate (25%). African Americans are most likely to have hypertension (62%); more than half of Latinos are hypertensive (52%), as are about 46% of White and Asian adults. Hypertension is similar (50%) for men and women. However, women are more likely than men to have arthritis and somewhat less likely to have diabetes.

Table 2. Emergency Department Encounters (per 100,000 population) for LA County

	50-64	65-79	80+
Heart Conditions			
Congestive heart failure	422.8	1,126.7	3,184.5
Hypertension	7,661.2	14,406.6	23,344.3
Stroke	261.2	657.4	1,374.7
Other heart disease	984.3	3,124.8	6,607.2
Hip fractures	10.8	59.1	172.2
Falls	1,564.5	3,166.8	7,194.4
Reported hip fracture with presence of fall	7.4	52.5	158.7

The rate of hospital emergency department visits (no hospital admission) for age-related conditions countywide increases dramatically across age groups. Hypertension is reported most often; however, visits resulting from falls are also highly prevalent. These countywide statistics are a baseline to compare with emergency department statistics for economically vulnerable areas in the county.

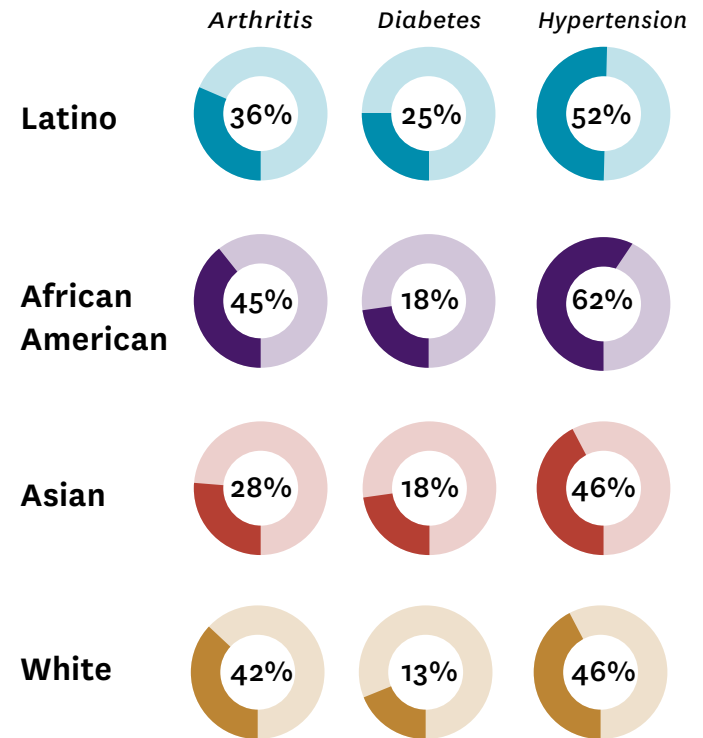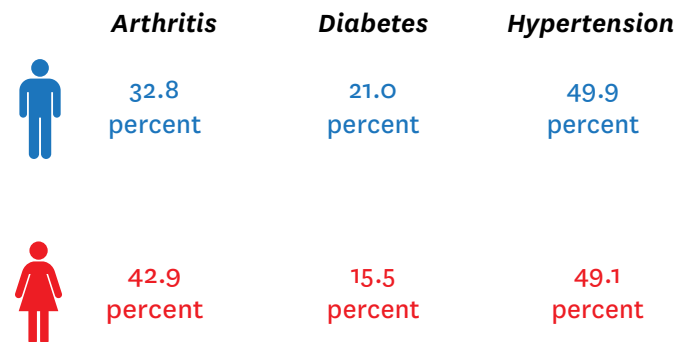## Fig. 2. Chronic Conditions by Race/Ethnicity, 50+ in Los Angeles

	Arthritis	Diabetes	Hypertension
Latino	36%	25%	52%
African American	45%	18%	62%
Asian	28%	18%	46%
White	42%	13%	46%

Fig. 3. Chronic Conditions by Gender, 50+ in Los Angeles

|	Arthritis	Diabetes	Hypertension
Male	32.8 percent	21.0 percent	49.9 percent
Female	42.9 percent	15.5 percent	49.1 percent

Future of Aging in Los Angeles

Representative samples of adults age 50–64 and 65 or older were asked whether they had diabetes or hypertension in 2003, 2007, and 2011–2012; they also reported on psychological symptoms in 2007 and 2011–2012. Each chronic illness increased in prevalence during this period among individuals 50–64 years of age. Among participants age 65 or older, the rate of diabetes increased beginning in 2003 and appears to have stabilized at 21%. Hypertension has declined to a certain degree, but there has been little change in the rate of serious psychological distress. The ethnic composition of the older population is shifting, and socioeconomic and cultural influences will be important considerations in how successfully we manage chronic diseases in the future.

Table 3. Chronic illness over a decade (%)

	Ages 50-64			Ages 65+		
	2003	2007	2011-12	2003	2007	2011-12
Diabetes	12.4	14.0	16.2	17.0	21.2	21.5
Hypertension	37.1	39.2	41.7	58.2	61.6	41.8
Serious psychological distress during past year	-	7.8	8.6	-	3.2	2.9

Fig. 4. Projected Population by Ethnicity and Age Group, LA County
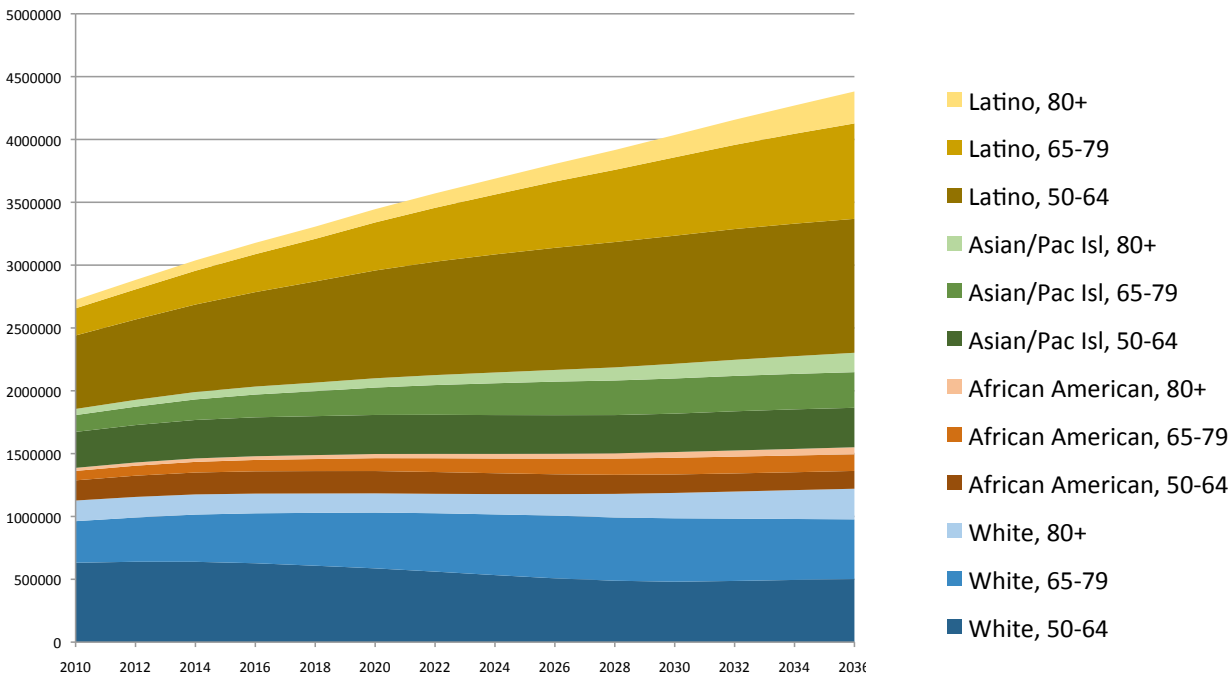
What will the older population of Los Angeles County look like in the coming decades? Current projections from the California Department of Finance show that the size of the population age 50 or older will grow by nearly 40% in the next two decades. Although the size of the White and African-American older adult populations is expected to remain the same, some growth will be seen in the Asian population, and the Latino population is expected to nearly double. Figure 4 shows that at least three of the ethnic groups have increasing proportions in the oldest age groups, including 65–79 and 80 or older.

