

Member Health Survey Project Special Report:

Sociodemographic and Health-Related Characteristics of Members Aged 65 and Over in Kaiser Permanente's Northern California Region, 2011

Estimates based on data from adults aged 65 and over who responded to the 2011 Kaiser Permanente Northern California Region Member Health Survey:

- **Sociodemographic characteristics, including usual mode of transportation**
- **Health status, health conditions, and functional status**
- **Health behaviors and psychosocial risks**
- **Actions seniors are taking to try to maintain or improve their health**

The Member Health Survey is a project funded by Kaiser Permanente's Northern California Region Community Benefit Program (CB). These survey results are being made available to the public as part of Kaiser Permanente's commitment to sharing research findings based on our membership that might inform decisions about methods of outreach to improve the health of our communities. This information should not be used as the basis for any professional publication without permission of Dr. Nancy Gordon, and slides used for presentations should credit the Kaiser Permanente 2011 Member Health Survey as the source.

We suggest that statistics from this report be referenced as follows:

For table footnotes or text references:

Data from the 2011 Kaiser Permanente Member Health Survey conducted by the KPNC Division of Research.

In a reference list:

Gordon NP. Sociodemographic and Health-Related Characteristics of Seniors in Kaiser Permanente's Northern California Region, 2011. Internal report, Division of Research, Kaiser Permanente Medical Care Program, Oakland, CA, December 2012. Available at: http://www.dor.kaiser.org/external/mhs_seniors_report_2011_regional.

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Introduction

This report is based on data from the 2011 Kaiser Permanente Northern California (KPNC) Adult Member Health Survey conducted by the Kaiser Permanente Division of Research. It is designed to contribute to clinicians' and population health care planners' knowledge of how overall, physical, emotional, and functional health status, prevalence of health conditions and health behaviors/psychosocial risks, and resources such as transportation, income, committed relationship, and availability of help when needed vary by age cohorts and gender. Information about seniors' access to information technology and preferences for receiving health information and health education is contained in a separate report.¹

The primary purpose of the Member Health Surveys project is to provide information about sociodemographic and health-related characteristics of this Northern California adult health plan population as of the current survey year and to be able to examine trends over time. The survey, which has been conducted every 3 years starting in 1993, is funded by KPNC's Community Benefit (CB) Program, which is committed to sharing research findings with the community. For research purposes, respondent self-report data are also linkable at the individual level to Kaiser Permanente clinical and administrative data, as well as to datasets linkable via geo-coding. More information about the survey and survey results can be found at www.memberhealthsurvey.kaiser.org.

Description of the 2011 KPNC Member Health Survey

The 2011 KPNC Adult Member Health Survey (MHS) was conducted during Spring-Summer 2011 using a mailed questionnaire and online survey. In addition to collecting information about sociodemographic characteristics, selected health conditions, and health-related risks, the survey asked about access to a personal computer, the Internet, email, mobile phones, and text messaging; preferred methods of receiving health information (in addition to talking with the doctor); and methods used in the past 12 months to get health information or advice. A copy of the survey questionnaire can be downloaded from the 2011 survey section at www.memberhealthsurvey.kaiser.org.

Survey Methods: Seniors in the Member Health Survey Sample

In April 2011, questionnaires were mailed to a stratified random sample of 10,027 adult Health Plan members aged 65 and over in the Northern California Region. Only current members who had been continuously enrolled during the three months prior to the survey and who did not have a preference for a written language other than English were eligible for sampling. Two subsequent survey packet mailings were sent over the next several weeks to non-respondents, with the final wave of questionnaires mailed in mid-July. Participants also had the option to complete the survey using a secure online questionnaire that they could access by typing in a url or by clicking on a link in an email they were sent shortly after the survey packets were mailed², but only around 8% of seniors chose this option³. While the offer was made to

¹ Gordon NP. Seniors' Access to Information Technology and Preferred Methods for Obtaining Health Information and Health Education, 2011. Internal report, Division of Research, Kaiser Permanente Medical Care Program, Oakland, CA, November 2012. Available at http://www.dor.kaiser.org/external/senior_it_access_2011

² Only seniors who had an email address registered with the kp.org website received emails with links to the online survey.

administer the survey over the phone, this was rarely requested. Non-eligibles (deceaseds, non-current members, out of area) and members for whom no good address could be found were dropped from the initial sample and replaced with other randomly selected members of the same age, gender, and service population.

The overall response rate among seniors was 68.7% (6731/9795), 68.9% of women (3376/4896) and 68.5% (3355/4899) of men. Respondent sample size and response rates (after excluding non-eligibles) for ages 65-74, 75-79, and 80 and over were as follows:

	<u>65-74 years</u>	<u>75-79 years</u>	<u>80 years and over</u>
Women	1499/2264 (66.2%)	1364/1886 (72.3%)	513/746 (68.8%)
Men	1452/2267 (64.0%)	1356/1886 (71.9%)	547/746 (73.3%)
All	2951/4531 (65.1%)	2720/3772 (72.1%)	1060/1492 (71.0%)

Post-stratification weighting factors were assigned to respondent data so that calculated estimates would reflect the actual age, gender, and geographic distribution of the adult Northern California Health Plan membership as of April 2011, rather than that of the respondent sample. However, since the questionnaire was only available in English, limited proficiency English speakers and members with low literacy are not represented in this survey. Additionally, members who were institutionalized, very sick, or cognitively impaired are likely not represented in the survey results. However, these groups were not excluded from the study population when the weighting factor was created.

