



Article

For California seniors, should where you live determine how healthy you are?

This immediately brings forward the notion that the problem is not about individuals, it is about places.

A new study by researchers at State University shows that where California's seniors live determines how healthy they are likely to be. The study, conducted by the State University Health Research Group, provides detailed profiles of health behavior, health status and preventive care among California's oldest residents using county-level information. For example, about 40 percent of older adults in San Francisco, Kern and Tulare/Kings County report fair or poor health, compared with just over 20 percent in wealthier areas such as Marin/Sonoma, Napa and the mountain counties of Alpine, Amador, Calaveras, Inyo, Mariposa, Mono and Tuolumne.

This elevates the frame that we have flaws in the healthcare infrastructure

"The health and prevention profile of some counties, such as Tulare and Kings, is worse than average, suggesting that those areas may need extra help in providing services to their older population. Other counties, such as Imperial, have older populations that are likely to be difficult to reach. In Imperial County, 40% of the older population has limited-English abilities and almost half have limited incomes," according to lead author Hubert B. Nall, associate director of the Center. "We have to begin fixing the places where the system has broken down" Nall concludes.

This quote allows the disparities message to be couched in broader terms

Diane Foster is a senior program officer with the XTZ Foundation, who oversees a program that is focused on prevention strategies, and working to build the leadership and advocacy skills of this population. She notes, "The findings from this report reveal that many Californians are being shut out of the system because we haven't built a system that reaches them. Low-income seniors, primarily immigrants and people of color, are in the poorest health because of lack of access to health care services and often face language and cultural barriers within the health system. We haven't done what we need to do to build bridges to these groups, to get them over the barriers that keep them out." The study reports, for instance, that almost half of the state's older Latinos and those seniors with limited-English abilities report poor or fair health (versus good, very good or excellent). Both groups also report higher rates of diabetes

and emotional difficulties, lower rates of screening procedures and preventive services, and less generous health insurance.

Situations,
not people at
the forefront

Moving to a rural area or not being able to afford supplement insurance should not determine whether or not a person enjoys good health in the latter years. The report shows, that while 15 percent of older people statewide lack insurance coverage for prescription drugs, more than one-third go without in rural Northern and Sierra Counties. Likewise, 78 percent of non-Latino whites report having private supplemental health insurance, only 37 percent of limited-English speakers report having such insurance, the largest difference of any indicator in the report. Not only does this mean that these seniors are more likely to be in poor health; it also means that all Californians will pay in terms of increases in emergency room visits and the treatment of diseases like diabetes or heart disease at acute (and more expensive) stages.

When people lack health care coverage, they don't get the care they need and are more likely to suffer premature death. The number of these unnecessary deaths each year is roughly the same as the number that die from homicides, and greater than the number that die from HIV/AIDS.

Circles back
around to the
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It is time for California to once again be on the leading edge of ingenuity in our society. As it currently stands, we have a crumbling healthcare infrastructure that is obsolete and inefficient. An aging baby-boom population means this problem is likely to get worse in the not-so-distant future. Where we live and who we are should not determine our quality of life in those golden years. And the way to fix this problem is to build a better infrastructure for us all, not keep patching at the holes.