Studies show that the age dependency ratio (number of people age 65 or older relative to the number of people age 15–64) is shifting dramatically in industrialized nations. In Los Angeles County in 2010, there were 6.3 potential workers per retired person; there will be 5.2 workers in 2016, and in 20 years it will be 2.9 workers.

Fig. 5. Worker-to-Retiree Ratio in Los Angeles

2010
6.3 workers to 1 retired

2016
5.2 workers to 1 retired

2036
2.9 workers to 1 retired

Chronic Conditions in LA County

DIABETES

In recent decades, the prevalence of diabetes has increased rapidly. Although there are two types of diabetes, most older adults have type 2 diabetes (adult onset) rather than type 1 (juvenile onset). In Los Angeles County, 15.6% of adults age 50–64 and 21.5% of adults 65 or older reported being ever diagnosed with diabetes. According to Los Angeles County health services data, the latter represents a 67% increase since 1997—ranking diabetes among the most dramatically increasing chronic conditions in the county.[3] Diabetes among adults 65 or older is extraordinarily high among Latinos (32.5%), African Americans (25.7%), and Asians and Pacific Islanders (24.7%).
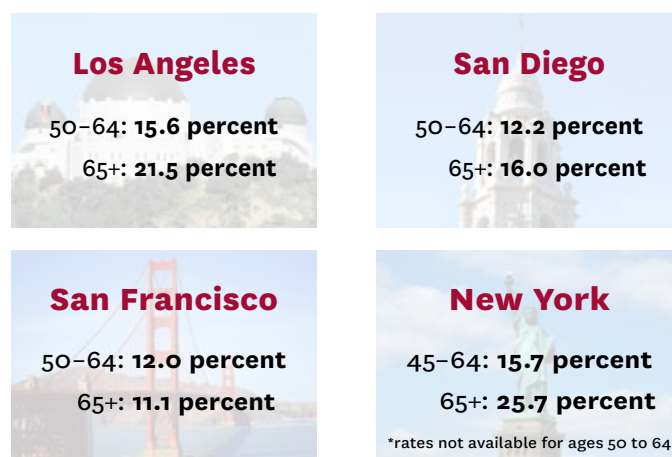
Many people think of diabetes primarily as a disease of blood sugar, but diabetes has many effects and its consequences can be severe. It contributes to eye disease (retinal damage) that can lead to blindness, kidney failure, and most commonly to cardiovascular disease, particularly myocardial infarctions (heart attacks).

The large and growing number of people with diabetes is not surprising given the historic increase in overweight and obese individuals during the past three decades. A sedentary lifestyle continues to be an important contributor to diabetes risk. Although a family history of diabetes is a risk factor, obesity remains the greatest risk factor for developing diabetes.

Table 4. Diabetes rates, ages 50-64 and 65+, LA

	50-64	65+
Male	18.0%	25.9%
Female	13.6	18.2
White	11.1	14.3
African American	13.5	25.7
Asian	13.9	24.7
Latino	21.5	32.5

Fig. 6. Ever Diagnosed with Diabetes

Los Angeles
50–64: **15.6 percent**
65+: **21.5 percent**

San Diego
50–64: **12.2 percent**
65+: **16.0 percent**

San Francisco
50–64: **12.0 percent**
65+: **11.1 percent**

New York
45–64: **15.7 percent**
65+: **25.7 percent**
*rates not available for ages 50 to 64

So what can be done? Diabetes can largely be prevented by changing diet and increasing physical activity to maintain a normal body weight. Individuals who are prediabetic, or with mildly elevated blood sugar, can reduce their risk of developing the disease with intensive regular physical activity, making healthier food choices, and medications if needed. Treatment of diabetes is effective, but requires adherence to a healthy lifestyle and medication regimens. As a community, we can create healthier environments by building parks and safe streets where people can walk and exercise; providing access to affordable, healthy foods; and offering supportive self-management and wellness programs.

## Voices from the Community: Diabetes Education Administrator

"The mother of the family—the natural caregiver—is the key to it all. In Latino households—many are multigenerational households—she's the caregiver not only for her children and her spouse, but also many times an elderly parent living in the house. We want to get the word out there about early detection. We want people to get tested."

CHRONIC CONDITIONS IN LA COUNTY

Among residents age 50 or older, 15.5% of women, and 21% of men report having diabetes. Although the difference between sexes is significant, there are greater differences across racial and ethnic groups. Latinos are almost twice as likely to have diabetes as Whites. African Americans and Asians have similar rates, which are 5% higher than Whites.

Los Angeles County's overall diabetes rate is greater among those age 65 or older than among those age 50–64. This pattern holds true in New York and to a lesser extent in San Diego. However, Los Angeles County's rates are higher than for two other major California cities in both age groups (see Figure 6).

Fig. 7. Agencies for Diabetes by Zip Code and Service Planning Areas
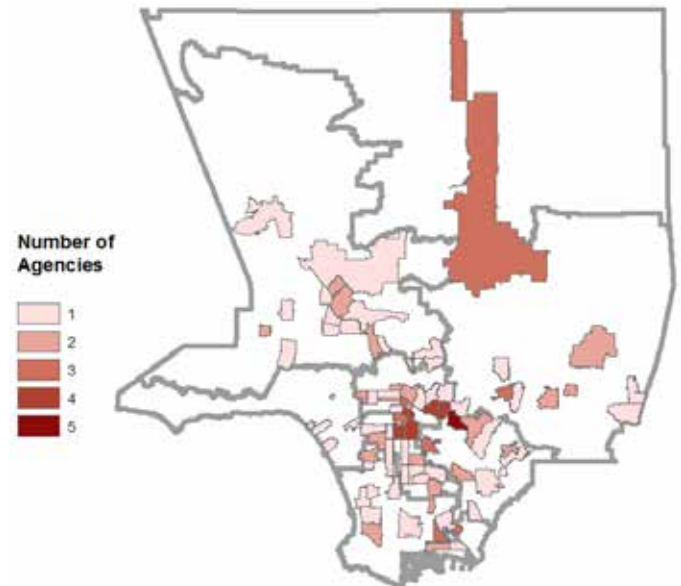
HYPERTENSION

Hypertension (high blood pressure) starts gradually and is very common among older individuals, but it often goes undetected. It is almost always asymptomatic, so it is all too easy to ignore. Yet its consequences can be devastating to individuals and their family. Hypertension is a major contributor to heart attacks (myocardial infarctions) and the most common cause of strokes. Major contributors to high blood pressure are advanced age, high levels of salt intake, and obesity. Excessive alcohol use, smoking, leading a sedentary lifestyle, and having a diet that is low in fruits and vegetables are among the most common contributing factors.

Hypertension can be easily treated. Medications, along with lifestyle changes, are important to gain control. African Americans are at the highest risk. The first step is to identify people with the condition, initiate treatment, and get individuals to adhere to treatment. One-third of adults have high blood pressure, but only half of those have adequate control of their blood pressure.[4]

A combination of behavioral, community, and clinical strategies are needed to prevent and treat hypertension. Reducing the prevalence of hypertension depends on promoting healthy lifestyles: eating healthier, engaging in physical activity, and reducing alcohol consumption. Although these seem like individual behaviors, they are heavily influenced by our environment: access to healthy affordable food, safe streets, access to parks and recreation, and sensible alcohol policies (e.g., reducing the number of alcohol establishments in an area). Identification of people with high blood pressure and referral to treatment needs to be complemented with strategies to ensure effective clinical management and sustained adherence to treatment.

Hypertension Differences in Residents Age 65 or Older

Close to half the older population in Los Angeles County has hypertension, according to the California Health Interview Survey (CHIS). This is true across racial and ethnic groups with the notable exception of African Americans, who are at significantly greater risk. This difference is also seen in studies nationwide. By age group among older adults, Los Angeles County rates are nearly identical to those in New York, but considerably higher than in San Francisco (see Figure 8).

Table 5. Hypertension rates, ages 50-64 and 65+, LA

	50-64	65+
Male	41.2%	64.3%
Female	40.3	62.2
White	34.5	58.3
African American	51.4	79.3
Asian	39.3	59.3
Latino	44.6	68.4

Voices from the Community: Health Clinic Administrator

"In the community clinics, the population is mostly women and children. We don't see a lot of men seeking health care services. Generally speaking, the population is a little bit sicker than the general population. We see people with multiple comorbidities. We see many individuals who have issues with their weight. We see a lot of obesity— increasingly at a younger age. This leads to high blood pressure, diabetes, hypertension, and coronary heart disease. We're looking at heart failure as a major issue down the road that is preventable… First and foremost, the important thing is to get people into care early so that health issues can be treated in a timely manner."