The actual and weighted age-distributions for women, men, and women and men combined in each of the four age groups for which prevalence estimates are provided are as follows:

Age Group	Women		Men		Total	
	Wtd. %	(Unwtd. N)	Wtd. %	(Unwtd. N)	Wtd. %	(Unwtd. N)
All 65 and over	100.0	(3376)	100.0	(3355)	100.0	(6731)
All 65-74	53.7	(1499)	58.3	(1452)	55.7	(2951)
All 75-79	18.1	(1364)	18.7	(1356)	18.4	(2720)
All 80 or over	28.2	(513)	23.0	(547)	25.9	(1060)

Highlights of Results

Sociodemographic characteristics:

- Nearly $\frac{3}{4}$ of seniors are nonHispanic white, but the percentage of nonHispanic whites is significantly lower among 65-74 year olds compared to those aged ≥ 80 . This shift is associated with a larger percentage of Asians in the younger age group.
- Younger seniors are significantly better educated than older seniors: 38% of women and 48% of men aged 65-74 have a 4-year college degree vs. 22% and 40%, respectively of those aged ≥ 80 .

³ Gordon NP. Seniors' Choice of Online vs. Print Response to the 2011 Member Health Survey. Oakland, CA: Kaiser Permanente Division of Research; 2012 April. Available at: http://www.dor.kaiser.org/external/MHS2011_senior_response_modality/

- While approximately 50% of women and 80% of men aged ≥ 65 are married or in a committed relationship, the percentage in such relationships significantly declines with age and the gender gap widens, primarily due to death of a spouse.
- Nearly all (95%) seniors say they have someone living nearby who could take care of them or arrange for care if needed. The majority of men (66% of 65-74, 61% of 75-79, and 48% of those ≥ 80) report that they would rely only on their spouse to take care of them, while women, who are less likely to be married, are more likely to say this person would be a relative (by age, 46%, 59%, and 74%, respectively).
- Household income significantly decreases as age group increases, with steeper declines and for women than men. The percentages of women and men aged 65-69, 70-74, 75-79, and ≥ 80 with a household income \leq \$15,000 was 5% and 3%, 9% and 5%, 14% and 5%, and 14% and 6%, respectively; the percentages with a household income \leq \$25,000 was 15% and 9%, 24% and 13%, 36% and 17%, and 41% and 24%. The age-related gender gap in low income mirrors the age-related gender gap in marital status.
- While $>95\%$ of women and men said their usual mode of transportation was by private automobile, women are significantly less likely than men to drive themselves, especially in the ≥ 80 age group where 53% of women and 74% of men drive themselves (even at ages ≥ 85 , 35% of women and 65% of men report that they usually drive themselves). The majority of those who don't drive themselves are driven by a relative or friend.

Health Status (Table 2)

- There is no gender difference in self-reported overall health status, but the percentage of women and men reporting very good or excellent health declines with age (47%, 34%, and 24%). The percentage reporting only fair health increases with age (12%, 19% and 28%), while the percentage reporting poor health shifts less (2%, 3%, and 6%). Rating of physical health status tracks closely with rating of overall health status. However, across all age groups, the percentage of seniors who rate their emotional health status and overall quality of life as very good or excellent is significantly higher than the percentage rating their physical health as very good/excellent.
- Nearly twice as many seniors indicate that their physical health (including pain) interferes at least moderately with their regular daily activities as compared with their emotional/mental health, with no significant differences by gender (by age, 24% vs. 9%, 34% vs. 15%, and 46% vs. 23%, respectively).
- Across all age groups, prevalence of both arthritis/rheumatism and chronic or severe pain during the previous year was around 30%.
- The percentage of women reporting urine leakage at least once a week steadily increases with age and is almost twice as high as that among men (21% and 8% of 65-74 year olds, 30% and 12% of 75-79 year olds, and 30% and 21% of those ≥ 80).
- Approximately 11% of seniors report frequent problems falling asleep or staying asleep.
- Nearly 30% of men and women report having a vision problem that is not correctable by glasses, with men slightly less likely to report this problem than women. However, men are significantly more likely than women to report hearing problems or that they use a hearing aid (by age, 23% vs. 13%, 33% vs. 22%, and 48% vs. 39%). Asking about hearing aid use in addition to having a hearing problem increases the prevalence estimates for hearing problems by approximately 4 percentage points for women and 7 percentage points for men. About half of 65-79 year olds and two-thirds of those aged ≥ 80 who reported a hearing problem but not deafness use a hearing aid.
- The percentages of seniors reporting memory problems increases from approximately 8% of 65-74 year olds to 14% of 75-79 year olds and 25% of those aged ≥ 80 , with no significant gender difference.

- Slightly over 10% of 65-74 year olds, nearly 19% of 75-79 year olds and about one-third of those ≥ 80 have problems with balance or walking.
- Nearly one-third of men and women ≥ 80 fell at least once in the past year, with approximately 10% of men and women in that age group reporting 3 or more falls. Younger seniors were not immune to falls: over 20% of women and over 15% of men in the younger senior age groups had at least one fall.

