



The Equity in OC (EiOC) Initiative was a limited-term project funded by the Centers for Disease Control and Prevention (CDC) under the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CDC-RFA-OT21-2103). The initiative concluded in May 2024. This document and any associated EiOC branding were developed as part of that grant-funded effort.

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OLDER ADULTS



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Addressing health inequities across Orange County by enabling system change.



Achieving Equity in Orange County

Health inequities are differences in health status or in the distribution of health resources among various populations. This is due to the social conditions in which people are born, grow, live, work, and age. Across Orange County (OC) we see differences in the length and quality of life; rates of disease, disability, and early death; severity of disease; and access to treatment because of these inequities.

Equity in OC is an OC Health Care Agency (HCA) initiative in collaboration and partnership with local Orange County community partners. Funded by a grant from the Centers for Disease Control and Prevention (CDC), the Equity in OC Initiative is a community-informed and data-driven initiative to address health inequities and disparities in Orange County by laying the foundation for creating a healthier, more resilient, and equitable Orange County.

Why Create Population Overviews?

These population overviews are snapshots of available data for various populations in Orange County. By laying out population-specific data in these overviews, we can identify systemic changes that can improve the quality of life within these communities. Since these population overviews are only the start of democratizing community-level data, we welcome feedback and input to further refine and improve this living document.

For more information go to www.equityinoc.com.

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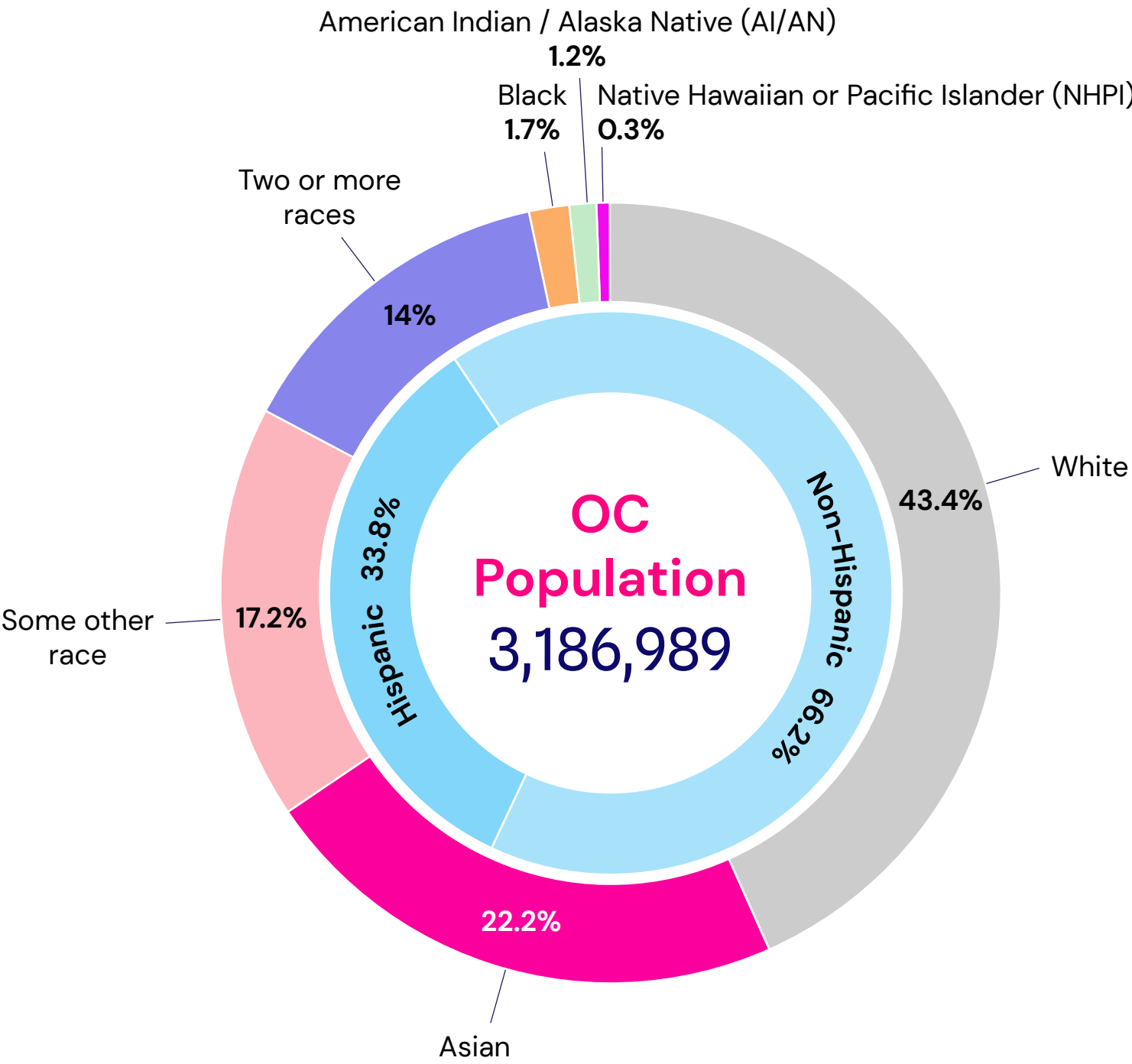
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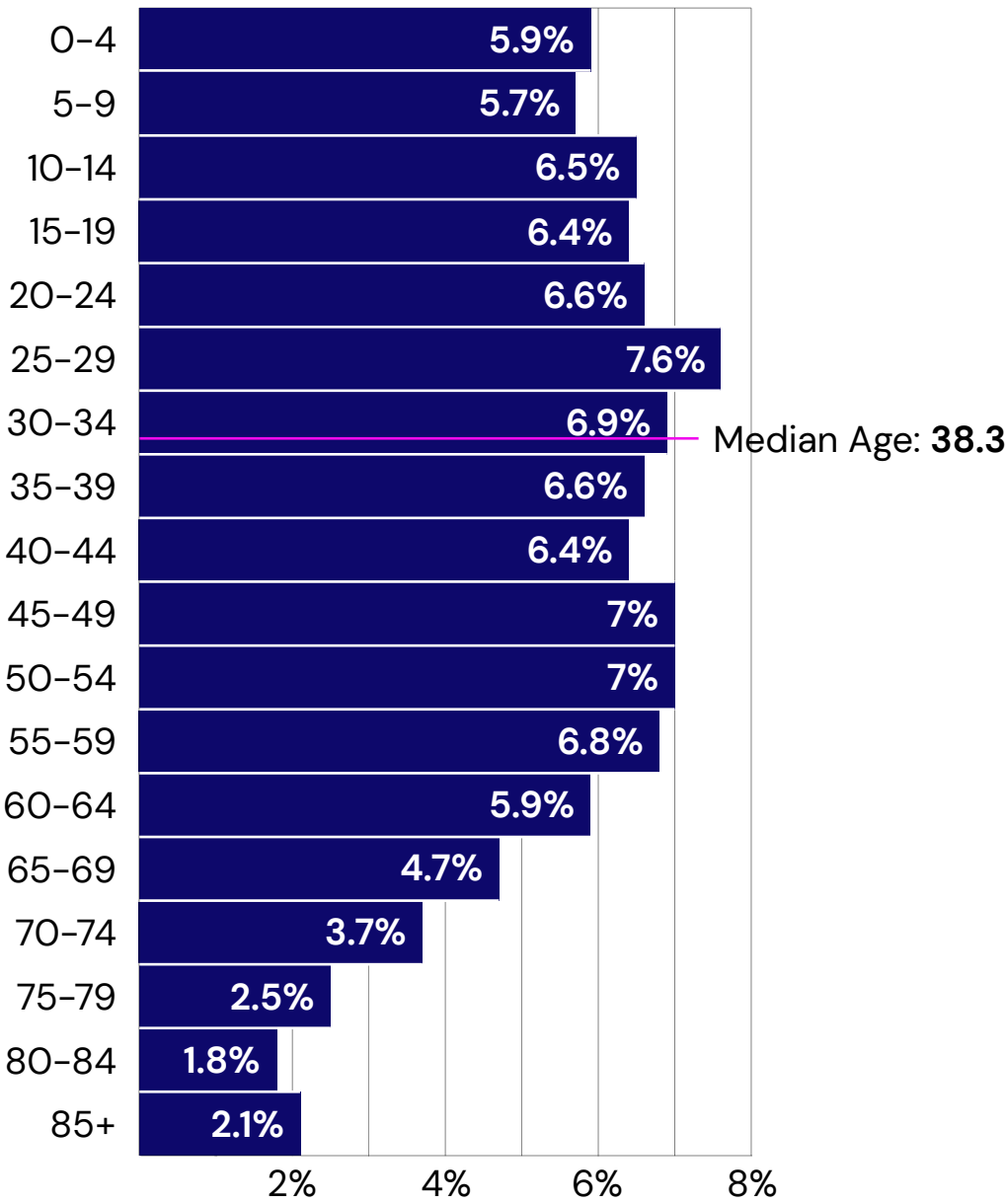
The United States (U.S.) Census Bureau collects racial data according to guidelines by the U.S. Office of Management and Budget (OMB), and these data are based on self-identification.

Racial categories in the census survey reflect a social definition of race in the U.S. It is not an attempt to define race biologically, anthropologically, or genetically. Also, categories of race include national origin or sociocultural groups. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

[About the Topic of Race \(census.gov\)](#)

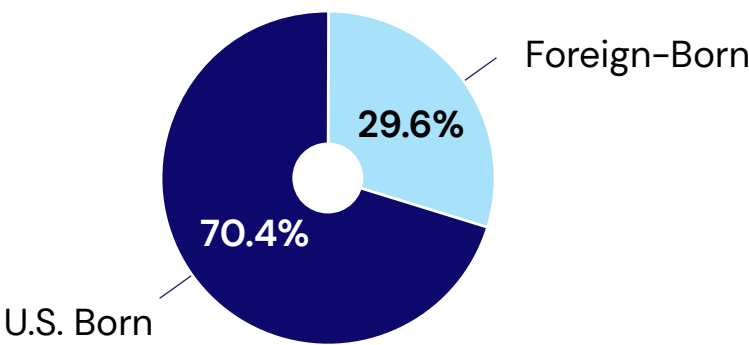
Source: [2020 Decennial Census](#)

Population by Age Group



Source: [2020 ACS 5-Year Data, U.S. Census Bureau](#)

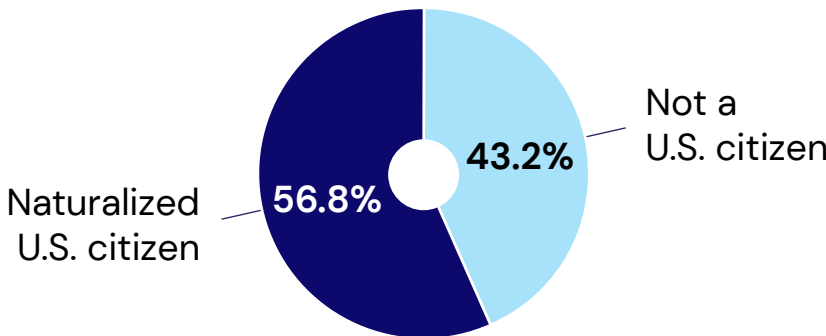
Population by Birth Origin



Source: [2020 ACS 5-Year Data, U.S. Census Bureau](#)

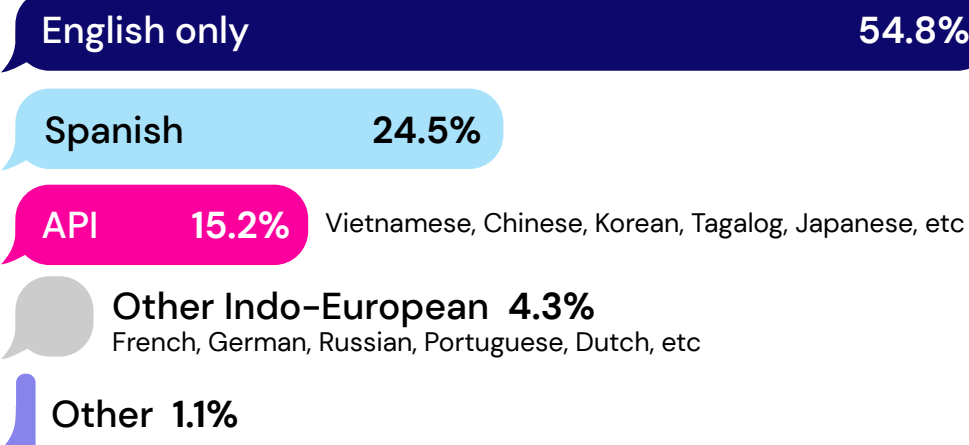
Population by Citizenship

of foreign-born residents



Source: [2020 ACS 5-Year Data, U.S. Census Bureau](#)

Languages Spoken at Home



Source: [2020 ACS 5-Year Data, U.S. Census Bureau](#)

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\$94,441
Median Household Income
2020

Source: [2020 ACS 5-Year Data, U.S. Census Bureau](#)



56.9%
Home Ownership Rate
as of March 2022

Source: [U.S. Bureau of Labor Statistics](#)



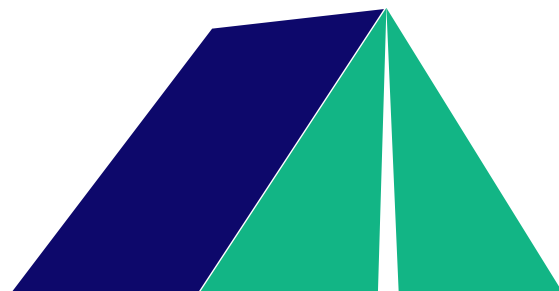
1,129,785
Total Housing Units
2020

Source: [2020 ACS 5-Year Data, U.S. Census Bureau](#)



41.2%
Bachelor's Degree or Higher
2020

Source: [2020 ACS 5-Year Data, U.S. Census Bureau](#)



10.1%
Persons in Poverty
2020

Source: [2020 ACS 5-Year Data, U.S. Census Bureau](#)



3.1%
Unemployment Rate
as of March 2022

Source: [U.S. Bureau of Labor Statistics](#)

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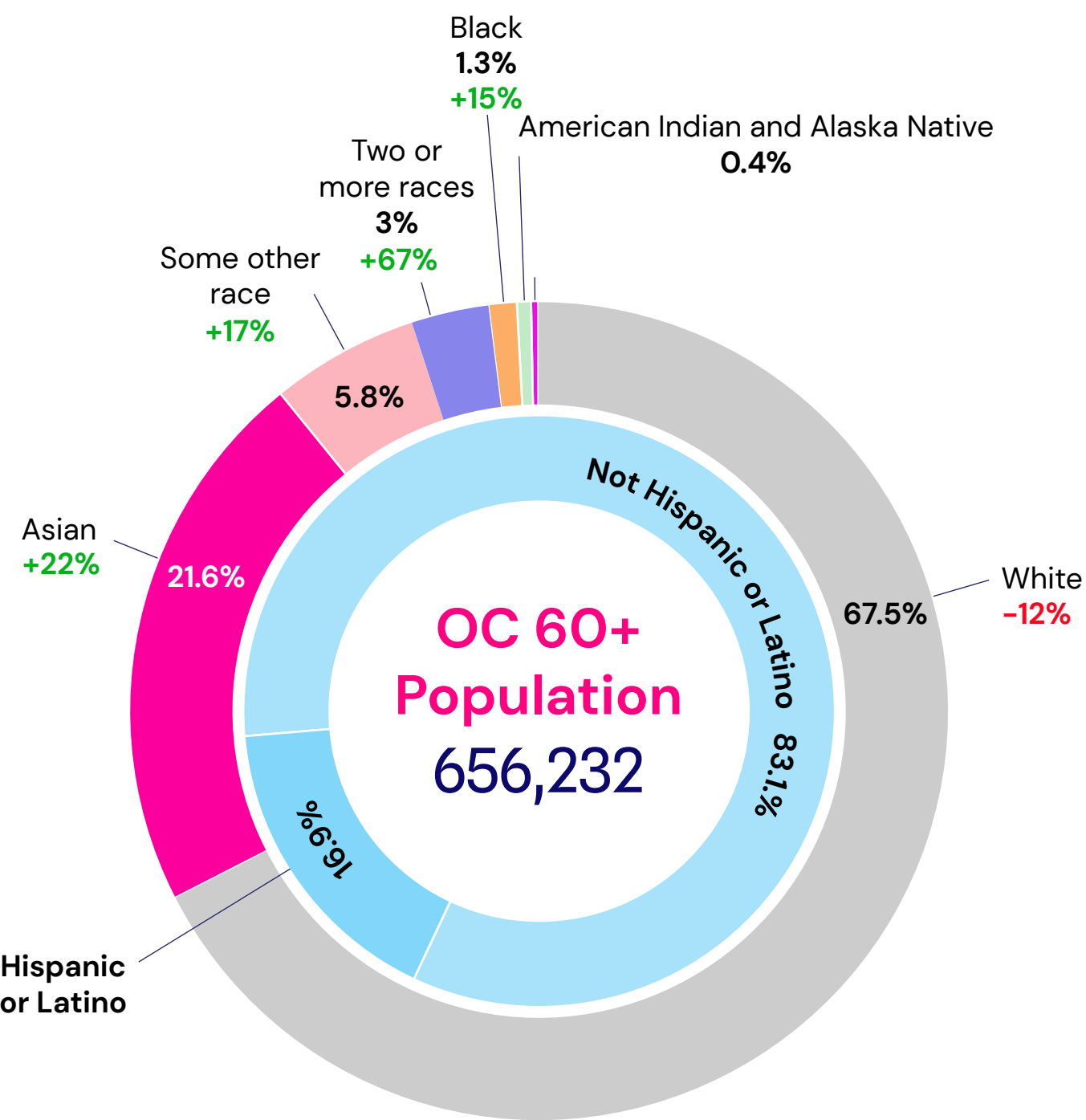
Older Adult Population Overview in OC

Understanding the Term Older Adult

In June 2017, the [Journal of the American Geriatrics Society](#) (JAGS) adopted language recommendations to describe older people. Based on the work of the American Geriatrics Society (AGS) with leaders of aging organizations and the FrameWorks Institute, these recommendations are grounded in building better public perceptions of aging. They made clear “that words like (the) aged, elder(s), (the) elderly, and seniors should not be used . . . because [they] connote discrimination and certain negative stereotypes.” JAGS adopted “older adult(s)” and “older person/people” as preferred terms and opposed using “the elderly,” “senior(s),” and/or “senior citizen(s).”

The precise age of an “older adult” is not universal. Medicare collects the health information of adults aged 65 and older. Social Security is available to those who are 62 years old. The American Association of Retired Persons (AARP) is dedicated to people over 50, but there is no minimum age to join. The U.S. Department of Housing and Urban Development’s (HUD) Housing for Older Persons Act (HOPA) manages older adult housing and 55-and-over communities.

In this population overview, we will use the term Older Adults to be as respectful as possible. We are also adopting the [California Master Plan for Aging](#)’s definition of Older Adults in which the phrase “Older Adult population” is inclusive of people 60 years and older. We will showcase data for this population segment where it is available.



