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community research

Marin Community Foundation Older Adults, Healthy Eating Active Living Needs Assessment

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Executive summary

The Marin Community Foundation developed a Healthy Eating Active Living (HEAL) grant making framework to inform its HEAL grant making, identifying work with older adults as a priority. This needs assessment seeks to inform that grant making by answering several key questions:

- + Who are older adults in Marin County? What is their health status? What are their health needs?
- + What services and resources are available to older adults in Marin? What barriers exist to accessing those services? Who participates/ utilizes services?
- + What do older adults in Marin need to eat healthy and stay active?

Data from several secondary sources—including national data-sets such as the American Community Survey, state-level data sets such as the California Health Interview Survey, and Marin County-specific data sources such as the Marin County Aging and Area Agency on Aging (AAA) Older Adults Needs Assessment—were synthesized alongside data from a set of four focus groups conducted with older adults and one with providers who work with them in Marin County. This report includes key findings from the triangulation of that data as well as a set of recommendations for the Foundation and its partners that fit within a policy, systems, and environment (PSE) framework.

Key Findings

This report synthesizes a rich set of findings from both focus groups and secondary data and paints a picture of the healthy eating and active living experiences of older adults in Marin County. The findings in this report align with other recent efforts to document the demographic and health profile of older adults in Marin County. In particular, this report highlights the fact that while Marin County itself may be resource rich, for older adults in the county, the high cost of living and the economic insecurity many face are significant factors in healthy eating and active living.

- + **Nearly a quarter of Marin County residents are over the age of 60. Among older adults in Marin County, 25 percent are economically insecure, 6% fall at or below the federal poverty level and the rest are in an eligibility gap. While they have annual incomes higher than the**

federal poverty level, they are below economic sufficiency, using the Elder Economic Security Index.^{1 2} Additionally, approximately 44 percent of older adults in Marin County live alone.³ Among this population, there are notable disparities along economic lines in both health access and health outcomes.

The population of adults 60 and over in Marin County is projected to grow to 33 percent by 2030.⁴ This makes the imperative to adapt the policy, systems, and environment of the county to meet the health needs of this population all the more timely. While the county overall is resource rich, 21 percent of older adults in Marin County (65 and older) fall into an eligibility gap. These older adults are above the federal poverty level but below the Elder Index. The Elder Economic Security Index or Elder Index is a tool that provides an alternative calculation to the federal poverty level that, “permits policymakers and planners to understand how much income is needed to meet basic needs and to set guidelines based on locality-specific measures of the cost of living.”⁵ The older adults in this eligibility gap do not qualify for many public programs but still do not have enough money to cover their most basic needs. Additionally, an estimated 44 percent of older adults in Marin County live alone, which is a factor that is known to contribute to poor eating and poor physical activity.⁶ Furthermore, while Marin County exceeds state benchmarks for older adults for access to health care and benchmarks for health outcomes, disparities persist, particularly along socio-economic lines. For example, lower income adults 60 and over have lower rates of insurance than higher income older adults and more low income older adults identify health insurance as a concern than higher income older adults.^{7 8} This discrepancy bears further analysis as those over the age of 65 are eligible for Medicare. The disparity could be due to those in the 60 to 64 year old age range or due to barriers in accessing or applying for Medicare.

¹ American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

² Insight Center for Economic and Community Development. (2011). Elders Who Can't Make Ends Meet in Marin County As Measured by the California Elder Economic Security Standard™ Index. http://www1.insightcced.org/uploads/eesi/2011_county_pages/Marin/marin_es.pdf.

³ American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

⁴ *Ibid*. The estimate from the California Department of Finance State and County Population Projections (2010-2060) is higher: 73,848 in 2016.

⁵ University of California Los Angeles Center for Health Policy Research. The Elder Index. <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/elder-index-2011.aspx>.

⁶ Cornwell EY, Waite LJ. (2009). Social disconnectedness, perceived isolation, and health among older adults. *J Health Soc Behav*. 50(1): 31-48; Hughes G, Bennett KM, Hetherington MM. (2004). Old and alone: barriers to healthy eating in older men living on their own. *Appetite*. 43:269-76; Locher JL, Ritchie CS et al., (2009). Food choice among homebound older adults: Motivations and perceived barriers. *J Nutr Health Aging*. 13(8): 659-664.

⁷ American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

⁸ Marin County Area Agency on Aging (AAA) Older Adult Needs Assessment. County of Marin, Division of Social Services, Office of Aging and Adult Services. (2015) www.LiveLongLiveWellMarin.org.

- + Seniors reported that community resources are a lifeline for healthy eating and active living; however, the affordability of programs is a concern and some programs have room to improve. Seniors also acknowledged that not all of their peers are accessing services and offered suggestions for linking those seniors to services.**

Older adults participating in focus groups identified a wide range of healthy eating and active living services available to them in Marin County. Community resources include senior centers, transportation services, meal delivery and congregate meal programs, and exercise classes. Seniors report that they are happy with the programs they use but want more of existing services, more attention paid to the affordability of programs, and expanded services in communities that are lacking services. Seniors face not only the costs of accessing services but also the added cost of getting to and from services. Seniors and providers also noted that a portion of the older adult community in Marin County is disconnected from services altogether, identifying stigma as one possible reason some might not access service. Seniors offered a number of ideas for reaching their peers, making a case for traditional media over technology-based media outreach, and also advocating for the use of peer liaisons in the community.

- + Seniors in Marin County face a number of barriers to maintaining a healthy and active lifestyle, including personal barriers such as physical limitations, financial constraints, and a lack of information about healthy food options. Seniors also face environmental barriers such as limited transportation options and a lack of healthy food retail in parts of the county.**

Older adults in Marin County reported that they engage in a number of activities aimed at maintaining a healthy lifestyle. However, there are a number of barriers in their efforts to access services, prepare healthy foods at home, and exercise in their communities. Many of the barriers identified highlight opportunities for the policies, systems, and environments in the county to adapt to meet the needs of the growing older adult population.

Recommendations

The data presented in this report paint a picture of the healthy eating and active living resources available to seniors and the challenges they face in accessing those resources and maintaining a healthy and active lifestyle. The closing section of this report includes a series of recommendations focused on policy, systems, and environment (PSE) interventions. These recommendations include:

Policy changes—including fostering the collection of more robust data and the use of the Elder Index, along with a focus on the root causes of inequalities and raising the voices of seniors in programmatic decision making—have the potential to have a significant impact on the wellbeing of older adults in Marin County.

- More robust local data are needed to accurately understand the health outcomes and healthy eating and active living habits and needs of older adults within Marin County. While many national and state-level data collection efforts, the American Community Survey and the California Health Interview Survey included, do sample Marin County, the sample size is often too small to allow for important, decisive data about specific subgroups. As is noted throughout this report, data often cannot be stratified by age, geography, or other characteristics. For this reason, it would be beneficial for Marin County, in partnership with state and other local organizations, to fund local data collection efforts aimed at gathering information from a larger sample of older adults in Marin County.
- The Elder Economic Security Index should be used as a tool for local policy-making decisions in order to accurately reflect the economic situations faced by seniors and should also be a factor in decisions regarding program planning for service providers. Those older adults who fall above the federal poverty level but below the Elder Index, would benefit from programs that take into account the high cost of living in Marin County by using the Elder Index as a threshold for provision of low-cost or free services.
- Policies that address root cause of inequalities—most importantly, poverty—should be prioritized by local government and supported by private and nonprofit organizations. Disparate utilization of healthcare resources and disparate health outcomes across economic lines speaks to the need to address economic inequalities.
- The voices of seniors should be central in decision making for senior-serving programs. Programs should regularly assess whether they meet the needs of seniors in their community and should seek creative solutions. For example, seniors participating in focus groups emphasized the ways in which liaisons or peer advocates could provide a critical linkage point for seniors to services, particularly for isolated seniors. Systems (particularly funder collaboratives) could explore ways to fund advocates using the promotora model.

Changes within systems in Marin County, including the development of collaborative funding and information sharing efforts among public, private, and nonprofit organizations and the infusion of an equity lens into the work of these organizations—have the potential to have a significant impact on the wellbeing of older adults in Marin County.

- Public, private, and nonprofit organizations should foster multi-sector collaborative funding efforts to create healthier communities for older adults. These might include funder collaboratives focused on HEAL for older adults that promote models known to be effective. Improvements focused on older adults, for example addressing the lack of healthy food retail in West Marin or the need for better lit paths—will create healthier communities for Marin residents of all ages.
- Similarly, public, private, and nonprofit organizations should collaborate and share information about programs and data when focused on common goals. The Marin Community Foundation’s relationship with Marin County Aging and Adult Services is an example of an effective collaborative effort. As the population of older adults in Marin County grows the needs identified in this report will only increase and demand for services will grow, necessitating coordinated action among senior-serving organizations.
- Systems should work to infuse an equity lens in their work, focusing on addressing the needs of vulnerable older adults by addressing disparities by not only age but also race, gender, geography, and income. Efforts in this arena could include things like working towards establishing healthy food retail outlets in the parts of Marin County in which they are currently lacking.

Changes to the environment—including changes to transportation accessibility for older adults and improvements to the built environment—have the potential to have a significant impact on the wellbeing of older adults in Marin County.

- The built environment—the infrastructure, homes, buildings, and public spaces older adults live in and navigate—can be a barrier to accessing healthy food and active living opportunities. Seniors identified the lack of sidewalks and clear walking paths in some areas as factors that limit their ability to access healthy food resources and limit their opportunities to be active in their neighborhoods. Seniors also identified safety issues, including poorly lit paths and concerns about petty crime in some areas. Environmental changes in this area might include solutions like installing new lights on paths, increasing the time to cross at cross-walks, or adding benches at bus stops. Other solutions might involve more systemic approaches to urban planning that are reflective of the needs of older adults such as developing accessible, affordable housing.
- In Marin County, many older adults identified transportation as a key area in need of change in order to meet the needs of older adults. Local systems should consider the ways transportation design and different transportation options can take into account the needs of older adults in an effort to make transportation less of a barrier to healthy eating and active living resources for older adults.

Background

The Marin Community Foundation (MCF) has developed a Healthy Eating Active Living (HEAL) grant making framework to inform MCF's HEAL grant making within a health equity framework. One key priority area is older adults, a vulnerable—and growing—population in Marin County. As outlined in MCF's *HEAL Grantmaking Framework*, a significant number of the county's 66,492 adults over 60 struggle to make ends meet, making difficult choices between spending on housing, medicine, and food.⁹ MCF is eager to build on their work to serve the needs of older adults by introducing a HEAL element to complement other older adult grant making and to identify ways to supplement and enhance the activities of Marin County Area Agency on Aging (AAA), under the Office of Aging and Adult Services, as they enter the planning phase for their next 4-year plan. In developing the framework, MCF identified the high cost of living and inequities as important contextual issues.

The goal of this needs assessment is to explore the healthy eating, active living resources and needs of older adults in Marin County in order to provide MCF with information to guide grant making, particularly in the areas of policy, systems, and environment (PSE), with the ultimate goal of improving the lives of older adults in Marin County. The information in this report and the Appendices are designed to be a source of consistent data regarding older adults in Marin County for community members, service providers, funders, and other key stakeholders.

Throughout this report we use the terms "senior" and "older adult" interchangeably to describe Marin County residents over the age of 60. We recognize that this designation is not universal across various data sources.

⁹ American Community Survey 5 year (2010-2014). Population 60 Years and over in the United States, Marin County. The estimate from the California Department of Finance State and County Population Projections (2010-2060) is higher: 73,848 in 2016.

Guiding questions

This needs assessment focuses on understanding the specific needs of older adults in Marin County related to their ability to eat nutritiously and be active. This needs assessment was guided by several key questions:

- + Who are older adults in Marin County? What is their health status? What are their health needs?
- + What services and resources are available to older adults in Marin? What barriers exist to accessing those services? Who participates/ utilizes services?
- + What do older adults in Marin need to eat healthy and stay active?

Methods

This needs assessment includes both secondary data (existing quantitative information) and qualitative data from focus groups. Using a mixed-methods approach allowed for the triangulation of data and produced a set of rich findings and recommendations.

Secondary data

The evaluation team at Harder+Company, in partnership with the Marin County Area Agency on Aging (AAA), under the Office of Aging and Adult Services, gathered and synthesized existing data related to HEAL behaviors and outcomes among older adults (e.g., fruit and vegetable consumption by income category) to better understand trends related to service utilization among older adults. Data sources include but are not limited to: the American Community Survey, the California Health Interview Survey, and the Marin County AAA Older Adults Needs Assessment. See Appendices A-F for the complete list of indicators, data sources, and years considered in this report.

Focus groups

The evaluation team at Harder+Company conducted four focus groups with older adults and one with providers. The focus groups were designed to gather in-depth, qualitative information directly from older adults and providers about the nutrition and physical activity practices

and needs of older adults, as well as barriers to utilizing existing services. Qualitative data were coded using the qualitative data analysis software Atlas.ti and analyzed to identify major themes.

The four focus groups for older adults were held in West Marin, Marin City, and two in San Rafael. Efforts were made to include a diverse cross-section of older adults in Marin County. Participants varied in age, connection to resources, gender, ethnicity, health status, and income (see Appendix F for a summary of focus group participants' demographics). In total, 58 older adults participated in the focus groups. Vietnamese and Spanish speaking residents participated in the focus groups using translators and a bilingual facilitator, respectively. Where possible, differences in HEAL experiences and outcomes by community and group are highlighted. Focus group demographics were largely similar to older adults in Marin County overall, however, focus group participants were more ethnically diverse (focus group participants were 31 percent Hispanic while the county's 60 and older population is only 4 percent Hispanic) and consisted of more women (86 percent of participants were female while 55 percent of the county's older adults are female).

The process of recruiting focus group participants in Marin City was challenging. The evaluation team noted this as a finding in and of itself as it indicates that older adults in Marin City may not be well-connected to services. Unlike in other communities, in Marin City the evaluation team had difficulty establishing contact with a community liaison to identify and recruit participants and noted there were very few people at the local senior center during the day.

Limitations

As with any consideration of secondary data, this assessment is limited by the availability and stability of data. While national and state-level data collection efforts are inclusive of Marin County, the sample size for Marin County is small, which results in unstable data, meaning data that may not be representative of the County as a whole. Additionally, small samples cannot be stratified by factors such as age, geography, ethnicity, and income.

In order to consider the most stable data available and allow for analyses by subpopulations, this report utilizes five year averages of the population data from the American Community Survey (Census data) rather than data estimates for one or three years, which allows for a larger sample. Health indicators in this report generally include data from 2010-2014, though some indicators are not collected on an annual basis and are only available for a single year.¹⁰ Furthermore, data from other sources are not always collected on an annual basis; therefore, current estimates may not be available and some data might be from many years in the past. The year of data reported should be considered when using this information in planning and decision-making.

Additionally, though focus group participants are largely representative of Marin County residents, the sample included individuals who self-selected to participate and therefore are more likely to be connected to

¹⁰ It is important to note that the implementation of the Affordable Care Act occurred within this time frame, in 2010.

resources in the community. The themes that emerged from focus group discussions reflect the viewpoints of those individuals who participated, and do not necessarily represent the views of *all* older adults in Marin County.

Marin County Community Health Needs Assessment

Harder+Company Community Research was the evaluation partner for Marin County's 2016 Community Health Needs Assessment (CHNA) process, which occurred on a similar timeline with this needs assessment.¹¹ Harder+Company staff worked collaboratively on both projects and sought opportunities for collaboration and data sharing across projects. Additionally, members of MCF and Marin County Aging and Adult Services contributed to the CHNA qualitative data collection sampling plan and participated in the county-wide prioritization process of identifying health needs, a critical component of the CHNA.

¹¹ The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a Community Health Needs Assessment and develop an implementation strategy every three years.

Demographics

The data presented in this section provide an overview of the 60 and older population of Marin County. Throughout this report the most salient data points are highlighted. In Appendices A-E, data are further stratified by age and poverty level when possible. Demographic information about focus group participants is available in Appendix F.

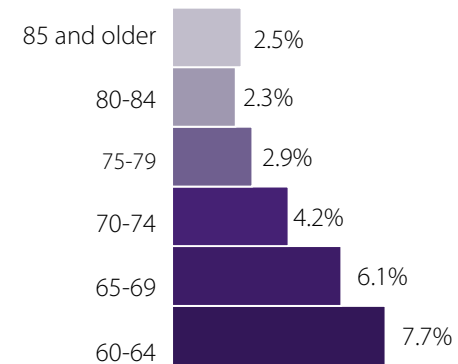
A majority of Marin County's older adults are white (91 percent), a higher rate compared to the 60 and over population in California as a whole which is 72 percent white.¹² Additionally, only 6 percent of adults over 60 in Marin County speak English less than very well, compared to 23 percent of adults over 60 in California overall.¹³

Nearly a quarter of Marin County residents are over the age of 60 and this population is projected to grow to 33 percent by 2030.

Marin County is proportionally the oldest county in the Bay Area, meaning that a larger portion of the county is over 60 as compared to other counties.¹⁴ In total, 26 percent of Marin's population is over 60, compared to 17 percent of the population across California.¹⁵ There are 66,492 adults over the age of 60 in Marin County.¹⁶ Additionally, the population of older adults in Marin is expected to grow to 33 percent by 2030.¹⁷

Older Adults in Marin County, Age

(ACS 5 year 2010-2014)



¹² American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

¹³ *Ibid.*

¹⁴ San Francisco Bay Area State of the Region. (2015). <http://reports.abag.ca.gov/sotr/2015/introduction.php>

¹⁵ American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

¹⁶ *Ibid.*

¹⁷ *Ibid.* The estimate from the California Department of Finance State and County Population Projections (2010-2060) is higher: 73,848 in 2016.