Functional Status (Table 3):

- Most 65-74 year olds and 75-79 year olds (89% and 82%, respectively) report being able to take care of themselves very well, with 73% and 59%, respectively, saying they are completely able to care for themselves. Among those in the ≥ 80 age group, this drops to 65% who can take care of themselves very well and only 40% who are completely able to care for themselves.
- Over 20% of adults aged 75-79 and 48% of adults aged ≥ 80 have at least some mobility difficulties, although not all of these people require help or special equipment.
- Approximately 10%, 25%, and 45% of adults aged 65-74, 75-79, and ≥ 80 , respectively, require help with at least one activity of daily living (ADL) because of a disability, health problem, or frailty due to old age. Similar percentages (9%, 25%, and 41%, respectively), need help with at least one instrumental activity of daily living (IADL). For all age groups, the most frequently cited ADL requiring help is cutting toenails (9% of 65-74 year olds, 20% of 75-79 year olds and 41% of those ≥ 80). Among those ≥ 80 , 15% need help bathing or showering and 12% need help with their medicines; 11% need help with ≥ 3 ADLs. The most frequently cited IADLs requiring help are traveling beyond walking distance, shopping, and routine chores. Among those ≥ 80 , 33% need help traveling, 27% with shopping, 20% with routine chores, and 17% with preparing meals, with 21% needing help with ≥ 3 IADLs.

Use of Prescription Medications (Table 4)

Slightly over 9% of seniors report taking no prescription medications on a regular basis, about 13% report taking only one, 44% 2-4, and 34% 5 or more. However, this varies by age groups. For 65-74, 75-79 and ≥ 80 year olds,

- 12%, 8%, and 6%, respectively, report taking no prescription medications regularly
- 15%, 10%, and 9%, respectively, report taking one prescription medication regularly, and 45%, 46%, and 41%, respectively, report taking 2-4 prescription medications regularly
- 28%, 36%, and 44%, respectively, report taking 5 or more prescription medications regularly

Health-Related Behaviors and Psychosocial Risks (Table 5)

Smoking

- Only about 5% of seniors report being current smokers, and over half (56%) report never smoking.
- The percentage who never smoked is significantly higher in the ≥ 80 age group than in the 65-74, and 75 year old groups (63% vs. 54 and 51%, respectively). Among women, 71% of seniors aged ≥ 80 are never smokers vs. 60% and 58%, respectively; of the younger senior age groups, but this age difference was not observed for men (49% vs. 47% and 43%, respectively).
- There is also a larger decrease in the percentage of former smokers among women ≥ 80 compared with the younger seniors (25% vs. 36% and 37%) than occurs among men (49% vs. 45% and 51%).

Weight

- Approximately 60% of seniors are overweight (BMI \geq 25)
- A little less than one-fourth (23%) are obese (BMI \geq 30), with 15% being moderately obese (BMI 30-<35) and about 8% severely obese (BMI \geq 35).

Exercise

- Approximately two-thirds (64%) of seniors report getting exercise at least 3 times a week, and one-third (34%) get exercise \geq 5 times a week. Less than 20% report getting exercise less than once a week.
- Across all age groups, significantly higher percentages of men than women report getting exercise at least 3 times a week (73% vs. 64%, 70% vs. 59%, and 62% vs. 49%, respectively) and \geq 5 times a week (41% vs. 32%, 41% vs. 28%, and 34% vs. 25%, respectively).
- Of those seniors who get exercise, the majority (54%) usually gets low impact (e.g., gentle walking) vs. moderate to vigorous exercise (46%). Female exercisers are less likely than male exercisers to characterize their usual type of exercise as moderate to vigorous (41% vs. 51%). The percentages of female exercisers whose usual type of exercise is moderate to vigorous significantly decreases with age (48%, 38%, and 29%, respectively), while the decrease in moderate to vigorous exercise among men isn't observed until age \geq 80 (56%, 51%, and 38%, respectively).

Dietary Practices

- Approximately half of seniors say they try to eat reduced fat foods most of the time. While this does not differ across age groups, women are significantly more likely than men to usually follow this practice (56% vs. 49%).
- Approximately two-thirds (63%) of seniors say they try to avoid foods high in salt/sodium most of the time. This does not differ across age groups, but significantly higher percentages of women than men follow this practice (67% vs. 59%).
- Almost half (49%) of seniors say they eat at least 3 servings of fruits/vegetables per day, but only around 15% eat five or more servings per day. Significantly higher percentages of women than men eat \geq 3 (57% vs. 38%) and \geq 5 (19% vs. 11%) servings per day.
- Approximately half (51%) of seniors take a daily multivitamin. Women are significantly more likely to take multivitamins than men (54% vs. 48%), but this is true only for those under the age of 80. Among both women and men, those aged \geq 80 are significantly less likely to report taking daily multivitamins than younger seniors.
- Approximately 60% of female and 23% of male seniors take supplementary calcium with vitamin D. Women \geq 80 are significantly less likely to report taking calcium with D than those in the younger senior age groups; among men, those aged 65-74 are significantly less likely to take calcium with D than those aged \geq 75.

Alcohol Consumption

- One-third of seniors report that they did not consume any alcohol in the past 12 months, and 29% report having an alcoholic drink less than once a week. Approximately 20% have one or more drinks at least 5 times a week.
- Women are significantly more likely than men to abstain from alcohol (38% vs. 28%). The percentage of abstainers significantly increases with age (overall, 28%, 36%, and 42%, respectively; among women, 32%, 41%, 47%, and among men, 24%, 29%, and 35%), and the gender differences are significant within each age group.
- Women are significantly less likely than men to drink \geq 5 times a week (17% vs. 27%), and these percentages of almost daily drinkers do not significantly differ by age.

- 15% of seniors (19% of women and 11% of men) drink over the recommended number of drinks per day for seniors (>1 for women and >2 for men). However, the percentages that exceed these recommended limits significantly decline with age.
- Approximately 9% of seniors (11% of women and 7% of men) exceed the recommended number of drinks per week for seniors (>7 for women and > 14 for men). Women and men aged 65-74 were significantly more likely than those aged ≥ 75 to exceed the recommended number of drinks per week.