Sex and Age

Adults aged 60+ in Orange County, 2020, and percentage change since 2010



Source: [2020 American Community Survey 5-year Estimates](#)

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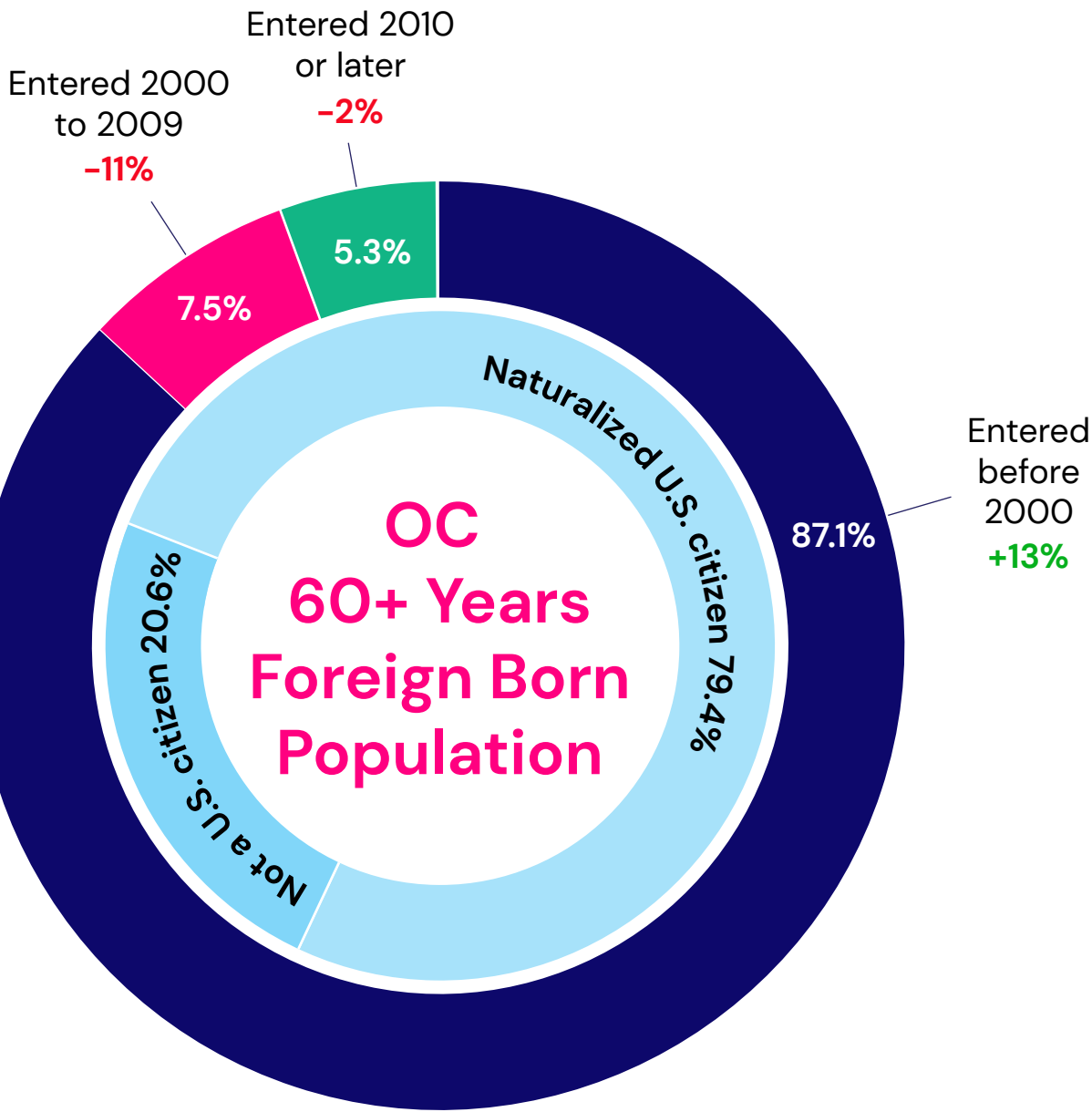
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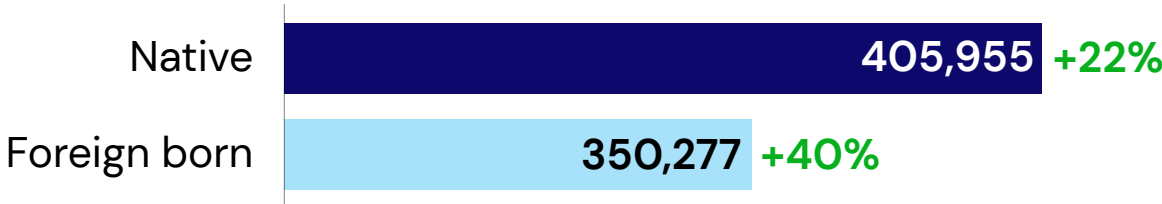
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Place of Birth

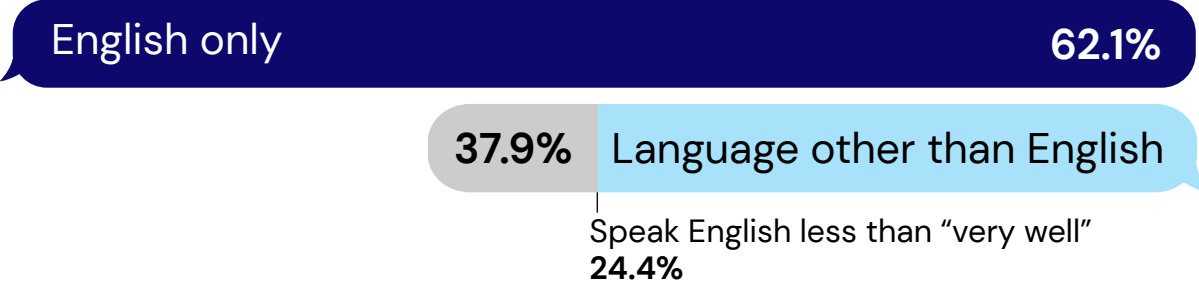
Adults aged 60+ in Orange County, 2020, and percentage change since 2010



Source: [2020 American Community Survey 5-year Estimates](#)

Language

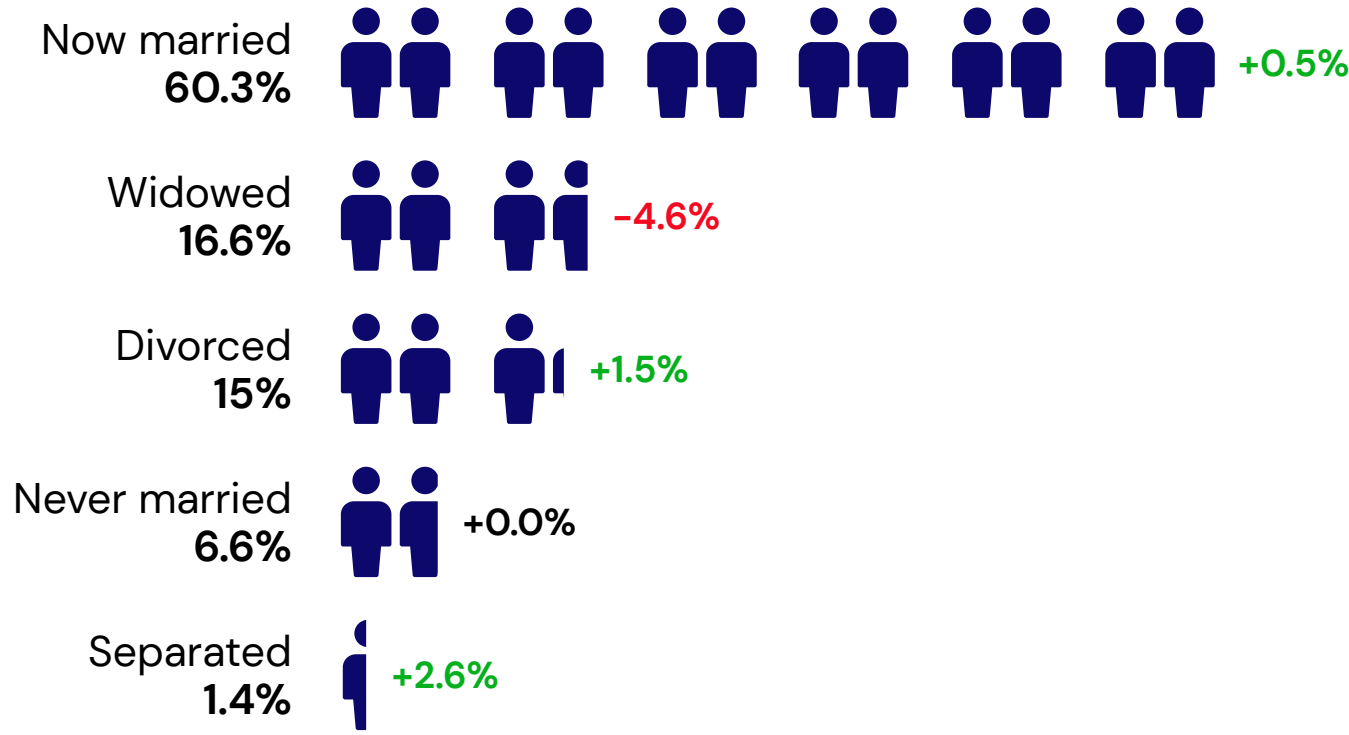
Adults aged 60+ in Orange County, 2020



Source: [2020 American Community Survey 5-year Estimates](#)

Marital Status

Adults aged 60+ in Orange County, 2020, and percentage change since 2010



Source: [2020 American Community Survey 5-year Estimates](#)

Older Adults by Veteran Status

Adults aged 60+ in Orange County, 2020



Source: [2020 American Community Survey 5-year Estimates](#)

With Disabilities

Adults aged 60+ in Orange County, 2020



Source: [2020 American Community Survey 5-year Estimates](#)

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Older Adult: A Historical Context

According to the [Orange County Historical Society](#), Orange County was formed in 1889. As early as 1870, local residents tried to break away from Los Angeles to form their own county, but it was not until 1889 that the California Legislature passed a bill to allow a vote on county division. By the mid-1950s, Orange County’s farms were being replaced by tract housing. Existing cities began annexing territory in every direction, and new cities incorporated almost every year. Between 1953 and 1962, ten cities, from Buena Park to San Juan Capistrano, voted to incorporate. In 1963, Orange County’s population topped one million. More cities arose between the 1960s and 1990s, including Mission Viejo and Ladera Ranch. By the 1950s, Orange County had developed a variety of industries. They included tourism, manufacturing, and service, all attracting residents and job-seekers. Orange County is also home to [Laguna Woods](#), formerly known as Leisure World. It is originally a community built by Ross W. Cortese to meet the needs of those 55 years and older. Today, Orange County is home to more than three million residents with 34 incorporated cities and several unincorporated areas.

In 2020, the median age of Orange County was 38 years old, with Older adults representing one of the fastest growing segments. According to the OC Health Care Agency, approximately 25% of people in Orange County will be 60 years old or older by 2040. This newfound, growing population has resulted in the need for local government agencies and community organizations to re-evaluate and understand the changing health and social dynamics that their constituents face.

This demographic trend is reflected on the national level, too. The older adult population is growing at such a rapid rate in the U.S. that ten years from now, California will be home to 10.8 million people aged 60 and over, which is nearly twice as many older adults in 2010. In 2019, Governor Gavin Newsom ordered a statewide master

plan on the issue. The [Master Plan for Aging](#) states that soon one out every four Californians will be older adults, a demographic shift that will change structures of families and communities as well as the drivers of the California economy. The next generation of older adults in California will be significantly more diverse, will have a higher life expectancy, and will contribute in new ways to make the state a more vibrant place.

Orange County is developing its own version of an aging plan, and it’s a collaboration between the Social Services Agency, Community Resources’ Office on Aging, OC Health Care Agency, and the County Executive Office. The aim is to create a local aging plan specific to the needs of Orange County older adults. It will focus on the five goals in the state’s master plan: housing, access to health care, equity, caregiving, and economic security. In 2019, the county performed a public outreach on the aging plan. A public information workshop called “Mastering the Master Plan” was sponsored by the Orange County Strategic Plan for Aging. As California and Orange County age, we will also experience new challenges—more people staying in the workforce, more neighbors living alone, and many individuals enjoying less economic security than before.

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Top 10 Cities of Older Adult Residents

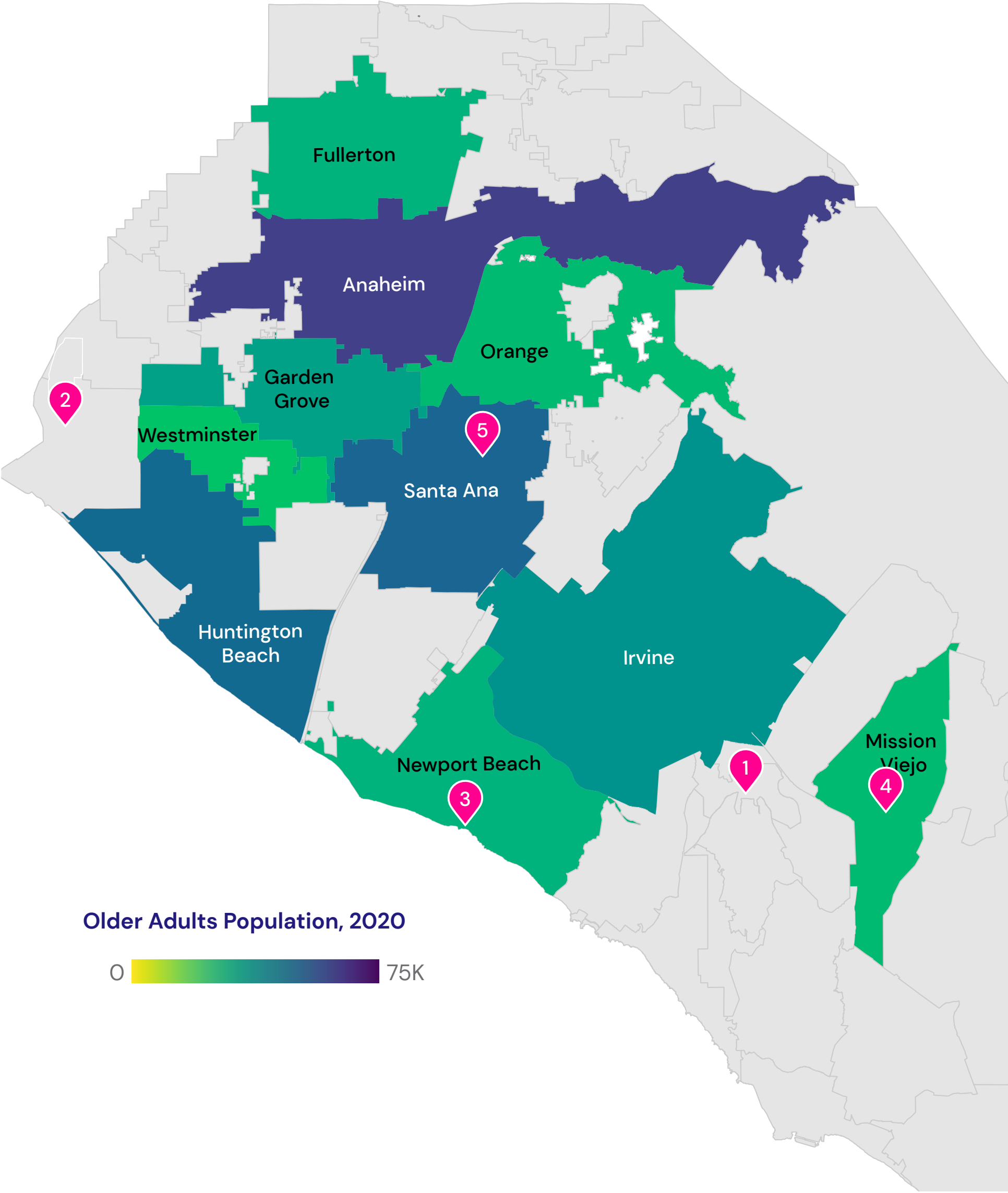
Top Cities With Populations of Older Adults (60+)

2020, with percentage changes since 2015

City	2020	City	2020
Anaheim	60,434 +17.7%	Fullerton	27,089 +15.9%
Huntington Beach	49,734 +17.7%	Newport Beach	27,058 +15.1%
Santa Ana	47,240 +28%	Mission Viejo	26,808 +19.8%
Irvine	37,961 +7.9%	Orange	26,714 +17.2%
Garden Grove	35,028 +16.8%	Westminster	21,298 +6.7%

Geographical Markers

- 1 Laguna Woods Village
- 2 Leisure World
- 3 Oasis Senior Center
- 4 Norman P. Murray Community and Senior Center
- 5 Asian American Senior Citizens Service Center



Source: [2020 American Community Survey 5-year Estimates](#)

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Older Adults and COVID-19 in OC

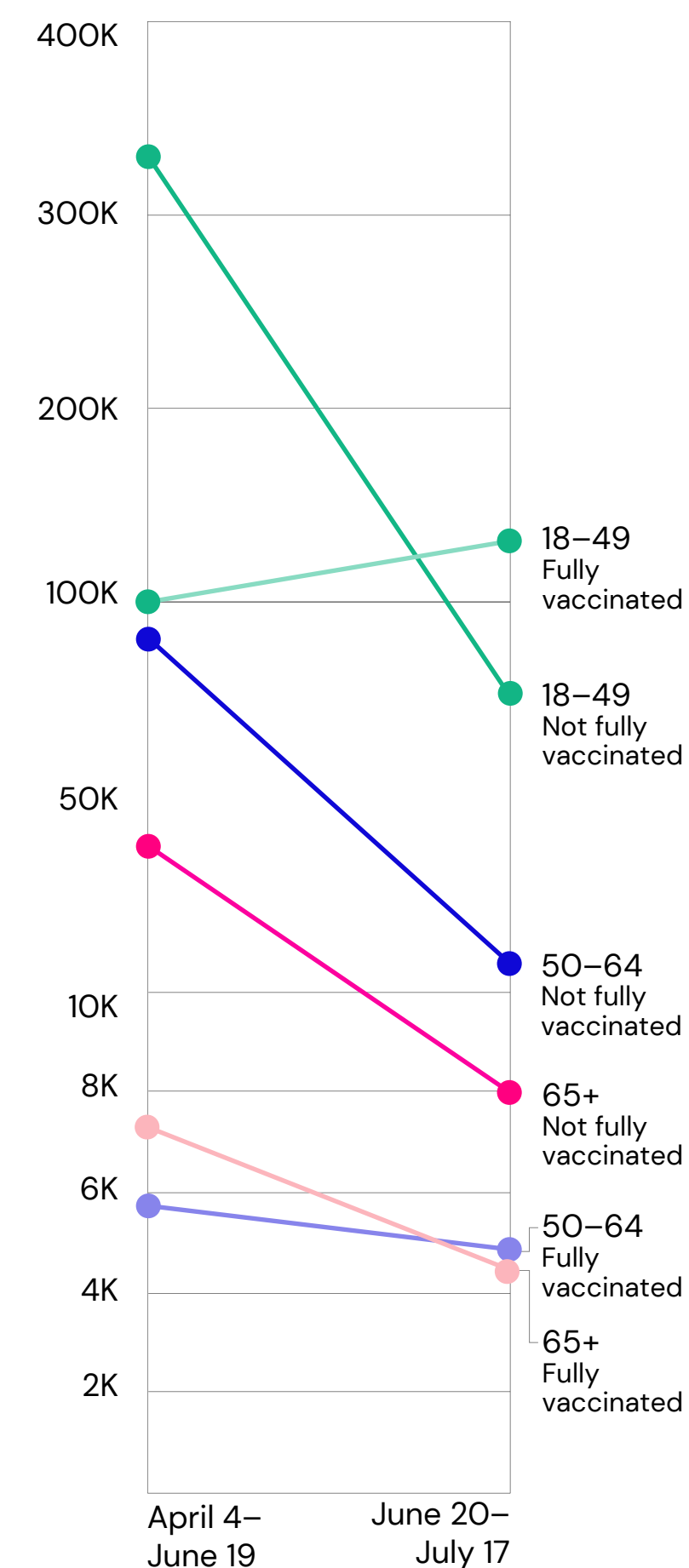
According to the OC Health Care Agency, as of May 10, 2022, over 500,000 cases and over 7,000 deaths have occurred in Orange County due to COVID-19.