The cost of living in Marin County is high and many older adults are economically insecure.

A significant number of older adults in Marin County are limited in their ability to eat healthy and live actively as a result of their economic insecurity. Financial challenges make it difficult for residents to afford nutritious food and other resources to be healthy. An estimated 6 percent of adults 60 and over in Marin County live below 100 percent of the federal poverty level (\$11,880 for an individual in 2016).¹⁸ In total, 1,390—3 percent—of Marin County seniors 65 and older receive supplemental security income (SSI).¹⁹ SSI is a federal income supplement program that uses federal poverty level criteria to identify and help aged, blind, and disabled people, who have little or no income by providing cash to meet basic needs for food, clothing, and shelter.²⁰

3%

of Marin County residents 65 and older receive Supplemental Security Income.

Many advocates for seniors find that federal poverty level calculations obscure the significant number of older adults who are actually economically insecure. The Elder Economic Security Index (Elder Index or EESI) is a tool that provides an alternative calculation that, “permit policymakers and planners to understand how much income is needed to meet basic needs and to set guidelines based on locality-specific measures of the cost of living.”²¹ The Elder Index was used to determine that an estimated 21 percent of older adults (65 and older) in Marin County fall into an eligibility gap. These older adults are above the federal poverty level but below the Elder Index and do not qualify for many programs with income eligibility requirements.

21%

of adults 65+ in Marin County are above the Federal Poverty Line and below the Elder Index.

The Elder Index identifies housing as the greatest monthly expense for seniors in Marin County. The median monthly rent in Marin County for older adults is \$1,517, which is nearly double the national median, \$780.²² An estimated 25 percent of adults 60 and over in the county rent their homes, while the rest own their homes.²³ The Elder Index for single

44%

of adults 60+ in Marin County live alone.

¹⁸ American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

¹⁹ Social Security Administration. Marin County. https://www.ssa.gov/policy/docs/statcomps/ssi_sc/

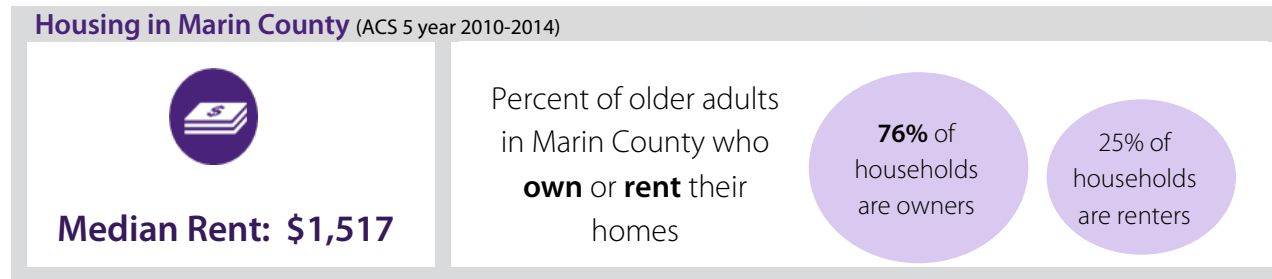
²⁰ Social Security <https://www.ssa.gov/ssi/>

²¹ University of California Los Angeles Center for Health Policy Research. The Elder Index. <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/elder-index-2011.aspx>; This report references Federal Poverty Line data instead of the Elder Index in several places because many data sources (including the California Health Interview Survey and the American Community Survey) do not include income breakdowns using the Elder Index.

²² American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

²³ *Ibid.* 23% of adults 60 and over at 100 -300% Federal Poverty line rent, while 16% of those >300% Federal Poverty line rent.

seniors without a mortgage is \$19,756 and for a single senior with a mortgage, that amount is \$40,916 (see Appendix B for Index categories).²⁴ Among seniors 60 and older in Marin County who rent their homes, 58 percent have gross rent that is 30 percent or more of their income.²⁵



Many older adults in Marin County live alone.

Living alone as an older adult is associated with unhealthy dietary behaviors and decreased physical activity; older adults who live with others benefit from regular assistance with the tasks associated with healthy eating and physical activity.²⁶ An estimated 44 percent of adults 60 and over in Marin live alone.²⁷ Much like living alone, eating alone is correlated with poor eating habits.²⁸ An estimated 54 percent of older adults participating in the 2015 Marin County Area Agency on Aging (AAA) Needs Assessment reported that they eat alone most of the time.²⁹ The data also reveal an economic difference; those below the Elder Index are 2.2 times more likely to report eating alone most of the time than those above the Elder Index.³⁰

²⁴ Marin County, CA. Elder Economic Security Standard Index. (2011). <http://www.insightccd.org/past-archives/insight-networks/building-economic-security-for-all-besa/measuring-and-addressing-older-californians-needs/what-seniors-need-to-make-ends-meet-elder-index-in-marin-county/>

²⁵ American Community Survey 5 year Estimates (2010-2014).

²⁶ Cornwell EY, Waite LJ. (2009). Social disconnectedness, perceived isolation, and health among older adults. *J Health Soc Behav.* 50(1): 31-48; Hughes G, Bennett KM, Hetherington MM. (2004). Old and alone: barriers to healthy eating in older men living on their own. *Appetite.* 43:269-76; Locher JL, Ritchie CS et al., (2009). Food choice among homebound older adults: Motivations and perceived barriers. *J Nutr Health Aging.* 13(8): 659-664.

²⁷ American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

²⁸ Cornwell EY, Waite LJ. (2009). Social disconnectedness, perceived isolation, and health among older adults. *J Health Soc Behav.* 50(1): 31-48; Hughes G, Bennett KM, Hetherington MM. (2004). Old and alone: barriers to healthy eating in older men living on their own. *Appetite.* 43:269-76; Locher JL, Ritchie CS et al., (2009). Food choice among homebound older adults: Motivations and perceived barriers. *J Nutr Health Aging.* 13(8): 659-664.

²⁹ Marin County Area Agency on Aging (AAA) Older Adult Needs Assessment. County of Marin, Division of Social Services, Office of Aging and Adult Services. (2015) www.LiveLongLiveWellMarin.org.

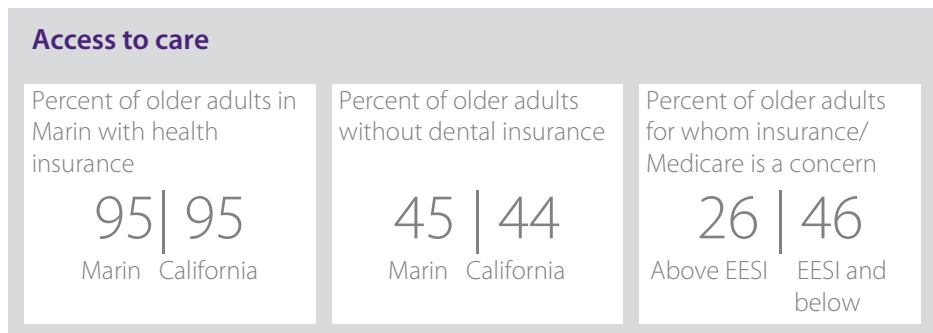
³⁰ *Ibid.*

Overall health

This section identifies key indicators related to access to health care services and health outcomes for older adults in Marin County. This baseline information helps to contextualize the information that follows regarding older adults' healthy eating and active living behaviors and challenges.

Marin County exceeds state benchmarks for access to care, yet disparities in access persist.

In many ways, Marin County is healthier and wealthier than much of the nation. Access to medical care in Marin exceeds several state benchmarks. For example, a greater percentage of Marin residents of all ages are insured than in California overall (87 percent in Marin County compared to 76 percent in the state overall).³¹ Among adults 65 and older, most of whom are covered by Medicare the rate of insurance is higher than for the general population—an estimated 95 percent of older adults in Marin are insured (this is the same percentage for the state overall).³² However, disparities in access to insurance differ by income level; while 97 percent of older adults at 300 percent of the federal poverty level and above are insured, 68 percent of older adults 60 and over at 0 to 99 percent of the federal poverty level are insured.³³ Additionally, the latest available data regarding dental insurance coverage indicates that 52 percent of older adults in Marin County did have dental insurance in the last year; this is compared to 52 percent in the state overall.³⁴



³¹ California Health Interview Survey (2011-2014).

³² *Ibid.*; 93% of adults 60-64 (which excludes individuals who qualify for Medi-Cal and are 65+) are insured.

³³ *Ibid.*; It is important to note that this data includes responses from 2011-2014, a time in which coverage changed for many Americans, additionally the California Health Interview Survey database has labeled this data unstable

³⁴ California Health Interview Survey (2007). Dental insurance data for older adults is limited to 2007 and is too unstable to reliably compare across income levels.

Despite high rates of healthcare access countywide, disparities in utilization persist among specific groups within the county. An estimated 26 percent of older adults participating in the Marin County Aging and Adult Services Needs Assessment who are above Elder Index identified “health insurance/Medicare” as a concern; for those at the Elder Index and below that number rises to 46 percent.³⁵ There are a number of barriers to accessing care that might be specific to income level. For example, geography and transportation were identified by many focus group participants as barriers to accessing care for older adults.

Marin County exceeds many state benchmarks for health outcomes, yet disparities persist.

In Marin County, the rate of preventable hospital events among Medicare enrollees, 30 per 100,000 residents, is lower than the state benchmark, 45 events per 100,000 residents.³⁶ Additionally, the rates of Marin County residents receiving preventive services such as mammograms and colonoscopies also exceed state benchmarks. However, economic inequality is a driver of health disparities. The data for older adults in Marin County suggests that lower income older adults have lower rates of insurance and also have poorer health outcomes. For example, while 36 percent of older adults at 100 to 300 percent of the federal poverty level report excellent or very good health, 71 percent of older adults at over 300 percent of the federal poverty level report excellent or very good health.³⁷ This disparity is echoed in the Marin County Area Agency on Aging Needs Assessment, which found that 17 percent of adults participating in the assessment living above the Elder Index report fair or poor health compared to 28 percent of those living at Elder Index and below.³⁸ The percentage of older adults ever diagnosed with diabetes is another example, while 6 percent of older adults in Marin have ever been diagnosed with diabetes, which is much lower than the rest of the state (where 18 percent of older adults have ever been diagnosed); there are disparities within Marin by income.³⁹ Disparities in health outcomes are particularly evident in the gap in life expectancy between various areas of the county. For

³⁵ Marin County Aging and Adult Services Needs Assessment. (2015).

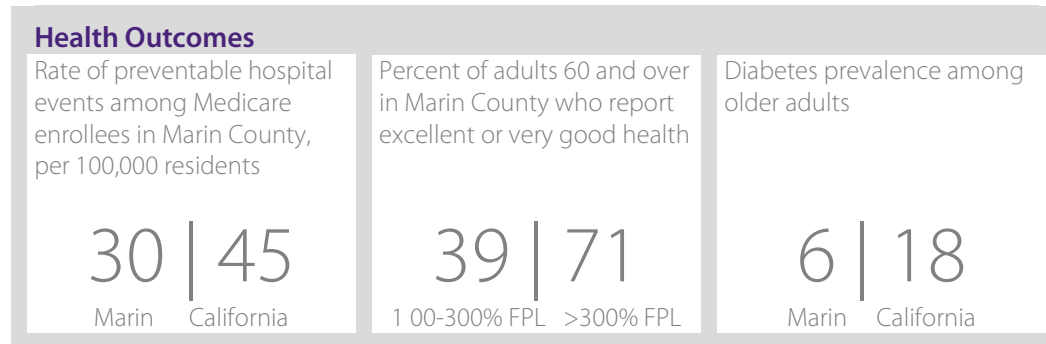
³⁶ Dartmouth Atlas of Healthcare. (2012).

³⁷ California Health Interview Survey (2011-2014).

³⁸ *Ibid.*

³⁹ *Ibid.* Note that this data is statistically unstable. For individuals at 100-299% of FPL 11% have ever been diagnosed with diabetes, for individuals over 300% FPL, 6 percent have ever been diagnosed with diabetes.

example, the gap in life expectancy between Ross and Hamilton is 13 years.⁴⁰ An estimated 51 percent of the variation in life expectancy among census tracts in Marin County can be explained by neighborhood income.⁴¹



⁴⁰ American Human Development Project. (2012). A Portrait of Marin. http://www.measureofamerica.org/docs/APOM_Final-SinglePages_12.14.11.pdf.

⁴¹ Levin M, Arambula Z, Ereman R. (2011). Health Inequities and Poverty Masked by Affluence in Marin County, California. County of Marin Department of Health and Human Services, Epidemiology Program.

Healthy Eating

This section presents data related to accessing healthy food as well as behaviors that impact healthy food consumption for older adults in Marin County. Much like the previous section, this section identifies many of the ways in which Marin County has many resources and exceeds benchmarks, yet disparities persist. For example, while 58 percent of older adults at 300 percent of the federal poverty level and above reported consuming five or more fruits and vegetables per day, that number falls to 47 percent for older adults at 100 to 300 percent of the federal poverty level.⁴²

Food insecurity—defined as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways"—is known to exacerbate chronic health conditions and is also associated with increased rates of diabetes, hypertension, congestive heart failure, and depression.^{43 44} Among all older adults in Marin County, 14 percent reported that they are not able to buy enough food—this is compared to 30 percent of older adults in California overall.⁴⁵

An estimate from the Marin County Area Agency on Aging Needs Assessment identified 25 percent of participants as being at “high nutritional risk” (among older adults at the Elder Index and below—38 percent are at “high nutritional risk”).⁴⁶ An additional 39 percent of older adults are at

What do Marin County seniors do to maintain a healthy diet?

Focus group participants report that they:

- Eat healthy! Residents said fish, chicken, vegetables, salads, nuts, yogurt, and oatmeal are their favorite healthy foods.
- Older adults cook for themselves, get meals from congregate meal sites, or have meals delivered.
- Older adults in Marin County access a number of community resources designed to address food insecurity and help older adults eat healthy. The map on p 20 identifies several of these. Other resources include:
 - Community garden in San Geronimo
 - Home delivered meals, Meals on Wheels
 - Congregate meals (San Rafael and Marin City)
 - Pop up farmers markets outside churches
 - ExtraFood.org
 - Shopping shuttle in West Marin

⁴² California Health Interview Survey (2005). This data is only available for 2005.

⁴³ United States Department of Agriculture definition.

⁴⁴ Lloyd, JL, Wellman NS. (2015). Older Americans Act Nutrition Programs: A Community-Based Nutrition Program Helping Older Adults Remain at Home. *Journal of Nutrition in Gerontology and Geriatrics*. 34:2, 90-109.

⁴⁵ California Health Interview Survey (2011-2014). A breakdown by poverty level for this indicator is unstable.

⁴⁶ Marin County Area Agency on Aging (AAA) Older Adult Needs Assessment. County of Marin, Division of Social Services, Office of Aging and Adult Services. (2015) www.LiveLongLiveWellMarin.org.

moderate nutritional risk,” These calculations are made using a system that involves scoring self-reported information including whether an individual eats fewer than 2 meals a day, eats alone, runs out of money for food each month, and is physically unable to shop, cook, and/or feed themselves. Additionally, an estimated 7 percent of older adults above the Elder Index report running out of money for food each month while 46 percent below the Elder Index report running out of money for food each month


Older adults participating in focus groups report that their physical limitations prevent them from cooking and from being able to easily access healthy food outside their homes.

Older adults reported that their physical health is sometimes a barrier to healthy eating. Specifically, older adults said that physical conditions such as “bad knees” and “bad hips” as well as the process of recovering from surgery prevents them from being able to easily cook for themselves or leave their homes to get food from either the grocery store or a meal site. This is a particularly acute issue for older adults who live alone and are not able to rely on family members to help with groceries or preparing food. Some older adults also mentioned depression and isolation as factors that might influence their ability and interest in leaving the house which affects their ability to maintain a healthy diet. In total, 39 percent of participants in the Marin County Area Agency on Aging Needs Assessment identified feeling isolated or depressed as a concern. Other focus group participants mentioned medications that reduce their appetites. Several mentioned oral health problems, including tender gums, dentures, and oral pain as barriers to healthy

eating (11 percent of Needs Assessment participants said that they have tooth or mouth problems that make it difficult for them to chew).⁴⁷ Focus group participants also cited a general lack of energy and sometimes a lack of motivation to prepare food.

Older adults said that the high cost of healthy food in Marin County coupled with their economic situations makes maintaining a healthy diet challenging. Resources, including congregate meals and home delivered meals, are a lifeline.

Older adults in Marin County discussed the high price of quality, healthy food. Specifically, focus group participants referenced the high cost of food at specialty grocery stores and farmer’s markets. Many also mentioned the resources that are available to them to help them eat healthy, specifically—congregate meals and home delivered meal. The following page includes additional information about these programs that reach older adults who are most in need of support.



“In Canal and West Marin...a lot of these small stores that served a lot more day people who are coming in to Marin for recreation...it is very high quality food, but there is a cost for that.”—Focus group participant

⁴⁷ Marin County Area Agency on Aging (AAA) Older Adult Needs Assessment. County of Marin, Division of Social Services, Office of Aging and Adult Services. (2015) www.LiveLongLiveWellMarin.org.

Marin County Aging and Adult Services, Congregate and Home Delivered Meals

Marin County Aging and Adult Services offers home delivered meals and lunches served at congregate dining sites for residents aged 60 and older. There are no income limits. Funding for this program, in part, is made available by the Older Americans Act, administered locally by the Marin County Department of Health and Human Services, Office of Aging and Adult Services. Home delivered meals and congregate meals support older adults who are most in need. Intake forms from congregate meal participants reveal that 12 percent of participants are at or below the federal poverty level (and 63 percent declined to state their income) and 35% of home delivered meal clients are at or below the FPL, with 17% declining to state their income. Home delivered meal participants' intake data reveals that many participants are limited in their activities of daily living, 90 percent of older adults reported that they are dependent on others for meal preparation or need some or a lot of help for meal preparation.