Sleep

- Approximately 22% of seniors (25% of women and 19% of men) report getting less than the 7-8 hours of sleep per day recommended for adults. Women are significantly more likely than men to get < 7 hours of sleep (25% vs. 19%).
- Approximately 9% of seniors usually get more than 9 hours of sleep per day, with no significant difference between women and men. However, the percentage of seniors getting over 9 hours of sleep significantly increases with age (5%, 9% and 16%, respectively).

Psychosocial Risks

- Only 6% of seniors indicate that they feel very stressed, tense, or anxious much of the time, and only 3% say they feel depressed or very sad much of the time.
- Most seniors indicate that they are fairly or very satisfied with their life overall (93%) and that they are pretty or very happy (90%). However, seniors under age 80 were significantly more likely than those ≥ 80 to be satisfied and happy with their lives.
- The low levels of stress and high levels of contentment may be associated with the relatively low levels of worry about personal/family financial security and safety. Only 14% of seniors indicate that they have been worried a great deal about their financial situation and only 3% worried about their safety.

Health-Related Beliefs

- Over 80% of seniors believe that habits and lifestyle factors such as exercise, diet, and weight, can have a very large effect on their health, and only about 6% believe that these factors matter just a little bit or not at all. However, the percentages that believe that health habits have a large effect decrease with age (88%, 81%, and 75%, respectively).
- A significantly lower percentage (76%) of seniors believes that stress and emotional troubles such as depression or anxiety can have a very large effect on their health, and more than twice as many (about 13%) believe that stress and emotional troubles have little or no effect on health. Again, the percentages who believe that emotional troubles can have a very large effect declines with age (81%, 73%, and 67%, respectively).

Actions Being Taken to Improve or Maintain Health (Table 6)

- Nearly three-fourths (72%) of seniors say they try to eat mostly healthy foods and slightly over half (52%) say they try to read food labels and recipes to learn what is in their food (52%). However, women are significantly more likely to say take these actions than men (eating healthy: 76% vs. 67%; taking an interest in food content: 58% vs. 44%), and this is true for all age groups.
- A little over half (54%) of seniors report that they try to get some kind of exercise most days, but only around 40% try to get moderate to vigorous exercise most days, the rest only taking daily walks. Men are significantly more likely than women to say they try to get moderate to vigorous exercise most days (47% vs. 40%), and among both men and women, the percentage that tries to get moderate to vigorous exercise most days significantly declines with age.

- About 45% of seniors who are overweight or obese report that they are taking steps to lose weight or maintain weight loss.
- Approximately two-thirds of seniors (65%) say they try to get enough sleep to feel well-rested.
- About 40% of all seniors and 58% of those at higher risk for falls (based on balance/gait problems or a fall in the prior 12 months) report taking steps to reduce risk of falling. The percentage taking steps to prevent falls significantly increases with age. In the younger senior age groups, women are more likely than men to be taking fall prevention actions – even among those at elevated risk for falls.
- A little under half of seniors (46%) take low dose aspirin to prevent heart attacks and stroke. Women in the 65-74 age group are significantly less likely to take low dose aspirin than similarly aged men (41% vs. 51%), but there is no significant gender difference within the older ages groups.
- Approximately 70% of seniors try to do activities to keep their brain stimulated, but women are significantly more likely to do so than men (74% vs. 67%).
- Over 60% of seniors try to visit with people at least once a week (62%) and do enjoyable activities at least once a week (63%). Women are significantly more likely than men to say that they try to visit with people (67% vs. 56%), which may partially be due to a significantly lower percentage of senior women than men being married or in a committed relationship.

Routine Dental Care (Table 7)

While approximately three-fourths of seniors reported that they had a dental check-up and/or tooth cleaning appointment in the prior 12 months, the percentages receiving this routine dental care declined with age (80%, 74%, and 67%, respectively). While several older seniors remarked that routine dental check-ups were not necessary since they wore dentures, the decline in dental care for the majority of non-users is probably due in most cases to routine dental care services not being covered by Medicare. Kaiser Permanente's Northern California Region does not offer dental care services. Since dentists and dental hygienists are more likely than primary care providers to spot oral health problems during routine visits, this suggests that a large percentage of seniors may be missing out the preventive oral health screening and prophylactic oral health care that might prevent future problems with eating and systemic infections that may increase risk of heart disease and cancers.

Table 1. Sociodemographic Characteristics of Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011¹