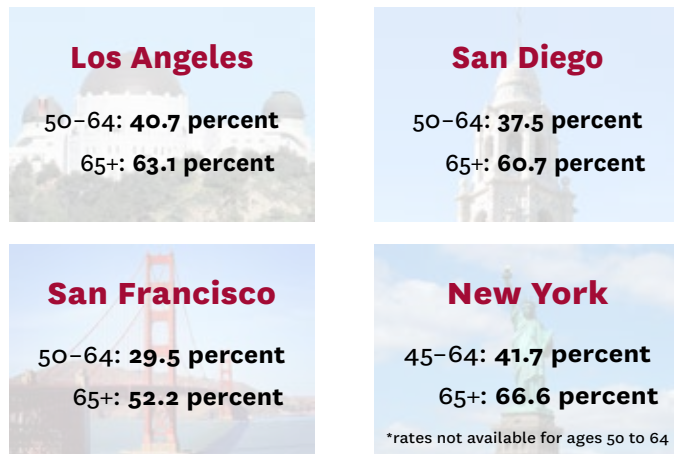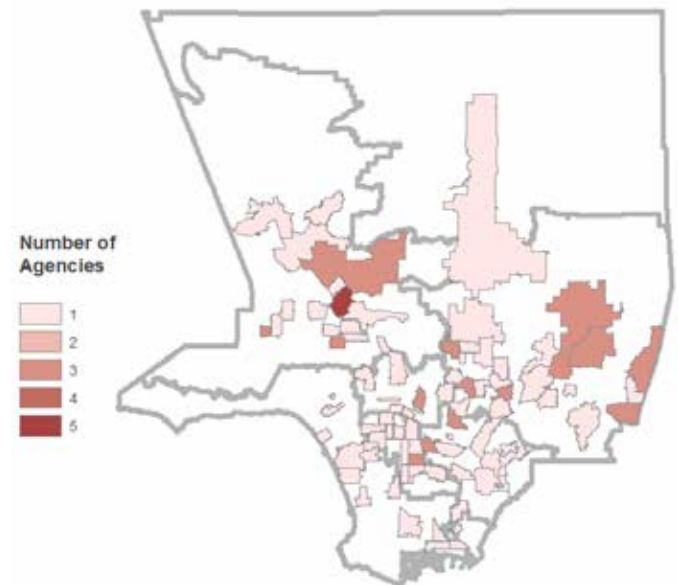## Fig. 8. Ever Diagnosed with Hypertension

Los Angeles
50–64: **40.7 percent**

65+: **63.1 percent**

San Diego
50–64: **37.5 percent**

65+: **60.7 percent**

San Francisco
50–64: **29.5 percent**

65+: **52.2 percent**

New York
45–64: **41.7 percent**

65+: **66.6 percent**

*rates not available for ages 50 to 64

Fig. 9. Agencies for Hypertension by Zip Code and Service Planning Areas

Number of Agencies
1
2
3
4
5

DEPRESSION

Depression takes an enormous toll, affecting 20% of older adults at some time in their lives.[5] It not only is a significant problem in its own right, but can lead to or worsen other chronic illnesses in much the same way that chronic conditions contribute to and worsen depression. Depression varies greatly, from relatively mild to a more serious debilitating condition. The disease impairs social and occupational functioning, resulting in poor functioning and social isolation. It is a major cause of suicide, most commonly among older White men. Symptoms of depression vary widely, from persistent sadness or hopelessness to irritability and a lack of interest in once pleasurable activities to insomnia and changes in appetite. Symptoms are often more difficult to identify among older adults.

Fig. 10. Ever Diagnosed with Depression

Los Angeles

50–64: **18.6 percent**

65+: **10.6 percent**

New York

45–64: **17.7 percent**

65+: **16.2 percent**

*rates not availabe for ages 50 to 64

The causes of depression are poorly understood and prevention is largely oriented toward early recognition, treatment, and prevention of recurrence. Less than a third of people with depression see a mental health professional each year, possibly due to the stigma associated with the disease, a lack of access to care, or both. Although the advent of mental health parity in health insurance may ameliorate this problem, it is still imperative for individuals to seek and receive care because effective treatments are available.

Mental Health Disparities

Every two years, the California Health Interview Survey is re-administered and estimates the current percentage of the population that is likely to have serious psychological distress (SPD; Table 6). This measure is an indicator of risk of mental health problems but is not designed to identify specific diagnostic conditions such as clinical depression. Nevertheless, SPD is an important marker because it supplies a reasonable population estimate of treatable mental health conditions that can be compared by age, ethnicity, and other variables. Los Angeles Department of Public Health reports supply specific estimates of lifetime depression, which we compared with other cities.

There are considerable racial and ethnic group differences (Table 6), with Latinos and African Americans at greater risk than Asians and Whites. Subpopulation groups age 50–64 and 65 or older include estimates that are statistically unstable and should be interpreted with caution.

Table 6. Likely had serious psychological distress in past year, ages 50+, 50-64, and 65+, LA

|	50+	50-64	65+
Male	6.3%	8.5%	2.6%
Female	6.5	8.7	3.4
White	5.0	8.0	1.4*
African American	7.1	10.3*	2.0*
Asian	4.6	5.2	3.5*
Latino	8.7	10.2	5.5

*Unstable estimates

Figure 10 compares rates of lifetime major depression among older individuals in two age groups in Los Angeles and New York. The younger age group has similar rates in the two cities, but there is a much lower rate among the age 65 and older population in Los Angeles.

Fig. 11. Agencies for Depression by Zip Code and Service Planning Areas

Number of Agencies
1
2
3
4
5
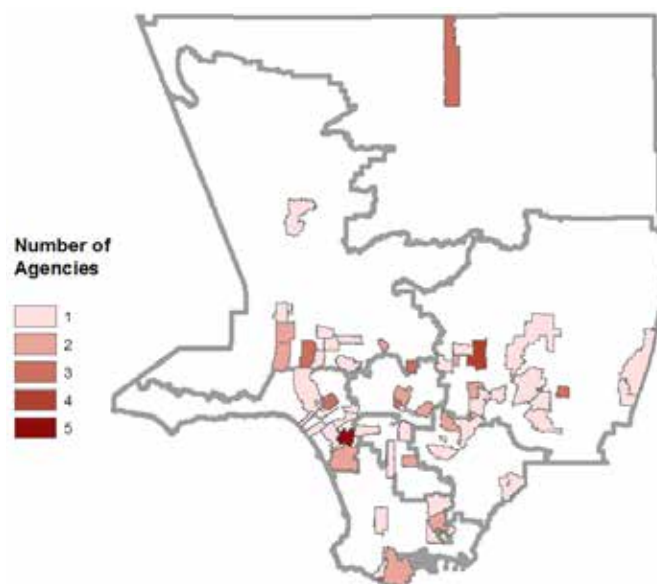
Los Angeles County's Service Planning Areas

Los Angeles County is very large and is divided into eight geographic areas called service planning areas (SPAs) to facilitate the planning and management of public services throughout the county. It allows county departments such as the Los Angeles Department of Public Health to develop and provide more relevant public health and clinical services targeted to the specific health needs of residents in these areas. In this report, the SPAs provide a more local context for understanding healthy aging. Table 7 summarizes some characteristics of each SPA to illustrate their distinctive characteristics. There are major contrasts across SPAs. For example, median household income is nearly 2.5 times greater in the West SPA than in the South SPA, and there is an eight-year difference in median age between the two SPAs. Three quarters of the residents in the East SPA are Latino. Homeownership varies from 36% to 65% in seven SPAs, but is only 22% in the Metro SPA.