Most of the 500,000 COVID-19 cases in Orange County did not include the patient's racial or ethnic data. This gap in data occurred for a variety of reasons. Some patients did not identify with a particular racial or ethnic classification, while some were not asked. As a result, we recommend avoiding generalizations about the impact of COVID-19 among various racial and ethnic groups.

According to the California Immunization Registry, 76.3% of Orange County residents older than 5 years are fully vaccinated. The vaccination rate of California is 75.1%.

Total Cases

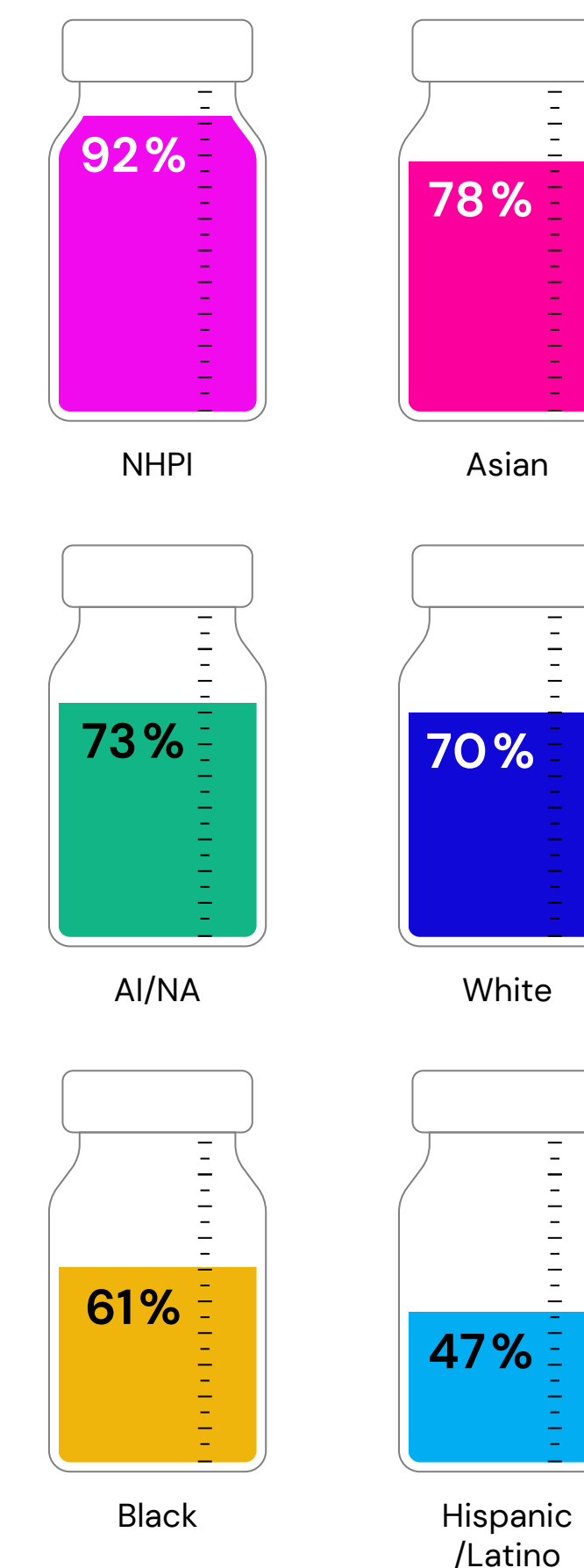
by age and vaccination status, 2021



Source: OC Health Care Agency

Vaccination Rate

per 100K population, 2021



Source: OC Health Care Agency

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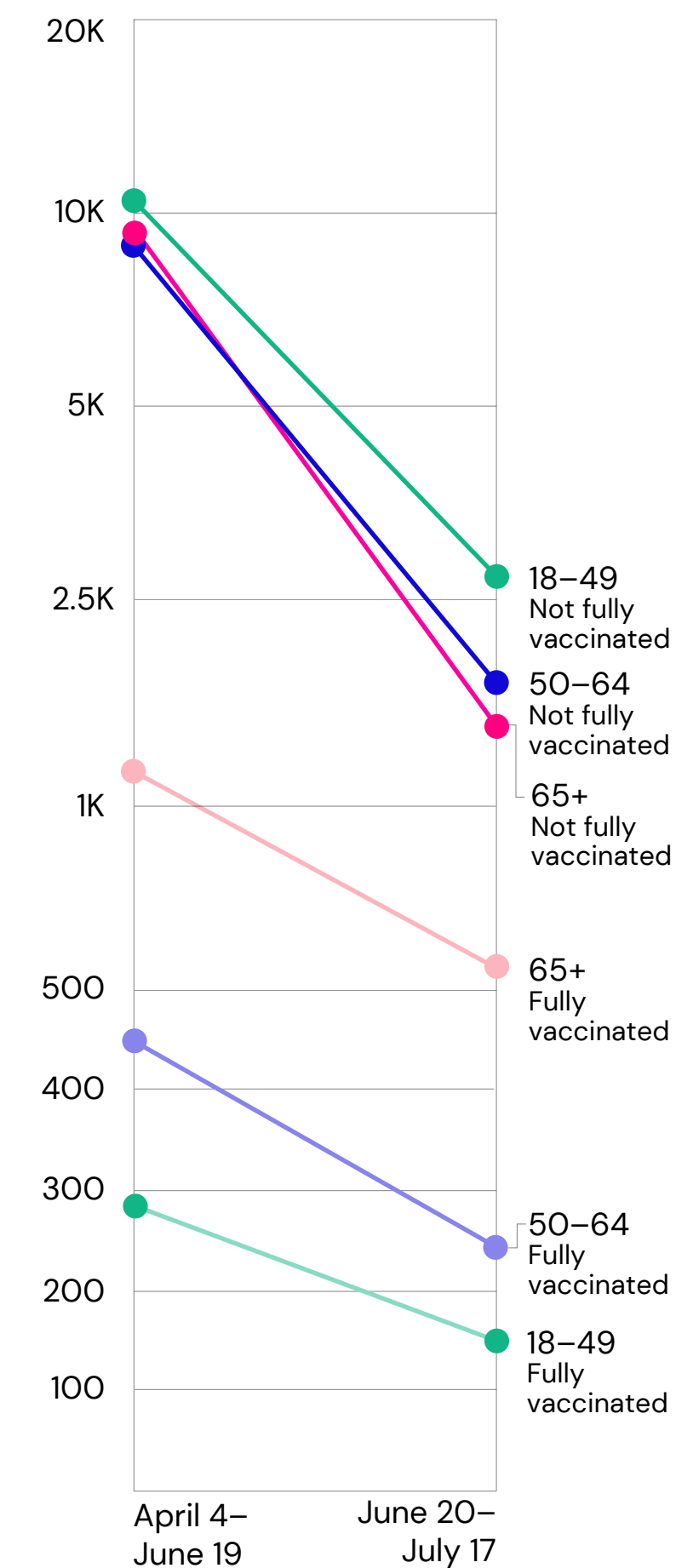
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Older Adults and COVID-19 in OC (continued)

Data show that older adults are getting vaccinated at similar rates to younger Orange County residents. From April to July 2021, the number of vaccinated people who were hospitalized and had COVID-19-related deaths were lower when compared to the non-vaccinated population. In 2021, the number of COVID-19 cases among the older adult population was lower than younger age groups. Despite this, they faced the highest death rate and were among the most hospitalized. This suggests that COVID-19 disproportionately affected the older adult population, even among the vaccinated.

Hospitalizations

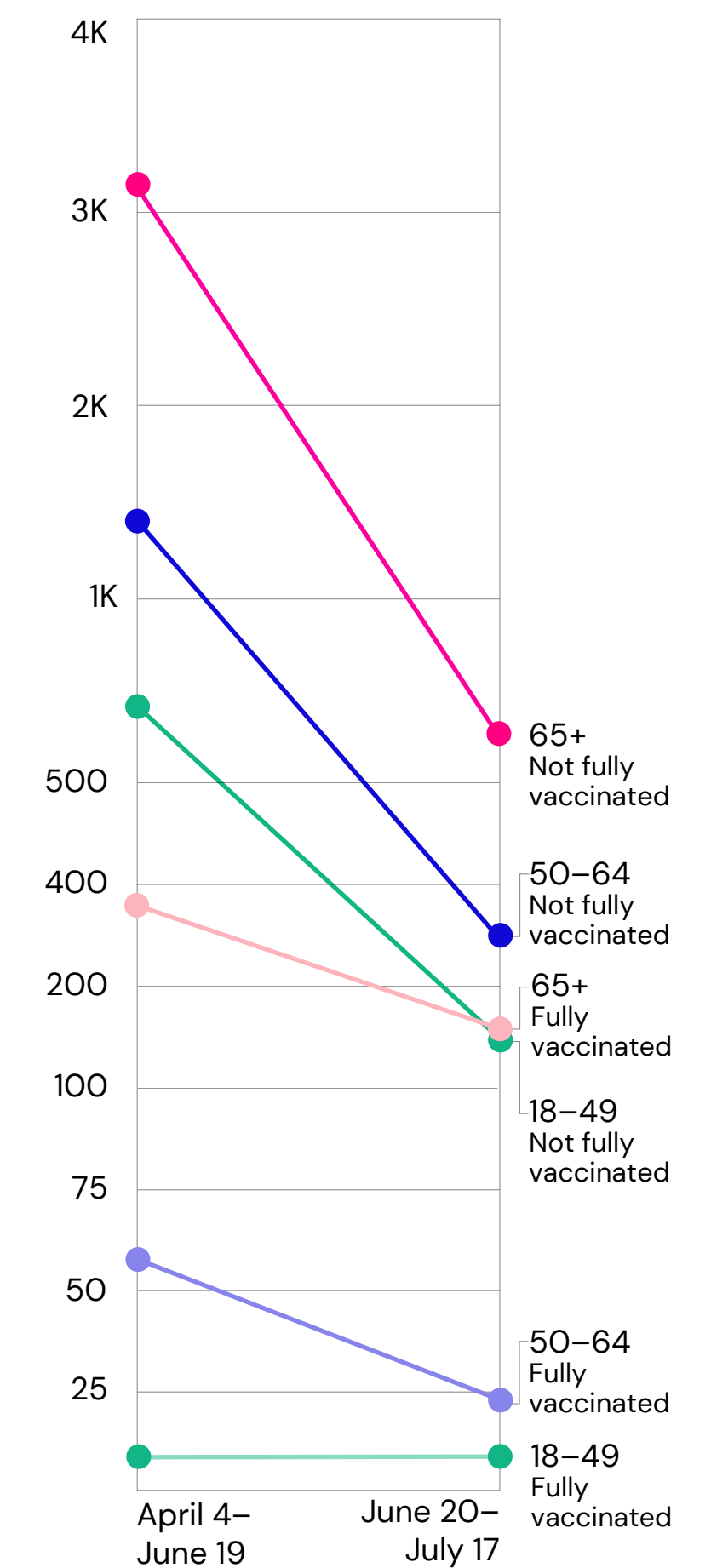
by age and vaccination status, 2021



Source: OC Health Care Agency

Death Rate

by age and vaccination status, 2021



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Health and Mortality

According to the National Institute on Aging, 80% of adults 65 and older have at least one chronic condition, while 68% have two or more. The 10 most common chronic conditions are: hypertension, high cholesterol, arthritis, coronary heart disease, diabetes, chronic kidney disease, heart failure, depression, Alzheimer’s disease and dementia, and chronic obstructive pulmonary disease (COPD).

To address health disparities related to aging, the National Institute on Aging has supported Alzheimer’s disease research. Research shows that Alzheimer’s disease is more prevalent among Blacks and Latinos than other ethnic groups in the U.S. Although Alzheimer’s disease affects some ethnic groups and genders at disproportionate rates, it is currently the seventh leading cause of death in the U.S. and is more common in older adults.

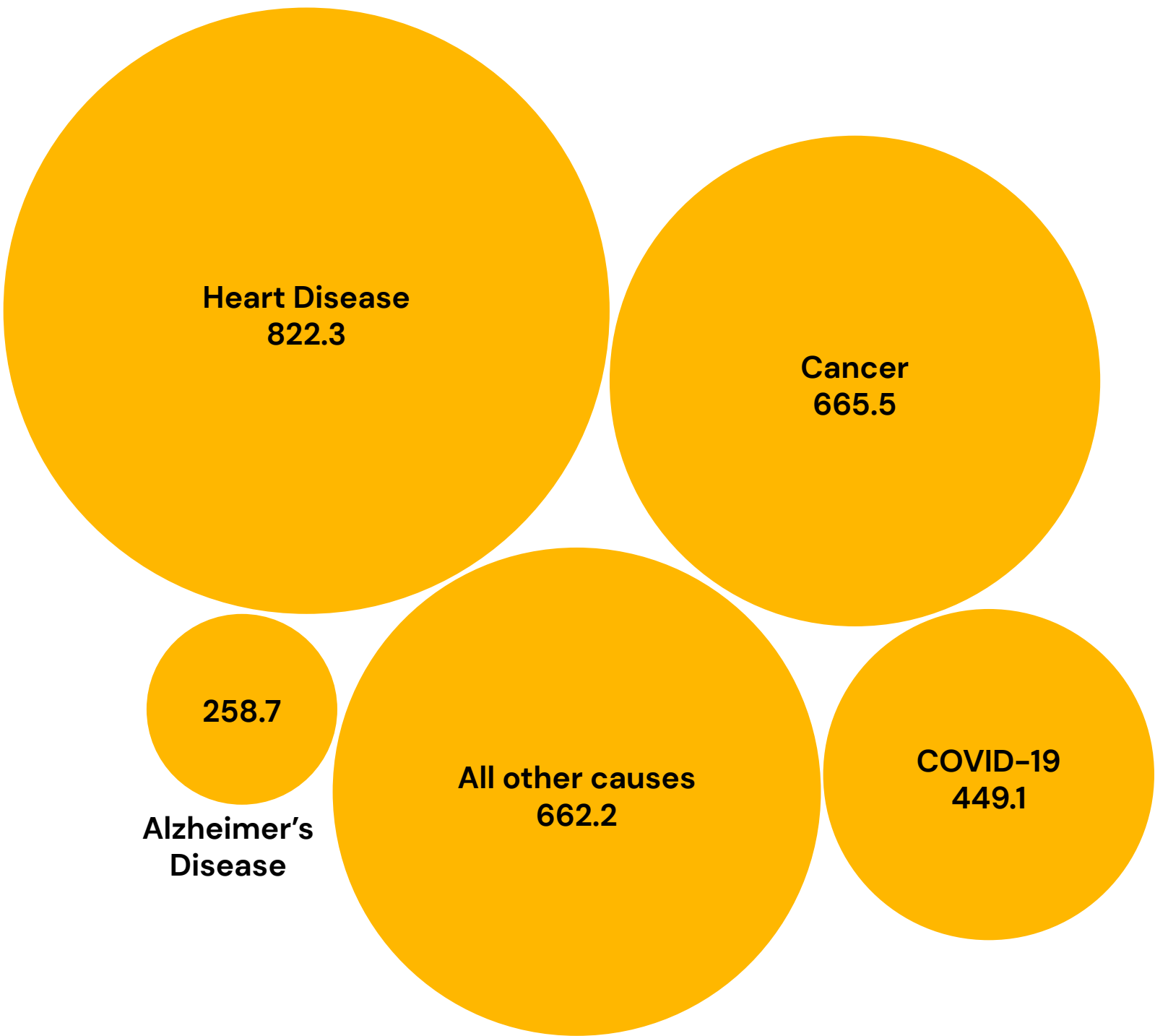
Lack of access to care can worsen health disparities in older adults. Enrolling in the Medicare program and accessing its benefits can be complex and is often confusing for older adults. The process can be even more challenging for older immigrants since they might not have work history in the U.S., not be citizens, or have limited English proficiency.

The Orange County health status profile for 2019 shows that the leading causes of death are cancer, Alzheimer’s disease, and coronary heart disease. These data are similar to the top leading causes of death in the older adult population in the U.S. An exception is respiratory diseases, which affects more older adults in Orange County.

Top 5 Leading Causes of Death Among

Older Adults in Orange County

2021, and crude rate per 100,000 older adult population



Source: CA Department of Public Health

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Health and Mortality

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Living with Reduced Physical, Mental, and Medical Capacity

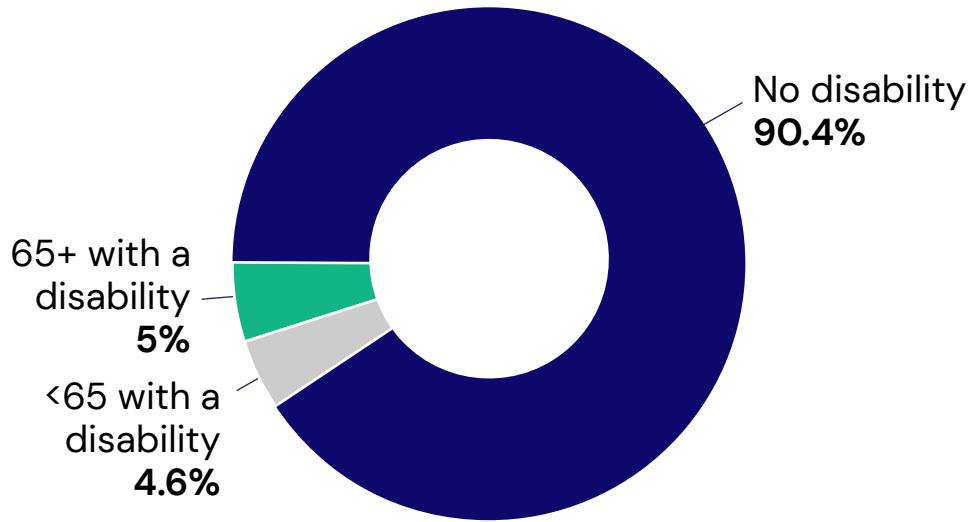
A strong relationship exists between disability and health, which can impact quality of life. How a person is limited by disability is dependent on the social and economic environment in which they live. As people get older, there are many physical, financial, and medical considerations which can cause or increase the severity of disability. The disability rate of those between 65 and 74 years old is about 18%. The disability rate more than doubles to 46% for those older than 75.