Sociodemographic Characteristics	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Race/Ethnicity²												
White nonHispanic	71.9	74.0	72.9	72.1	77.5	74.5	78.4	81.0	79.4	73.8	76.2	74.4
African-American/Black	6.9	3.8	5.5	7.8	4.7	6.4	6.6	5.4	6.0	6.9	7.3	7.1
Latino/other Hispanic	7.2	8.1	7.6	6.8	7.1	6.9	6.4	5.4	6.0	6.9	7.3	7.1
Asian ³	11.5	11.1	11.3	11.3	8.6	10.1	7.2	7.5	7.3	10.3	9.8	10.1
Filipino	5.5	4.3	4.9	5.1	3.1	4.2	2.8	1.3	2.3	4.7	3.4	4.1
Chinese	2.9	3.4	3.1	3.1	2.9	3.0	2.3	2.7	2.5	2.8	3.1	2.9
Southeast Asian	0.5	0.5	0.5	0.2	0.4	0.3	--	0.3	0.1	0.3	0.4	0.4
Japanese	1.2	1.4	1.3	2.3	1.0	1.7	2.1	2.1	2.1	1.6	1.5	1.6
Korean	0.4	0.4	0.4	0.3	0.2	0.2	--	0.1	< 0.1	0.3	0.2	0.3
South Asian	0.8	1.2	1.0	3.6	1.0	0.6	--	1.0	0.4	0.4	1.1	0.7
Other Asian	0.2	<0.1	0.1	0.1	--	0.1	--	<0.1	<0.1	0.1	--	0.1
Pacific Islander	0.5	0.5	0.4	0.1	0.3	0.1	--	0.1	<0.1	0.3	0.3	0.3
Native American	1.4	1.2	1.3	1.4	0.8	1.1	1.0	1.0	1.0	1.3	1.1	1.2
Middle Eastern	0.4	1.3	0.8	0.5	0.8	0.6	0.1	0.3	0.2	0.4	1.0	0.6
Other	0.2	0.2	0.1	<0.1	0.2	0.1	0.2	0.1	0.2	0.2	0.1	0.1
Educational Attainment												
< High school Graduate	5.0	4.0	4.5	11.1	9.8	10.5	13.0	12.1	12.6	8.3	7.0	7.7
High school grad or GED	22.8	18.4	20.7	28.4	22.2	25.6	34.2	26.8	31.3	27.0	21.0	24.3
Some college	33.9	29.8	32.0	34.0	28.2	31.5	31.2	21.6	27.5	33.2	27.6	30.8
College graduate	38.3	47.8	42.8	26.5	39.8	32.3	21.6	39.5	28.6	31.5	44.4	37.2
Marital Status												
Married/in committed relationship	60.8	84.3	71.6	49.5	80.2	63.3	28.3	70.5	44.9	49.6	80.3	63.2
Widowed	15.1	3.8	9.9	31.2	9.4	21.4	61.9	24.4	47.2	31.2	9.6	21.7
Single, divorced, separated	24.1	11.9	8.5	19.3	10.4	15.3	9.8	5.1	7.9	19.2	10.1	15.1

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Sociodemographic Characteristics	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Employment Status⁴												
Working for pay (part or full time) ⁵	26.6	28.4	27.4	10.8	12.7	11.6	3.7	4.8	4.2	17.4	20.0	18.6
Part-time or full-time volunteer	4.7	2.3	3.6	6.4	2.7	4.7	3.9	2.7	3.5	4.8	2.5	3.8
Not in workforce or Volunteering	69.6	69.8	69.7	83.8	85.0	84.3	92.7	92.7	92.7	78.5	77.9	78.2
Household Income (2010)												
\$15,000 or less	6.9	4.0	5.5	13.7	5.1	9.8	13.7	6.1	10.7	10.0	4.7	7.6
\$15,001 - \$25,000	11.8	6.6	9.4	22.6	11.6	17.6	27.1	17.8	23.4	17.9	10.0	14.4
\$25,001 - \$35,000	13.8	8.8	11.4	17.1	15.5	16.4	26.0	15.7	21.8	17.7	11.6	15.0
\$35,001 - \$50,000	17.0	17.8	17.4	15.4	19.5	17.2	14.7	20.7	17.1	16.1	18.8	17.3
\$50,001 - \$65,000	12.4	12.9	12.7	9.6	13.3	11.3	7.3	14.9	10.3	10.5	13.4	11.8
\$65,001 - \$80,000	11.5	13.0	12.2	9.4	12.0	10.6	6.6	10.1	8.0	9.8	12.2	10.9
Over \$80,000	26.6	36.9	31.4	12.2	23.0	17.1	4.6	14.7	8.7	18.0	29.3	23.0
During the past 12 months, because of the cost:												
Delayed or did not get needed medical care	7.4	5.3	6.4	6.9	3.9	5.5	6.0	4.9	5.6	6.9	5.0	6.1
Rationed a prescribed medicine	6.3	6.2	6.3	7.4	5.1	6.3	6.6	5.9	6.3	6.6	5.9	6.3
Usual Transportation⁴												
Car	97.9	98.1	98.0	96.8	97.4	97.1	94.3	98.2	95.8	96.7	98.0	97.3
Drives self	87.5	94.9	90.9	76.5	88.2	81.7	52.8	73.7	61.1	75.8	88.8	81.5
Drives self/driven by spouse	93.8	96.8	95.2	85.3	94.7	89.5	60.4	85.9	70.4	83.0	93.9	87.8
Driven by relative or friend	6.8	2.4	4.8	17.6	4.8	11.9	41.2	15.8	31.2	18.4	5.9	12.9

Table 1. Sociodemographic Characteristics of Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011¹

Sociodemographic Characteristics	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Usual Transportation (cont)												
Taxi	0.9	0.6	0.8	1.6	0.8	1.3	3.4	1.1	2.5	1.8	0.7	1.3
Bus/BART	7.3	6.1	6.8	8.0	5.5	6.9	5.4	4.1	4.9	6.9	5.6	6.3
Paratransit	0.8	0.1	0.5	1.7	0.8	1.3	5.9	2.3	4.5	2.4	0.7	1.6
Other	0.6	2.3	1.4	0.3	1.3	0.8	1.3	1.0	1.2	0.7	1.8	1.2
Has someone living nearby who could take care of them/arrange for care if needed⁴												
No one	6.0	5.2	5.6	5.0	4.3	4.6	4.0	5.1	4.4	5.2	5.0	5.1
Spouse/partner	56.1	80.6	67.5	41.6	75.3	56.9	22.4	61.0	37.7	44.0	75.1	57.9
Only spouse/partner	40.4	65.7	52.2	29.7	61.3	44.0	14.5	47.9	27.8	31.2	60.8	44.4
Other relative	46.1	24.8	36.2	58.8	27.9	44.8	73.6	40.5	60.5	56.1	29.0	44.0
Friend	12.1	6.5	9.5	8.0	7.6	7.8	6.2	8.6	7.2	9.7	7.1	8.6
Other	1.2	3.9	0.8	2.3	1.4	1.9	8.5	2.4	6.1	2.4	0.9	1.7