Congregate meals

Participants are asked to contribute \$3.00 per meal served at congregate sites. Contributions are voluntary and no one is turned away for lack of funds. The Marin County Department of Health and Human services hosts congregate meals at eight locations in the county, (identified in the map on page 20).

According to congregate meal intake data, between 10 and 15 percent of seniors say that they eat fewer than two meals per day, run out of money for food most months, and are physically unable to shop, cook, and/or feed themselves—each of which are factors that put seniors at nutritional risk (see Appendix A for more detail).


Home delivered meals

Home delivered meals are for seniors who are homebound (not driving), isolated, and considered frail. Participants are asked to contribute \$3.50 per meal delivered. Contributions are voluntary and no one is turned away for lack of funds. All participants are screened over the phone and in person. Healthy meals are prepared with special attention to dietary guidelines and meet one-third of daily recommended intake. Participants are provided with one meal a day. Meals delivered cover three, five, or seven days a week based on need.

According to home delivered meal intake data, 37 percent of home delivered meal program participants indicated that they typically eat alone, 15 percent reported that they eat fewer than two meals per day, and 80 percent indicated that they are not physically able to shop, cook, and/or feed themselves—each of which are factors that put seniors at nutritional risk (see Appendix A for more detail).

Many seniors said they do not have the information they need about healthy food options.

Many focus group participants said that they are uncertain about what constitutes healthy eating, reporting that they sometimes hear conflicting information. Seniors referenced a variety of nutrition plans and diets, which ranged from more common nutrition recommendations such as eating fewer sweets and eating more fruits and vegetables to getting nutrients from a particular food such as green juice and even fasting. One senior reported that other seniors coming to the food bank indicate they do not want to take certain foods home because of what they have heard or read about healthy foods. In general, seniors reported that when they do have information about what constitutes healthy food, they put that knowledge into action.



“What is a well-balanced diet? When I started reading everything, it was very confusing” –Focus group participant

Transportation is a substantial barrier to healthy eating for older adults in Marin County.

Focus group participants nearly unanimously identified transportation as a major barrier to both healthy eating and active living. The

geography in Marin makes transportation a significant issue for older adults. Specifically, older adults mentioned that getting from one part of Marin to another for appointments, services, and to get groceries, is difficult. Some attributed this to traffic and others mentioned that Marin feels segmented. Several focus group participants also mentioned the challenge of navigating Marin’s hills by foot.

Many older adults are no longer able to drive or do not feel safe driving. For many, this means relying on the Marin Transit bus service or Marin Access. Many older adults identified challenges with relying on public transit including having to know and plan around transit schedules, having to walk to bus stops, and having to carry groceries home from the bus stop. As one focus group participant said, “not being able to drive is a major pain in this area.” For some, grocery stores and food pantries are not in close proximity to their homes and transportation is a challenge. Many focus group participants made recommendations related to improving transit options for older adults in Marin. Additionally, for older adults who do drive or have others who will drive for them, the cost of gas is a barrier to regular transportation by car.

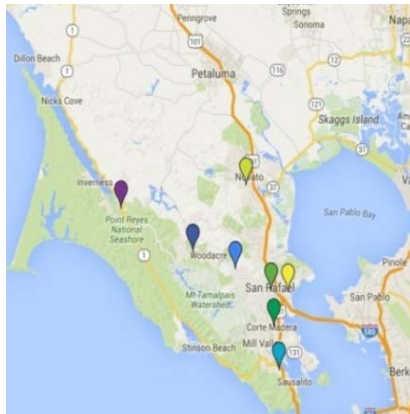
Parts of Marin County lack sufficient grocery stores and healthy food retail outlets.

Some residents of Marin County feel that their neighborhoods lack grocery stores and other venues to purchase healthy food, such as farmers markets. For many, a lack of grocery stores in their immediate

neighborhood is a major barrier to obtaining healthy food as seniors face challenges traveling throughout the county.

Access to healthy food retail differs by community. West Marin and Marin City, in particular, were identified as communities lacking in healthy food retail. As one provider said, “while there might be an abundance of delicious, healthy, fresh food, it is not accessible financially in West Marin.” Residents of Marin City said that there are no nearby grocery stores and no places to buy fresh produce. Some said that the Dollar Store, which recently closed, was the only option for many to purchase food.

Older Adult Nutrition Programs in Marin County



- Albert J. Boro Community Center/Pickleweed
- Margaret Todd Senior Center
- San Rafael Community Center
- Corte Madera Community Center
- Marin City Senior Center
- Fairfax Community Church
- San Geronimo Valley Community Center
- Dance Palace

Active Living

Physical activity is an important component of a healthy life for older adults and can prevent many health problems. The Centers for Disease Control and Prevention refers to active living as one of the most important things seniors can do for their health, specifically for the prevention of health problems and for strengthening muscles, which may help reduce the risk of falling. Specifically, exercise reduces the risk of dying from coronary heart disease and of developing high blood pressure, colon cancer, and diabetes. Older adults are advised to engage in both aerobic activity and muscle strengthening activity each week.⁴⁸

An estimated 39 percent of older adults participating in the Marin County Area Agency on Aging Needs Assessment report that they exercise at least 20 minutes per day 3 to 4 times per week, while 43 percent report exercising at least 20 minutes per day, every day.⁴⁹ A 2009 estimate indicates that 36 percent of all adults 60 and over in Marin are sedentary or do not engage in physical activity.⁵⁰

In Marin County, 68 percent of the population lives within a half mile of a park.⁵¹ However, disparities in access to parks and recreational facilities persist. For example, the Old Mill and Cascade districts of Mill Valley, which are home to predominantly White residents, have 11.6 acres of parkland per 1,000 people; compared to the Hamilton district of Novato which is 19 percent Latino has .83 acres of parkland per 1,000 people.⁵²

What do Marin County seniors do to stay active?

Focus group participants report that they engage in a wide variety of physical activity, including:

- Walking
- Biking
- Cleaning house
- Dancing
- Yoga
- Zumba and seated Zumba
- Balance classes
- Qigong
- Tai-Chi
- Swimming
- Using exercise machines

⁴⁸ Centers for Disease Control and Prevention. (2015). Older Adults, Physical Activity. http://www.cdc.gov/physicalactivity/basics/older_adults/.

⁴⁹ Marin County Area Agency on Aging (AAA) Older Adult Needs Assessment. County of Marin, Division of Social Services, Office of Aging and Adult Services. (2015): www.LiveLongLiveWellMarin.org.

⁵⁰ California Health Interview Survey. (2009). Data only available for 2009.

⁵¹ U.S. Census Bureau, (2010). Decennial Census. ESRI Map Gallery.

⁵² American Human Development Project. (2012). A Portrait of Marin. http://www.measureofamerica.org/docs/APOM_Final-SinglePages_12.14.11.pdf.

Physical limitations prevent many seniors from accessing active living resources and maintaining an active lifestyle.

Older adults have varying abilities; some are able to engage in vigorous exercise while some may be restricted to less vigorous or lower impact exercise. Many focus group participants referenced their balance, as well as knee and hip issues as reasons for their diminished ability to stay active. One participant also mentioned the impact that mental health issues, such as depression, might have on physical activity. Other participants mentioned that the side effects of some medicines, such as dizziness or fatigue, might make exercise difficult.

Financial constraints prohibit some older adults from accessing active living resources in their communities.

Finances were a recurring theme in conversations with older adults about exercise. While some seniors mentioned free exercise activities—such as walking and hiking—many of those who discussed participating in or wanting to participate in exercise classes or programs said cost was a concern. Options considered low cost to some are not truly low cost to all. When asked about challenges with exercise programs for seniors, providers noted that the exercise programs at many low or no-cost community and senior centers are under-funded and rely exclusively on volunteers, which leads to irregular schedules.

“Some of [the programs are] free and some minimal and what is minimal to me is expensive for others.”

—Focus group participant

Some seniors in Marin reported limited options for exercise.

Focus group participants expressed a desire for more physical activity options. Some said that, compared to San Francisco, there are fewer options for exercise classes for seniors in Marin County. Others noted a lack of community pools. One resident mentioned a parks program that involved free classes for seniors that no longer has funding.

Transportation is a significant barrier for older adults seeking to participate in active living programs outside of their homes.

Many seniors identified transportation as a substantial barrier to accessing physical activity services. Similar to conversations around healthy eating, older adults said that being unable to drive and having to rely on public transit and shuttle services makes accessing activities or resources challenging.

“There are all these wonderful programs that happen at night but I have not been able to do it for years because I cannot get down and back.”—Focus group participant

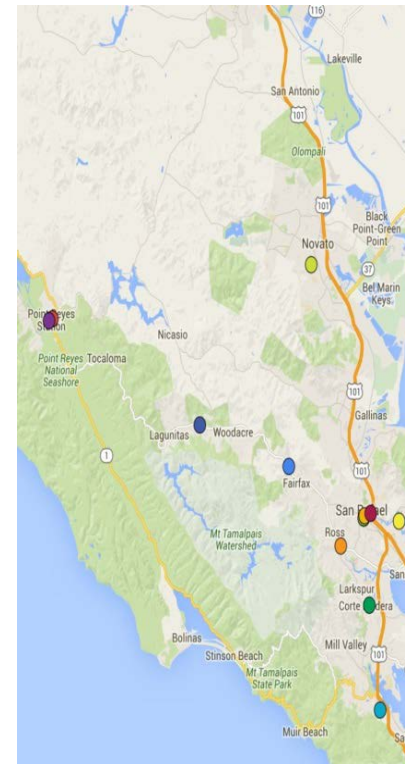
Older adults in Marin face environmental barriers to accessing active living resources.

Focus group participants also identified a number of environmental barriers to being able to stay active. Several mentioned conditions such as poorly lit walking paths, and unsafe parks. As one provider stated, “the physical barrier of the built environment...is a huge barrier....the lack of sidewalks and highways that move and divide neighborhoods.” Others noted that they simply felt unsafe leaving their homes after dark for fear of petty crime.

Community Resources

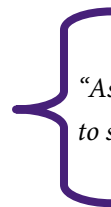
Older adults in Marin County rely on a number of community resources to lead healthy lives. This section focuses on the resources older adults use to ensure they are able to eat healthy and remain active. Given the economic insecurity many older adults in the county face, the provision of free and low-cost services provided by social service organizations is critical. Services in Marin County could be improved to better meet the needs of older adults across a spectrum of physical ability, level of independence, and economic situation. Focus group participants revealed that many older adults rely on these services for access to healthy food, opportunities to exercise, and opportunities to socialize. Seniors had positive things to say about the food banks, exercise classes, congregate meals, and other services they engage with—many also reported finding value not only in the services offered but also the added benefits of social engagement afforded by the programs. Many noted areas where these programs could expand and improve—by increasing their hours, for example—and perhaps most importantly, many seniors noted that they and their peers were unaware of many existing services. Seniors and providers were asked about gaps in services and many did not identify specific programs that were lacking but rather identified a need for more of existing services. For example, seniors mentioned a desire for more frequent congregate meals and enhanced bus services. Overall, seniors expressed a desire for more affordable programs and an elimination of eligibility requirements. The map on this page highlights some of the many services that support healthy eating and active living for older adults in Marin County. Other programs not featured on this

Community Resources Serving Older Adult in Marin County



- Pickleweed Community Center
- Margaret Todd Senior Center
- San Rafael Community Center
- Corte Madera Community Center
- Marin City Senior Center
- Fairfax Community Church
- San Geronimo Valley Community Center
- Dance Palace
- Whistlestop
- West Marin Senior Services
- College of Marin
- YMCA in San Rafael

map exist within assisted living facilities, hospitals, and community centers. In communities lacking specific resources, there was a call for missing services, such as grocery stores in Marin City.



“As long as we keep the food bank here, we are going to stay healthy.” —Focus group participant

Seniors feel that community resources are a lifeline for healthy eating and active living.

Older adults reported that resources including transportation services and home delivered meals are a lifeline for them. Focus group participants identified a wide range of programs that exist across the county. The map on the previous page identifies some of the resources named by focus group participants. Many participating seniors mentioned congregate meals and home delivered meals. The intake data from both of those groups highlight the ways in which the populations receiving those services are in need—specifically, that they are limited in their abilities to engage in activities that are critical to maintaining a healthy diet such as shopping for and preparing food.

Many seniors reported that the affordability of programs is a concern.

One of the most frequently identified barriers to participating in healthy eating and active living activities is cost. Seniors noted that while some programs are free, others require a nominal fee or request a donation. For some seniors these fees are too great. Some exercise classes, for example cost \$10 per visit and some local pools charge \$100 a year. For others, the added cost of gas or other transportation also inhibits their ability to participate in programs.

One in five seniors in Marin lives above the federal poverty level but below the Elder Index and would benefit from programs either without income eligibility requirements or without a requirement that seniors pay a share of the cost of services.

Language and cultural barriers might keep some seniors from accessing services.

Language barriers and cultural barriers make healthy eating challenging for some older adults. Focus group participants included seniors from the Vietnamese and Spanish-speaking communities in Marin County as well as the service providers who work with them. Several seniors noted that trips to the grocery store, which are already challenging for seniors, are even more challenging for seniors who have limited English proficiency. Providers also noted that language and cultural barriers present a challenge in having conversations with clients about food choices.

There was also some conversation during focus groups about cultural preferences for foods being unmet at meal sites. For example, Vietnamese focus group participants mentioned feeling that the food served at congregate meal sites is not as satisfying as the food they might cook at home if they were able.

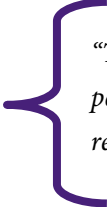
Seniors also identified a few areas for improvement for specific programs.

Focus group participants identified ways in which existing programs could improve to meet their needs. For example, one senior mentioned that if the senior center were open for longer hours it would better accommodate their schedule. There were also a number of comments related to the quality of food at the food bank, senior lunches, and for home delivered meals. Some reported that the quality of food at the food bank has improved, while others feel it has diminished and three mentioned expired canned food. Additionally, several mentioned that the food at the senior lunch was bland and also mentioned that their comments in a recent survey about the food were not responded to. Others similarly mentioned that food available through home delivered meal programs was bland or otherwise lacking in flavor from salt or spices.

Seniors recommended traditional media as a way to reach their peers who are disconnected from services.

Seniors identified traditional media (newspaper, radio, television) as the

best means of getting information out to seniors regarding healthy eating and active living best practices and community resources. While a few providers noted the use of social media as a way to reach seniors, seniors almost unanimously said “No!” to using social media or other technology-based outreach. Seniors also mentioned placing flyers in community centers, senior centers, churches, and other places that they might visit.



“There is a bus service, which I take all the time, but people do not know about it and these [other] resources.”—Focus group participant

Focus group respondents said that messaging was important and that sharing information about resources might help eliminate the stigma of using services. Several focus group participants mentioned stigma as a barrier to accessing services. Saying that for them and for their peers, relying on services that are considered charity is a source of shame, that some are embarrassed to use services or have others know they are relying on them. They also identified a need to make sure that any information about resources be made available in the various languages spoken in the community.

Focus group participants like the idea of using advocates or peers to share information.

More than any other resource, seniors identified advocates and their own peers as the best way to share information about resources. Seniors

said that more often than not they learn about new resources from their peers. Many also said that particularly in linguistically isolated communities, having an advocate or liaison is helpful. As one focus group participant said, “a liaison function, for example, you would have someone able to speak the language and access the healthy food and transportation resources. It has to be the right liaison for each sub-population.” Notably, each of the focus groups with seniors sparked conversation among the group about available resources; seniors informed each other about where they were getting food or attending fitness classes.

Seniors reported that some, but not all health care providers talk with them about healthy eating and active living.

Most seniors said that their doctors do discuss healthy eating and active living behaviors with them, specifically that they discuss diet and the importance of exercise. Some say that their doctors do not address healthy eating and active living and the onus is on the patient to bring up these topics. Providers participating in focus groups identified the Parks Prescription program as a new way to encourage physicians to engage with their patients about active living.



The CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), had 1,471 individuals over 60 in Marin County enrolled in September 2015.ⁱ

\$135.43

Average amount of CalFresh benefit among older adults

1,471

Number of older adults age 60 and over enrolled in CalFresh

ⁱ Marin County CalFresh. September 2015

An estimated 1,471 adults 60 and over in Marin are enrolled in CalFresh.⁵³ The California Food Policy Report, in 2012, stated that only 12 percent of older adults in California who were eligible for CalFresh were utilizing it. Providers suggested that one reason for under-enrollment, particularly in Marin City, might be that there are not local food retailers that accept benefits via CalFresh, discouraging seniors from enrolling. Out of the 86 total CalFresh outlets in Marin, only five are in Marin City (a CVS, Golden Gate Market, Mollie Stone’s Markets, Sausalito Market, and the New Bait Shop Market & Deli).⁵⁴

⁵³ Penetration data for CalFresh is unavailable at this time. Specifically, estimates regarding the proportion of eligible and enrolled seniors is not available.

⁵⁴EBT. <https://www.ebt.ca.gov/caebtclient/cashlocationSearch.recip>

Recommendations

The data presented in this report tell a clear story about older adults in Marin County. While Marin County is wealthy and resource-rich, the data presented in this report echoes that of other similar explorations in finding “a tale of two Marins.”⁵⁵ This needs assessment benefitted from the inclusion of not only a great deal of secondary data related to older adults but also conversations with older adults in Marin County and some of the providers that work with them. Despite the wealth of much of Marin, many seniors find themselves in a financially unstable situation and find it challenging to maintain a healthy and active lifestyle.