Older Adults in the SPAs of Los Angeles County

Comparing the SPA populations age 50–64 with those age 65 or older reveals some critical differences when considering factors for healthy aging. One of the most striking is household income. Not surprisingly, considering the traditional transition from work to retirement at age 65, the median household income is between 28% and 42% less for the older group (age 65 or older) across the eight SPAs. Although some of this income difference is related to the transition of individuals from paid work to retirement,

it is important to note that the demographic composition of a SPA is often quite different across age groups. In nearly every SPA, the percentage of individuals who say they speak English less than very well is higher for the older age group. In every SPA, a greater percentage of individuals in the older group own their homes.
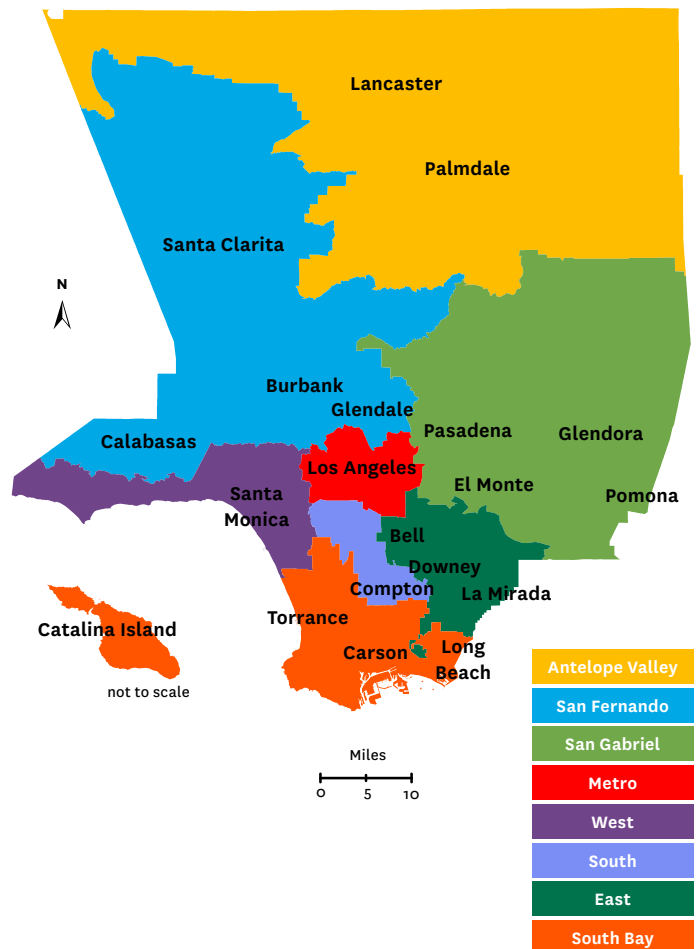
Fig. 12. Service Planning Areas (2012)

Legend:
- Antelope Valley
- San Fernando
- San Gabriel
- Metro
- West
- South
- East
- South Bay

Table 7. Population Profiles by Age and Service Planning Area

A. Total population	Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay
SPA number	1	2	3	4	5	6	7	8
Median household income	54,000	58,000	60,400	41,600	80,100	32,200	51,600	58,000
Median age	33	36	38	35	38	30	32	36
Female	49.9%	49.0%	49.1%	51.2%	48.9%	48.0%	49.0%	49.0%
White	37.2	40.6	20.8	28.2	61.3	3.2	11.1	27.0
African American	12.3	3.0	3.7	4.1	7.3	26.4	2.7	13.4
Asian	5.0	11.0	28.5	16.4	12.0	2.8	9.1	14.5
Latino	42.3	42.2	44.9	48.7	15.4	66.1	75.7	41.0
Foreign born	19.7	38.8	37.3	44.1	24.8	35.9	35.9	28.7
Speak English less than "very well"	46.8	44.1	46.0	53.1	26.4	49.0	43.4	42.0
High school or higher	81.3	80.2	79.8	74.8	94.9	59.3	66.3	81.1
Currently married	48.6	45.9	48.3	35.5	40.8	34.0	43.3	43.3
Homeownership rate	64.9	49.2	58.1	22.2	38.6	35.7	52.5	46.6
B. Ages 50-64								
Median household income	60,500	69,600	73,600	43,200	85,000	38,400	60,300	68,500
Female	49.1%	48.1%	47.1%	49.7%	47.5%	46.9%	47.6%	48.7%
White	51.2	52.4	27.7	30.8	66.6	4.1	18.2	36.8
African American	10.6	2.8	4.8	5.1	8.8	36.5	3.0	13.9
Asian	5.1	12.4	32.8	21.4	11.0	3.5	13.5	16.6
Latino	30.7	29.9	33.2	40.9	11.3	53.8	64.3	29.2
Foreign born	29.5	53.3	55.7	64.0	33.0	56.1	60.0	41.1
Speak English less than "very well"	66.1	65.9	65.1	75.5	39.1	82.6	71.8	64.8
High school or higher	83.2	79.4	79.1	71.5	95.0	57.5	61.7	80.9
Currently married	66.8	63.8	68.3	50.7	55.6	49.4	64.1	59.6
Homeownership rate	72.7	59.8	68.7	32.3	51.3	45.0	62.3	56.6
C. Ages 65 and above								
Median household income	39,000	44,000	42,700	25,000	61,500	25,000	39,000	41,400
Female	43.8%	43.4%	43.6%	43.3%	45.0%	40.9%	42.1%	42.2%
White	55.8	63.6	35.1	37.0	76.6	5.3	27.0	45.7
African American	9.8	2.2	5.0	4.6	5.2	48.8	2.8	13.6
Asian	6.1	12.3	31.0	26.6	7.5	5.9	16.8	18.3
Latino	26.8	19.5	27.9	30.2	8.6	38.1	52.7	20.2
Foreign born	29.3	51.8	51.5	65.7	32.0	43.1	55.2	36.8
Speak English less than "very well"	72.9	73.2	74.4	76.8	47.7	85.3	72.4	66.8
High school or higher	69.7	76.7	70.4	67.1	91.1	53.3	56.1	78.3
Currently married	53.8	52.4	54.8	43.2	52.3	41.7	53.2	48.3
Homeownership rate	77.0	66.1	72.5	39.8	63.5	52.7	76.0	69.6

LOS ANGELES COUNTY'S SERVICE PLANNING AREAS

Of the eight SPAs, the West SPA has the lowest rates for most major conditions among adults age 50 or older. Diabetes and hypertension rates are highest in the South SPA, whereas serious psychological distress is most prevalent in the Metro SPA. There is considerable life expectancy difference across SPAs. Life expectancy at age 50, which ignores deaths at younger ages, varies by more than five years across the SPAs. In the West SPA, a 50-year-old resident can expect to live another 35 years, whereas someone of the same age in the South SPA can only expect another 29.5 years.

Table 8. Chronic conditions among population ages 50+ (%)

	Arthritis	Diabetes	Hypertension	Serious psychological distress during past year
Antelope Valley	45.7	17.3	44.6	7.0*
San Fernando	36.9	14.9	40.6	5.6
San Gabriel	40.5	16.4	53.3	5.8
Metro	34.8	21.6	52.4	12.3
West	33.9	8.2	42.0	3.5*
South	38.6	26.3	58.8	9.0
East	40.7	21.5	53.6	4.4
South Bay	38.9	19.8	52.3	5.9

*Unstable estimates

Table 9. Community assets: healthcare professionals

Licensed Practitioners (Per 100,000)			
	Physician	Allied health	Dentist	Pharmacist
---	---	---	---	---
Antelope Valley	109.5	831.6	30.2	16.4
San Fernando	258.5	1232.5	103.3	26.2
San Gabriel	285.1	1248.1	106.5	26.6
Metro	473.9	721.3	69.2	31.9
West	1116.4	1234.9	225.0	33.4
South	49.1	262.6	11.6	12.4
East	165.5	925.7	59.7	21.5
South Bay	284.0	1066.4	74.0	20.4

Access to health care professionals affects the ability to obtain preventive care and manage chronic health conditions. To gain better understanding of the experience of older adults related to receiving quality health care, licensee data from the California Department of Consumer Affairs was analyzed using zip code data aggregated to SPAs.

The professional license data in Table 9 show substantial differences in the number of health care providers across the SPAs (the physician category includes physician and surgeon, doctor of podiatric medicine, and osteopathic physician and surgeon; allied health professional includes psychologist, registered nurse, respiratory care practitioner, licensed clinical social worker, and occupational therapist). Residents of the South SPA are underserved in every category, relative to the other seven SPAs.