It is not uncommon for older adults to be caregivers for family members with disabilities, especially when it is their own children. These individuals may be affected by Down syndrome, amyotrophic lateral sclerosis (ALS), mental health issues, and/or mobility impairment due to accident or injury. In the U.S., an estimated [800,000 to a million adults](#) over the age of 60 are caregivers for a loved one with a disability. This puts a physical strain on the parents as they age and also causes [additional anxieties](#) regarding who will care for their children when they are no longer able to. Available options for caregiving include independent living programs and group homes, which can be fully funded by insurance. Some resources available in Orange County include [Independent Living Center of Southern California](#), [OC Health Care Agency](#), and [Easterseals Southern California](#).

- Disabilities can be categorized into three main types:
- Lifelong or congenital
 - Due to trauma (for example, accidents, injuries, lived experiences, etc.)
 - Related to age (for example, arthritis, reduced eyesight or hearing, chronic diseases, etc.)

Older Adults with Disabilities in Orange County

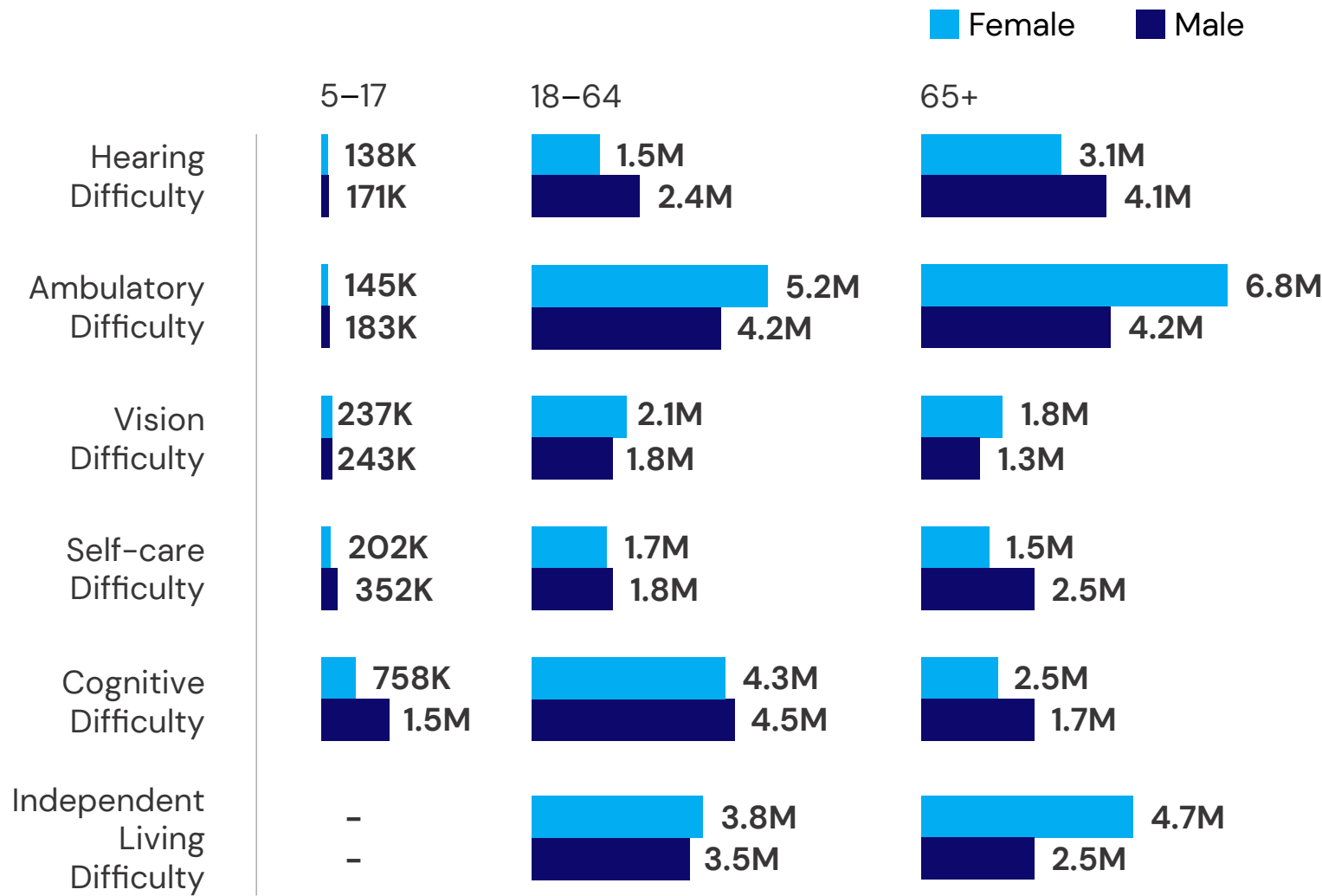
Number of Americans with a disability by age, sex, and disability type in 2018.



Margin of Error: Disability Compendium figure = 8.5% of the county are disabled = 270,894
Error: 36,689 people = 1.15%

Americans with a Disability

Number of Americans with a disability by age, sex, and disability type in 2018.



Source: [2018 American Community Survey](#)

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Health and Mortality (continued)

Older Adult Care and Support

Over 7 million Americans aged 65 and older experience difficulty with independent living. Some terms describing various degrees of independent living difficulty among older adults are:

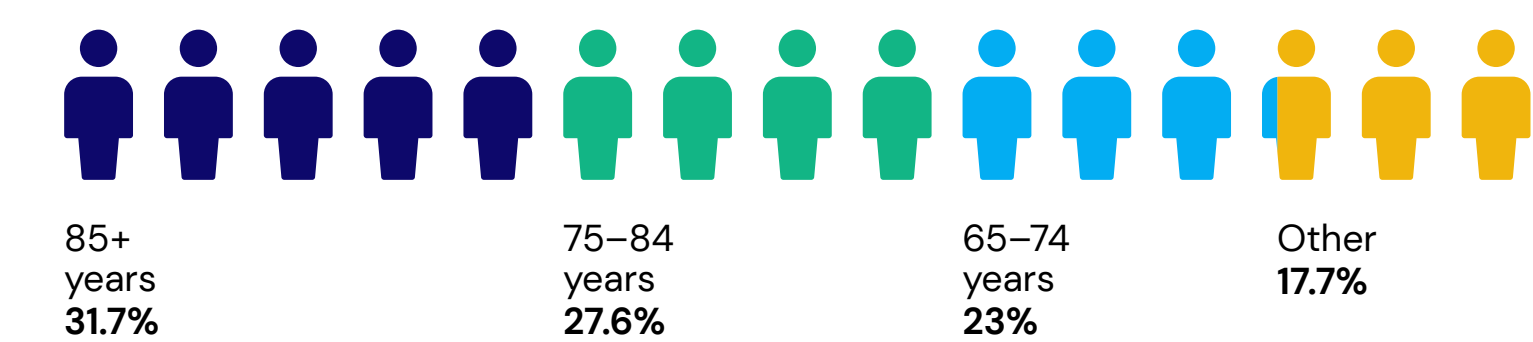
- Conservatorship (or older adult guardianship)** is when a representative appointed by a judge is responsible for another individual who is unable to care for themselves or manage their own finances. Probate conservatorships are the most common types of conservatorships. Probate conservatorships “are established for individuals who are unable to care for themselves or are subject to physical, mental, or financial abuse where no other alternative exists.” Conservatorships are most common among individuals who suffer from dementia, traumatic brain injury, or other cognitive impairments.
- Power of attorney (POA)** gives a representative, often a close family member, the right to manage the affairs of another individual. A general POA usually happens when an individual still has the capability to handle their affairs (legal, financial, etc.) but would rather someone else do it. This right can be revoked at any time and is automatically canceled once the individual is incapacitated. If the individual wants to continue the POA after they can no longer make decisions, they can pursue a durable POA. A durable POA allows the representative to act on behalf of the individual when the individual is unable to handle their affairs. This can include paying bills, managing investments, and

receiving medical care. A durable POA is often recommended for the older adult population because of the higher likelihood of health emergencies.

- Assisted living** is when an individual needs help with activities of daily living (ADLs) to maintain their health and safety. Assisted living does not include constant attention or skilled care by a licensed nurse. This type of care is also called “Residential Care for the Elderly (RCFE),” or “Board and Care.” While some long-term care insurance policies cover this type of care, older adults or their families generally must pay for it out of pocket. In Orange County, this care can cost between \$3,000 to \$10,000 or more per month, which has created a “[forgotten middle](#).” The forgotten middle are older adults who are unlikely to qualify for Medi-Cal but lack the resources to pay for the housing and care options that they need or want. By 2033, an estimated 16 million older adults in the U.S. will experience this gap.

Age in Long-term Care Facilities

Older adults 65+ in California in 2019



Source: [County Health Rankings](#)

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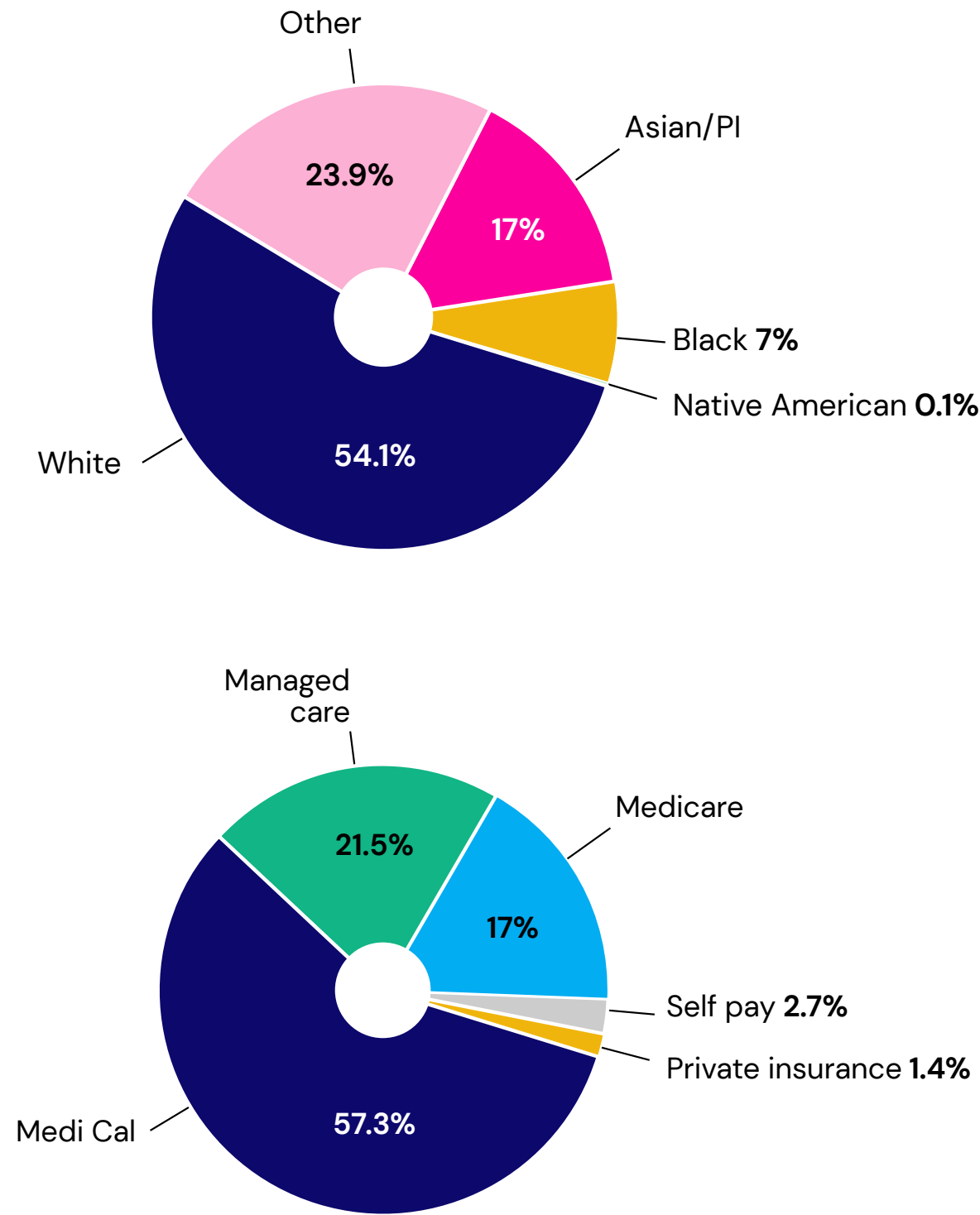
Long Term Care Facilities

A [study](#) of older adults who use long-term care facilities shows that non-Hispanic Whites are more likely to use these facilities than other groups. Cultural factors play a role in these differences. Filial piety, a concept of respect and obligation to older adults in the family, is prevalent in Asian, Pacific Islander, and Native Hawaiian (ANHPI) cultures. Many studies connect filial piety to ANHPI caregiver beliefs, attitudes, and behaviors across multiple ethnicities. Filial piety may explain certain caregiver relations, such as when adult children share a home with their parents. Additionally, familism (a strong identification with and prioritizing of family over personal needs), is common among Latino cultures. It is an obligation to care for the older adults in the family (abuelas, padres, tias, and tios), and those who provide care often do not identify as caregivers.

Studies show that older adults of many racial minorities (Blacks, Native Hawaiians and Pacific Islanders, and American Indians and Alaska Natives) often have self-care difficulties. A notable trend is the increased independent and self-care living difficulties among other Asians (15.3%) and Native Hawaiians and Pacific Islanders (9%). Another trend is the higher proportion of older adults with independent living difficulty (12%), compared to self-care difficulty (7.5%). This suggests that most older adults are provided care, so they can remain at a level of living with assistance.

Long-term Care Facility Use

Older adults 65+ in California in 2019



Source: [County Health Rankings](#)

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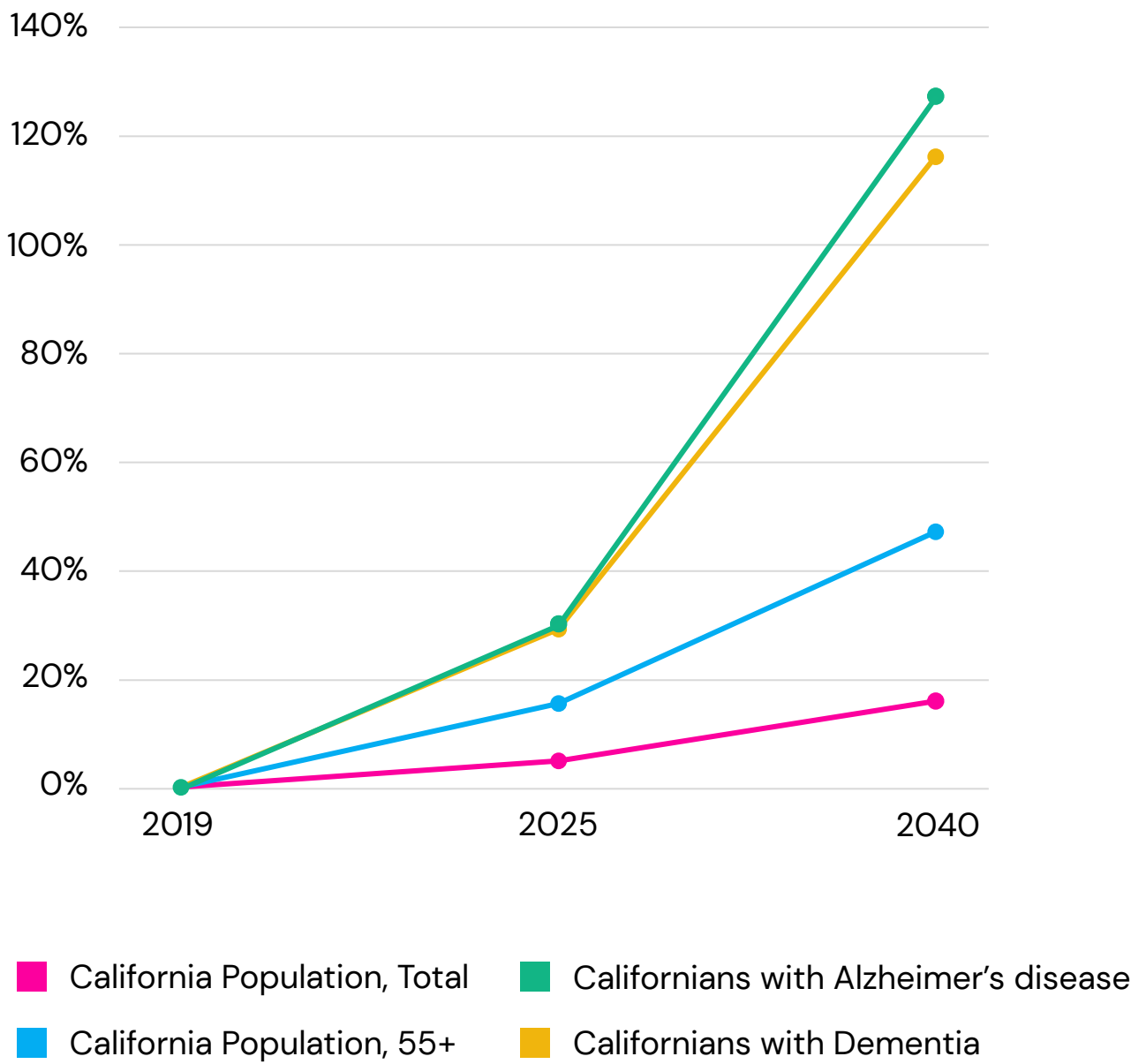
Dementia and Alzheimer’s Disease

Cognitive decline in older adults is defined as difficulty in thinking, memory, concentration, and other brain functions beyond what is expected because of aging. These changes can come suddenly or gradually and can be permanent or temporary. Some signs of cognitive decline can include forgetfulness, losing one’s train of thought, becoming more impulsive, or increased poor judgment. Many health conditions, including mental health diagnoses, can affect the brain and can be a risk to cognitive function. Depression and anxiety can lead to confusion or attention problems that could be linked to dementia.

Many older adults are at risk of developing dementia, which is an umbrella term to describe symptoms associated with severe cognitive decline. While many older adults often experience memory loss and difficulties associated with age, dementia is not a “normal” process of aging. Dementia can be much more severe, and those as young as 40 years of age can be diagnosed with dementia. Dementia can impact other areas of cognition that can affect day-to-day activities. This includes decision-making, problem-solving, and moderation of mood and behavior.