The recommendations in this section focus on policy, systems, and environment (PSE) intervention framework—areas in which the Marin Community Foundation (MCF) seeks to affect change through its grant making. MCF’s hope is that PSE changes will improve access to healthy food and physical activity which leads to healthy, safe, and livable environments resulting in improved health outcomes for Marin County residents over the long term.

Policy

Policy change strategies might include changes to the policies and regulations of organizations as well as local government. In this section we highlight policy changes that both the primary and secondary data suggest might benefit older adults in Marin County as they seek to eat healthier and stay active.

- + **More robust local data** are needed to accurately understand the health outcomes and healthy eating and active living habits and needs of older adults within Marin County. While many national and state-level data collection efforts, the American Community Survey and the California Health Interview Survey included, do sample Marin County, the sample size is often too small to allow for important, decisive data about specific subgroups. As is noted throughout this report, data often cannot be stratified by age, geography, or other characteristics. For this reason, it would be beneficial for Marin County, in partnership with state and other local organizations, to fund local data collection efforts aimed at gathering information from a larger sample of older adults in Marin County.
- + **The Elder Economic Security Index** should be used as a tool for local policy-making decisions in order to accurately reflect the economic situations faced by seniors and should also be a factor in decisions regarding program planning for service providers. Those older adults who fall

⁵⁵ American Human Development Project. (2012). A Portrait of Marin. http://www.measureofamerica.org/docs/APOM_Final-SinglePages_12.14.11.pdf.

above the federal poverty level but below the Elder Index, would benefit from programs that take into account the high cost of living in Marin County by using the Elder Index as a threshold for provision of low-cost or free services.

- + **Policies that address root causes of inequalities**—most importantly, poverty—should be prioritized by local government and supported by private and nonprofit organizations. Disparate utilization of healthcare resources and disparate health outcomes across economic lines speaks to the need to address economic inequalities.
- + **The voices of seniors should be central** in decision making for senior-serving programs. Programs should regularly assess whether they meet the needs of seniors in their community and should seek creative solutions. For example, seniors participating in focus groups emphasized the ways in which liaisons or peer advocates could provide a critical linkage point for seniors to services, particularly for isolated seniors. Systems (particularly funder collaboratives) could explore ways to fund advocates using the promotora model.

Systems

Changes to systems might include changes to organizations, institutions, or whole systems. The Marin Community Foundation sits within and alongside a number of systems including the network of public, private, and nonprofit organizations working in Marin County as well as funder collaboratives.

- + Public, private, and nonprofit organizations should **foster multi-sector collaborative funding efforts to create healthier communities for older adults**. These might include funder collaboratives focused on HEAL for older adults that promote models known to be effective. Improvements focused on older adults, for example addressing the lack of healthy food retail in West Marin or the need for better lit paths—will create healthier communities for Marin residents of all ages.
 - Community **collaboratives should continue to support local nutrition programs** for older adults. Nationally, the Older Americans Act (OAA) Nutrition Programs fund congregate (group) meal programs and home delivered meal programs. A 2015 report from the U.S. Department of Health and Human Services Administration on Aging makes a case for collaborative community efforts to support older adults' healthy eating. The report states that the OAA Nutrition Programs alone cannot meet the food and nutrition assistance needs and nutrition health promotion needs of all older adults and recommends that local OAA Nutrition Programs function as a collaborator to coordinate and leverage other nutrition resources in order to minimize duplication and maximize available resources.⁵⁶

⁵⁶ Lloyd, JL, Wellman NS. (2015). Older Americans Act Nutrition Programs: A Community-Based Nutrition Program Helping Older Adults Remain at Home. *Journal of Nutrition in Gerontology and Geriatrics*. 34:2, 90-109.

- + Similarly, public, private, and nonprofit organizations should **collaborate and share information** about programs and data when focused on common goals. MCF's relationship with Marin County Aging and Adult Services is an example of an effective collaborative effort. As the population of older adults in Marin County grows, the needs identified in this report will only increase and demand for services will grow, necessitating coordinated action among senior-serving organizations.
- + Systems should work to infuse an **equity** lens in their work, focusing on addressing the needs of vulnerable older adults by addressing disparities by not only age but also language, race, gender, geography, and income. Efforts in this arena could include things like working towards establishing healthy food retail outlets in the parts of Marin County that currently lack those outlets.

Environment

Changes to the environment might include changes to the economic, social, or physical environment.

- + **The built environment**—the infrastructure, homes, buildings, and public spaces older adults live in and navigate—can be a barrier to access to healthy food and active living opportunities. Seniors identified the lack of sidewalks and clear walking paths in some areas as factors that limit their ability to access healthy food resources and limit their opportunities to be active in their neighborhoods. Seniors also identified safety issues, including poorly lit paths and concerns about petty crime in some areas. Environmental changes in this area might include solutions like installing new lights on paths, increasing the time to cross at cross-walks, or adding benches at bus stops. Other solutions might involve more systemic approaches to urban planning that are reflective of the needs of older adults such as developing accessible, affordable housing.
- + In Marin County, many older adults identified **transportation** as a key area in need of change in order meet the needs of older adults. Local systems should consider the ways transportation design and different transportation options can take into account the needs of older adults in an effort to make transportation less of a barrier to healthy eating and active living resources for older adults.

MCF HEAL Secondary Data Appendix

Prepared by Harder+Company

March 2016

A. County of Marin, Aging and Adult Services Congregate and Home Delivered Participant Intake Analysis: Marin County Ages 60-107 (2014-2015)

Congregate Meals (n=922)

Congregate Meal data recorded for older adults between the ages of 60 and 107. Average age is 75 years old.

A1. Income

	Count	%
Above 100% FPL	223	24%
At or below 100% FPL	116	12%
Declined to state	582	63%
Total*	921	99%

A2. "Do you have any illness or condition that made you change the kind and/or the amount of food you eat?"

	Count	%
Yes	195	21%
No	606	65%
Unknown	22	2%
Declined to state	99	10%
Total*	922	98%

A3. "Do you eat fewer than two meals per day?"

	Count	%
Yes	97	10%
No	724	78%
Unknown	12	1%
Declined to state	89	9%
Total*	922	98%

A4. "Do you have tooth or mouth problems that make it hard for you to eat?"

	Count	%
Yes	40	4%
No	772	83%
Unknown	11	1%
Declined to state	99	10%
Total*	922	98%

A5. "Do you run out of money for food most months?"

	Count	%
Yes	119	12%
No	694	75%
Unknown	9	1%
Declined to state	100	10%
Total	922	98%

A6. "Do you eat alone most of the time?"

	Count	%
Yes	146	15%
No	642	69%
Unknown	11	1%
Declined to state	123	13%
Total	922	98%

A7. "Have you, without wanting to, lost or gained 10 or more pounds in the last six months?"

	Count	%
Yes	404	43%
No	410	44%
Unknown	11	1%
Declined to state	97	10%
Total	922	98%

A8. "Are you physically unable to shop, cook, and/or feed yourself?"

	Count	%
Yes	125	13%
No	672	72%
Unknown	21	2%
Declined to state	104	11%
Total	922	98%

Home Delivered Meals (n=529)

Home delivered meal data is for older adults between the ages of 62 and 104. Average age is 79 years old.

Income		
Above FPL	265	48%
At or Below FLP	195	35%
Missing/ Decline to State	94	17%

Activities of Daily Living

A9. Walking

	Count	%
Independent	322	61%
Some human help	125	23%
Lots of human help	38	7%
Dependent	32	6%
Verbal assistance	5	1%
Unknown	4	<1%
Declined to state	1	<1%
Total	527	100%

A10. Shopping

	Count	%
Dependent	349	66%
Lots of human help	103	19%
Independent	40	7%
Some human help	31	5%
Verbal assistance	2	<1%
Declined to state	2	<1%
Unknown	0	--
Total*	527	99%*

A11. Meal Preparation

	Count	%
Dependent	166	31%
Some human help	154	29%

Lots of human help	125	23%
Independent	78	14%
Verbal assistance	2	<1%
Declined to state	1	<1%
Unknown	1	<1%
Total	527	100%

A12. "Do you have an illness/condition that made you change the kind and/or amount of food you eat?"

	Count	%
Yes	180	34%
No	341	64%
Unknown	1	<1%
Declined to state	4	<1%
Total	526	100%

A13. "Do you eat fewer than two meals per day?"

	Count	%
Yes	83	15%
No	435	82%
Unknown	4	<1%
Declined to state	4	<1%
Total*	526	99%*

A14. "Do you have tooth or mouth problems that make it hard to eat?"

	Count	%
Yes	20	3%
No	497	94%
Unknown	5	1%
Declined to state	4	<1%
Total*	526	99%*

A15. "Do you eat alone most of the time?"

	Count	%
Yes	197	37%

No	321	61%
Unknown	4	<1%
Declined to state	4	<1%
Total	526	100%

A16. “Have you, without wanting to, lost or gained 10 or more pounds in the last six months?”

	Count	%
Yes	419	79%
No	98	18%
Unknown	4	<1%
Declined to state	5	<1%
Total	526	99%

A17. “Are you physically unable to shop, cook, and/or feed yourself?”

	Count	%
Yes	160	30%
No	359	68%
Unknown	4	<1%
Declined to state	3	<1%

Total	526	100%
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A18. “Do you have a working refrigerator and/or microwave?”

	Count	%
Yes	430	81%
No	90	17%
Unknown	2	<1%
Declined to state	4	<1%
Total	526	100%

A19. “Are you physically and mentally able to open food containers?”

	Count	%
Yes	430	81%
No	90	17%
Unknown	2	<1%
Declined to state	4	<1%
Total	526	100%

*Totals may not equal 100% due to rounding

Demographics

B1. Demographics Comparison – Needs Assessment Survey vs. the American Community Survey (ACS)⁵⁷

	Survey		ACS
	Count	%	%
Gender (n=2947)			
Male	854	29.0%	45.2%
Female	2085	70.7%	54.8%
Transgender	8	0.3%	N/A
Housing (n=2958)			
Own	1950	65.9%	75.5%
Rent	552	18.7%	24.5%
Assisted Living/Nursing home	68	2.3%	-
Senior Housing	228	7.7%	-
Affordable Housing	154	5.2%	-
Stay with Friends and Family	89	3.0%	-
Other	126	4.3%	-
Relationship Status (n=2919)			
Single	368	12.6%	7.9%
Married	1215	41.6%	55.7%
Partnered	120	4.1%	-
Divorced/Widowed/Separated	1216	41.7%	36.5%

	Survey		ACS
	Count	%	%
Age (n=2992)			
60-64	455	15.2%	-
65-69	652	21.8%	-

70-74	585	19.6%	-
75-79	470	15.7%	-
80-84	389	13.0%	-
85 or older	441	14.7%	-
Median Age	70-74	-	69.1
Race (n=2927)			
White (non-Latino)	2584	88.3%	91.0%
Asian (non-Latino)	89	3.0%	4.5%
African American/Black	86	2.9%	1.6%
Native American/Alaskan Native	11	0.4%	0.1%
Native Hawaiian/Pacific Islander	4	0.1%	0.3%
Other	117	4.0%	1.2%
Two or more races	60	2.0%	1.4%
Ethnicity (n=2876)			
Hispanic/Latino	143	5.0%	4.3%
Non-Hispanic/Latino	2733	95.0%	95.7%
*Data deemed statistically unstable			

⁵⁷ American Community Survey 5-Year Estimates & CHIS 2011-2014

B2. Preferred Language (n=2,963)

Language	Count	%
Arabic	1	0.03%
English	2835	95.68%
Farsi	3	0.10%
French	5	0.17%
German	4	0.13%
Italian	2	0.07%
Japanese	3	0.10%
Klingon	1	0.03%
Korean	1	0.03%
Lithuanian	1	0.03%
Norwegian	1	0.03%
Portuguese	2	0.07%
Russian	8	0.27%
Spanish	79	2.67%
Tagalog	1	0.03%
Vietnamese	16	0.54%
Total	2963	100.00%

Elder Economic Security Index (EESI):

Many nationally funded support programs use Federal Poverty Level to determine eligibility. The problem is that the FPL is the same dollar amount across the country, and does not reflect today's cost of living. ⁵⁸ The Elder Economic Security Index (EESI) was developed to best ascertain the minimum income necessary for an older adult to live in each County. The EESI is the minimum amount for funds estimated to cover necessities for older adults including: food, housing, transportation, and medications. For this survey, all respondents were included in Elder Economic Security Index calculation (60+). The Elder Economic Index was designed for those at or over 65 years of age. Persons were asked their annual earnings, housing status, and who they lived with. These questions determined a respondent's inclusion in this category.

B3. Elder Economic Security Index (EESI) Categories:

Household	Housing Status	Index Per Year
Single Elder	Owner w/o Mortgage	\$20,112
Single Elder	Renter, one bedroom	\$30,420
Single Elder	Owner w/ Mortgage	\$42,528
Elder Couple	Owner w/o Mortgage	\$28,392
Elder Couple	Renter, one bedroom	\$38,700
Elder Couple	Owner, With Mortgage	\$50,808

The analysis below will refer to the following two categories:

"EESI and below" (N=725; 24% of cohort): All those who are at or below Elder Economic Security Index

"Above EESI" (N=2267; 76% of cohort):

B4. Health Status: A Tale of Two Marin's

	Total (n=2934)	Above EESI (n=2224)	EESI and Below (n=710)
Excellent	29%	32%	20%
Good	51%	51%	52%
Fair	16%	14%	23%
Poor	3%	3%	5%

Differences those "EESI and below" in comparison those "Above EESI":

- 2.61 times more likely to report a poor health status v. an excellent health status index (95% CI: 1.67-4.09).

⁵⁸ <http://www.insightcced.org/past-archives/insight-networks/building-economic-security-for-all-besa/measuring-and-addressing-older-californians-needs/what-seniors-need-to-make-ends-meet-elder-index-in-marin-county/>

Nutrition Risk

Nutritional Risk is determined by asking a set of questions approved by the California Department of Aging. Each question is assigned a numeric “score.” The sum of scores equate to the following:

0-2: Not at risk

3-5: Moderate Nutritional Risk

6 or More: High Nutritional Risk

B5. Nutrition Risk Scores

Nutrition “Score” Per Question	Question
2	Do you have an illness or condition that made you changed your diet and/or amount of food you eat?
3	Do you eat fewer than 2 meals per day?
2	Do you eat few servings* of fruits or vegetables, or milk/dairy products per day?
2	Do you drink 3 or more alcoholic beverages almost everyday?
2	Do you have tooth or mouth problems that make it hard for you to eat or chew?
4	Do you run out of money for food most months?
1	Do you eat alone most of the time?
1	Do you take 3 or more prescribed or over-the-counter drugs a day?
2	Have you without trying, gained or lost 10 pounds in the last 6 months?
2	Are you physically unable to shop, cook and/or feed yourself?

B6. Nutritional Risk

	All Cohort (n=2,992)		Above EESI (n=2267)		EESI and below (n=725)	
	Count	%	Count	%	Count	%
Not at Risk	1155	39%	951	42%	204	28%
Moderate Risk	1086	36%	843	37%	243	34%
High Risk	751	25%	473	21%	278	38%

Differences those “EESI and below” in comparison those “Above EESI”:

- 2.74 times more likely to be at high nutritional risk v. no nutritional risk (95% CI: 2.22-3.39).

B7. Nutrition Questions

Nutrition Question	All Cohort	Above EESI	EESI and below
Do you eat alone most of the time?	54%	42%	61%
Do you eat fewer than 2 meals per day?	7%	6%	11%
Do you eat fewer than 5 servings of fruit or vegetables per day or fewer than 2 servings of milk/ dairy products per day?	44%	41%	53%
Do you have tooth or mouth problems that make it difficult for you to chew?	11%	9%	19%
Do you have an illness or condition that made you change the kind/ amount of food you eat?	26%	24%	33%
Do you run out of money for food most months?	10%	7%	46%
Do you take 3 or more prescribed or over the counter medications per day?	54%	54%	55%
Without trying, have you gained or lost 10 pounds or more in the past 6 months?	18%	17%	22%
Are you physically unable to shop, cook, or feed yourself	14%	14%	27%
Do you have 3 or more drinks or liquor, wine, or beer almost every day?	7%	8%	5%

Differences those "EESI and below" in comparison those "Above EESI"

- 2.22 times more likely to report eating alone most of the time (95% CI: 1.87-2.65).
- 2.08 times more likely to report eating fewer than 2 meals a day in comparison to those who are not in the elder economic index and below (95% CI: 1.54-2.79).
- 1.63 times more likely to report eating fewer than 5 servings of fruits or vegetables per day or fewer than two servings milk/dairy products per day (95% CI: 1.38-1.93).
- 2.52 times more likely to report tooth or mouth problems that make it hard to eat or chew (95% CI: 1.99-3.20).
- 1.54 times more likely to report an illness or condition that changed their diet (95% CI: 1.28-1.85).
- 3.12 times more likely to report running out of money for food most months (95% CI: 2.43-4.00).

Exercise

B8. “How often do you get 20 minutes of Exercise per day?”

	All (n=2,934)	Above EESI (n=2221)	EESI and Below (n=713)
Not at All	8%	7%	11%
3-4 Times a month	9%	9%	12%
3-4 times per week	39%	39%	39%
Every Day	43%	45%	37%

Differences those “EESI and below” in comparison vs those not “Above EESI”:

- 1.78 times more likely to report not exercising at all versus exercising daily (95% CI: 1.32-2.41).
- 1.70 times more likely to report exercising only 3-4 times a month versus exercising daily in (95% CI: 1.27-2.26).

Concerns

Respondents were asked their level of concern for a variety of items. In the chart below, “% Yes” indicates those who felt any level of concern towards the delineated topic. All items of concern are listed.