Footnotes for Table 1:

- ¹ Estimates are derived from self-report data for respondents aged ≥ 65 to the 2011 Division of Research Northern California KP Member Health Survey weighted to the age-, gender-, and geographic distribution of the Health Plan membership in 4th quarter 2010.
- ² Algorithm for assigning individuals to one race/ethnicity for purposes of estimation was as follows: White if only White/Euro-American indicated; African-American/Black if African-American or Other Black indicated alone or with any other race/ethnicity; Latino/Hispanic if that category indicated alone or in combination with any other race/ethnicity except for African-American/Black; Asian if one or more of Chinese, Japanese, Korean, Filipino, Southeast Asian, Indian/Pakistani, or Other Asian category indicated and African-American/Black and Latino/Hispanic not indicated; Hawaiian or Pacific Islander if ethnicities in this group were indicated but not African-American/Black, Latino/Hispanic, or Asian race/ethnic categories. Native American/Alaska Native if this category was the only one indicated; and Other if Middle Eastern or Other indicated, but not African-American/Black, Latino/Hispanic, or Asian race/ethnic categories. The sum across these broad categories should be approximately 100%.
- ³ Asian race/ethnic category includes Chinese, Japanese, Korean, Filipino, Southeast Asian, South Asian (e.g., Indian/Pakistani), or other Asian subgroup.
- ⁴ May exceed 100% due to non-exclusive categories.
- ⁵ Approximately 39% of 65-66 year olds are working at least part time, but the percentage drops to around 29% for ages 67-69, with no significant gender difference.

Table 2. Health Status of Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011¹

Health Characteristics	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Health Status												
<u>Overall Health Status</u>												
Excellent	11.3	9.6	10.5	4.2	6.3	5.2	3.3	3.7	3.4	7.8	7.6	7.7
Very good	36.2	36.6	36.4	28.3	29.5	28.8	20.5	20.1	20.4	30.5	31.5	30.9
Good	38.2	39.8	38.9	43.6	43.5	43.5	41.6	44.1	42.6	40.1	41.5	40.7
Fair	12.9	11.9	12.4	20.1	17.8	19.1	29.1	26.4	28.0	18.6	16.3	17.6
Poor	1.4	2.1	1.8	3.8	2.9	3.4	5.5	5.7	5.6	3.0	3.1	3.1
<u>Physical Health Status</u>												
Excellent	11.8	9.8	10.9	4.9	8.0	6.3	3.2	3.9	3.5	8.1	8.1	8.1
Very good	34.8	35.6	35.2	28.0	30.1	28.9	22.3	22.9	22.5	30.1	31.7	30.8
Good	37.7	39.5	38.5	43.0	42.2	42.7	39.5	41.1	40.1	39.2	40.3	39.7
Fair	13.5	12.6	13.1	20.6	16.6	18.8	30.0	26.3	28.5	19.4	16.5	18.1
Poor	2.2	2.5	2.3	3.5	3.1	3.3	5.0	5.8	5.4	3.2	3.4	3.3
<u>Emotional Health Status</u>												
Excellent	24.6	25.5	25.0	19.2	22.5	20.7	14.8	15.7	15.1	20.9	22.8	21.7
Very good	39.6	38.7	39.2	35.4	39.4	37.2	32.6	32.7	32.7	36.9	37.5	37.2
Good	27.6	26.6	27.1	31.1	26.5	29.0	29.2	37.1	32.3	28.7	28.9	28.8
Fair	7.3	7.9	7.6	12.5	10.8	11.8	20.9	13.0	17.8	12.0	9.6	10.9
Poor	0.9	1.3	1.1	1.8	0.8	1.3	2.5	1.5	2.1	1.5	1.2	1.4
<u>Quality of Life</u>												
Excellent	26.1	25.0	25.6	18.3	21.8	19.9	10.2	16.4	12.6	20.2	22.4	21.2
Very good	44.5	44.5	44.5	44.5	44.7	44.6	37.2	38.2	37.6	42.4	43.1	42.7
Good	23.0	22.8	22.9	26.1	23.7	25.0	35.6	31.8	34.1	27.1	25.1	26.2
Fair	6.0	6.9	6.4	10.3	8.4	9.4	14.3	11.3	13.1	9.1	8.1	8.7
Poor	0.4	0.8	0.6	0.8	1.4	1.1	2.7	2.3	2.6	1.2	1.3	1.2

Table 2(cont). Health Status of Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011