Estimated Percent Increase in Dementia or Alzheimer’s Disease

Population of California and in Californians Age 55+



Source: [2021 Alzheimer’s Disease and Related Dementias Facts and Figures in California: Current Status and Future Projections](#)

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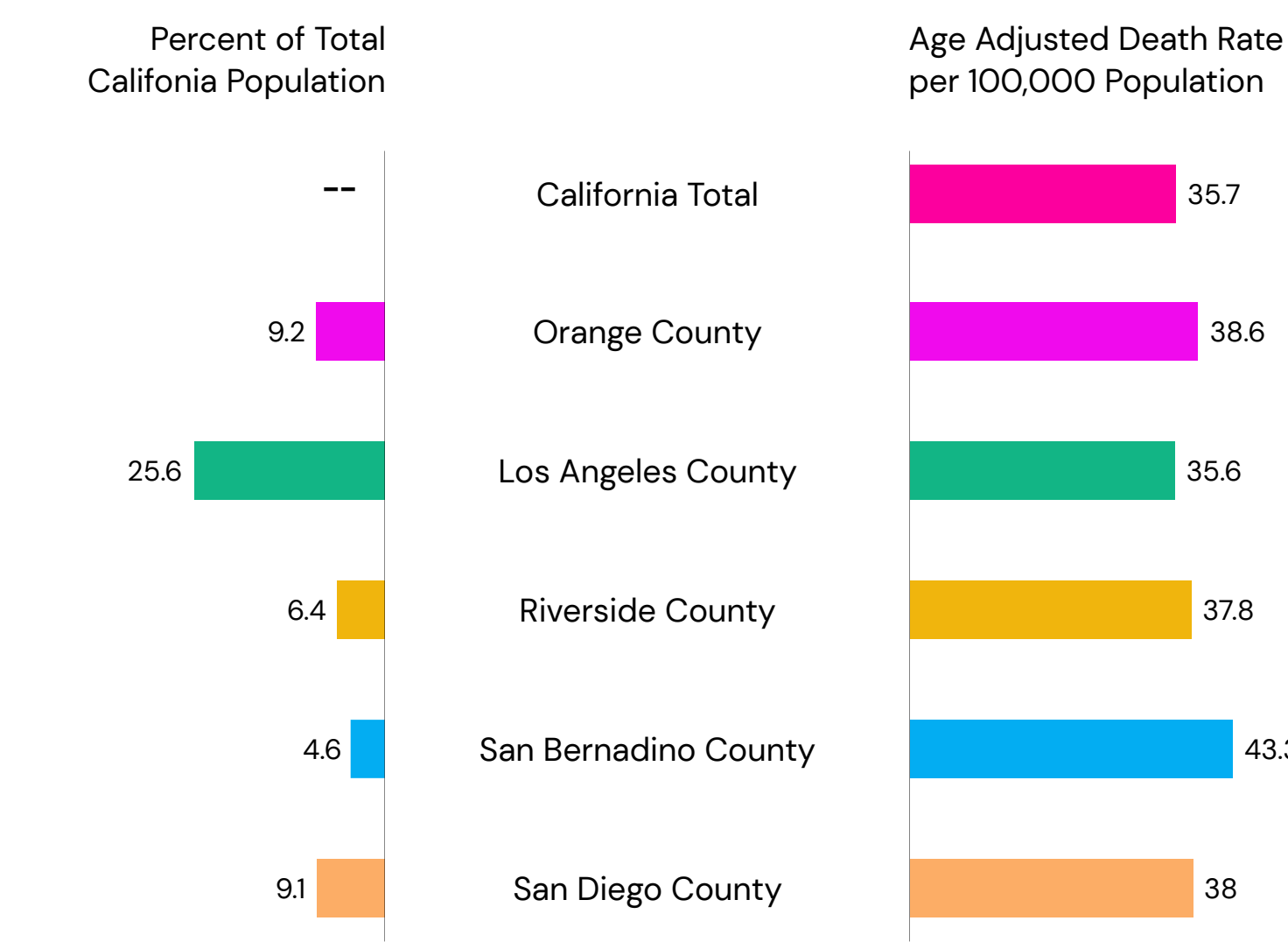
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One of the most common causes of dementia is Alzheimer’s disease, and it accounts for 60% to 80% of cases. Those diagnosed with Alzheimer’s disease experience gradual cognitive decline because of cellular damage to the brain. Loss of brain cells is irreversible and can lead to changes in brain structure and function, eventually resulting in cognitive impairment. Early symptoms may be mild, but their severity increases as time progresses. Eventually, it can become difficult to live and function without in-home assistance or palliative care.

Very little is known about the onset of Alzheimer’s disease. Age increase is the largest risk factor, which makes the older adult population most vulnerable. Although therapeutics on the market target Alzheimer’s disease, current medicine is mainly concerned with slowing the progression of the disease rather than preventing it. Therefore, it is critical to have an early diagnosis to ensure that treatment can begin as soon as possible. Prevalence of Alzheimer’s disease in California will increase in the next 20 years. In Orange County, an estimated 84,000 people are currently living with or are at risk for Alzheimer’s disease, which is a leading cause of death in the county. As of 2018, Orange County experienced nearly 40 deaths per 100,000, a higher rate than California or the U.S.

Three-Year Average Number of Alzheimer’s Disease Deaths in California Counties

2015–2017



Source: [2021 Alzheimer’s Disease and Related Dementias Facts and Figures in California: Current Status and Future Projections](#)

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Health and Mortality

(continued)

Mental Health Among Older Adults

Psychological distress can affect all aspects of our lives. For older adults, they may experience the loss of independent living, limited mobility, chronic pain, or other mental or physical problems. Older adults are also more likely to experience loss of loved ones, socioeconomic status change because of retirement, or disability.

Depression is one of many mental health issues that older adults encounter and can lead to impaired functioning in daily life. Unfortunately, its symptoms are often overlooked and untreated because they can occur alongside other problems. Older adults with symptoms of depression may have poorer functioning compared to those with chronic medical conditions. This can increase perceptions of poor health and cause greater use of health care services. All of these can prevent the older adult population from seeking the resources they need.

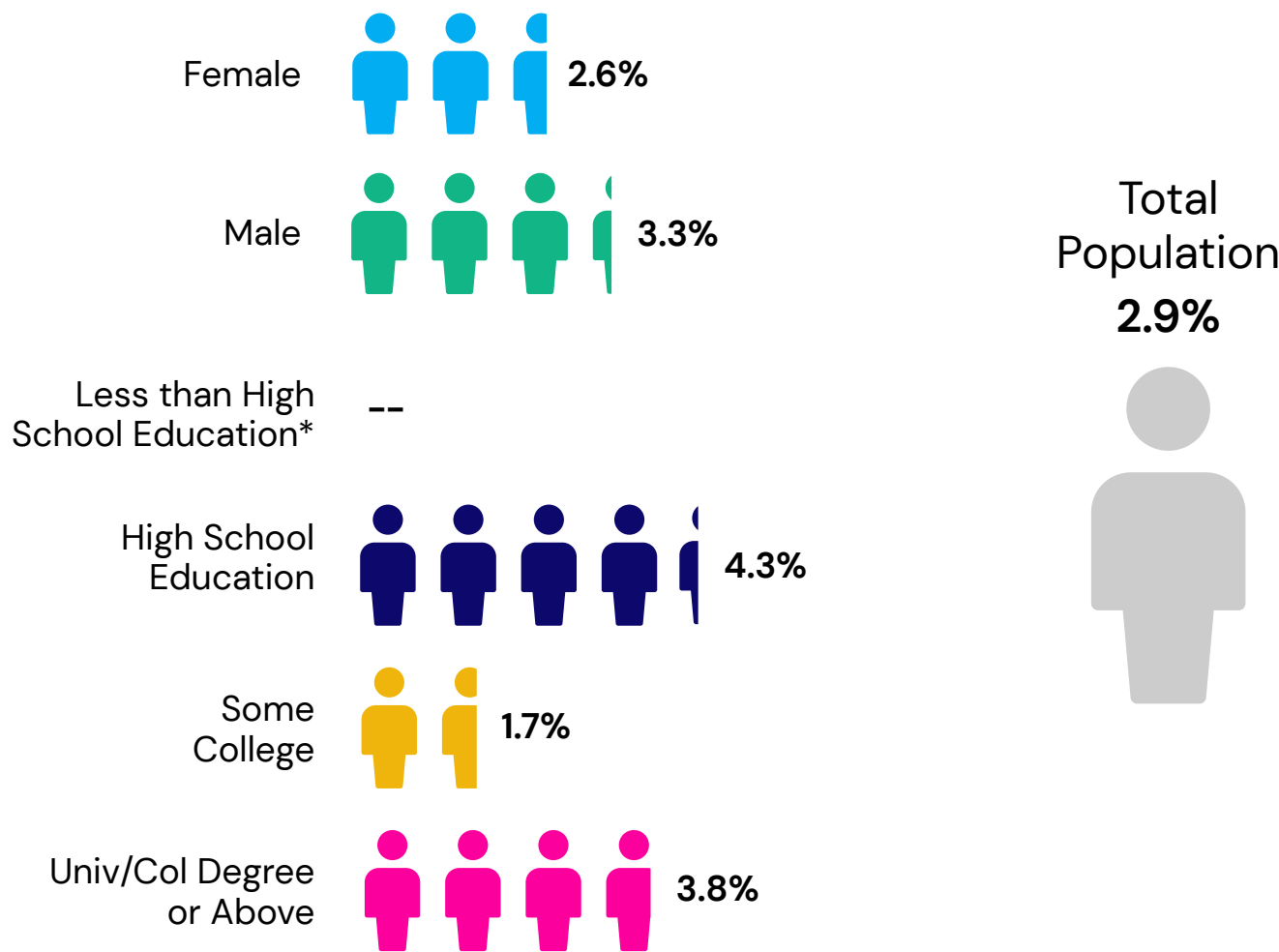
Several studies show the negative effects of loneliness and social isolation on mental health and wellbeing. Loneliness is a source of silent suffering for older adults and can lead to other major risk factors. According to a 2020 [study](#) on social isolation and loneliness, having less social connections increases the risk for premature death. This is because isolation increases the risk of cognitive decline, dementia, depression, high blood pressure, and negative health factors.

Older adults had difficulty managing the challenges brought by the COVID-19 pandemic. High transmissibility of COVID-19 and dangerous complications associated with pre-existing health conditions meant that older adults needed protection from potential exposure. Social distancing forced older adults into

isolation, which increased loneliness. Some families were unable to see their loved ones, and everyone had to adjust how they interacted with the community. In 2020, 2.9% of adults aged 60 years or older (approximately 20,000 Orange County residents) reported experiencing psychological distress in the past year. Psychological distress includes feelings of nervousness, hopelessness, restlessness, depression, demotivation, and worthlessness.

Psychological Distress of OC Adults

Percent of OC Adults Age 60 or Older Who Experienced Psychological Distress in 2020



*Groups with 500 members or less were excluded.

Source: [Let's Get Healthy California](#)

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Health and Mortality (continued)

Suicide Risk Among Older Adults

A troubling public health issue associated with older adults is suicide. Between 2000 and 2018, the suicide death rate increased 30%, then decreased in 2019 and 2020. 46,000 deaths by suicide took place in 2020, which made it the 12th leading cause of death in the U.S. According to the Substance Abuse and Mental Health Services Administration ([SAMHSA](#)), that same year, 12.2 million adults seriously thought about suicide, 3.2 million made a plan, and 1.2 million attempted suicide in the past year.

Recorded suicide attempts among older adults are usually more lethal than those among the younger age groups. Older adults are nearly twice as likely to use firearms as a means of suicide, compared with adults younger than 60. Older adults may also exhibit passive self-harm behaviors that can result in death, such as refusing food, medications, or liquids. These are rarely recorded as suicide attempts or suicide deaths.

Suicide among adults ages 65 years and older cost more than \$1.8 billion in combined medical and work-loss related expenses in 2013. This averages between \$66,218 and \$243,883 per deceased individual among older adults. The suicide rate of older adults is higher among:

- Men (when compared with women)
- Individuals aged 85 and older (when compared with those aged 65–74 and 75–84)
- White adults (when compared with American Indian and Alaska Native, Asian, Native Hawaiian and Pacific Islander, and Black adults)
- LGBTQ adults (when compared with straight adults; lifetime discrimination and victimization based on sexual orientation may contribute to this higher suicide rate)

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What are Social Determinants of Health?

The World Health Organization (WHO) defines social determinants of health (SDoH) as the conditions in which people are born, live, learn, work, play, worship, and age that impact health outcomes of a person or community. These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels. These forces are outside the control of an individual or community and can greatly affect their overall health and well-being. Addressing these SDoH requires collective community action on a systemic level. The following pages highlight the status of the Older Adult population in Orange County across three social factors:

Health and Mortality

Comparing how long a group lives and determining their quality of life to the population at large can be a baseline for whether systemic disparities exist and how these disparities impact the community.

Economics and Education

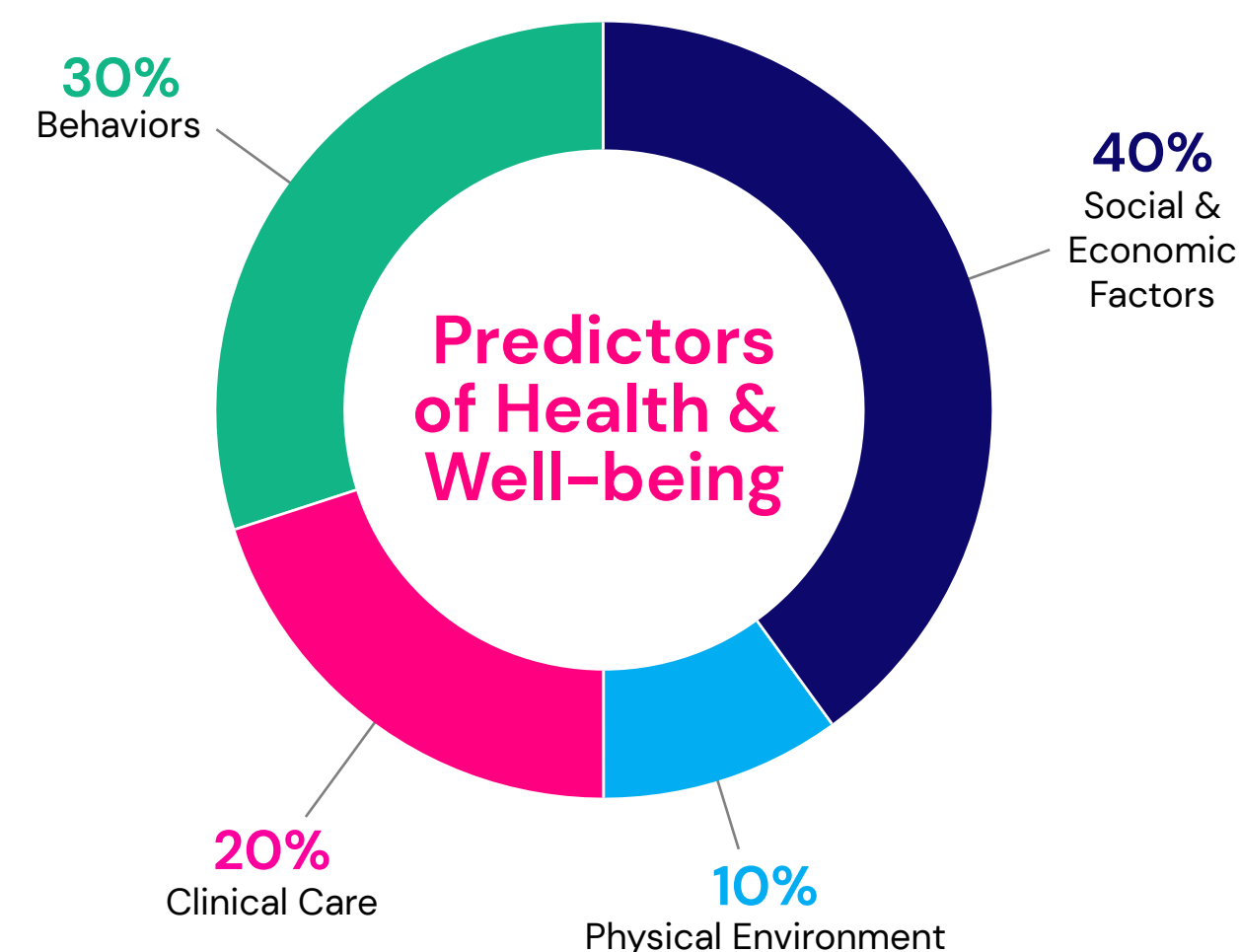
Education does more than determine one's income. Individuals with higher education are more likely to be healthier and live longer. Improving education in various communities can bring significant health benefits to everyone.

Built Environment and Social Context

Where someone lives, how an individual gets around, and what is going on in a person's community can greatly impact both individual and community health and well-being. Things like neighborhood walkability, cleanliness of air and water, and even the age of buildings in the community can affect quality of life.

It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and political environment conspire against such change.