As demonstrated below, the top 7 concerns remained consistent across the three groups.

B9. Concerns Ranking

Above EESI	% Yes	EESI and below	% Yes	Total Cohort	% Yes
Having an accident in/out of the house	62%	Financial Security	66%	Having an accident in/out of the house	63%
Losing my memory/ cognition	58%	Losing my memory/cognition	66%	Losing my memory/cognition	60%
Financial Security	44%	Having an accident in/out of the house	66%	Financial Security	50%
End of life planning	42%	End of life plans	51%	Crime, financial abuse	44%
Crime/ financial abuse	42%	Feeling isolated or depressed	49%	End of life plans	44%
Feeling Isolated/ Depressed	35%	Crime, financial abuse	49%	Feeling isolated or depressed	39%
Knowing where to access information about benefits	33%	Knowing where to access information about benefits	48%	Knowing where to access information about benefits	37%
Legal Affairs	29%	Paying for a caregiver	45%	Legal Affairs	32%
Paying a caregiver	27%	Health Insurance/Medicare	40%	Paying for a caregiver	31%
How to use cell phones and internet	26%	Legal Affairs	40%	How to use cell phones and internet	29%
Health insurance/ Medicare	26%	Getting out of the house to socialize	37%	Health Insurance/Medicare	29%
Getting out of the house to socialize	22%	Transportation	37%	Getting out of the house to socialize	26%
Transportation	22%	How to use cell phones and internet	37%	Transportation	26%
Finding a caregiver	21%	Housing	36%	Finding a caregiver	24%

Above EESI	% Yes	EESI and below	% Yes	Total Cohort	% Yes
Housing	21%	Finding a caregiver	34%	Housing	24%
Understanding my medications	13%	Having enough food to eat	24%	Finding work (employment)	16%
Finding employment	13%	Finding work (employment)	24%	Understanding my medications	15%
Having enough food to eat	10%	Understanding my medications	19%	Having enough food to eat	13%

Nutrition Differences those “EESI and below” in comparison those “Above EESI”:

- 2.90 times more likely to report any level of concern about having enough food to eat (95% CI: 2.32-3.64).

C. American Community Survey (ACS), Population 60 Years and Over in Marin County, compared to California and United States (2010-2014)

	United States				California				Marin County, California			
	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error
Total population	314,107,084	*****	61,151,720	+/- 19,329	38,066,920	*****	6,601,123	+/- 7,302	256,802	*****	66,492	+/-788
SEX AND AGE												
Male	49.2%	+/-0.1	44.9%	+/-0.1	49.7%	+/-0.1	45.1%	+/-0.1	49.0%	+/-0.1	45.2%	+/-0.5
Female	50.8%	+/-0.1	55.1%	+/-0.1	50.3%	+/-0.1	54.9%	+/-0.1	51.0%	+/-0.1	54.8%	+/-0.5
Median age (years)	37.4	+/-0.1	69.5	+/-0.1	35.6	+/-0.1	69.3	+/-0.1	45.1	+/-0.1	69.1	+/-0.3
RACE AND HISPANIC OR LATINO ORIGIN												
One race	97.1%	+/-0.1	98.9%	+/-0.1	95.5%	+/-0.1	98.1%	+/-0.1	95.9%	+/-0.4	98.6%	+/-0.3
White	73.8%	+/-0.1	83.4%	+/-0.1	62.1%	+/-0.1	72.0%	+/-0.1	79.4%	+/-0.6	91.0%	+/-0.5
Black or African American	12.6%	+/-0.1	9.2%	+/-0.1	5.9%	+/-0.1	5.4%	+/-0.1	2.7%	+/-0.2	1.6%	+/-0.2
American Indian and Alaska Native	0.8%	+/-0.1	0.5%	+/-0.1	0.8%	+/-0.1	0.6%	+/-0.1	0.3%	+/-0.1	0.1%	+/-0.1
Asian	5.0%	+/-0.1	4.0%	+/-0.1	13.5%	+/-0.1	14.2%	+/-0.1	5.7%	+/-0.2	4.5%	+/-0.3
Native Hawaiian and Other Pacific Islander	0.2%	+/-0.1	0.1%	+/-0.1	0.4%	+/-0.1	0.3%	+/-0.1	0.2%	+/-0.1	0.3%	+/-0.1
Some other race	4.7%	+/-0.1	1.7%	+/-0.1	12.8%	+/-0.1	5.5%	+/-0.1	7.7%	+/-0.6	1.2%	+/-0.3
Two or more races	2.9%	+/-0.1	1.1%	+/-0.1	4.5%	+/-0.1	1.9%	+/-0.1	4.1%	+/-0.4	1.4%	+/-0.3
Hispanic or Latino origin (of any race)	16.9%	+/-0.1	7.8%	+/-0.1	38.2%	*****	19.4%	+/-0.1	15.7%	*****	4.3%	+/-0.3
White alone, not	62.8%	+/-0.1	77.8%	+/-0.1	39.2%	+/-0.1	59.1%	+/-0.1	72.3%	+/-0.1	88.2%	+/-0.4

	United States				California				Marin County, California			
	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error
Hispanic or Latino												
RELATIONSHIP												
Population in households	306,058,480	*****	59,431,503	+/- 18,839	37,251,410	*****	6,439,978	+/- 7,360	248,214	+/-756	64,988	+/-775
Householder or spouse	56.3%	+/-0.2	88.8%	+/-0.2	50.5%	+/-0.1	82.1%	+/-0.2	62.3%	+/-0.6	91.1%	+/-0.9
Parent	1.3%	+/-0.1	4.7%	+/-0.1	2.1%	+/-0.1	8.4%	+/-0.1	0.9%	+/-0.2	2.7%	+/-0.5
Other relatives	36.5%	+/-0.1	4.0%	+/-0.1	40.4%	+/-0.1	6.1%	+/-0.1	30.1%	+/-0.5	2.0%	+/-0.4
Nonrelatives	5.9%	+/-0.1	2.4%	+/-0.1	7.1%	+/-0.1	3.5%	+/-0.1	6.7%	+/-0.5	4.2%	+/-0.6
Unmarried partner	2.3%	+/-0.1	1.0%	+/-0.1	2.3%	+/-0.1	1.1%	+/-0.1	2.2%	+/-0.2	1.6%	+/-0.3
HOUSEHOLDS BY TYPE												
Households	116,211,092	+/- 230,463	36,944,324	+/- 112,307	12,617,280	+/- 20,413	3,736,318	+/- 11,988	103,034	+/-765	42,364	+/-702
Family households	66.2%	+/-0.1	56.9%	+/-0.1	68.7%	+/-0.1	58.3%	+/-0.2	62.3%	+/-1.0	50.0%	+/-1.5
Married-couple family	48.4%	+/-0.1	46.3%	+/-0.1	49.1%	+/-0.2	45.6%	+/-0.2	50.0%	+/-1.0	43.3%	+/-1.4
Female householder, no husband present, family	13.0%	+/-0.1	8.1%	+/-0.1	13.6%	+/-0.1	9.5%	+/-0.1	8.8%	+/-0.7	4.8%	+/-0.6
Nonfamily households	33.8%	+/-0.1	43.1%	+/-0.1	31.3%	+/-0.1	41.7%	+/-0.2	37.7%	+/-1.0	50.0%	+/-1.5
Householder living alone	27.6%	+/-0.1	40.2%	+/-0.2	24.1%	+/-0.1	37.6%	+/-0.2	30.7%	+/-0.9	43.8%	+/-1.4
MARITAL STATUS												
Population 15 years and over	252,974,135	+/- 7,713	61,151,720	+/- 19,329	30,462,253	+/-618	6,601,123	+/- 7,302	212,605	+/-73	66,492	+/-788

	United States				California				Marin County, California			
	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error
Now married, except separated	48.4%	+/-0.2	57.7%	+/-0.1	46.7%	+/-0.2	56.2%	+/-0.1	52.3%	+/-1.0	55.7%	+/-1.4
Widowed	5.9%	+/-0.1	21.1%	+/-0.1	5.1%	+/-0.1	19.9%	+/-0.1	5.5%	+/-0.3	15.9%	+/-0.9
Divorced	10.9%	+/-0.1	13.8%	+/-0.1	9.6%	+/-0.1	15.0%	+/-0.1	13.1%	+/-0.5	19.3%	+/-1.1
Separated	2.2%	+/-0.1	1.5%	+/-0.1	2.3%	+/-0.1	2.0%	+/-0.1	1.7%	+/-0.2	1.3%	+/-0.3
Never married	32.5%	+/-0.1	5.8%	+/-0.1	36.3%	+/-0.1	6.9%	+/-0.1	27.4%	+/-0.7	7.9%	+/-0.7
EDUCATIONAL ATTAINMENT												
Population 25 years and over	209,056,129	+/- 15,007	61,151,720	+/- 19,329	24,865,866	+/-989	6,601,123	+/- 7,302	188,590	+/-186	66,492	+/-788
Less than high school graduate	13.7%	+/-0.1	17.6%	+/-0.1	18.5%	+/-0.1	20.5%	+/-0.1	7.5%	+/-0.5	5.1%	+/-0.6
High school graduate, GED, or alternative	28.0%	+/-0.1	31.8%	+/-0.1	20.7%	+/-0.1	21.3%	+/-0.1	12.2%	+/-0.6	12.6%	+/-0.9
Some college or associate's degree	29.1%	+/-0.1	25.2%	+/-0.1	29.8%	+/-0.1	28.5%	+/-0.1	25.5%	+/-0.7	26.8%	+/-1.1
Bachelor's degree or higher	29.3%	+/-0.1	25.4%	+/-0.1	31.0%	+/-0.1	29.6%	+/-0.1	54.8%	+/-0.8	55.6%	+/-1.3
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS												
Population 30 years and over	187,610,992	+/- 12,896	61,151,720	+/- 19,329	22,050,479	+/-736	6,601,123	+/- 7,302	177,141	+/-91	66,492	+/-788
Living with grandchild(ren)	3.8%	+/-0.1	5.5%	+/-0.1	5.1%	+/-0.1	8.9%	+/-0.1	1.5%	+/-0.3	2.3%	+/-0.5
Responsible for grandchild(ren)	1.4%	+/-0.1	1.6%	+/-0.1	1.4%	+/-0.1	1.8%	+/-0.1	0.4%	+/-0.1	0.4%	+/-0.2
VETERAN STATUS												

	United States				California				Marin County, California			
	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error
Civilian population 18 years and over	239,305,217	+/- 6,208	61,151,132	+/- 19,338	28,720,844	+/- 2,310	6,601,060	+/- 7,295	203,824	+/-120	66,492	+/-788
Civilian veteran	8.7%	+/-0.1	19.8%	+/-0.1	6.4%	+/-0.1	16.7%	+/-0.1	7.4%	+/-0.4	17.0%	+/-0.8
DISABILITY STATUS												
Civilian noninstitutionalized population	309,082,258	+/- 9,583	59,712,381	+/- 18,927	37,551,064	+/- 2,218	6,491,796	+/- 7,173	251,066	+/-699	65,346	+/-766
With any disability	12.3%	+/-0.1	31.5%	+/-0.1	10.3%	+/-0.1	30.9%	+/-0.1	9.0%	+/-0.4	21.2%	+/-1.0
No disability	87.7%	+/-0.1	68.5%	+/-0.1	89.7%	+/-0.1	69.1%	+/-0.1	91.0%	+/-0.4	78.8%	+/-1.0
RESIDENCE 1 YEAR AGO												
Population 1 year and over	310,385,254	+/- 12,380	61,151,720	+/- 19,329	37,608,444	+/- 4,372	6,601,123	+/- 7,302	254,311	+/-313	66,492	+/-788
Same house	85.0%	+/-0.1	93.6%	+/-0.1	84.6%	+/-0.1	92.9%	+/-0.1	85.5%	+/-0.8	93.3%	+/-0.7
Different house in the United States	14.4%	+/-0.1	6.1%	+/-0.1	14.6%	+/-0.1	6.6%	+/-0.1	13.7%	+/-0.8	6.5%	+/-0.8
Same county	9.0%	+/-0.1	3.7%	+/-0.1	10.5%	+/-0.1	4.5%	+/-0.1	7.1%	+/-0.6	4.0%	+/-0.6
Different county	5.5%	+/-0.1	2.4%	+/-0.1	4.1%	+/-0.1	2.0%	+/-0.1	6.6%	+/-0.5	2.5%	+/-0.6
Same state	3.2%	+/-0.1	1.3%	+/-0.1	2.8%	+/-0.1	1.3%	+/-0.1	5.1%	+/-0.4	1.9%	+/-0.4
Different state	2.3%	+/-0.1	1.1%	+/-0.1	1.3%	+/-0.1	0.7%	+/-0.1	1.5%	+/-0.3	0.7%	+/-0.3
Abroad	0.6%	+/-0.1	0.3%	+/-0.1	0.7%	+/-0.1	0.5%	+/-0.1	0.8%	+/-0.2	0.2%	+/-0.1
PLACE OF BIRTH, NATIVITY AND CITIZENSHIP STATUS, AND YEAR OF ENTRY												
Total population	314,107,084	*****	61,151,720	+/- 19,329	38,066,920	*****	6,601,123	+/- 7,302	256,802	*****	66,492	+/-788
Native	273,050,199	+/-	53,234,323	+/-	27,776,284	+/-	4,459,690	+/-	208,325	+/-	54,174	+/-934

	United States				California				Marin County, California			
	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error
		102,724		34,300		30,066		10,250		1,508		
Foreign born	41,056,885	+/- 102,798	7,917,397	+/- 25,064	10,290,636	+/- 30,066	2,141,433	+/- 9,677	48,477	+/- 1,508	12,318	+/-750
Entered 2010 or later	7.1%	+/-0.1	2.8%	+/-0.1	4.8%	+/-0.1	2.1%	+/-0.1	5.8%	+/-1.1	1.0%	+/-0.5
Entered 2000 to 2009	30.5%	+/-0.1	10.1%	+/-0.1	25.2%	+/-0.1	9.9%	+/-0.2	30.3%	+/-2.0	4.4%	+/-1.5
Entered before 2000	62.4%	+/-0.1	87.1%	+/-0.1	70.0%	+/-0.1	88.1%	+/-0.2	63.9%	+/-2.0	94.6%	+/-1.5
Naturalized U.S. citizen	45.8%	+/-0.2	70.9%	+/-0.2	47.7%	+/-0.2	71.2%	+/-0.3	43.9%	+/-1.6	77.2%	+/-3.2
Not a U.S. citizen	54.2%	+/-0.2	29.1%	+/-0.2	52.3%	+/-0.2	28.8%	+/-0.3	56.1%	+/-1.6	22.8%	+/-3.2
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH												
Population 5 years and over	294,133,373	+/- 3,687	61,151,720	+/- 19,329	35,545,621	+/-531	6,601,123	+/- 7,302	243,549	+/-46	66,492	+/-788
English only	79.1%	+/-0.1	85.3%	+/-0.1	56.2%	+/-0.1	65.2%	+/-0.1	76.5%	+/-0.7	84.5%	+/-0.9
Language other than English	20.9%	+/-0.1	14.7%	+/-0.1	43.8%	+/-0.1	34.8%	+/-0.1	23.5%	+/-0.7	15.5%	+/-0.9
Speak English less than "very well"	8.6%	+/-0.1	8.5%	+/-0.1	19.1%	+/-0.1	22.9%	+/-0.1	9.1%	+/-0.4	6.1%	+/-0.7
EMPLOYMENT STATUS												
Population 16 years and over	248,775,628	+/- 15,776	61,151,720	+/- 19,329	29,934,838	+/- 3,523	6,601,123	+/- 7,302	209,617	+/-365	66,492	+/-788
In labor force	63.9%	+/-0.1	28.0%	+/-0.1	63.8%	+/-0.1	28.7%	+/-0.1	65.0%	+/-0.8	39.7%	+/-1.2
Civilian labor force	63.5%	+/-0.1	28.0%	+/-0.1	63.4%	+/-0.1	28.7%	+/-0.1	65.0%	+/-0.8	39.7%	+/-1.2
Employed	57.7%	+/-0.1	26.2%	+/-0.1	56.4%	+/-0.1	26.3%	+/-0.1	60.3%	+/-0.7	37.8%	+/-1.2

	United States				California				Marin County, California			
	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error
Unemployed	5.8%	+/-0.1	1.8%	+/-0.1	7.0%	+/-0.1	2.4%	+/-0.1	4.7%	+/-0.4	1.9%	+/-0.3
Percent of civilian labor force	9.2%	+/-0.1	6.4%	+/-0.1	11.0%	+/-0.1	8.4%	+/-0.1	7.2%	+/-0.5	4.9%	+/-0.9
Armed forces	0.4%	+/-0.1	0.0%	+/-0.1	0.4%	+/-0.1	0.0%	+/-0.1	0.1%	+/-0.1	0.0%	+/-0.1
Not in labor force	36.1%	+/-0.1	72.0%	+/-0.1	36.2%	+/-0.1	71.3%	+/-0.1	35.0%	+/-0.8	60.3%	+/-1.2
INCOME IN THE PAST 12 MONTHS (IN 2014 INFLATION-ADJUSTED DOLLARS)												
Households	116,211,092	+/- 230,463	36,944,324	+/- 112,307	12,617,280	+/- 20,413	3,736,318	+/- 11,988	103,034	+/-765	42,364	+/-702
With earnings	77.9%	+/-0.1	46.6%	+/-0.1	80.4%	+/-0.1	50.1%	+/-0.2	78.8%	+/-0.7	55.5%	+/-1.3
Mean earnings (dollars)	76,303	+/-140	61,988	+/-126	87,087	+/-216	74,208	+/-404	136,032	+/- 3,592	109,809	+/- 6,355
With Social Security income	29.3%	+/-0.1	76.3%	+/-0.1	25.8%	+/-0.1	71.2%	+/-0.1	31.5%	+/-0.6	69.2%	+/-1.3
Mean Social Security income (dollars)	17,636	+/-17	18,633	+/-22	17,188	+/-35	18,228	+/-38	19,056	+/-366	19,654	+/-401
With Supplemental Security Income	5.3%	+/-0.1	6.6%	+/-0.1	6.2%	+/-0.1	9.4%	+/-0.1	3.2%	+/-0.4	4.7%	+/-0.7
Mean Supplemental Security Income (dollars)	9,400	+/-18	9,292	+/-25	9,910	+/-44	9,640	+/-59	10,692	+/-740	10,601	+/-995
With cash public assistance income	2.8%	+/-0.1	2.0%	+/-0.1	4.0%	+/-0.1	2.2%	+/-0.1	1.5%	+/-0.3	1.0%	+/-0.4
Mean cash public assistance	3,720	+/-19	3,558	+/-29	5,281	+/-47	5,380	+/-104	5,573	+/- 1,301	6,075	+/- 2,848