Health Characteristics	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
How much health interferes with work or regular daily activities												
<u>Physical health (incl. pain)</u>												
Not at all	41.0	37.0	39.1	30.4	32.8	31.5	23.6	23.5	23.6	34.3	33.1	33.8
A little	34.6	38.7	36.5	34.7	34.1	34.4	30.2	30.3	30.2	33.4	36.0	34.5
Moderately	16.4	16.8	16.6	22.7	21.5	22.2	22.7	26.2	24.1	19.3	19.8	19.5
Quite a bit	8.0	7.5	7.8	12.2	11.6	11.9	23.5	20.0	22.1	13.0	11.1	12.2
<u>Emotional/mental health</u>												
Not at all	67.6	66.2	67.0	60.5	62.7	61.5	51.3	49.2	50.5	61.9	61.8	61.9
A little	23.4	23.8	23.6	22.3	25.5	23.7	25.7	28.3	26.7	23.9	25.1	24.4
Moderately	6.8	7.5	7.1	13.5	9.4	11.7	15.0	18.4	16.4	10.2	10.3	10.2
Quite a bit	2.2	2.5	2.3	3.7	2.4	3.1	8.0	4.1	6.4	4.0	2.8	3.5
Health Conditions During Past 12 Months												
Diabetes ²	16.1	21.2	18.5	16.2	21.2	18.5	16.1	18.2	17.0	16.1	20.5	18.1
Hypertension ²	54.2	59.9	56.8	67.6	63.6	65.8	72.3	63.3	68.8	61.7	61.4	61.6
High cholesterol ²	47.7	52.8	50.1	49.8	57.6	53.3	44.7	50.7	47.0	47.2	53.2	49.9
Heart problems, incl. angina, MI) ²	9.1	19.7	14.0	14.4	23.9	18.6	18.3	30.1	22.9	12.6	22.9	17.1
Stroke	0.9	1.6	1.2	2.0	2.1	2.0	4.0	3.7	3.9	1.9	2.2	2.1
TIA	0.6	0.9	0.7	1.2	1.5	1.4	2.0	1.7	1.9	1.1	1.2	1.1
Cancer (any type)	6.4	8.3	7.3	8.4	10.2	9.2	6.8	13.0	9.2	6.9	9.7	8.1
Non-skin cancer	4.5	5.3	4.9	5.1	6.1	5.5	4.5	8.3	5.1	4.6	6.1	5.3
Skin cancer	1.7	2.4	2.1	2.7	3.4	3.1	2.5	3.9	2.7	6.1	2.9	2.5

Table 2(cont). Health Status of Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011

Health Characteristics	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Health Conditions During Past 12 Months (contd.)												
Asthma ²	13.7	9.4	11.7	12.8	7.1	10.3	8.1	9.1	8.5	11.9	8.9	10.6
Emphysema/COPD	4.2	3.6	3.9	6.2	5.4	5.8	3.7	4.4	3.9	4.4	4.1	4.3
Chronic bronchitis	2.8	2.1	2.5	3.2	1.5	2.5	2.8	2.4	2.7	2.9	2.0	2.5
Frequent heartburn/GERD	16.6	12.7	14.8	15.9	11.5	13.9	17.3	11.4	15.0	16.7	12.2	14.7
Osteoporosis	10.0	1.0	--	15.1	1.8	--	14.9	2.1	--	12.3	1.5	--
Arthritis/rheumatism	27.4	14.8	21.6	32.7	21.1	27.4	32.9	26.8	30.5	29.9	18.7	25.0
Severe or chronic pain	32.0	25.9	29.2	31.6	25.9	29.0	31.1	26.4	29.3	31.7	26.0	29.2
Musculoskeletal pain	19.5	16.6	18.2	21.7	17.9	20.0	22.6	18.4	20.9	20.8	17.2	19.2
Severe back pain/sciatica	14.0	12.1	13.1	16.3	12.4	14.5	17.8	12.1	15.6	15.5	12.1	14.0
Severe neck/shoulder pain	9.9	7.4	8.7	10.8	9.7	10.3	10.4	9.7	10.1	10.2	8.4	9.4
Severe headaches	6.7	3.1	5.0	5.4	2.3	4.0	5.0	0.6	3.3	6.0	2.4	4.4
Other chronic pain	16.9	11.5	14.4	15.2	11.6	13.6	18.0	12.1	15.7	16.9	11.7	14.6
Urine leakage (≥ once/week)	21.0	8.1	--	29.8	12.1	--	38.9	21.0	--	27.6	11.8	--
Frequent problems falling or staying asleep	11.3	8.1	9.8	11.5	7.9	9.9	15.2	10.9	13.5	12.5	8.7	10.8
Problems with teeth, gums or mouth making it difficult to eat or talk	7.4	7.1	7.2	9.8	7.3	8.7	12.4	9.2	11.2	9.2	7.6	8.5
Vision problem (not correctable by glasses)	27.1	20.6	24.1	33.9	25.0	29.9	38.5	32.5	36.1	31.5	24.1	28.3
Hearing problem/deafness	9.9	17.5	13.4	18.4	25.0	21.4	33.9	37.3	35.2	18.2	23.5	20.5
Hearing problem or wears a hearing aid ³	13.1	22.5	17.5	22.3	32.5	26.9	39.3	47.8	42.6	22.2	30.2	25.7
Regularly uses hearing aid (those with a hearing problem but not deaf)	42.1	48.5	46.0	49.3	44.1	52.9	66.7	69.1	67.8	55.9	57.7	56.9

Table 2(cont). Health Status of Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011