National Academy of Medicine



Source: [County Health Rankings](#)

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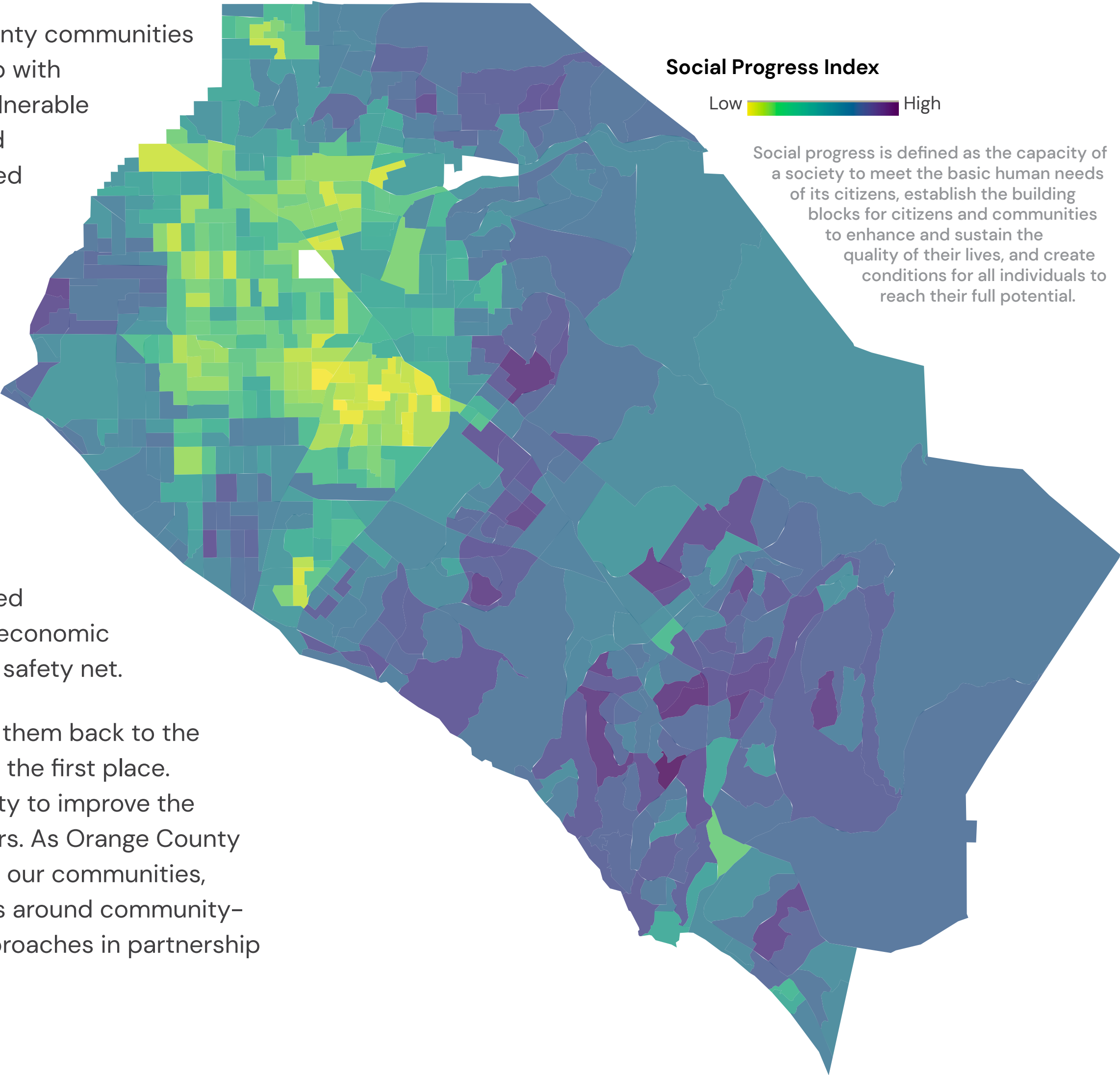
Mapping the Disparity

The COVID-19 pandemic impacted Orange County communities unequally and disproportionately. In partnership with AdvanceOC, a local non-profit, we identified vulnerable communities using comorbidity risk factors and social vulnerability. This rigorous analysis resulted in the Orange County Equity Map and guided the county’s response and management of the pandemic.

What We Learned

The OC Equity Map measures social progress in various census tracts of the county. Analyzing and layering COVID-19 cases in Orange County showed that higher concentrations of COVID-19 cases occurred in low social progress areas. The pandemic exposed and magnified existing racial, gender, and socioeconomic inequities, including flaws in the county’s social safety net.

We cannot treat and heal individuals then send them back to the systems and conditions that made them sick in the first place. Orange County sees COVID-19 as an opportunity to improve the health and well-being of all community members. As Orange County charts a path forward to rebuild and strengthen our communities, the Health Care Agency will center these efforts around community-informed, data-driven, and equity-oriented approaches in partnership and collaboration with community members.



Source: [OC Equity Map](#), [AdvanceOC](#)

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SDoH Impacting Older Adults

Food Insecurity

In pre-pandemic Orange County (2016–2018), the California Health Interview Survey (CHIS) estimated the food insecurity rate for low-income adults aged 65 years and over to be 29.4%. Low-income individuals are those living 200% below the Federal Poverty Level. It is estimated that in Orange County, somewhere around 113,000 to 200,000 older adults may not have enough to eat. COVID-19 has worsened this problem. Second Harvest, Orange County’s largest distributor of food to the needy, gave away 7 million pounds of food in July 2020. By February 2021, the volume was reduced to 5 million pounds, an amount still twice the pre-pandemic level. Figures from the Orange County Office on Aging show a 63% increase in senior meals between the periods of 2019–2020 and 2020–2021. The Feeding America report “The Impact of the Coronavirus on Food Insecurity” in 2020 and 2021 says, “After the Great Recession, it took nearly ten years, until 2018, for food insecurity to return to pre-recession levels, and even then, 37 million people were still at risk of hunger.”

Elder Abuse and Victimization

Abuse of older adults, also known as elder abuse, can be a single or repeated act. It may also be a failure to act. It can occur within any relationship where there is an expectation of trust and causes harm or distress to an older person. Individuals aged 65 and older often experience the same crimes as the rest of the population, but they may be less likely to recover from their victimization. Worse yet, older adults are often sought out because of their age and decreased likelihood of the crime being reported.

According to The World Health Organization, approximately 10% of older adults over the age of 60 have experienced elder abuse. The seven most common types of elder abuse are physical abuse, emotional abuse, financial abuse, sexual abuse, neglect, self-neglect, and abandonment. Studies show that crimes against older adults are highly underestimated since some older adults are not included in surveys. This includes individuals with degenerative diseases or cognitive disabilities like dementia, Alzheimer’s disease, and Parkinson’s disease.

While older adults most often face mistreatment by family members or acquaintances, nearly half are perpetrated by strangers. Abuse rates are high in places where people have entrusted their loved ones to be cared for, such as nursing homes and long-term care facilities. [Two in three staff](#) have reported committing abuse in the past year. In 2020, 5,568 confirmed cases of elder abuse were reported in Orange County, according to data from the OC Health Care Agency. Elder abuse cases have been increasing since 2005.

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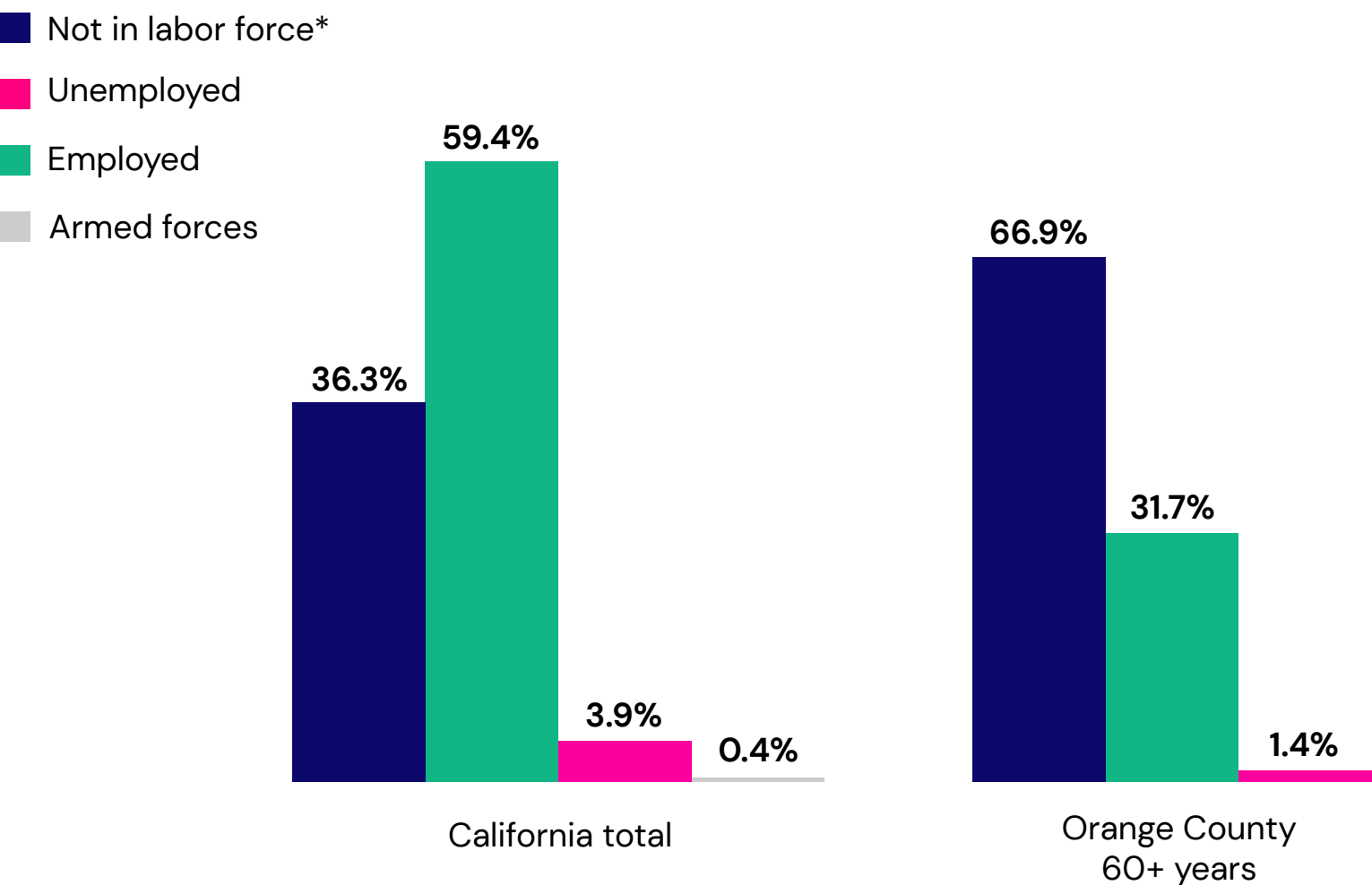
Economics and Education

Educational Attainment for Older Adults

The percentage of older adults with a high school degree or General Educational Development (GED) has dropped 4% in the last ten years. On the other hand, the number of older adults with a bachelor’s degree or higher and the number of older adults with some college or associate degree has increased.

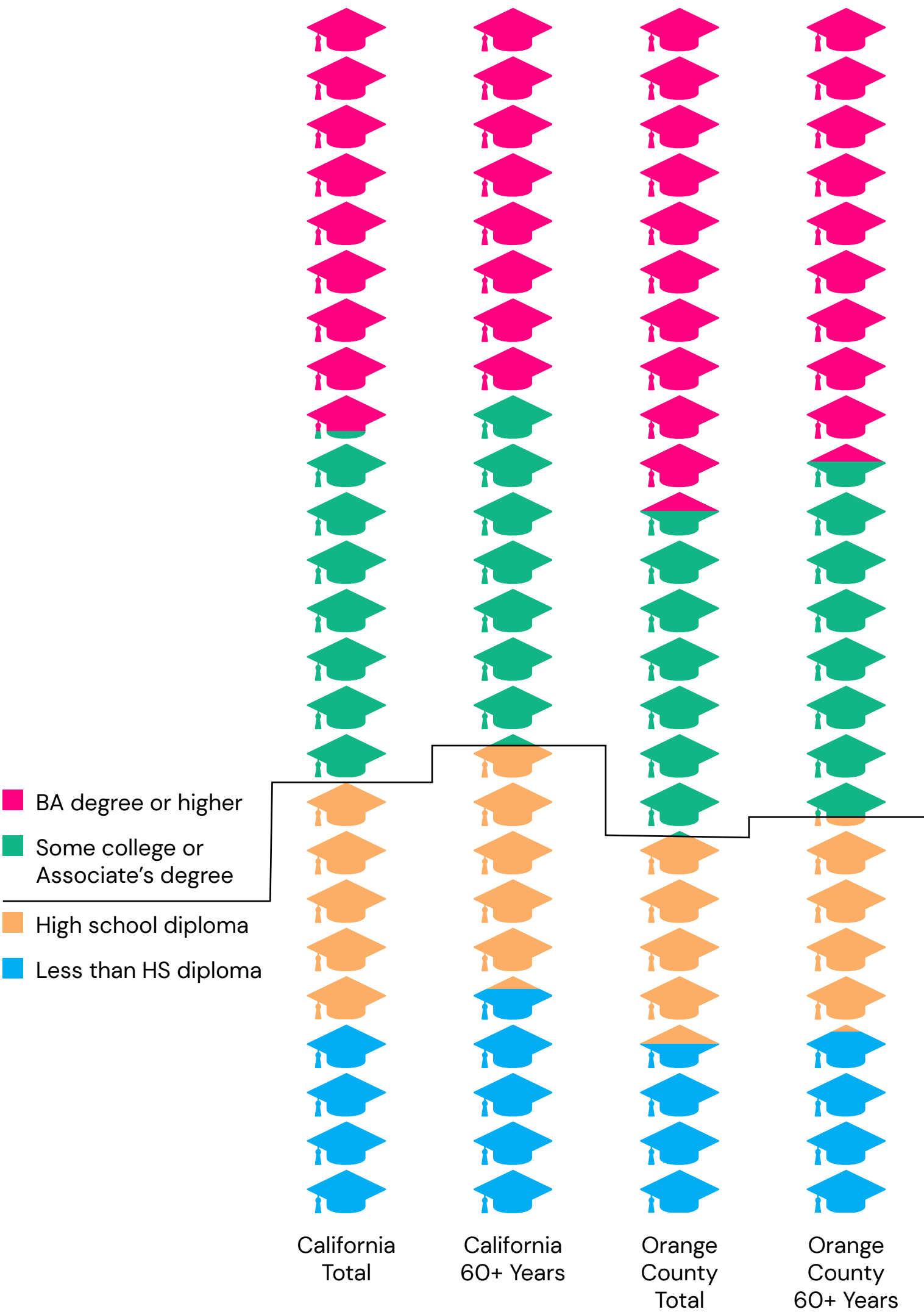
Employment

In 2020



*People who are not in the labor force include retired people, students, those taking care of children or other family members, and those who are neither working nor seeking work.

Source: [2020 American Community Survey 5-year Estimates](#)



Source: [2020 American Community Survey 5-year Estimates](#)

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Economics and Education (continued)

Income

Older adults make a living in a variety of ways. They can be part of the workforce. They can also receive assistance through Social Security (68.3%) and Supplemental Security Income (7.3%). Retirement income (41.8%) is also an important part of many older adults’ finances. Increases in retirement income has increased the average yearly income of older adults to \$40,449. This has increased over \$12,500 since 2010.

Poverty and Housing

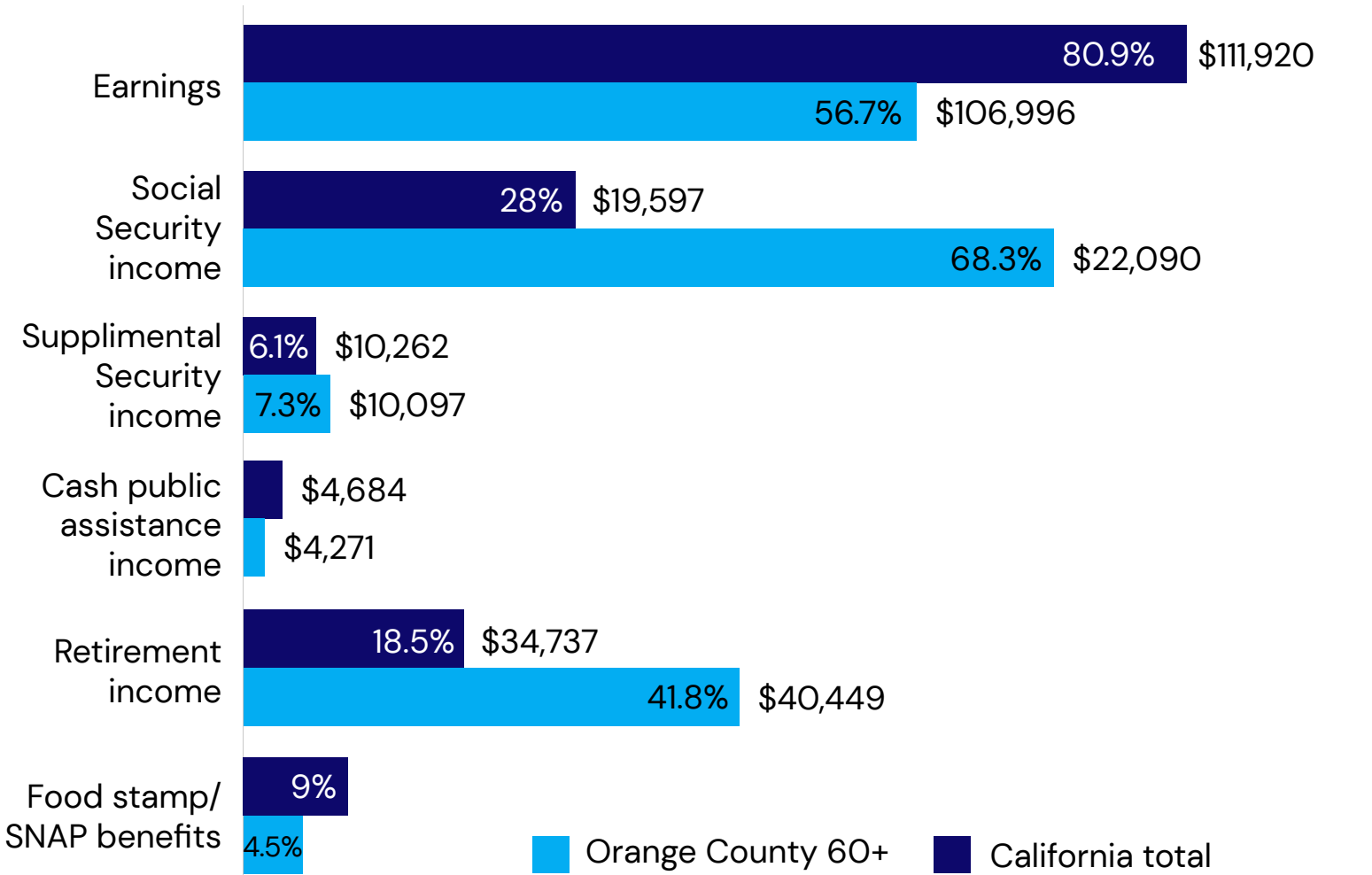
The Elder Economic Security Index considers local costs for housing, health care, food, and transportation. It can provide a more complete estimate of the financial state of older adults. According to the 2019 California Health Interview Survey (CHIS) estimates, 25.6% (124,236) of older adults in Orange County have a household income below the Elder Economic Security Standard Index. This percentage has increased compared to estimates from 2015, where 9% of single older adults and 9.6% of older adult couples in Orange County living were below the Elder Economic Security Index.

The number of low income older adults is increasing. California Health and Human Services data estimate that 70,900 adults over age 60 living in Orange County were ‘[low income](#)’ in 2020. It was an increase from 68,900 adults in 2019. This is calculated by comparing income to a standard expenditure like housing cost.

Housing affordability is defined as paying no more than 30% of income toward housing cost. Orange County’s median housing burden is 44%, which exceeds affordability standards. The cost of living in Orange County is among the highest in the state.