	United States				California				Marin County, California			
	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error
income (dollars)												
With retirement income	17.8%	+/-0.1	43.8%	+/-0.1	15.6%	+/-0.1	40.2%	+/-0.2	17.2%	+/-0.7	36.8%	+/-1.4
Mean retirement income (dollars)	24,095	+/-46	24,832	+/-50	28,884	+/-144	30,836	+/-155	36,588	+/-1,852	37,704	+/-1,986
With Food Stamp/SNAP benefits	13.0%	+/-0.1	9.0%	+/-0.1	8.7%	+/-0.1	4.4%	+/-0.1	3.5%	+/-0.5	2.3%	+/-0.5
POVERTY STATUS IN THE PAST 12 MONTHS												
Population for whom poverty status is determined	306,226,394	+/-13,324	59,711,920	+/-18,943	37,323,127	+/-3,616	6,491,797	+/-7,179	249,612	+/-723	65,346	+/-766
Below 100 percent of the poverty level	15.6%	+/-0.1	9.6%	+/-0.1	16.4%	+/-0.1	10.5%	+/-0.1	8.8%	+/-0.6	5.7%	+/-0.6
100 to 149 percent of the poverty level	9.6%	+/-0.1	9.8%	+/-0.1	10.4%	+/-0.1	9.7%	+/-0.1	5.3%	+/-0.6	5.4%	+/-0.8
At or above 150 percent of the poverty level	74.8%	+/-0.1	80.6%	+/-0.1	73.2%	+/-0.1	79.8%	+/-0.1	86.0%	+/-0.8	88.8%	+/-1.0
Occupied housing units	116,211,092	+/-230,463	36,944,324	+/-112,307	12,617,280	+/-20,413	3,736,318	+/-11,988	103,034	+/-765	42,364	+/-702
HOUSING TENURE												
Owner-occupied housing units	64.4%	+/-0.2	78.4%	+/-0.1	54.8%	+/-0.2	72.7%	+/-0.2	62.6%	+/-1.0	75.5%	+/-1.6
Renter-occupied housing units	35.6%	+/-0.2	21.6%	+/-0.1	45.2%	+/-0.2	27.3%	+/-0.2	37.4%	+/-1.0	24.5%	+/-1.6

	United States				California				Marin County, California			
	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error
Average household size of owner-occupied unit	2.70	+/-0.01	2.03	+/-0.01	2.99	+/-0.01	2.25	+/-0.01	2.45	+/-0.03	1.93	+/-0.03
Average household size of renter-occupied unit	2.52	+/-0.01	1.64	+/-0.01	2.91	+/-0.01	1.89	+/-0.01	2.34	+/-0.04	1.44	+/-0.06
SELECTED CHARACTERISTICS												
No telephone service available	2.5%	+/-0.1	1.7%	+/-0.1	2.1%	+/-0.1	1.4%	+/-0.1	1.2%	+/-0.2	0.5%	+/-0.2
1.01 or more occupants per room	3.3%	+/-0.1	0.9%	+/-0.1	8.2%	+/-0.1	2.3%	+/-0.1	3.3%	+/-0.4	0.3%	+/-0.2
Owner-occupied housing units	74,787,460	+/- 343,068	28,978,656	+/- 105,349	6,908,925	+/- 34,460	2,714,900	+/- 12,270	64,490	+/- 1,122	31,977	+/-873
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS												
Less than 30 percent	72.6%	+/-0.1	72.6%	+/-0.1	62.7%	+/-0.2	66.4%	+/-0.2	63.1%	+/-1.3	65.3%	+/-2.0
30 percent or more	27.4%	+/-0.1	27.4%	+/-0.1	37.3%	+/-0.2	33.6%	+/-0.2	36.9%	+/-1.3	34.7%	+/-2.0
OWNER CHARACTERISTICS												
Median value (dollars)	175,700	+/-224	169,200	+/-201	371,400	+/-530	377,300	+/-928	785,100	+/- 13,660	782,200	+/- 15,586
Median selected	1,522	+/-2	1,365	+/-2	2,214	+/-4	1,895	+/-6	3,364	+/-59	2,791	+/-74

	United States				California				Marin County, California			
	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error	Total Estimate	Margin of Error	60 years and over Estimate	Margin of Error
monthly owner costs with a mortgage (dollars)												
Median selected monthly owner costs without a mortgage (dollars)	457	+/-1	454	+/-1	493	+/-2	472	+/-2	726	+/-27	682	+/-24
Renter-occupied housing units	41,423,632	+/- 117,733	7,965,668	+/- 18,321	5,708,355	+/- 17,527	1,021,418	+/- 5,163	38,544	+/- 1,112	10,387	+/-668
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS												
Less than 30 percent	51.7%	+/-0.1	46.8%	+/-0.1	45.8%	+/-0.1	39.8%	+/-0.3	46.5%	+/-2.0	41.9%	+/-3.3
30 percent or more	48.3%	+/-0.1	53.2%	+/-0.1	54.2%	+/-0.1	60.2%	+/-0.3	53.5%	+/-2.0	58.1%	+/-3.3
GROSS RENT												
Median gross rent (dollars)	920	+/-1	780	+/-2	1,243	+/-2	1,019	+/-6	1,659	+/-26	1,517	+/-63

D. CalFresh Data

D1. Enrollment Information

	Count
Cases, 60 years old or greater	505
Individuals, 60 years or older	538
Average Benefit Amount	\$135.43

Note: The CalFresh Data Dashboard for September 2015 indicated 1471 adults 60 and over are enrolled in CalFresh. This data comes from the California Medi-Cal Eligibility System. The data dashboard lists the September 2015 population of age 60+ individuals in Marin at 258,804, and the data for the potential CalFresh eligibles out of that number is listed as "unavailable at this time" (see https://urldefense.proofpoint.com/v2/url?u=http-3A_www.cdsscounties.ca.gov_foodstamps_&d=AwlFAg&c=B8hLLxvpkjWR43jQzFdKiDTIWYeIS5FePbXUbD-Ywb4&r=tNYWw-bvjUbFwRz-ycrpaoZ2YdJe3HmR-F7xMxzID-w&m=-c8Img7AomowNIS5Zbl3vPncpKIP40zNvZtYuQcZ8kg&s=vJ5mVWkzncjx8KQx-rDNBPekCyupM23UYIASd5EJABw&e=)).

E. Community Health Interview Survey (CHIS) Data for Seniors (60+), 2011-2014

Demographic Comparison, Marin and California

E1. Demographics and Selected Health Indicators by FPL for Seniors Ages 60+ in Marin County and California (2005-2014)

		Marin County 2005-2009			Marin County 2011-2014			California 2011-2014		
Variable	Question	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL
Demographics										
GENDER	Male	34%	48%	48%	38%	46%	44%	41%	49%	45%
	Female	66%	52%	52%	62%	54%	56%	59%	51%	55%
RACE	White (non-Latino)	88%	91%	91%	90%*	93%*	92%	52%	76%	62%
	Latino	6%	2%*	2%*	7%*	3%*	4%*	26%	9%	19%
HOUSING	Own	74%	90%	90%	76%	84%	81%	67%	89%	76%
	Rent	25%	9%	9%	23%	16%	18%	27%	9%	20%
MARITAL STATUS	Married	46%	67%	67%	43%	69%	63%	51%	71%	61%
	Live with Partner	—	6%	6%	—	7%*	6%	3%	4%	3%
	Separated/Divorced/Widowed/Other	46%	23%	23%	34%	20%	24%	41%	22%	32%
	Single, never married	6%	4%	4%	22%*	5%*	9%	5%	3%	4%
HOUSEHOLD COMPOSITION	Single no kids	55%	34%	34%	57%	31%	37%	48%	29%	39%
	Married no kids	44%	64%	64%	40%	68%	61%	47%	68%	57%
	Married with kids	—	2%	2%	14%*	—	1%*	4%	2%	3%
	Single with kids	—	—	—	—	1%*	1%*	1%	0%	1%
Chronic Health Conditions										
GENERAL HEALTH	In general, would you say your health is excellent, very good, good, fair or poor?	Excellent/Very Good: 50%†	Excellent/Very Good: 68%†	Excellent/Very Good: 62%	Excellent/Very Good: 39%†	Excellent/Very Good: 71%†	Excellent/Very Good: 64%	Excellent/Very Good: 33%†	Excellent/Very Good: 56%†	Excellent/Very Good: 44%
		Good/Fair: 46%†	Good/Fair: 30%†	Good/Fair: 35%	Good/Fair: 56%†	Good/Fair: 26%†	Good/Fair: 32%	Good/Fair: 56%†	Good/Fair: 40%†	Good/Fair: 48%
		Poor: 7%†	Poor: 2%†	Poor: 3%	Poor: 6%*	Poor: 4%*	Poor: 4%*	Poor: 11%†	Poor: 4%†	Poor: 8%

		Marin County 2005-2009			Marin County 2011-2014			California 2011-2014		
Variable	Question	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL
DIABETES	{Other than during pregnancy, had/Has} a doctor ever told you that you have diabetes or sugar diabetes?	8%	6%	6%	11%*	5%	6%	23%†	14%†	18%
	{Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?	17% (for 2009 only)	18% (for 2009 only)	17% (for 2009 only)	17%*	11%	12%	19%	18%	18%
HEART DISEASE	Has a doctor ever told you that you have any kind of heart disease?	21%	16%	18%	16%*	15%	15%	18%	16%	17%
HIGH BLOOD PRESSURE	Has a doctor ever told you that you have high blood pressure?	50%	47%	47%	48%	41%	42%	63%	52%†	57%
ASTHMA	Has a doctor ever told you that you have asthma?	11%	11%	11%	13%	15%	15%	13%	12%	13%
Access to Health Care in the Past Year										
MEDICAL TREATMENT	In the past 12 months, did you or a doctor think you needed to see a medical specialist?	N/A	N/A	N/A	50% (for 2013-2014 only)	66% (for 2013-2014 only)	63% (for 2013-2014 only)	48%† (for 2013-2014 only)	58%† (for 2013-2014 only)	53% (for 2013-2014 only)
	During the past 12 months, did you delay or not get other medical care you felt you needed-- such as seeing a doctor, a specialist, or other health professional?	27%† (for 2007 & 2009 only)	8%† (for 2007 & 2009 only)	11% (for 2007 & 2009 only)	22%*	6%	9%	9%	8%	9%
	During the past 12 months, did you either delay or not get a medicine that a doctor	9%* (for 2007 & 2009 only)	4% (for 2007 & 2009 only)	7% (for 2007 & 2009 only)	11%*	11%	11%	10%†	8%†	9%

		Marin County 2005-2009			Marin County 2011-2014			California 2011-2014		
Variable	Question	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL
	prescribed for you?									
EMERGENCY ROOM	During the past 12 months, did you visit a hospital emergency room for your health? (Respondents who visited the emergency room past year for asthma or other condition are also included.)	22%	22%	23%	27%	15%	18%	20%†	17%†	19%
Elderly Health										
FALLS***	During the past 12 months, have you NOT fallen to the ground more than once?	93%* (for 2007 only)	84% (for 2007 only)	84% (for 2007 only)	84%* (for 2011-2012 only)	84% (for 2011-2012 only)	83% (for 2011-2012 only)	85%† (for 2011-2012 only)	89%† (for 2011-2012 only)	88% (for 2011-2012 only)
	Did you get any medical care because of those falls?	— (for 2007 only)	29%* (for 2007 only)	30%* (for 2007 only)	44%* (for 2011-2012 only)	46% (for 2011-2012 only)	46% (for 2011-2012 only)	41% (for 2011-2012 only)	42% (for 2011-2012 only)	42% (for 2011-2012 only)
Mental/Emotional Health										
EMOTIONAL WELL-BEING	Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?	15% (for 2007 & 2009 only)	9% (for 2007 & 2009 only)	10% (for 2007 & 2009 only)	18%	12%	13%	9%	9%	9%

		Marin County 2005-2009			Marin County 2011-2014			California 2011-2014		
Variable	Question	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL
ACCESS/ UTILIZATI ON	"Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?" and "In the past 12 months have you seen your primary care physician or any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves or your use of alcohol or drugs?"	Sought help and Received Treatment: 53% (for 2007 & 2009 only)	Sought help and Received Treatment: 64% (for 2007 & 2009 only)	Sought help and Received Treatment: 63% (for 2007 & 2009 only)	Sought help and Received Treatment: 82%*	Sought help and Received Treatment: 61%	Sought help and Received Treatment: 69%	Sought help and Received Treatment: 62%	Sought help and Received Treatment: 62%	Sought help and Received Treatment: 62%
	"In the past 12 months have you seen your primary care physician for problems with your mental health, emotions, nerves or your use of alcohol or drugs?" and "In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves or your use of alcohol or	10% (for 2007 & 2009 only)	8% (for 2007 & 2009 only)	8% (for 2007 & 2009 only)	17%	7%	9%	9%	8%	8%

Variable	Question	Marin County 2005-2009			Marin County 2011-2014			California 2011-2014		
		100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL
	drugs?"									
	During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?	15% (for 2007 & 2009 only)	12% (for 2007 & 2009 only)	12% (for 2007 & 2009 only)	27%	13%	15%	14%	12%	13%
SUICIDE	Have you ever seriously thought about committing suicide?	9% (for 2009 only)	6% (for 2009 only)	7% (for 2009 only)	9%*	7%	8%	7%	7%	7%
Behavioral Factors										
DIET	Eats five or more servings of vegetables and fruits daily? This variable is constructed with several questionnaire items and applies variance adjustments to measure dietary intake among adults in California. §	46.5% (for 2005 only)	57.7% (for 2005 only)	55.8% (for 2005 only)	N/A	N/A	N/A	45%† (for 2005 only)	52%† (for 2005 only)	48% (for 2005 only)
	How often fresh fruits/vegetables affordable in neighborhood? This variable is not asked of everyone: Asked of adults who eat and have access to fresh fruits/vegetables in neighborhood	N/A	N/A	N/A	Always: 54%	Always: 76%	Always: 72%	Always: 50%†	Always: 70%†	Always: 60%

Variable	Question	Marin County 2005-2009			Marin County 2011-2014			California 2011-2014		
		100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL
		N/A	N/A	N/A	Usually/Some times: 44%	Usually/Some times: 23%	Usually/Some times: 27%	Usually/Some times: 48%†	Usually/Some times: 30%†	Usually/Some times: 40%
		N/A	N/A	N/A	Never: 4%*	Never: 2%*	Never: 2%*	Never: 2%†	Never: 0.6%†	Never: 1%
	In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work {school}, at home, or at fast food restaurants, carryout or drive through.	0 times: 77% (only for 2007&2009)	0 times: 77% (only for 2007&2009)	0 times: 77% (only for 2007&2009)	0 times: 78%	0 times: 76%	0 times: 76%	0 times: 50%	0 times: 53%	0 times: 52%
		1-2 times: 20% (only for 2007&2009)	1-2 times: 20% (only for 2007&2009)	1-2 times: 20% (only for 2007&2009)	1-2 times: 19%	1-2 times: 22%	1-2 times: 21%	1-2 times: 37%	1-2 times: 37%	1-2 times: 37%
		3+ times: —	3+ times: 3% (only for 2007&2009)	3+ times: 3% (only for 2007&2009)	3+ times: 4%*	3+ times: 2%*	3+ times: 2%*	3+ times: 12%	3+ times: 11%	3+ times: 11%
PHYSICAL ACTIVITY	This variable was constructed by combining the questionnaire items related to walking. Time frame is in the past 7 days.	70%	80%	78%	N/A	N/A	N/A	68%	73%	71%
BMI	0 - 18.49 (Underweight)	—	—	1%	7%*	1%*	2%*	2%	1%	1%
	18.5 - 24.99 (Normal)	49%	51%	50%	39%	47%	45%	34%	36%	35%
	25.0 - 29.99 (Overweight)	28%	36%	35%	40%	40%	40%	37%	39%	38%
	30.0 or higher (Obese)	22%	12%	14%	16%	12%	13%	28%	24%	26%

		Marin County 2005-2009			Marin County 2011-2014			California 2011-2014		
Variable	Question	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL	100%-300% FPL	>300% FPL	All FPL
ALCOHOL	Males are considered binge drinkers if they consumed 5 or more alcoholic drinks on at least one occasion in the past year. Females are considered binge drinkers if they consumed 4 or more alcoholic drinks on at least one occasion in the past year.	21%* (for 2007 & 2009 only)	20% (for 2007 & 2009 only)	20% (for 2007 & 2009 only)	11%*	19%	17%	10%†	15%†	12%
IMMUNIZATION	During the past 12 months, have you had a flu shot?	67% (for 2009 only)	65% (for 2009 only)	66% (for 2009 only)	61% (for 2011-2012 only)	63% (for 2011-2012 only)	62% (for 2011-2012 only)	63% (for 2011-2012 only)	63% (for 2011-2012 only)	63% (for 2011-2012 only)