For example, although the South SPA has 49 physicians per 100,000 residents, there are more than 1,100 physicians per 100,000 residents in the West SPA. The degree of difference among the eight SPAs is greatest for physicians, followed by dentists. The smallest differences in providers is found for pharmacists.

Fig. 13. Life Expectancy at Age 50
in Service Planning Areas

Area	Life Expectancy
West LA	34.9 years
Metro LA	33.7 years
San Gabriel Valley	33.5 years
San Fernando Valley	33.3 years
East LA	32.6 years
South Bay	32.2 years
Antelope Valley	30.2 years
South LA	29.5 years

+15 Years   +20 Years   +25 Years   +30 Years   +35 Years
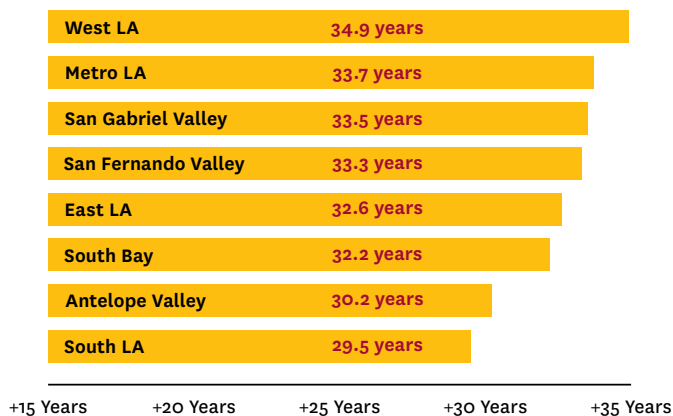
Physical Determinants and Health Status

Neighborhoods and the built environment are important contributors to healthy aging. Transportation systems, land-development patterns and microscale urban designs such as sidewalks, curbs, lighting, crosswalks, and other neighborhood attributes have a direct relationship with the well-being of older adults. This is particularly critical for individuals with disabilities.[6]

Residents of the East SPA are most likely to report that streets and sidewalks in their neighborhood are well maintained (90%), whereas this is least likely to be true in the Metro SPA (71%). A very high percentage of South Bay residents say that lighting around buildings and streets is adequate (91%), whereas those in the South SPA and less urbanized San Fernando and Antelope Valley are less likely to agree (71%–73%). Perceived safety of the neighborhood regarding crime is greatest in the West SPA (98%) and lowest in the South SPA (64%). The residents of the remaining six SPAs are similar; they generally feel safe in their neighborhoods (84%–87%).

Residents reported how many days during the previous month their regular activities were limited due to poor physical or mental health. The average for San Fernando was the greatest at 2.5 days, whereas the South Bay had the lowest average at 1.7 days. The percentage of adults (age 18 or older) who say they receive the social and emotional support they need varies greatly among the SPAs. This is true for 84% in the West SPA and 75% in the Metro SPA, but drops to 54% in the South SPA and 51% in the East SPA.

Los Angeles County's Economically Vulnerable

SOUTH LOS ANGELES

South Los Angeles includes distinct communities. Historically, the population has been predominantly African American. In the last two decades, the ethnic composition has shifted to become a largely Latino population composed of recent immigrants from Mexico and Central America. Although African Americans now comprise about 18% of the total population, their proportion of the older adult population is considerably greater: 25% of the 50- to 64-year-olds and 36% of those age 65 or older. Today, more than half of the population in South Los Angeles age 50 or older is foreign born, and the majority of older adults say they speak English less than very well. The average educational attainment level is very low in South Los Angeles, with less than half of the population having completed high school. About 20% of the area's population age 50 or older has diabetes. The same proportion has had depression diagnosed at some time in their lives. South Los Angeles also has the county's highest rate of hypertension at 64%. The area is dramatically medically underserved compared with Los Angeles's Westside. There are 39 physicians per 100,000 residents in South Los Angeles, compared with more than 1,000 per 100,000 residents in the West SPA.

Table 10. South LA Population Profile

	Overall	50-64	65+
Median household income (2013 dollars)	35,800	43,700	27,600
Population share	-	14.1%	6.9%
Female	49.0%	48.8	41.7
White	0.8	1.3	2.4
African American	17.5	24.8	35.6
Asian	0.7	1.4	1.4
Latino	80.3	71.1	60.2
Foreign born	38.1	67.4	55.5
Speak English less than "very well"	48.2	85.9	89.7
High school or higher	49.0	44.3	35.6
Currently married	36.1	57.0	45.9
Homeownership rate	40.7	52.7	65.8

Note: The area consists of the following PUMAs: 3745, 3751, 3752, and 3757.

The 50–64 age group in South Los Angeles visits emergency departments for various heart conditions at about twice the rate of the county as a whole. Table 11 shows encounters that did not result in a hospital admission. This difference is also seen in the 65–79 and 80 or older populations, but is less pronounced. Falls and hip fractures occur at a greater rate than the rest of the county among 50- to 64-year-olds, but are less frequent in both groups among those age 65 or older.

Table 11. Emergency Department Encounters (per 100,000), South LA

	50-64	65-79	80+
Heart Conditions			
• Congestive heart failure	940.1	2,167.8	4,731.6
• Hypertension	14,187.1	24,206.7	33,896.6
• Stroke	437.5	1,295.1	2,604.4
• Other heart disease	1,469.3	4,545.3	7,674.0
Hip fractures	19.7	46.3	139.2
Falls	1,940.5	2,818.5	6,004.0
Reported hip fracture with presence of fall	12.8	40.1	129.2

Table 12. South LA Community Assets

Licensed Practitioners	
	Per 100,000
Physician	39.0
Allied health	154.8
Dentist	7.0
Pharmacy	11.8

Note: Licensee data from CA Department of Consumer Affairs. Population data from ACS 2009-2013 5-year estimates. The area consists of the following zip code areas: 90011, 90003, 90002, 90059, 90061, 90222, 90262, 90221, 90723, 90220, 90444, and 90001. The physician category includes Physician and Surgeon, Doctor of Podiatric Medicine, and Osteopathic Physician and Surgeon. The allied health includes Psychologist, Registered Nurse, Respiratory Care Practitioner, Licensed Clinical Social Worker, and Occupational Therapist.
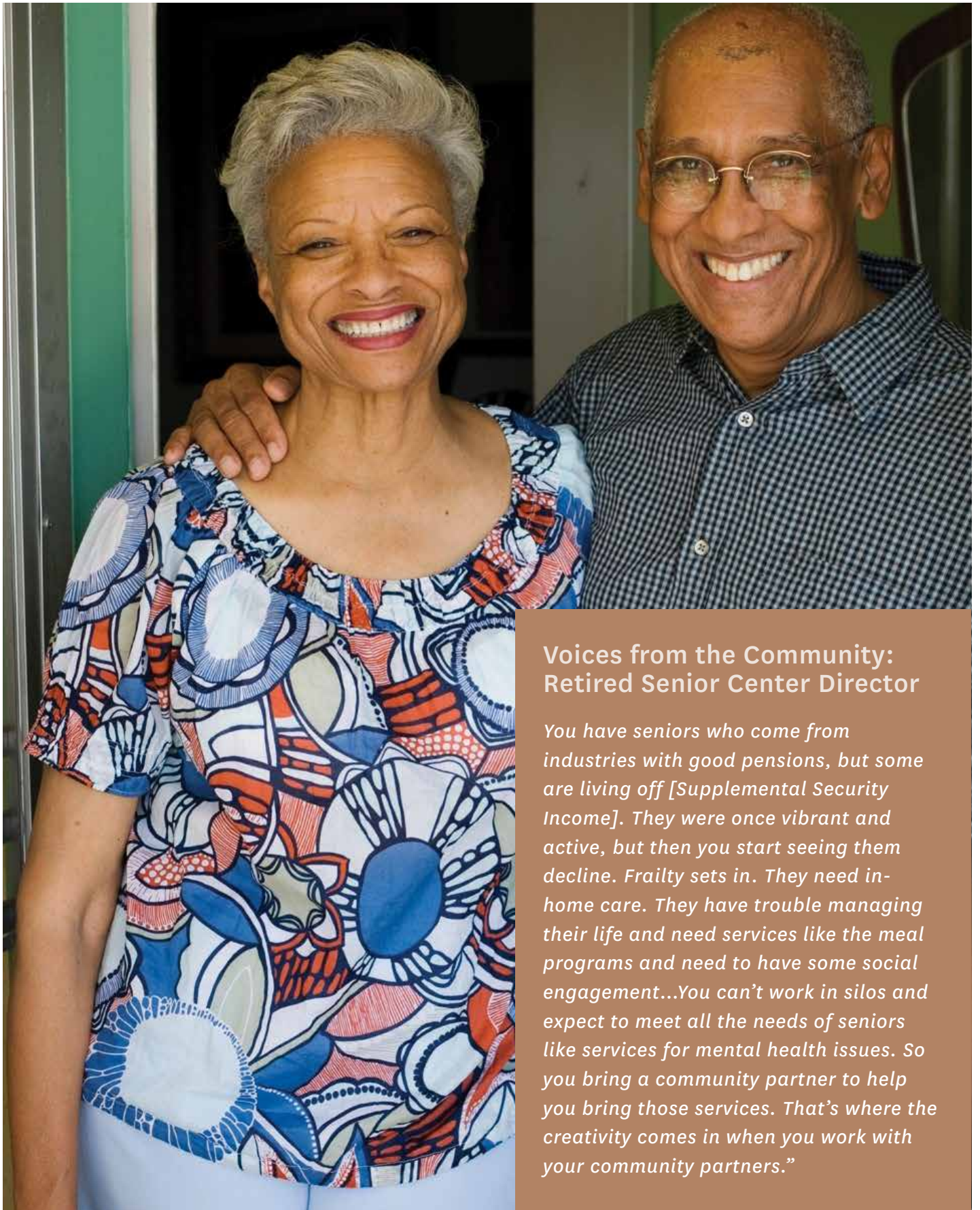
Fig. 14. South LA