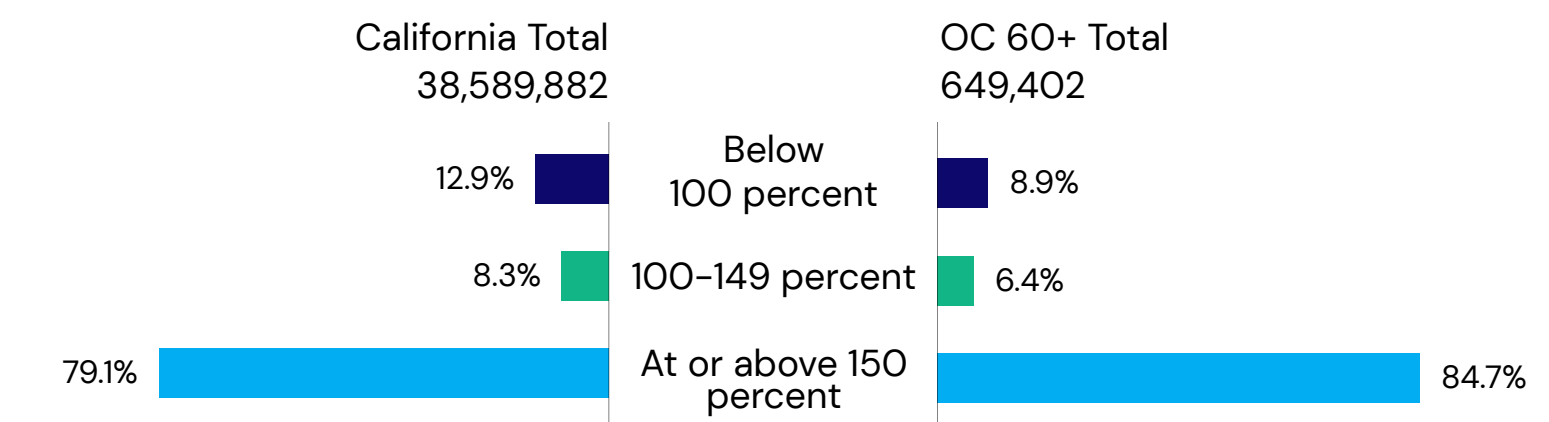
Income for Older Adults

Income in the past 12 months in 2020, percent of population with income and mean income amount



Poverty Status

Percent of poverty level



Source: [2020 American Community Survey 5-year Estimates](#)

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Economics and Education (continued)

For older adults on a fixed income, the growing cost of housing, medical, and other basic expenses presents a challenge and often results in worsened physical and mental health.

Of the 239,853 older adult-occupied housing units, 75.9% are owner-occupied, and 24.1% are renter-occupied. According to the American Community Survey, Orange County has a large proportion of households with older adults. With an estimated total of 1,044,280 households, the proportion of older adults is as follows:

- 9.5% (99,207) are individuals aged 65 and older who live alone
- 42.4% of all households in Orange County (442,385) have at least one person who is aged 60 and older
- 48.2% (143,210) of non-family households have at least one member who is aged 60 and older
- Of the 297,117 non-family households, 33.6% are 65 and older who lives alone

9.5%
Older Adults 65+ who live alone
2020

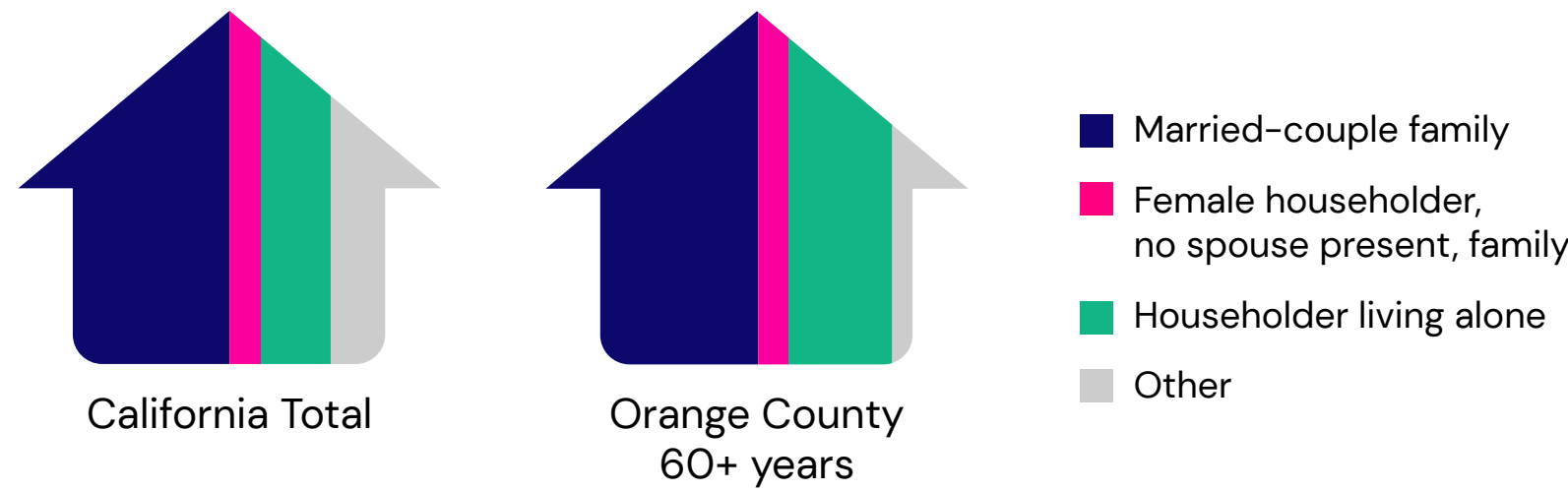
42.4%
Households with at least one person 60+
2020

Homelessness Among Older Adults

From the [2018 CES Point-in-Time Count](#): “In 2015, the median age of the homeless population within Orange County was 50 years, which is higher than the county median age of 38.3, indicating an aging trend in homelessness in the county. Currently, older adults make up about 7.1% of the homeless population, and much of this group

Households by Type

For 2020



Source: [2020 American Community Survey 5-year Estimates](#)

is disabled (81.9%).” According to the [2022 Point-in-Time Count Summary](#) of United to End Homelessness, 5,718 homeless people were in Orange County, and 3,057 of them were unsheltered. Of these homeless individuals, 718 were adults aged 62 and older, and 300 of them were unsheltered.

Racial and Ethnic Differences in Economic Security

Single Asian older adults have lower rates of economic insecurity (5.2%) when compared to Asian older adult couples (12.8%). Black single older adults face higher rates of economic insecurity (16.4%) when compared to Black older adult couples (7.6%). Latino single older adults and older adult couples have similar rates of economic insecurity (14.4% and 14.2%, respectively). These are higher than the rate of other racial/ethnic groups and the overall rate (9% and 9.6%, respectively). White single older adults and older adult couples have similar rates of economic insecurity (7.6% and 6%, respectively) that are lower than the rate of other racial/ethnic groups and the overall rate (9% and 9.6%, respectively).

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Social Isolation/Loneliness

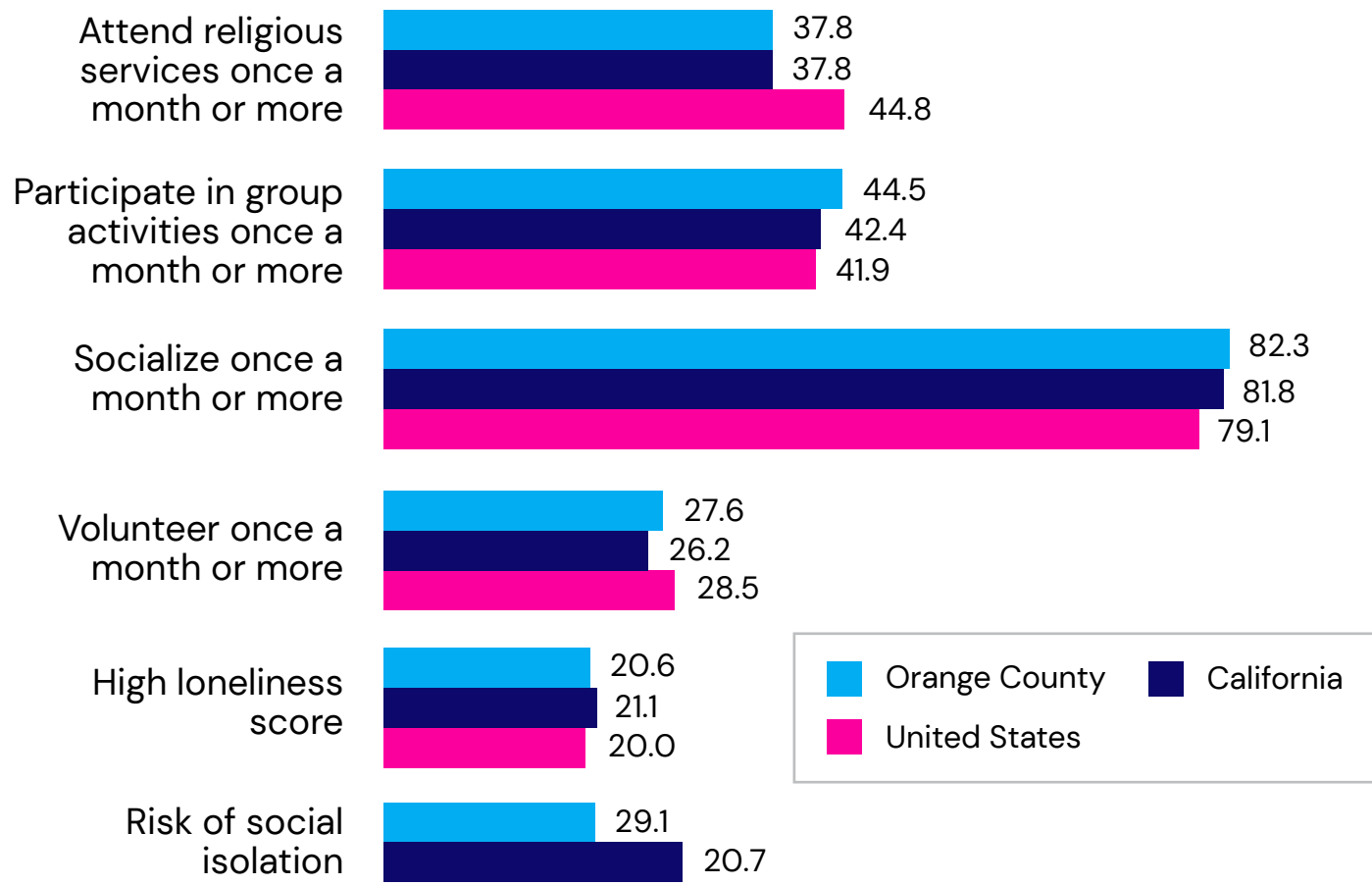
Loneliness is the feeling of isolation, not belonging, or lacking companionship. Social isolation and loneliness can occur for many reasons, including, but not limited to, language barriers, immigration status, health conditions affecting mobility or cognition, depression, and lack of social support. These factors can lead to depression, self-neglect, and increased diagnoses of chronic conditions.

Loneliness in older adults can lead to other risk factors that may increase health concerns and early death within this population. According to the National Academies of Sciences, Engineering, and Medicine (NASEM), more than one-third of adults aged 45 and older feel lonely, and nearly one-fourth of adults aged 65 and older are socially isolated. Older adults are also at increased risk for loneliness and social isolation because they are more likely to live alone, experience the loss of family or friends, or have chronic illness and/or hearing loss. In Orange County in 2019, 22% of adults aged 65 and older lived alone and may be at risk for social isolation.

In Orange County, close to 100,000 older adults live alone. The loneliness score (as reported by [AARP*](#)), which measures how left out or isolated a group feels, is slightly higher than the national average. This is a public health concern because higher scores indicate greater feelings of isolation and because social isolation and loneliness can increase a person’s risk of death. Loneliness has been linked to a greater risk of heart attack, metastatic cancer, stroke, depression, dementia, and neurodegenerative diseases. Research from UCLA shows that lonely adults are 25% more likely to die prematurely. Also, older adults who are lonely die at twice the rate as those who are socially connected. Chronic loneliness was associated with higher numbers of chronic illness and higher depression scores.

Social Isolation

Percent of population 50 or above in 2022



Loneliness Score

Population 50 and older in 2022.



1.2
OC



1.2
CA



1.1
U.S.

Source: [Report on Aging in Orange County 2022](#)

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Built Environment and Social Context (continued)

Studies show that chronic loneliness can affect memory, mental and physical health, and longevity. In Orange County, the percentage of householders living alone is higher among individuals 60 years and older (33.3%) when compared to the county’s total population (21.2%). These numbers are consistent with the overall 60 and older population in the state.

In addition, older adults who are socially isolated are more likely to have a poor diet, use tobacco, and lack physical activity. This can increase health risks since socially isolated individuals have an increased risk of developing depression, anxiety, and dementia. They are also more vulnerable to physical abuse. Social isolation can make older adults more susceptible to financial abuse since perpetrators of such crimes can more easily take advantage of an isolated older adult.

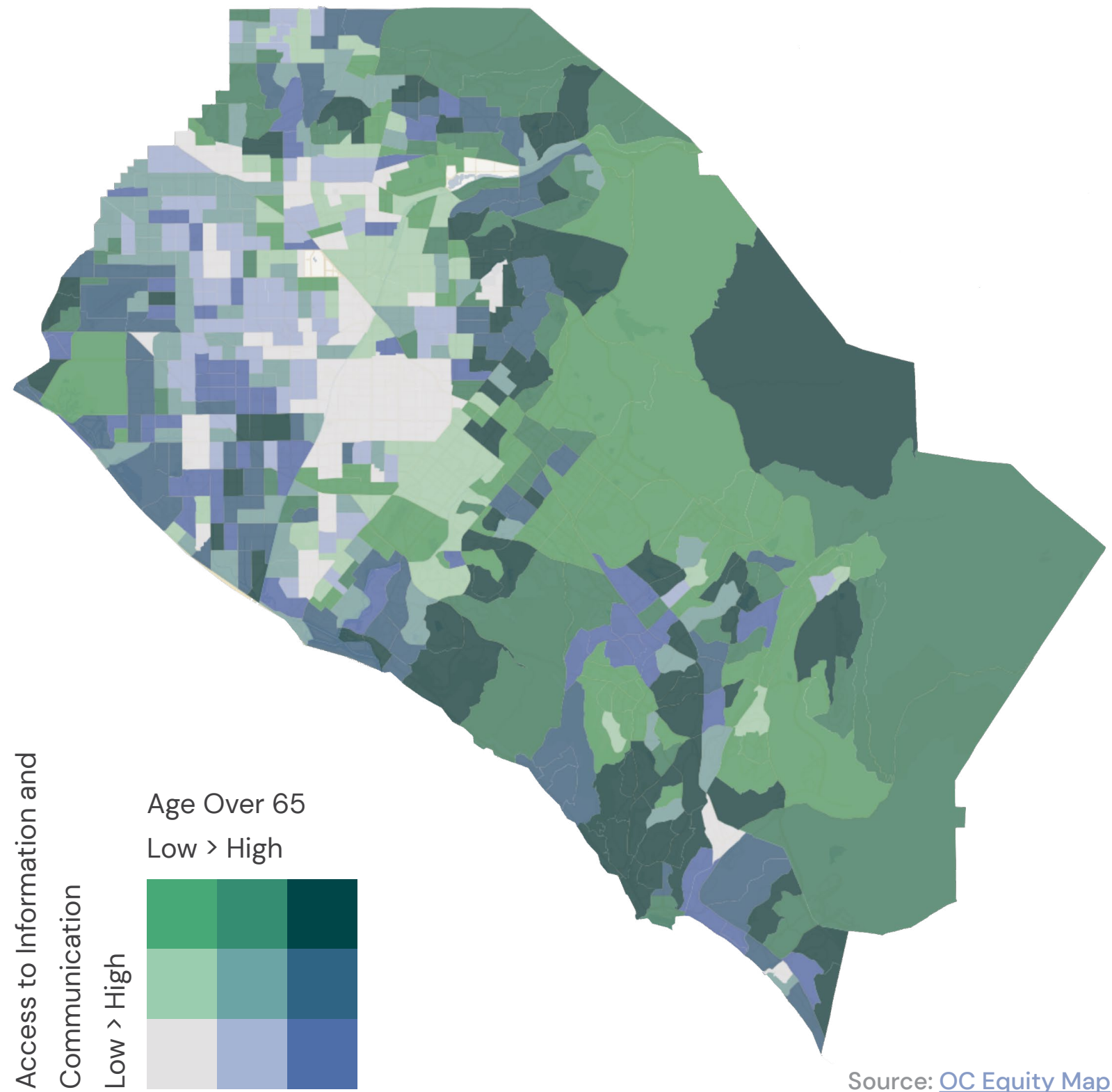
It is important to consider how the pandemic impacted the overall wellbeing of older adults. Loneliness and limited social contact during the pandemic were strongly associated with symptoms of depression among older adults. Regarding loneliness in the older adult population, the National Council on Aging states that “they are no longer in the workforce, are more likely to live alone, and have fewer social connections over time. In addition, their extended families may be more geographically dispersed than in past generations, making it difficult to maintain in-person familial contact.”

During the pandemic, older adults were often unable to be visited by family. Many also lost social connections due to the closing of community programs. While the rest of the world pivoted to an online setting during COVID-19, the older adult population struggled to adapt. Studies show that only 38% of older adults

feel comfortable using the internet and under half have broadband access. This also increased loneliness and isolation in the older adult population, since many had difficulties communicating with others using technology.

Access to Information

2021



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Built Environment and Social Context (continued)

Digital Divide

Older adults face a digital divide, which is the unequal access to digital technology (smartphones, computer, the internet, etc.). According to an AARP survey, 6% of older adults in Orange County do not have internet and 13.1% do not have a computer. While both are lower than the California and U.S. averages, specific pockets in Orange County (Laguna Woods, Laguna Hills, Lake Forest, Seal Beach, and La Habra) are more impacted by the digital divide.

This is an issue because older adults do not have lifelong exposure to digital media, which forces them to adapt later in life. As a result, they risk being isolated from new digital solutions, including telehealth, online shopping and banking, and digital communication. Their technological inexperience has also led to a higher likelihood of being scammed. Adults over 65 are 34% more likely to lose money because of a financial scam than those in their 40s.

Orange County has attempted to bridge the digital divide by providing iPads for older adults. The initiative was approved by the Orange County Board of Supervisors in 2021. Older adults were provided iPads along with data plans, training, technology support, and subscriptions to virtual classes. This Orange County effort to combat social isolation in older adults was a response to COVID-19.

Transportation

Orange County offers two resources for older adults in need of assistance. One resource that OCTA offers is the Senior Mobility Program (SMP). It is designed to cover the gaps between the bus routes and ADA [para-transit](#). Unfortunately, this service is only available in participating cities. The second resource available for older adults is the Orange County Go Senior Non-Emergency Medical Transportation (SNEMT) Program. This provides transportation for older adults who need low-cost transportation from their home to their destination.