E2. Demographics and Selected Health Indicators by FPL for Seniors Ages 60+ in Marin County and California with Confidence Intervals (2005-2014)

Variable	Question	Marin County 2005-2009						Marin County 2011-2014						California 2011-2014					
		100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.
Demographics																			
GENDER	Male	34%	25.3-43.2	48%	44.4-52.2	48%	42.8-50.2	38%	21.3-55.6	46%	37.7-53.7	44%	36.4-50.9	41%	39.4-42.5	49%	48.4-50.5	45%	44.5-45.4
	Female	66%†	56.8-74.7	52%†	47.8-55.6	52%	49.8-57.2	62%	44.4-78.7	54%	46.3-62.3	56%	49.1-63.6	59%	57.5-60.6	51%	49.5-51.6	55%	54.6-55.5
RACE	White (non-Latino)	88%	83.2-92.3	91%	87.6-93.9	91%	86.9-90.2	90%*	82.4-97.2	93%*	89.0-97.5	92%	88.3-95.5	52%	50.6-54.0	76%	74.4-76.9	62%	61.3-63.2
	Latino	6%	2.9-9.3	2%*	0.0-5.1	2%*	2.9-5.4	7%*	0.8-14.0	3%*	0.0-5.5	4%*	1.1-6.7	26%	24.5-28.0	9%	8.3-10.1	19%	17.7-19.4
HOUSING	Own	74%†	66.3-80.6	90%†	88.0-91.6	90%	83.9-88.0	76%	65.1-86.3	84%	78.3-90.3	81%	76.2-86.4	67%	66.0-68.8	89%	88.6-90.0	76%	75.7-76.7
	Rent	25%†	17.9-32.1	9%†	7.1-10.2	9%	10.4-14.0	23%	12.9-33.9	16%	9.4-21.5	18%	12.8-23.0	27%	25.7-28.5	9%	8.5-9.9	20%	18.9-20.2
MARITAL STATUS	Married	46%†	37.4-54.6	67%†	63.9-71.0	67%	59.8-66.0	43%†	27.3-58.8	69%†	61.9-76.8	63%	55.9-69.4	51%	49.4-52.9	71%	70.0-72.3	61%	59.7-61.6
	Live with Partner	—	—	6%	3.2-8.1	6%	2.9-6.7	—	—	7%*	2.6-10.3	6%	2.3-8.6	3%	2.5-3.7	4%	3.0-3.9	3%	3.0-3.7
	Separated/Divorced/Widowed/Other	46%†	38.0-54.0	23%†	20.3-26.1	23%	25.2-30.7	34%	21.2-46.7	20%	14.5-26.3	24%	19.2-29.4	41%	38.8-42.4	22%	21.1-23.0	32%	30.7-32.4
	Single, never married	6%	3.7-8.5	4%	2.9-4.6	4%	3.5-5.1	22%*	6.1-38.5	5%*	0.5-10.2	9%	3.8-14.0	5%	4.3-5.9	3%	2.9-3.8	4%	4.0-4.9
HOUSEHOLD COMPOSITION	Single no kids	55%†	46.0-63.3	34%†	30.0-37.3	34%	35.3-41.7	57%	41.2-72.7	31%	23.4-37.9	37%	30.6-43.8	48%	46.3-49.8	29%	28.1-30.5	39%	38.4-40.2
	Married no kids	44%	35.4-52.9	64%	60.3-67.6	64%	56.1-62.6	40%	27.2-51.9	68%	60.1-74.8	61%	54.1-67.2	47%	45.2-48.7	68%	67.2-69.6	57%	56.2-58.0
	Married with kids	—	—	2%	1.3-3.0	2%	1.3-2.6	14%*	6.9-20.9	—	—	1%*	0.0-2.9	4%	2.9-4.6	2%	1.7-2.4	3%	2.4-3.2
	Single with kids	—	—	—	—	—	—	—	—	1%*	0.0-2.3	1%*	0.0-1.9	1%	0.8-1.6	0%	0.2-0.3	1%	0.6-1.0
Chronic Health Conditions																			
GENERAL HEALTH	In general, would you say your health is excellent, very good, good, fair or poor?	Excellent/Very Good: 50%†	41.3-57.6	Excellent/Very Good: 68%†	64.3-71.0	Excellent/Very Good: 62%	58.9-65.5	Excellent/Very Good: 39%†	26.6-50.3	Excellent/Very Good: 71%†	64.9-77.0	Excellent/Very Good: 64%	57.8-70.2	Excellent/Very Good: 33%†	31.5-34.9	Excellent/Very Good: 56%†	54.7-57.4	Excellent/Very Good: 44%	42.9-45.0
		Good/Fair: 46%†	37.3-54.2	Good/Fair: 30%†	27.0-33.7	Good/Fair: 35%	31.7-38.5	Good/Fair: 56%†	43.5-68.3	Good/Fair: 26%†	19.9-31.2	Good/Fair: 32%	25.9-37.7	Good/Fair: 56%†	54.2-57.7	Good/Fair: 40%†	39.1-41.6	Good/Fair: 48%	47.2-49.3

Variable	Question	Marin County 2005-2009						Marin County 2011-2014						California 2011-2014					
		100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.
		Poor: 7%†	5.2-9.2	Poor: 2%†	0.8-3.1	Poor: 3%	1.7-3.7	Poor: 6%*	1.5 - 9.9	Poor: 4%*	0 - 7.2	Poor: 4%*	1.0 - 7.2	Poor: 11%†	9.6 - 12.0	Poor: 4%†	3.1 - 4.1	Poor: 8%	7.2 - 8.4
DIABETES	{Other than during pregnancy, had/Has} a doctor ever told you that you have diabetes or sugar diabetes?	8%	4.7-10.7	6%	3.9-7.4	6%	4.7-7.9	11%*	2.0 - 20.0	5%	2.8 - 7.6	6%	3.7 - 8.7	23%†	21.7 - 24.9	14%†	12.8 - 14.7	18%	17.5 - 19.2
	{Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?	17% (for 2009 only)	7.1-26.1	18% (for 2009 only)	11.3-24.9	17% (for 2009 only)	11.4-22.8	17%*	6.5 - 27.1	11%	7.2 - 15.4	12%	8.3 - 15.9	19%	17.7 - 20.6	18%	17.1 - 19.3	18%	17.5 - 19.2
HEART DISEASE	Has a doctor ever told you that you have any kind of heart disease?	21%	15.6-26.4	16%	13.1-18.3	18%	15.1-20.5	16%*	6.1 - 26.0	15%	10.3 - 20.0	15%	10.9 - 19.8	18%	16.6 - 18.9	16%	15.0 - 16.6	17%	16.3 - 17.6
HIGH BLOOD PRESSURE	Has a doctor ever told you that you have high blood pressure?	50%	41.2-58.2	47%	43.1-50.6	47%	43.4-50.8	48%	32.1 - 63.2	41%	33.4 - 47.6	42%	35.9 - 48.4	63%	61.0 - 64.4	52%†	50.8 - 53.3	57%	55.8 - 57.8
ASTHMA	Has a doctor ever told you that you have asthma?	11%	6.4-14.8	11%	8.8-12.5	11%	9.3-12.8	13%	5.3 - 19.9	15%	7.9 - 22.1	15%	8.7 - 20.4	13%	11.4 - 13.8	12%	11.5 - 13.3	13%	11.9 - 13.3
Access to Health Care in the Past Year																			
MEDICAL TREATMENT	In the past 12 months, did you or a doctor think you needed to see a medical specialist?	N/A		N/A		N/A		50% (for 2013-2014 only)	27.2 - 72.7	66% (for 2013-2014 only)	52.9 - 78.5	63% (for 2013-2014 only)	51.0 - 73.9	48%† (for 2013-2014 only)	45.2 - 50.9	58%† (for 2013-2014 only)	56.4 - 60.2	53% (for 2013-2014 only)	51.6 - 54.8
	During the past 12 months, did	27%† (for	16.6-38.2	8%† (for	5.7-11.0	11% (for	8.3-14.6	22%*	6.6 - 37.9	6%	3.4 - 8.1	9%	5.4 - 12.8	9%	8.0 - 9.9	8%	7.1 - 8.6	9%	8.1 - 9.2

Variable	Question	Marin County 2005-2009						Marin County 2011-2014						California 2011-2014					
		100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.
	you delay or not get other medical care you felt you needed- such as seeing a doctor, a specialist, or other health professional?	2007 & 2009 only)		2007 & 2009 only)		2007 & 2009 only)													
	During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for you?	9%* (for 2007 & 2009 only)	0-18.6	4% (for 2007 & 2009 only)	2.3-5.9	7% (for 2007 & 2009 only)	3.3-9.8	11%*	3.7 - 18.7	11%	5.0 - 16.3	11%	6.0 - 15.3	10%†	9.0 - 11.0	8%†	7.0 - 8.3	9%	8.3 - 9.4
EMERGENCY ROOM	During the past 12 months, did you visit a hospital emergency room for your health? (Respondents who visited the emergency room past year for asthma or other condition are also included.)	22%	17.1-26.1	22%	18.6-25.4	23%	19.2-26.0	27%	15.4 - 37.5	15%	11.0 - 19.9	18%	13.7 - 21.9	20%†	18.6 - 21.5	17%†	16.1 - 18.1	19%	17.8 - 19.4
Elderly Health																			
FALLS***	During the past 12 months, have you NOT fallen to the ground more than once?	93%* (for 2007 only)	86.0 - 100	84% (for 2007 only)	75.2-93.3	84% (for 2007 only)	79.3-93.3	84%* (for 2011-2012 only)	69.7-97.3	84% (for 2011-2012 only)	75.6 - 91.8	83% (for 2011-2012 only)	75.5 - 90.0	85%† (for 2011-2012 only)	83.5 - 86.9	89%† (for 2011-2012 only)	88.4 - 90.4	88% (for 2011-2012 only)	86.7 - 88.5
	Did you get any medical care because of those falls?	— (for 2007 only)	—	29%* (for 2007 only)	3.1-54.2	30%* (for 2007 only)	6.3-53.9	44%* (for 2011-2012 only)	20.5 - 66.6	46% (for 2011-2012 only)	24.7 - 67.3	46% (for 2011-2012 only)	27.8 - 64.5	41% (for 2011-2012 only)	34.4 - 46.8	42% (for 2011-2012 only)	36.7 - 47.2	42% (for 2011-2012 only)	37.9 - 45.4

		Marin County 2005-2009						Marin County 2011-2014						California 2011-2014					
Variable	Question	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.
Mental/Emotional Health																			
EMOTIONAL WELL-BEING	Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?	15% (for 2007 & 2009 only)	7.7-22.6	9% (for 2007 & 2009 only)	6.8-11.7	10% (for 2007 & 2009 only)	7.8-12.7	18%	11.2 - 24.3	12%	7.6 - 15.8	13%	8.9 - 16.1	9%	8.2 - 10.4	9%	8.1 - 9.4	9%	8.6 - 9.7
ACCESS/UTILIZATION	"Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?" and "In the past 12 months have you seen your primary care physician or any other professional, such as a counselor,	Sought help and Received Treatment: 53% (for 2007 & 2009 only)	26.5-80.2	Sought help and Received Treatment: 64% (for 2007 & 2009 only)	51.8-76.0	Sought help and Received Treatment: 63% (for 2007 & 2009 only)	52.1-74.4	Sought help and Received Treatment: 82%*	64.1 - 99.4	Sought help and Received Treatment: 61%	48.2 - 74.4	Sought help and Received Treatment: 69%	56.3 - 81.2	Sought help and Received Treatment: 62%	55.6 - 68.3	Sought help and Received Treatment: 62%	57.3 - 66.1	Sought help and Received Treatment: 62%	58.3 - 65.3

Variable	Question	Marin County 2005-2009						Marin County 2011-2014						California 2011-2014					
		100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.
	psychiatrist, or social worker for problems with your mental health, emotions, nerves or your use of alcohol or drugs?"																		
	"In the past 12 months have you seen your primary care physician for problems with your mental health, emotions, nerves or your use of alcohol or drugs?" and "In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves or your use of alcohol or drugs?"	10% (for 2007 & 2009 only)	5.0-14.5	8% (for 2007 & 2009 only)	5.4-9.6	8% (for 2007 & 2009 only)	6.4-10.3	17%	9.4 - 23.8	7%	4.4 - 10.2	9%	6.0 - 11.9	9%	7.9 - 10.0	8%	7.2 - 8.4	8%	7.9 - 9.0
	During the past 12 months, did you take any prescription medications, such as an antidepressant	15% (for 2007 & 2009 only)	8.1-21.2	12% (for 2007 & 2009 only)	8.3-15.8	12% (for 2007 & 2009 only)	9.1-15.5	27%	15.6 - 39.1	13%	7.5 - 17.9	15%	10.5 - 19.9	14%	12.5 - 15.1	12%	10.9 - 12.5	13%	12.0 - 13.4

Variable	Question	Marin County 2005-2009						Marin County 2011-2014						California 2011-2014					
		100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.
	or sedative, almost daily for two weeks or more, for an emotional or personal problem?																		
SUICIDE	Have you ever seriously thought about committing suicide?	9% (for 2009 only)	4.7 - 13.1	6% (for 2009 only)	4.3-8.4	7% (for 2009 only)	4.8-8.8	9%*	1.9 - 15.3	7%	4.3 - 10.5	8%	4.9 - 10.3	7%	5.8 - 7.1	7%	5.8 - 7.2	7%	6.1 - 7.1

Behavioral Health

DIET	Eats five or more servings of vegetables and fruits daily? This variable is constructed with several questionnaire items and applies variance adjustments to measure dietary intake among adults in California. §	46.5 % (for 2005 only)	35.5 - 57.5	57.7% (for 2005 only)	53.5 - 62.0	55.8% (for 2005 only)	51.9 - 59.8	N/A		N/A		N/A		45%† (for 2005 only)	42.7 - 47.0	52%† (for 2005 only)	50.2 - 53.2	48% (for 2005 only)	46.6 - 49.1
	How often fresh fruits/vegetables affordable in neighborhood? This variable is not asked of everyone: Asked of adults who eat and have access to fresh fruits/vegetables in neighborhood	N/A		N/A		N/A		Always: 54%	38.0 - 70.6	Always: 76%	70.1 - 82.6	Always: 72%	65.7 - 77.2	Always: 50%†	48.0 - 52.0	Always: 70%†	68.2 - 70.6	Always: 60%	58.7 - 60.7
		N/A		N/A		N/A		Usually /Somet	28.2 - 59.3	Usually /Somet	16.5 - 28.9	Usually /Somet	21.7 - 33.1	Usually /Somet	46.4 - 50.4	Usually /Somet	28.8 - 31.2	Usually /Somet	38.2 - 40.1

Variable	Question	Marin County 2005-2009						Marin County 2011-2014						California 2011-2014					
		100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.
		N/A		N/A		N/A		imes: 44% Never: 4%*	1.3 - 6.6	imes: 23% Never: 2%*	0.5 - 3.2	imes: 27% Never: 2%*	0.3 - 2.7	imes: 48%† Never: 2%†	1.2 - 2.0	imes: 30%† Never: 0.6%†	0.4 - 0.9	imes: 40% Never: 1%	0.9 - 1.4
	In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work {school}, at home, or at fast food restaurants, carryout or drive through.	0 times: 77% (only for 2007&2009)	69.9 - 84.8	0 times: 77% (only for 2007&2009)	71.7 - 82.4	0 times: 77% (only for 2007&2009)	72.9 - 81.8	0 times: 78%	68.6 - 87.0	0 times: 76%	69.0 - 82.5	0 times: 76%	70.7 - 81.9	0 times: 50%	48.6 - 52.1	0 times: 53%	51.3 - 53.8	0 times: 52%	51.3 - 53.2
		1-2 times: 20% (only for 2007&2009)	13.1 - 27.7	1-2 times: 20% (only for 2007&2009)	14.8 - 25.1	1-2 times: 20% (only for 2007&2009)	15.6 - 24.2	1-2 times: 19%	10.6 - 27.2	1-2 times: 22%	15.5 - 29.0	1-2 times: 21%	15.9 - 26.9	1-2 times: 37%	35.5 - 39.4	1-2 times: 37%	35.4 - 37.9	1-2 times: 37%	35.6 - 37.6
		3+ times: —	—	3+ times: 3% (only for 2007&2009)	1.3 - 4.7	3+ times: 3% (only for 2007&2009)	1.3 - 4.1	3+ times: 4%*	0.4 - 8.4	3+ times: 2%*	0.0 - 3.9	3+ times: 2%*	0.5 - 4.2	3+ times: 12%	10.9 - 13.5	3+ times: 11%	10.0 - 11.6	3+ times: 11%	10.5 - 11.8
PHYSICAL ACTIVITY	This variable was constructed by combining the questionnaire items related to walking. Time frame is in the past 7 days.	70%†	63.7 - 76.8	80%†	77.3 - 82.9	78%	75.5 - 80.6	N/A		N/A		N/A		68%	66.0 - 69.2	73%	71.8 - 73.7	71%	70.1 - 71.6
BMI	0 - 18.49 (Underweight)	—	—	—	—	1%	0.6 - 1.3	7%*	0.1 - 13.1	1%*	0.4 - 2.2	2%*	0.8 - 3.5	2%	1.5 - 2.2	1%	0.7 - 1.0	1%	1.2 - 1.5
	18.5 - 24.99 (Normal)	49%	40.6 - 56.6	51%	47.1 - 55.7	50%	46.9 - 53.8	39%	23.5 - 53.5	47%	39.7 - 53.7	45%	38.4 - 51.8	34%	31.8 - 35.3	36%	34.9 - 37.4	35%	34.1 - 36.0
	25.0 - 29.99 (Overweight)	28%	22.7 - 33.5	36%	31.8 - 39.4	35%	31.6 - 38.1	40%	23.9 - 56.8	40%	32.2 - 47.0	40%	32.9 - 46.1	37%	35.4 - 38.8	39%	38.3 - 40.6	38%	37.1 - 39.0
	30.0 or higher	22%	14.6 -	12%	9.4 -	14%	11.1 -	16%	7.2 -	12%	5.5 -	13%	7.7 -	28%	25.8 -	24%	22.4 -	26%	24.6 -