South LA

Voices from the Community: Older Adult

"People need work. Rent is very high, and buying a house is almost impossible—especially for people 50 and over. It's hard for them to find very good jobs. People are looking for younger people for positions. They need health insurance and need to keep working until basically 65."

Voices from the Community: Retired Senior Center Director

You have seniors who come from industries with good pensions, but some are living off [Supplemental Security Income]. They were once vibrant and active, but then you start seeing them decline. Frailty sets in. They need in-home care. They have trouble managing their life and need services like the meal programs and need to have some social engagement...You can't work in silos and expect to meet all the needs of seniors like services for mental health issues. So you bring a community partner to help you bring those services. That's where the creativity comes in when you work with your community partners."

EAST LOS ANGELES

Situated to the east and the northeast of downtown Los Angeles, East Los Angeles has been a well-known destination for immigrants. It has become a populous community with a predominantly Latino population and a unique culture. It has a high percentage of economically challenged residents, and less than half of the population age 50 or older has a high school diploma or GED. About 25% of the older adults in the mapped area have diabetes, 27% have depression, and 48% live with hypertension.
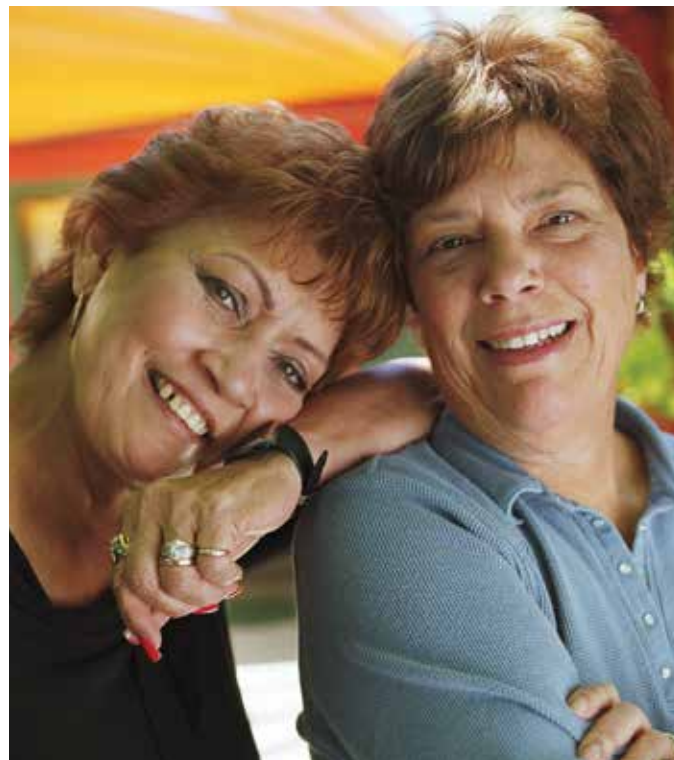
Table 13. East LA Population Profile

	Overall	50-64	65+
Median household income (2013 dollars)	42,000	50,000	28,300
Population share	–	15.5%	10.2%
Female	49.5%	45.4	41.2
White	6.7	10.4	12.1
African American	1.1	0.8	0.4
Asian	6.9	10.8	16.4
Latino	84.4	77.5	70.0
Foreign born	40.4	69.8	64.8
Speak English less than "very well"	46.7	74.6	73.0
High school or higher	58.6	49.5	44.6
Currently married	39.4	58.8	49.4
Homeownership rate	41.3	55.1	61.4

Note: The area consists of the following PUMAs: 3735, 3740, 3741, and 3743.

The pattern of emergency room usage by age group in East Los Angeles is quite distinct from that of the county as a whole. Table 14 shows encounters that did not result in a hospital admission. The 50–64 age group is seen at a greater rate for heart conditions, falls, and hip fractures, whereas corresponding rates among 65- to 79-year-olds are lower. Emergency room use rates for the oldest group are very similar to countywide statistics for a comparable age group.

Table 14. Emergency Department Encounters (per 100,000), East LA

	50-64	65-79	80+
Heart Conditions			
• Congestive heart failure	435.4	354.0	2,885.4
• Hypertension	10,103.2	4,990.3	
• Stroke	369.5	242.5	1,695.5
• Other heart disease	1,168.5	1,087.8	7,734.1
Hip fractures	20.9	9.6	156.2
Falls	2,072.1	883.9	7,815.9
Reported hip fracture with presence of fall	12.0	8.0	156.2

Note: Office of Statewide Health Planning and Development.

Table 15. East LA Community Assets

Licensed Practitioners	
	Per 100,000
Physician	314.7
Allied health	542.0
Dentist	32.9
Pharmacy	19.6

Note: Licensee data from CA Department of Consumer Affairs. Population data from ACS 2009-2013 5-year estimates. The area consists of the following zip code areas: 90041, 90042, 90065, 90031, 90032, 90033, 90023, 90063, 90723, 90022, 90640, and 90040. The physician category includes Physician and Surgeon, Doctor of Podiatric Medicine, and Osteopathic Physician and Surgeon. The allied health includes Psychologist, Registered Nurse, Respiratory Care Practitioner, Licensed Clinical Social Worker, and Occupational Therapist.