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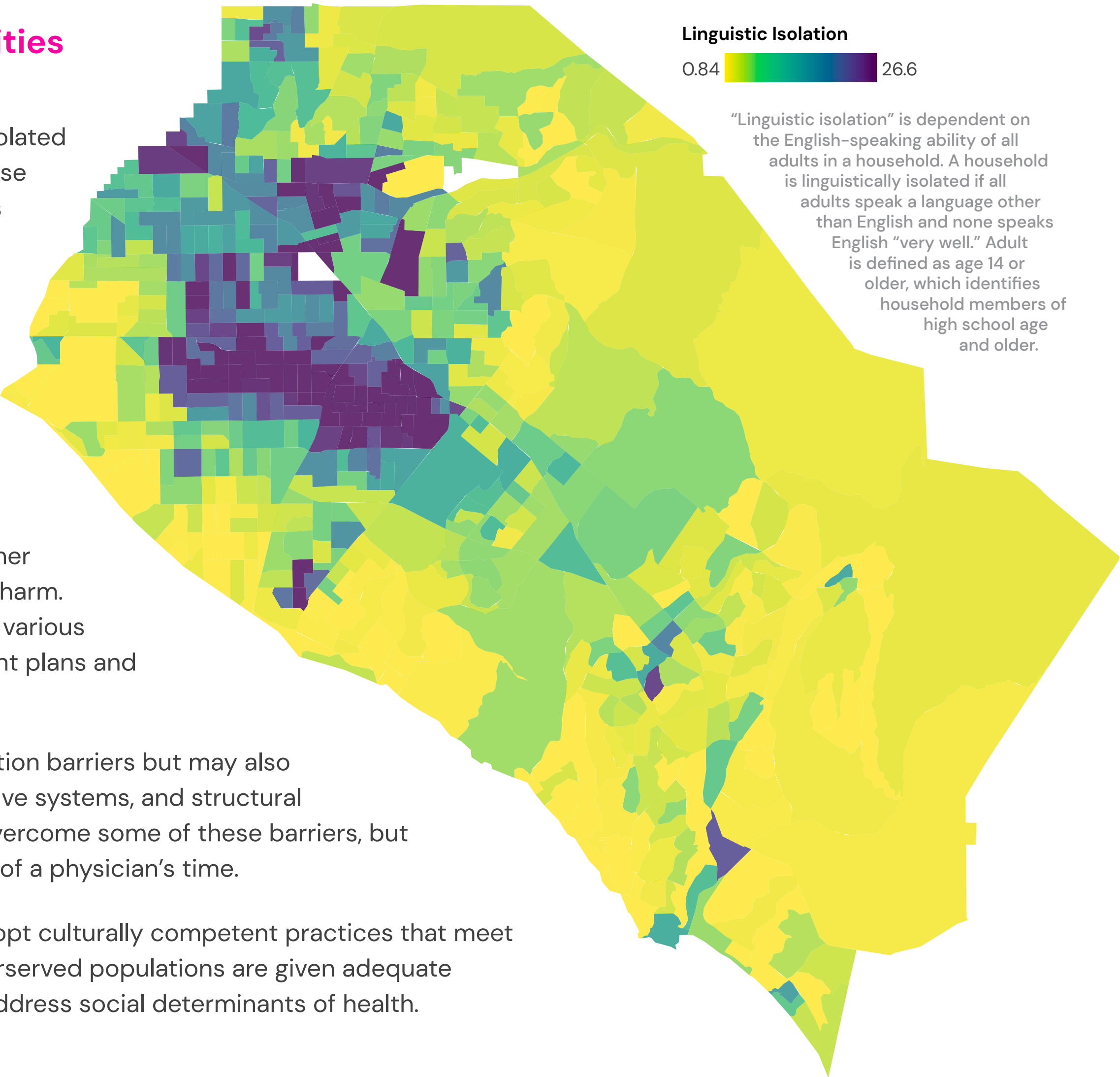
Orange County Language Opportunities and Services

Orange County residents who live in linguistically isolated communities are often from immigrant families. These immigrant families tend to gather in ethnic enclaves as a means of survival because of discriminatory practices or due to being shunned from other parts of the county.

People with limited English proficiency (LEP) are defined by the U.S. Census as those who speak English less than “very well.” In 2020, 8.7% of Orange County residents are LEP. They experience high rates of medical errors with worse clinical outcomes than English-proficient patients. This higher incidence of medical errors could result in physical harm. LEP individuals also receive lower quality of care on various measures and are less likely to understand treatment plans and disease processes.

These disparities are rooted in obvious communication barriers but may also reflect cultural differences, clinician biases, ineffective systems, and structural barriers. Medical interpretation services can help overcome some of these barriers, but they have associated costs financially and in terms of a physician’s time.

We must strive to remove language barriers and adopt culturally competent practices that meet residents where they are. This will ensure that underserved populations are given adequate resources to access healthcare and services that address social determinants of health.



Source: [OC Equity Map](#), [AdvanceOC](#)

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Built Environment and Social Context (continued)

Air Pollution Exposure in Orange County

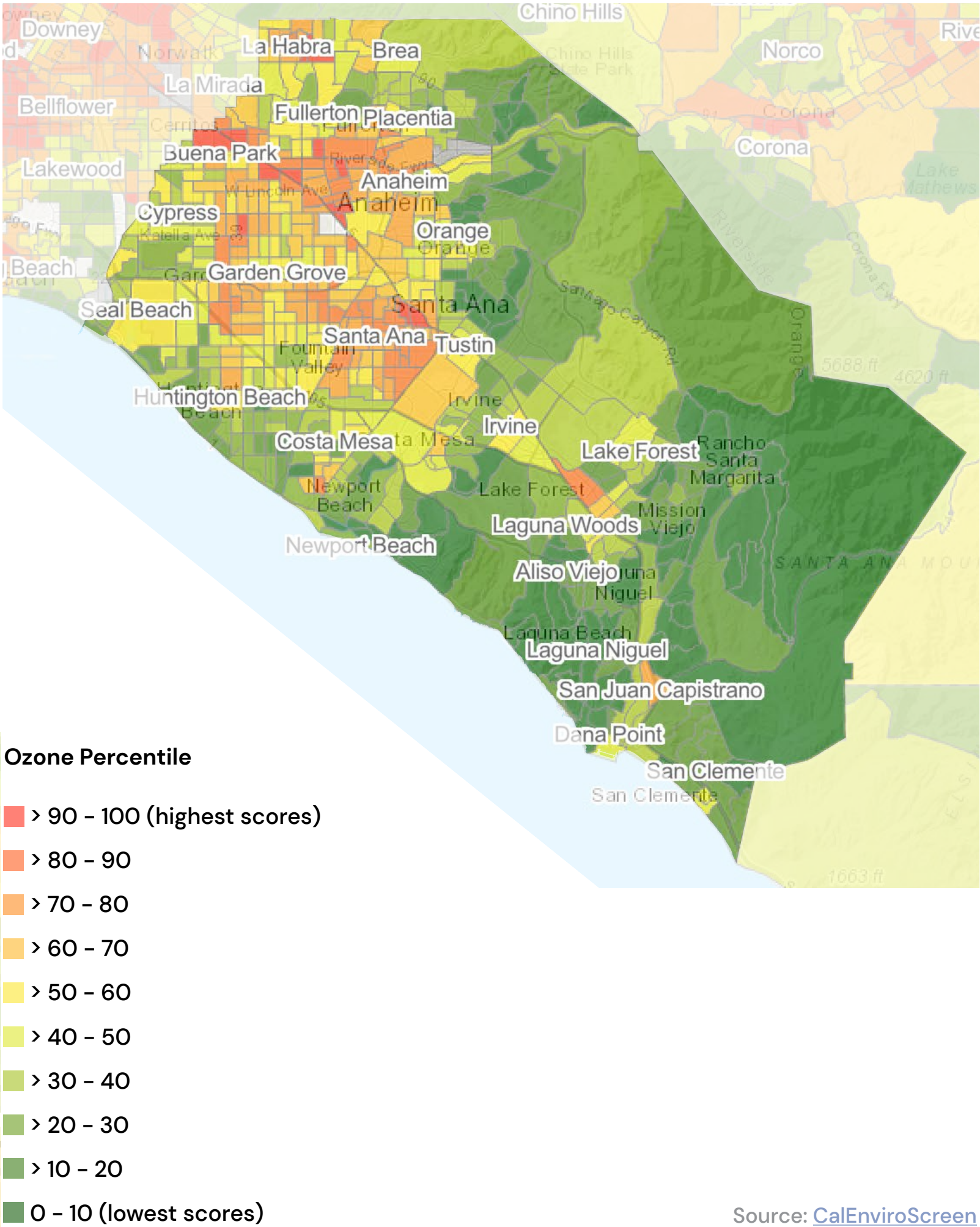
In California, environmental quality has improved over the last few decades. This is seen in improved water quality, reduced air pollution, decrease in pesticide use, continued cleanup of hazardous waste sites, increased recycling, and reduction of solid waste going into landfills. However, pollution reduction and the resulting health and environmental benefits are not uniformly distributed across the state, within a region, or among all population segments. Many communities continue to bear a disproportionate burden of pollution not only from multiple nearby sources but also from pollution in various forms, such as air and water.

Ozone pollution causes adverse health effects including respiratory irritation and worsening of lung disease. Adverse effects of ozone have been studied extensively since the late 1960s, and ongoing exposure to ozone shows inflammation and cell and tissue injury. People with asthma and chronic obstructive pulmonary disease (COPD) are considered sensitive to the effects of ozone. Studies also show that long-term ozone exposure affects respiratory and cardiovascular mortality. A 2019 study estimates 13,700 deaths in California in the year 2012 were due to long-term ozone exposure.

Of these deaths, 7,300 were from respiratory causes, and 6,400 were from cardiovascular causes. The CalEnviroScreen 4.0 draft ozone map of Orange County shows high levels of ozone pollution scores in north and central Orange County. In the OC Equity Map, these communities have low Social Progress Index scores.

Ozone Levels by Pollution Score

2021



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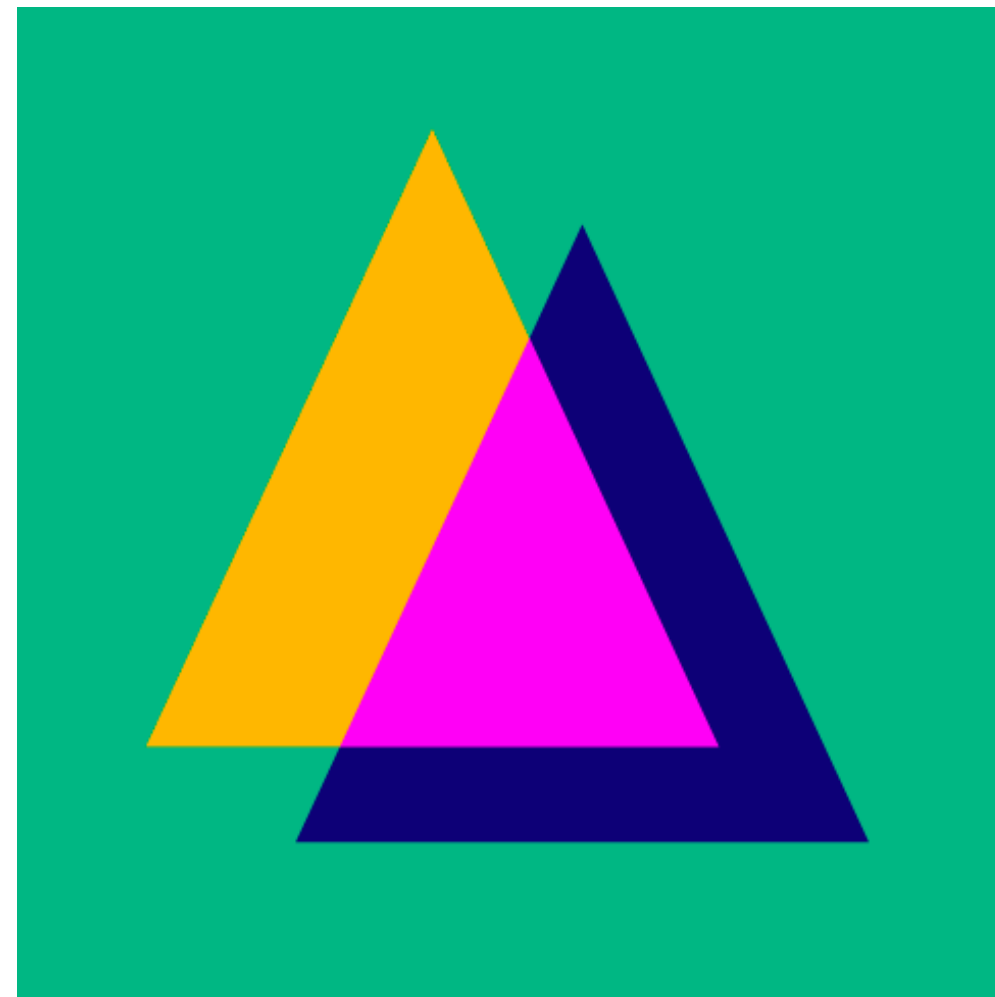
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Health is a shared value.

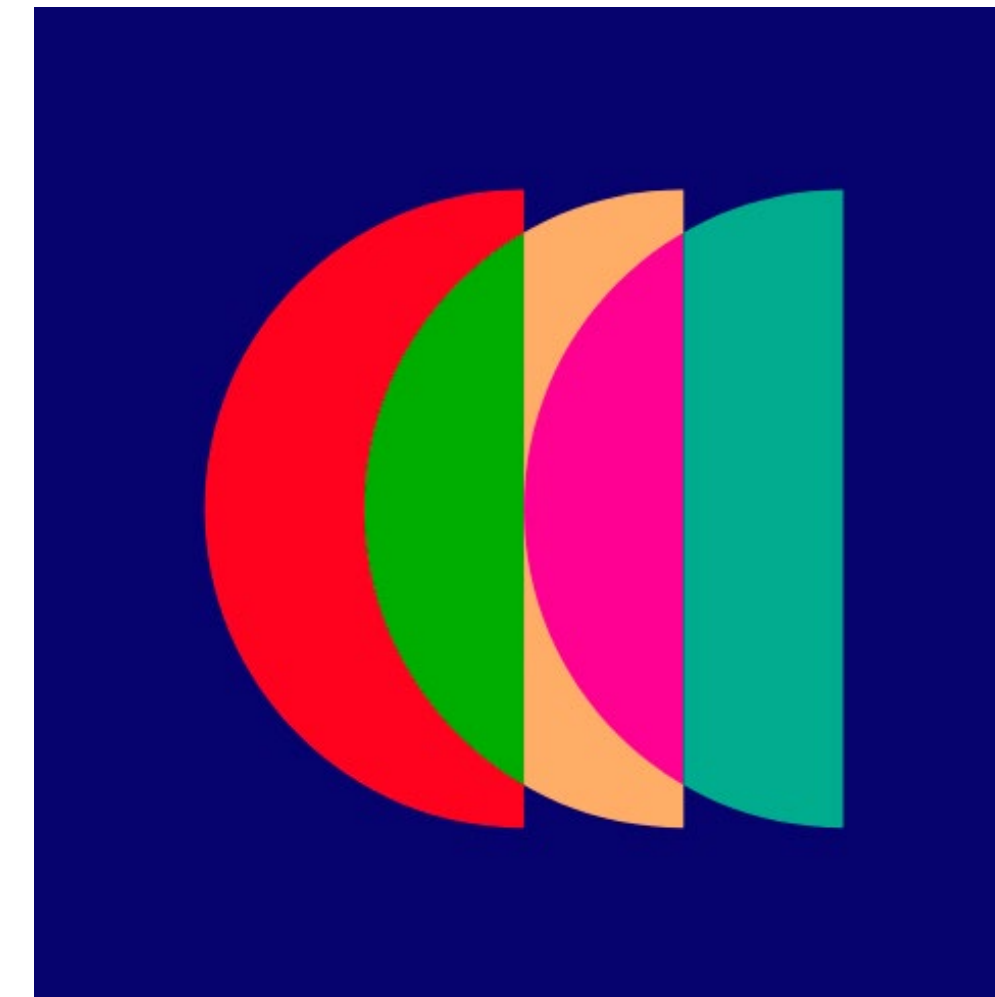
Your involvement will help create a healthier, more resilient, and equitable Orange County.

Here's how you can get involved:



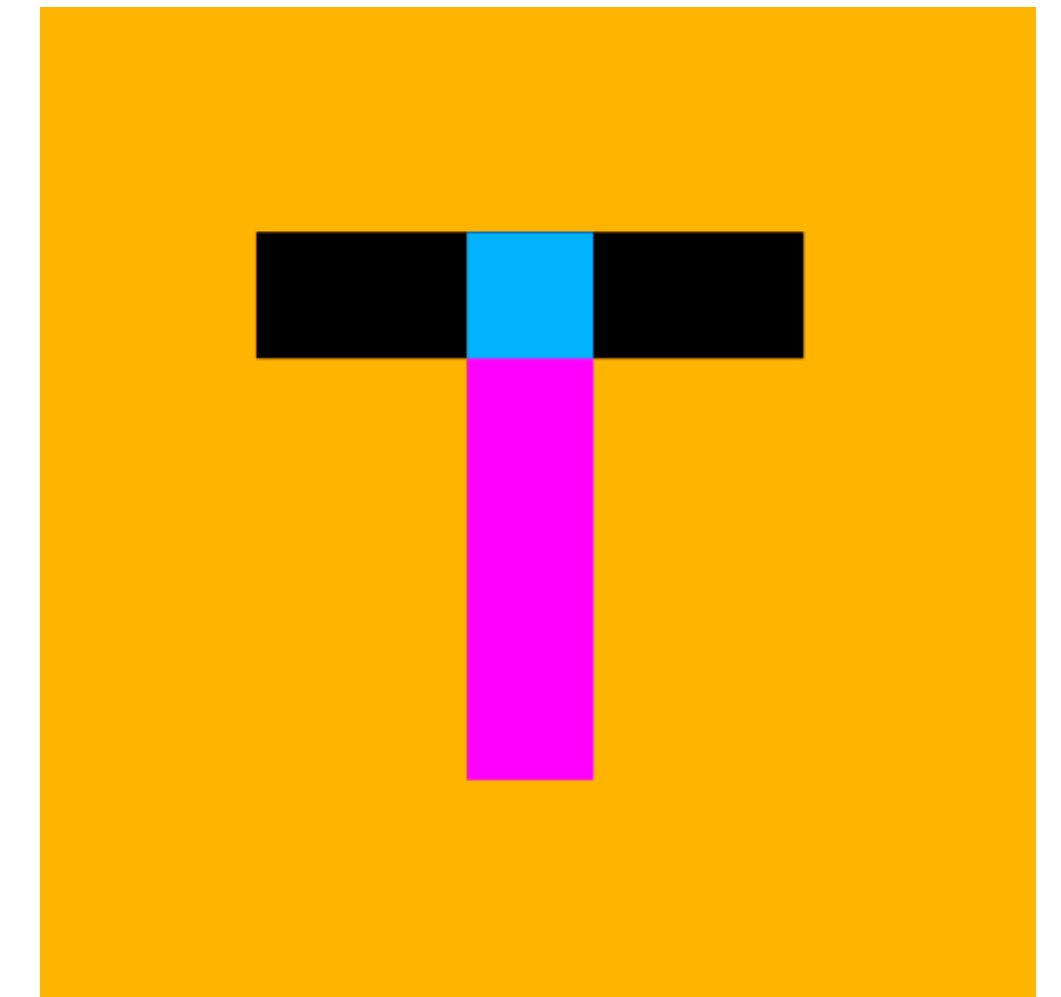
Participate in the EiOC Action
and Learning Community

Learn More



Join a Population Health
Equity Collective

Learn More



Make your voice heard at
EiOC Taskforce Meetings

View Events