Variable	Question	Marin County 2005-2009						Marin County 2011-2014						California 2011-2014					
		100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.	100%-300% FPL	C.I.	>300% FPL	C.I.	All FPL	C.I.
	(Obese)		29.2		14.8		16.5		25.1		19.4		18.8		29.2		24.6		26.5
ALCOHOL	Males are considered binge drinkers if they consumed 5 or more alcoholic drinks on at least one occasion in the past year. Females are considered binge drinkers if they consumed 4 or more alcoholic drinks on at least one occasion in the past year.	21%* (for 2007 & 2009 only)	8.2-33.1	20% (for 2007 & 2009 only)	15.6-25.1	20% (for 2007 & 2009 only)	15.7-24.0	11%*	2.0 - 19.6	19%	10.4 - 26.8	17%	10.0 - 23.6	10%†	8.6 - 10.7	15%†	13.7 - 15.5	12%	11.6 - 12.8
IMMUNIZATION	During the past 12 months, have you had a flu shot?	67% (for 2009 only)	58.3-76.0	65% (for 2009 only)	58.3-70.6	66% (for 2009 only)	60.9-70.7	61% (for 2011-2012 only)	44.3 - 77.2	63% (for 2011-2012 only)	53.6 - 71.9	62% (for 2011-2012 only)	54.2 - 69.5	63% (for 2011-2012 only)	60.4 - 64.7	63% (for 2011-2012 only)	61.7 - 64.9	63% (for 2011-2012 only)	61.3 - 63.9

E3. Demographics and Selected Health Indicators by Age for Seniors Ages 60+ in Marin County with Confidence Intervals (2005-2014)

Variable	Question	Ages 60-69	Ages 70-79	Ages 80+	All Seniors	C.I.
Demographics						
GENDER	Male	40%	51%	43%	44%	36.4-50.9
	Female	60%	49%	57%	56%	49.1-63.6
RACE	White (non-Latino)	91%*	94%*	92%*	92%	88.3-95.5
	Latino	9%*	6%*	11%	4%*	1.1-6.7
HOUSING	Own	79%	84%	87%	81%	76.2-86.4
	Rent	21%	16%	10%	18%	12.8-23.0
MARITAL STATUS	Married	67%	59%	59%	63%	55.9-69.4
	Live with Partner	4%*	12%*	—	6%	2.3-8.6
	Separated/Divorced/Widowed/Other	18%	28%	38%	24%	19.2-29.4
HOUSEHOLD COMPOSITION	Single, never married	13%*	4%*	—	9%	3.8-14.0
	Single no kids	32%	44%	42%	37%	30.6-43.8

Variable	Question	Ages 60-69	Ages 70-79	Ages 80+	All Seniors	C.I.
	Married no kids	64%	57%	58%	61%	54.1-67.2
	Married with kids	3%*	—	—	1%*	0.0-2.9
	Single with kids	2%*	—	—	1%*	0.0-1.9
Chronic Health Conditions						
GENERAL HEALTH	In general, would you say your health is excellent, very good, good, fair or poor?	Excellent/Very Good: 72%	Excellent/Very Good: 63%	Excellent/Very Good: 46%	Excellent/Very Good: 64%	57.8 - 70.2
		Good/Fair: 26%	Good/Fair: 29%	Good/Fair: 52%	Good/Fair: 32%	25.9 - 37.7
		Poor: 2%*	Poor: 11%*	Poor: —	Poor: 4%*	1.0 - 7.2
DIABETES	{Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?	9%	16%	17%	12%	8.3 - 15.9
HEART DISEASE	Has a doctor ever told you that you have any kind of heart disease?	8%	24%	24%	15%	10.9 - 19.8
HIGH BLOOD PRESSURE	Has a doctor ever told you that you have high blood pressure?	32%	57%	49%	42%	35.9 - 48.4
ASTHMA	Has a doctor ever told you that you have asthma?	19%	9%	10%*	15%	8.7 - 20.4
Access to Health Care in the Past Year						
MEDICAL TREATMENT	In the past 12 months, did you or a doctor think you needed to see a medical specialist?	55% (for 2013-2014 only)	77% (for 2013-2014 only)	67% (for 2013-2014 only)	63% (for 2013-2014 only)	51.0 - 73.9
	During the past 12 months, did you delay or not get other medical care you felt you needed-- such as seeing a doctor, a specialist, or other health professional?	11%	7%	—	9%	5.4 - 12.8
EMERGENCY ROOM	During the past 12 months, did you visit a hospital emergency room for your health? (Respondents who visited the emergency room past year for asthma or other condition are also included.)	16%	13%	34%	18.0%	13.7 - 21.9
Mental/Emotional Health						
EMOTIONAL WELL-BEING	Was there ever a time during the past 12 months when you felt that you might need to see a professional	17%	9%	6%*	13%	8.9 - 16.1

Variable	Question	Ages 60-69	Ages 70-79	Ages 80+	All Seniors	C.I.
	because of problems with your mental health emotions or nerves or your use of alcohol or drugs?					
ACCESS/ UTILIZATION	"Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?" and "In the past 12 months have you seen your primary care physician or any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves or your use of alcohol or drugs?"	Sought Help and Received Treatment: 71%	Sought Help and Received Treatment: 62%	Sought Help and Received Treatment: 66%*	Sought help and Received Treatment: 69%	56.3 - 81.2
	"In the past 12 months have you seen your primary care physician for problems with your mental health, emotions, nerves or your use of alcohol or drugs?" and "In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves or your use of alcohol or drugs?"	12%	7%	6%*	9%	6.0 - 11.9
	During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?	15%	22%	6%*	15%	10.5 - 19.9
Behavioral Factors						
DIET	How often fresh fruits/vegetables affordable in neighborhood?	Always: 72%	Always: 80%	Always: 56%	Always: 72%	65.7 - 77.2
	This variable is not asked of everyone: Asked of adults who eat and have access to fresh fruits/vegetables in neighborhood					
		Usually/Sometimes:	Usually/Sometimes:	Usually/Someti	Usually/Sometimes:	21.7 - 33.1

Variable	Question	Ages 60-69	Ages 70-79	Ages 80+	All Seniors	C.I.
		27%	20%	mes: 41%	27%	
		Never: —	Never: —	Never: 5%*	Never: 2%*	0.3 - 2.7
	In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work {school}, at home, or at fast food restaurants, carryout or drive through.	0 times: 72%	0 times: 80%	0 times: 82%	0 times: 76%	70.7 - 81.9
		1-2 times: 26%	1-2 times: 20%	1-2 times: 14%	1-2 times: 21%	15.9 - 26.9
		3+ times: 4%*	3+ times: —	3+ times: 8%*	3+ times: 2%*	0.5 - 4.2
BMI	0 - 18.49 (Underweight)	2%*	4%*	—	2%*	0.8 - 3.5
	18.5 - 24.99 (Normal)	47%	46%	41%	45%	38.4 - 51.8
	25.0 - 29.99 (Overweight)	35%	40%	51%	40%	32.9 - 46.1
	30.0 or higher (Obese)	16%	11%	6%*	13%	7.7 - 18.8
ALCOHOL	Males are considered binge drinkers if they consumed 5 or more alcoholic drinks on at least one occasion in the past year. Females are considered binge drinkers if they consumed 4 or more alcoholic drinks on at least one occasion in the past year.	24%	9%	8%*	17%	10.0 - 23.6
IMMUNIZATION	During the past 12 months, have you had a flu shot?	46% (for 2011-2012 only)	78% (for 2011-2012 only)	77% (for 2011-2012 only)	62% (for 2011-2012 only)	54.2 - 69.5

E4. Demographics and Selected Health Indicators by Race for Seniors Ages 60+ in Marin County with Confidence Intervals (2005-2014)

Variable	Question	White (non-Latino)	All Others	All	C.I.
Chronic Health Conditions					
GENERAL HEALTH	In general, would you say your health is excellent, very good, good, fair or poor?	65%	53%	64%	57.8 - 70.2
		30%	46%	32%	25.9 - 37.7
		4%*	—	4%*	1.0 - 7.2
DIABETES	{Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?	11%	24%	12%	8.3 - 15.9

Variable	Question	White (non-Latino)	All Others	All	C.I.
HIGH BLOOD PRESSURE	Has a doctor ever told you that you have high blood pressure?	42%	46%	42%	35.9 - 48.4
Access to Health Care in the Past Year					
MEDICAL TREATMENT	In the past 12 months, did you or a doctor think you needed to see a medical specialist?	65%	47%	63%	51.0 - 73.9
Behavioral Factors					
DIET	How often fresh fruits/vegetables affordable in neighborhood? This variable is not asked of everyone: Asked of adults who eat and have access to fresh fruits/vegetables in neighborhood	Always: 72%	Always: 62%	Always: 72%	65.7 - 77.2
		Usually/Sometimes: 27%	Usually/Sometimes: 37%	Usually/Sometimes: 27%	21.7 - 33.1
		Never: 2%*	Never: —	Never: 2%*	0.3 - 2.7
		2%*	—	2%*	0.8 - 3.5
BMI	0 - 18.49 (Underweight)	2%*	—	2%*	0.8 - 3.5
	18.5 - 24.99 (Normal)	45%	50%	45%	38.4 - 51.8
	25.0 - 29.99 (Overweight)	39%	37%	40%	32.9 - 46.1
	30.0 or higher (Obese)	14%	10%*	13%	7.7 - 18.8

E5. Demographics and Other Health Behavior Indicators for Seniors Ages 60+ in Marin County and California with Confidence Intervals (2005-2014)

Variable	Question	Marin			California	
SODA (only for 2013-2014)	[During the past month,] how often did you drink regular soda or pop that contains sugar? Do not include diet soda." Responses were converted into times per week. Although the question asks about soda consumption in the past month, AskCHIS presents soda consumption for an average week. The average consumption rate is rounded to a whole number, and thus, respondents who indicated drinking soda 1 or 2 times in the past month are grouped into the "0 times" per week category.	0 times	85%	79.6 - 91.2	77%	75.9 - 77.9
		1 time	8%	3.3 - 11.7	10%	9.2 - 10.5
		2 to 3 times	5%*	0.7 - 8.6	6%	5.4 - 6.3
		4 to 6 times	2%*	0.6 - 2.9	2%	1.5 - 2.1
		7 or more times	1%*	0.3 - 2.0	6%	5.1 - 6.2
WATER	Yesterday, how many glasses of water did you drink at school/work, home, and everywhere else? Count one cup as one glass and count one bottle of water as	Did not drink water	1%*	0.1 - 2.5	2%	1.9 - 2.8
		2 glasses or less	27%	14.3 - 39.8	20%	18.6 - 21.1
		3 to 4 glasses	33%	24.7 - 41.0	32%	30.6 - 33.6
		5 to 7 glasses	32%	21.1 - 42.2	30%	28.3 - 30.9

Variable	Question		Marin		California	
	two glasses. Count only a few sips, like from a water fountain, as less than one glass.	8 or more glasses	7%	3.4 - 11.1	16%	15.0 - 17.1

E6. Demographics and Other Health Indicators for Seniors Ages 60+ in Marin County with Confidence Intervals (2011-2014)

		Age Groups						Race/Ethnicity				All Seniors	CI
Variable	Question	Ages 60-69		Ages 70-79		Ages 80+		White (non-Latino)		All Others			
DIET (only for 2005)	Eats five or more servings of vegetables and fruits daily?	54%	48.1 - 60.3	57%	50.3 - 62.7	60%	52.7 - 66.4	58%	53.9 - 61.9	37%	20.1 - 53.9	56%	51.9 - 59.8
	This variable is constructed with several questionnaire items and applies variance adjustments to measure dietary intake among adults in California. §												
PHYSICAL ACTIVITY	This variable was constructed by combining the questionnaire items related to walking. Time frame is in the past 7 days.	83%	79.2 - 86.4	77%	72.5 - 82.2	65%	60.2 - 70.5	77%	75.1 - 79.8	83%*	71.9 - 94.1	78%	75.5 - 80.6

E7. Demographics and Other Health Indicators for Seniors Ages 60+ in Marin County with Confidence Intervals (2011-2014)

Variable	Question	Age Groups							
		Ages 60-69		Ages 70-79		Ages 80+		All Seniors	
FOOD SECURITY	Respondents (FPL <200%) were asked various questions related to food security.	85%*	72.4 - 97.3	78%	66.4 - 89.7	93%*	59.2 - 100	86%	78.4 - 93.9
COMMUNITY INVOLVEMENT	In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?	26%	14.4 - 36.8	23%	13.2 - 31.7	10%*	3.3 - 17.0	22%	14.6 - 29.8
	In the past 12 months, have you gotten together informally with others to deal with community problems?	45%	35.7 - 54.5	23%	15.9 - 30.6	32%	22.2 - 41.5	38%	30.6 - 44.4

References

American Community Survey (ACS)

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

While the 2010-2014 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Explanation of Symbols:


1. An '*' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.

7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

Community Health Interview Survey (CHIS)

All values, including those with an asterisk, can be used as the best estimate of the given population. Do not use these values for direct comparison as the unstable values are subject to extreme variation.

 This indicates situations where the differences between the income categories are statistically significant.

 This indicates situations where the confidence intervals overlap very little. We believe that if we had a larger sample size, the confidence intervals would be tighter and there would be a statistically significant difference.

 There is a statistically significant difference between the age categories, however, one of the values is statistically unstable and subject to extreme variation.

*Data deemed statistically unstable, use with caution

**Source: California Health Interview Survey. CHIS 2005-2014. Los Angeles, CA: UCLA

*** Falls are only reported for ages 65 and up

‡Demographics are reported because unable to stratify by FPL using ACS data.

§Indicator is derived from five other survey items: servings of juice, fruits, potatoes, vegetables, and non-fried white potatoes consumed per day. Those eating a total of five or more fruits and vegetables per day were assigned a value to this indicator.

F. Older Adults HEAL Needs Assessment Focus Group Survey Results (n=46)

Demographics

F1. Demographic distribution of focus group participants

	Count	%
Age (n=43)		
60-64	9	20.9%
65-69	11	25.6%
70-74	9	20.9%
75-79	4	9.3%
80-84	6	14.0%
85 or older	4	9.3%
Race (n=46)		
African American/Black	7	16.3%
White/Caucasian	16	37.2%
Hispanic/Latino	14	31.1%
Native American	1	2.3%
Asian	5	11.6%
Vietnamese	3	60.0%
Filipino	1	20.0%
Japanese	1	20.0%
Other	1	2.2%
Gender (n=43)		
Male	5	11.6%
Female	37	86.0%
Transgender Man	0	0%
Transgender Woman	2	4.7%
Gender non-conforming	0	0%
Other	0	0%

	Count	%
Yearly Household Income (n=37)		
\$0-\$4,999	6	16.2%
\$5,000 to \$9,999	8	21.6%
\$10,000 to \$14,999	6	16.2%
\$15,000 to \$19,999	3	8.1%
\$20,000 to \$24,999	3	8.1%
\$25,000 to \$34,999	6	16.2%
\$35,000 to \$44,999	3	8.1%
\$45,000 to \$54,999	0	0%
\$55,000 to \$64,999	1	2.7%
\$65,000 to \$74,999	0	0%
\$75,000 to \$99,999	0	0%
\$100,000 and Over	1	2.7%
Self-reported Low Income (n=44)		
Yes	40	90.9%
No	4	9.1%
Household size (n=40)		
Lives alone	23	57.5%
Two	8	20.0%
Three	5	12.5%
Four or more	4	10.0%

F2. Geographic distribution of focus group participants

	Count	%
Zip code (n=46)		
94109	1	2.2%
94901	12	26.1%
94903	1	2.2%
94925	2	4.3%
94929	1	2.2%
94933	1	2.2%
94937	2	4.3%
94939	1	2.2%
94941	1	2.2%
94945	2	4.3%
94949	1	2.2%
94956	7	15.2%
94965	12	26.1%
94971	1	2.2%
Homeless	1	2.2%

	Count	%
Cities where they live (n=46)		
Corte Madera	2	4.3%
Dillon Beach	1	2.2%
Fallon Calie Near Tomales	1	2.2%
Forest Knolls	1	2.2%
Inverness	2	4.3%
Inverness Park	1	2.2%
Larkspur	1	2.2%
Marin City	12	26.1%
Mill Valley	1	2.2%
Novato	3	6.5%
Point Reyes Station	6	13.0%
San Rafael	14	30.4%
Sausalito	1	2.2%

F3. Healthy Eating/Active Living questions (n=46)

“Do you eat fewer than two meals per day?”

	Count	%
Yes	12	26.1%
No	32	69.6%
Total*	44	95.7%

“How often do you get at least 20 minutes of exercise?”

	Count	%
Every day	21	45.7%
3-4 times a week	17	37.0%
3-4 times a month	3	6.5%
Not at all	2	4.3%
Total*	43	93.5%

F4. Spanish speaking older adults focus group housing question (n=14)

	Count	%
Owner	1	7.1%
Rent	11	78.6%
TOTAL	12	85.7%