Fig. 15. East LA
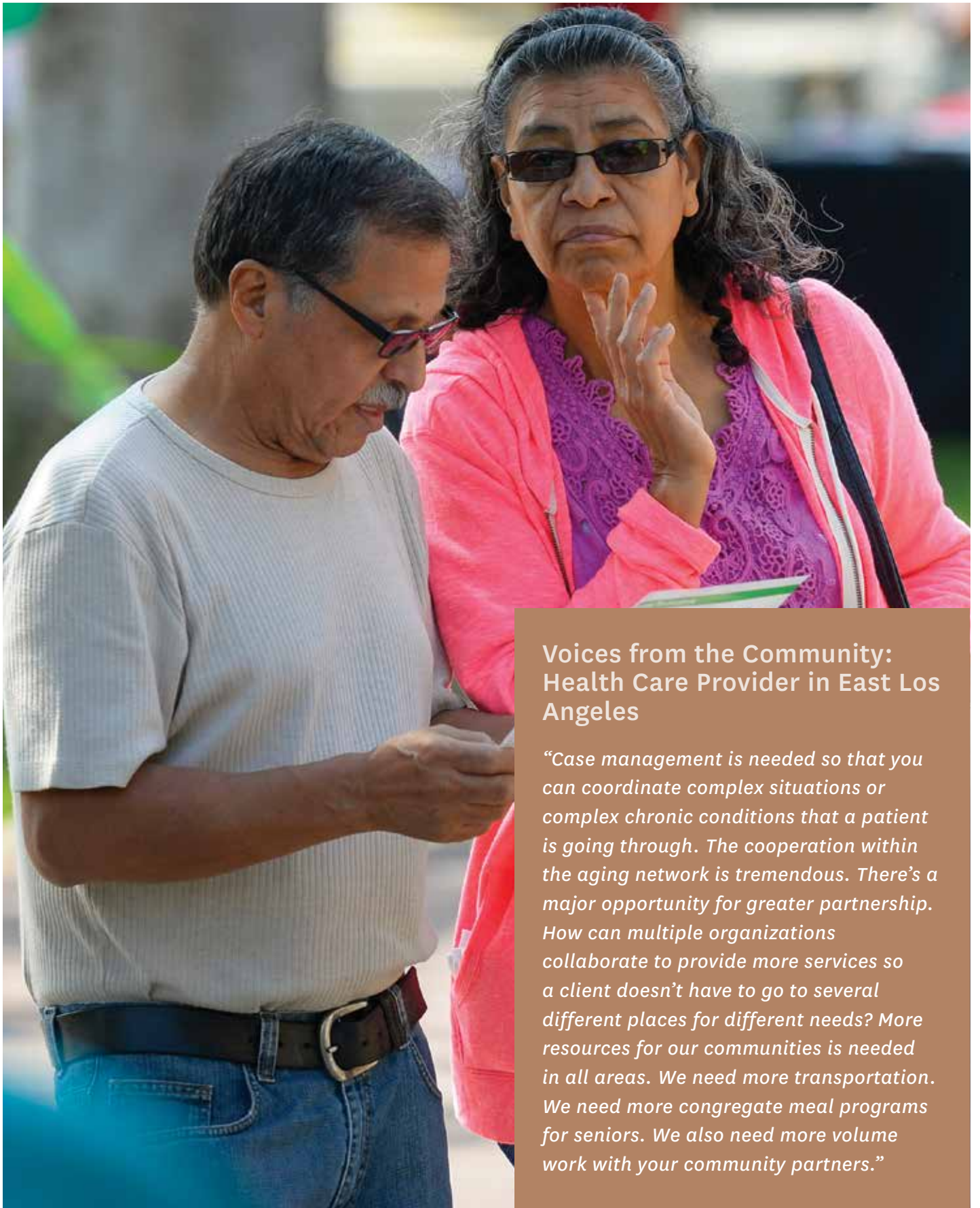
Voices from the Community: Health Care Provider in East Los Angeles

"Case management is needed so that you can coordinate complex situations or complex chronic conditions that a patient is going through. The cooperation within the aging network is tremendous. There's a major opportunity for greater partnership. How can multiple organizations collaborate to provide more services so a client doesn't have to go to several different places for different needs? More resources for our communities is needed in all areas. We need more transportation. We need more congregate meal programs for seniors. We also need more volume work with your community partners."

HARBOR AREA

This section focuses on specific regions (see Figure 16) of the Harbor area, where there is a larger number of people who are economically vulnerable. The mapped area has a substantial immigrant population. However, among older adults, non-Latino Whites are the predominant ethnic group. Median household income among residents age 50 or older is slightly below the countywide median, whereas a slightly higher percentage has completed high school. Among older adults, 23% have depression, 27% are diabetic, and 47% have hypertension.

Table 16. Harbor Area Population Profile

	Overall	50-64	65+
Median household income (2013 dollars)	51,510	59,300	34,000
Population share	-	17.5%	9.9%
Female	50.0%	51.2	43.5
White	28.4	43.0	50.5
African American	12.9	13.5	13.2
Asian	12.4	12.3	16.1
Latino	42.6	27.1	18.4
Foreign born	26.0	35.6	34.6
Speak English less than "very well"	38.6	64.5	65.4
High school or higher	80.7	79.7	77.2
Currently married	39.5	51.0	43.7
Homeownership rate	41.1	51.5	61.1

Note: The area consists of the following PUMAs: 3763, 3765, 3766, and 3769.

In the Harbor area, the rates of emergency department use for heart conditions and falls among all three age groups are very similar to rates for the county as a whole. Table 17 shows encounters that did not result in a hospital admission. Exceptions are seen in lower rates for cardiovascular diseases and higher rates for hip fractures in the oldest group and hypertension and hip fractures among 50- to 64-year-olds.

Table 17. Emergency Department Encounters (per 100,000), Harbor Area

	50-64	65-79	80+
Heart Conditions			
• Congestive heart failure	528.4	1,083.0	2,766.3
• Hypertension	9,653.3	14,370.6	
• Stroke	286.8	620.2	1,043.4
• Other heart disease	975.6	2,668.0	4,756.1
Hip fractures	18.3	59.1	250.7
Falls	1,924.9	3,166.8	7,020.9
Reported hip fracture with presence of fall	13.1	52.5	226.5

Table 18. Harbor Area Community Assets

Licensed Practitioners	
	Per 100,000
Physician	255.0
Allied health	1066.1
Dentist	49.3
Pharmacy	21.1

Note: Licensee data from CA Department of Consumer Affairs. Population data from ACS 2009-2013 5-year estimates. The area consists of the following zip code areas: 90805, 90807, 90810, 90806, 90813, 90803, 90802, 90804, 90808, 90814, 90822, 90815, 90831, 90840, and 90846. The physician category includes Physician and Surgeon, Doctor of Podiatric Medicine, and Osteopathic Physician and Surgeon. The allied health includes Psychologist, Registered Nurse, Respiratory Care Practitioner, Licensed Clinical Social Worker, and Occupational Therapist.

Fig. 16. Harbor Area
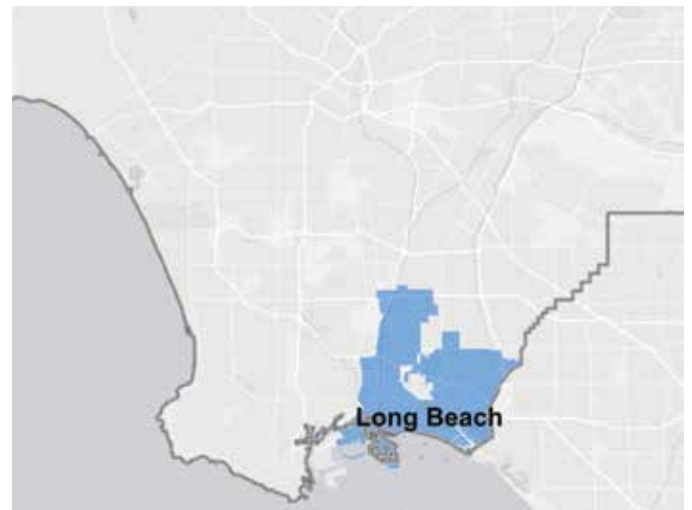
Voices from the Community: Older Adult

"There is too much focus on medical care and too little focus on how to age well. We need practical issues like transportation and housing. Seniors are never asked for their input when officials begin planning services. They bring us in after they have already decided what they are going to offer and how projects will be done."

County Supervisorial Districts

Los Angeles County Supervisorial Districts

The five elected members of the Los Angeles County Board of Supervisors govern the largest county in the United States, each representing residents of a geographic district. Their relationship to the county's SPAs is seen in the map in Figure 17. The tables clearly show substantial socioeconomic and racial and ethnic differences in both age groups across the five districts. Similarly, there are vast differences in the number of health care practitioners, particularly physicians.

Fig. 17. SPAs with Supervisorial District Overlay

Table 19. State Licensed Providers (per 100,000) by Supervisorial District

Supervisorial District	Physician	Allied health	Dentist	Pharmacy
First	210.1	712.1	56.3	24.2
Second	111.6	547.5	35.2	16.0
Third	645.0	994.1	143.0	30.7
Fourth	321.6	1355.2	99.6	24.5
Fifth	283.5	1479.8	102.0	27.5

Note: Licensee data from CA Department of Consumer Affairs. Practitioners are assigned to supervisorial districts based on zip code. Supervisorial district population estimates are 2011 county estimates available at: http://ceo.lacounty.gov/forms/color/01%20BOS%20Main%20Page%20color.pdf. The physician category includes Physician and Surgeon, Doctor of Podiatric Medicine, and Osteopathic Physician and Surgeon. The allied health includes Psychologist, Registered Nurse, Respiratory Care Practitioner, Licensed Clinical Social Worker, and Occupational Therapist.

Table 20. Population characteristics, ages 50-64 and 65+, by County Supervisorial District

Ages 50-64	First	Second	Third	Fourth	Fifth
Population share	16.1%	16.4%	17.7%	19.0%	20.1%
Median household income (2013 dollars)	50,000	47,400	62,600	75,000	75,000
Female	47.8%	46.2%	49.4%	49.1%	47.6%
White	10.9	15.4	55.3	38.5	49.7
African American	3.0	30.2	3.7	5.8	5.1
Asian	20.6	11.7	11.4	20.8	18.2
Latino	64.6	40.3	27.3	32.0	24.6
Foreign born	71.0	53.3	50.9	41.8	44.2
Speak English less than "very well"	75.5	75.0	66.0	61.8	60.5
High school or higher	55.1	69.0	81.3	83.1	85.9
Currently married	61.0	52.6	58.3	64.0	66.6
Homeownership rate	53.3	46.3	51.1	63.2	66.1
Ages 65 and over					
Population share	10.6%	10.1%	12.1%	12.2%	13.2%
Median household income (2013 dollars)	28,100	31,500	46,800	45,000	45,620
Female	42.6%	41.6%	44.1%	43.4%	43.2%
White	14.2	20.1	70.0	49.0	56.6
African American	3.7	34.4	2.4	4.4	4.8
Asian	25.8	15.7	10.1	20.5	18.1
Latino	55.2	27.2	16.0	24.8	18.5
Foreign born	65.9	44.8	47.4	40.6	44.4
Speak English less than "very well"	77.7	78.4	69.9	64.7	71.5
High school or higher	49.7	66.1	81.5	76.1	78.0
Currently married	47.5	44.9	50.2	53.1	54.9
Homeownership rate	58.9	56.9	59.9	75.0	70.6

The Way Forward

As health care reform takes full effect in our communities in the coming decades, new challenges and opportunities will arise that will allow the aging services network to bridge patient and population health like it never has before, potentially capitalizing on community assets that were previously present and those newly created by the Affordable Care Act (ACA). The meaning of these changes is important for older adults, who need to be informed about how these changes affect them and also to advocate for themselves as part of the change process rather than to be passive recipients. Stakeholders at all levels should also be aware of how they can maximize the value of what they can offer to promote health and control disease.

Ongoing inventories and careful community health needs assessments are needed for community mobilization to support comprehensive ACA implementation to improve services for older adults, such as:

- identifying duplicative resources, shortages of professionals (e.g., physicians, nurses, social workers, pharmacists) by geographic areas, and workforces that could be interchangeably substituted to address these shortages (e.g., more strategic use of pharmacists to help manage blood pressure);

- expanding community health worker programs to manage the complex array of co-occurring chronic diseases; and

- integrating social services into safety-net health centers to offer more of a "one-stop shop" for seniors who are eligible for federal assistance programs.

More than ever, community reports that can inform planning are needed, especially when they include the voices of older adults; provide guidance on placement, access, and availability of community assets; and help major agencies optimize the health and social services environment.

There are several national research and intervention initiatives supported by a variety of public and private agencies and organizations that suggest future directions for bettering the health and functioning of older adults. Below are some illustrative examples of these resources:

Institute of Medicine
Cognitive Aging: Progress in Understanding and Opportunities for Action
http://www.iom.edu/Reports/2015/Cognitive-Aging.aspx

Stanford Patient Education Research Center
Chronic Disease Self-Management Program
http://patienteducation.stanford.edu/programs/cdsmp.html

Centers for Disease Control and Prevention
National Diabetes Prevention Program
http://www.cdc.gov/diabetes/prevention

Older Adult Falls Programs
http://www.cdc.gov/HomeandRecreationalSafety/Falls/pubs.html

Department of Health and Human Services
The Million Hearts Initiative
http://millionhearts.hhs.gov/about_mh.html

National Institute of Mental Health
Depression Treatment
http://www.nimh.nih.gov/health/topics/depression/men-and-depression/depression-treatment/index.shtml

The goal of this document was to present high-quality information to inform readers about a wide range of topics affecting aging people in Los Angeles County. We realize that perfect information covering every topic is not possible, and no report could possibly cover every area of interest. Critical areas such as pollution, food sufficiency, housing, domestic abuse, dementia, and home assistance needs were not covered. Future addenda to this report will endeavor to cover some of these gaps. We took the approach of presenting selective topics if corresponding high-quality county and subcounty data were available. We highlighted structural factors affecting health and "dashboard" indicators that typify common health problems and general experiences in later life. We also expanded the vision in this report to include the early aging group, 50 to 64 years, because the earlier aging period is critical for shaping health status in the transition to older adulthood, and many individuals in this age group have preventable or expressed medical conditions and functional limitations that will persist into older adulthood. It was our aspiration that this report will provide a useful tool to assist interested stakeholders in developing creative solutions.

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Figure 10: UCLA Center for Health Policy Research. (2012). California Health Interview Survey 2011-2012 [Custom cross-tabulation of data]. Available from http://ask.chis.ucla.edu; New York City Department of Health and Mental Hygiene. (2013). Community Health Survey 2013 [Custom cross-tabulation of data]. Available from https://a816-healthpsi.nyc.gov/SASStoredProcess/guest?_PROGRAM=%2FEpiQuery%2FCHS%2Fchsindex&year=2013.

Table 6: UCLA Center for Health Policy Research. (2012). California Health Interview Survey 2011-2012 [Custom cross-tabulation of data]. Available from http://ask.chis.ucla.edu.

Figure 11: 211 LA County. (2015). Service programs. Available from https://www.211la.org/programs-services/search.

Figure 12: The figure was specifically created for the report by the Office of Health Assessment and Epidemiology of the Los Angeles County Department of Public Health.

Table 7: U.S. Census Bureau. (2013). 2013 ACS 1-year Public Use Microdata Samples (PUMS) [Data file]. Retrieved from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_pums_csv_2013&prodType=document.

Table 8: UCLA Center for Health Policy Research. (2012). California Health Interview Survey 2011-2012 [Custom cross-tabulation of data]. Available from http://ask.chis.ucla.edu.

Table 9: California Department of Consumer Affairs. (2014). Licensee List. Available from http://www.dca.ca.gov.

Figure 13: Los Angeles County Department of Public Health. (2011). Life expectancy dataset [Custom cross-tabulation of data]. Available from https://dqs. publichealth.lacounty.gov/query.aspx?d=3.

Table 10: U.S. Census Bureau. (2013). 2013 ACS 1-year Public Use Microdata Samples (PUMS) [Data file]. Retrieved from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_pums_csv_2013&prodType=document.

Table 11: California Office of Statewide Health Planning and Development. (2013). 2013 emergency department data [Custom cross-tabulation of data]. Provided by Los Angeles County Department of Public Health.

Table 12: California Department of Consumer Affairs. (2014). Licensee List. Available from http://www.dca.ca.gov; Data from ACS 2009–2013: 5-year estimates.

Table 13: U.S. Census Bureau. (2013). 2013 ACS 1-year Public Use Microdata Samples (PUMS) [Data file]. Retrieved from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_pums_csv_2013&prodType=document.

Table 14: California Office of Statewide Health Planning and Development. (2013). 2013 emergency department data [Custom cross-tabulation of data]. Provided by Los Angeles County Department of Public Health.

Table 15: California Department of Consumer Affairs. (2014). Licensee List. Available from http://www.dca.ca.gov; Data from ACS 2009–2013: 5-year estimates.

Table 16: U.S. Census Bureau. (2013). 2013 ACS 1-year Public Use Microdata Samples (PUMS) [Data file]. Retrieved from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_pums_csv_2013&prodType=document.

Table 17: California Office of Statewide Health Planning and Development. (2013). 2013 emergency department data [Custom cross-tabulation of data]. Provided by Los Angeles County Department of Public Health.

Table 18: California Department of Consumer Affairs. (2014). Licensee List. Available from http://www.dca.ca.gov; Data from ACS 2009–2013: 5-year estimates.

Table 19: California Department of Consumer Affairs. (2014). Licensee List. Available from http://www.dca.ca.gov.

Table 20: U.S. Census Bureau. (2013). 2013 ACS 1-year Public Use Microdata Samples (PUMS) [Data file]. Retrieved from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_pums_csv_2013&prodType=document.

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