Health Characteristics	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Memory problems	8.4	7.2	7.9	15.0	13.0	14.1	25.5	23.6	24.8	14.4	12.0	13.4
Balance/walking problem	12.9	9.7	11.4	20.9	15.9	18.7	35.4	32.0	34.1	20.7	16.0	18.6
At least 1 fall during past yr	22.7	14.4	18.9	25.0	18.7	22.2	31.2	32.6	31.8	25.5	19.3	22.8
Only 1 fall	13.5	7.6	10.8	12.1	9.2	10.8	14.8	12.7	14.0	13.6	9.0	11.6
2 falls	5.0	3.3	4.3	7.0	4.3	5.8	8.0	8.2	8.1	6.2	4.6	5.5
3 or more falls	4.2	3.5	3.8	5.9	5.2	5.6	8.4	11.7	9.7	5.7	5.7	5.7
Depression and/or Anxiety lasting ≥2 wks ²	18.3	11.6	15.2	18.2	8.6	13.9	17.7	11.1	15.1	18.1	10.9	14.9
Depression, sadness, very low spirits for ≥2 wks ⁴	14.2	9.1	11.9	14.0	6.1	10.5	13.5	9.2	11.8	14.0	8.6	11.6
Anxiety/panic for ≥2 wks ²	7.5	4.6	6.2	8.6	4.2	6.6	7.6	4.8	6.5	7.7	4.6	6.3
Alcohol or drug problem	0.5	1.1	0.8	0.2	0.4	0.3	0.2	0.2	0.2	0.3	0.8	0.6
History of Selected Health Condition (Ever)												
Heart Problems/MI	11.6	25.5	18.0	19.0	31.4	24.6	24.4	41.2	31.0	16.6	30.2	22.6
Stroke	2.9	4.4	3.6	5.4	7.0	6.1	7.9	8.9	8.3	4.8	5.9	5.3
TIA	1.9	2.6	2.2	3.5	4.2	3.8	5.6	4.6	5.2	3.2	3.4	3.3
High blood pressure	56.5	62.1	59.1	70.2	66.6	68.6	76.2	67.4	72.8	64.6	64.1	64.4
Cancer	19.1	16.6	18.0	20.9	22.6	21.7	21.1	29.0	24.2	20.0	20.6	20.3
Non-skin cancer	15.0	10.6	13.0	15.0	16.5	15.7	15.5	22.8	18.3	15.1	14.5	14.8
Skin cancer	4.7	5.4	5.0	5.6	6.7	6.1	4.6	8.0	4.8	4.8	6.2	5.4

Footnotes for Table 2:

¹ Estimates are derived from self-report data for respondents aged ≥ 65 to the 2011 Division of Research Northern California KP Member Health Survey weighted to the age-, gender-, and geographic distribution of the Health Plan membership in 4th quarter 2010.

² Estimate based on indication of the health condition or reported use of medication to control that health condition.

³ Estimates based on responses to a health condition checklist and a question about use of/need for a hearing aid.

⁴ Depression was estimated from indication of depression, sadness, or very low spirits lasting at least 2 weeks in a health condition checklist or indication of use of a prescription anti-depressant during the previous 12 months.

Table 3. Functional Status of Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011

Functional Status	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
How well can take care of self at present time												
Not well	2.0	2.1	2.1	4.8	3.4	4.2	12.7	9.3	11.4	5.5	4.0	4.9
Fairly well	7.8	9.2	8.5	13.3	12.1	12.8	22.6	26.0	23.9	13.0	13.6	13.2
Very well	16.1	18.1	17.0	24.0	23.9	23.9	23.5	27.4	25.0	19.6	21.3	20.4
Completely able	74.1	70.5	72.4	57.9	60.6	59.1	41.2	37.3	39.7	61.9	61.1	61.5
Mobility²												
Must stay in house most of time	1.5	1.1	1.3	2.7	2.2	2.4	6.7	3.5	5.4	3.1	1.8	2.6
Needs assistance from others to get around	0.9	0.6	0.8	1.7	1.1	1.5	6.4	3.2	5.1	2.6	1.3	2.0
Needs a cane, walker, wheelchair, etc., to get around	6.3	4.3	5.4	13.0	7.2	10.4	27.2	23.4	25.7	13.4	9.2	11.5
Trouble getting around freely, but doesn't need help or equipment	5.2	5.7	5.4	9.7	9.4	9.6	9.9	15.5	12.1	7.3	8.6	7.9
Mobility not limited	86.1	88.3	87.1	72.9	80.1	76.1	49.8	55.3	51.6	73.6	79.1	76.0
Activities for Which Help is Needed or Received												
<u>ADLS³</u>												
Taking medicines	1.5	1.3	1.4	3.3	4.6	3.9	13.9	9.9	12.3	5.3	3.9	4.7
Bathing in a tub/shower	2.3	1.4	1.9	4.5	2.7	3.7	18.9	9.1	15.0	7.4	3.4	5.6
Dressing	1.3	1.3	1.3	2.9	2.9	2.9	8.9	5.9	7.7	3.7	2.6	3.2
Eating or drinking	0.6	0.7	0.6	1.3	1.0	1.2	3.4	1.9	2.8	1.5	1.0	1.3
Using the toilet	1.0	0.9	0.9	1.5	1.6	1.5	5.8	3.9	5.1	2.4	1.7	2.1

Table 3. Functional Status of Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011

Functional Status	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
<u>ADLs (contd).</u>												
Moving in/out of chairs, bed, etc.	1.3	1.3	1.3	2.4	3.7	3.0	9.9	6.6	8.6	3.9	3.0	3.5
Cutting toenails	8.7	9.6	9.1	21.6	17.6	19.8	45.8	34.2	41.2	21.5	16.7	19.4
<u>IADLS³</u>												
Preparing meals	3.3	2.0	2.7	6.4	4.0	5.3	19.6	12.1	16.6	8.4	4.7	6.8
Travel beyond walking distance	5.4	4.2	4.9	15.0	7.6	11.7	40.1	22.7	33.3	16.9	9.1	13.5
Shopping	5.3	2.9	4.2	12.6	5.6	9.4	34.7	16.4	27.5	14.9	6.5	11.2
Routine chores	6.7	3.5	5.2	12.0	4.2	8.5	26.5	11.0	20.4	13.3	5.4	9.8
Laundry	3.4	2.0	2.8	6.7	3.6	5.3	19.7	10.2	16.0	8.6	4.2	6.7
Managing money	1.8	1.4	1.6	3.8	3.5	3.7	16.9	8.5	13.6	6.4	3.4	5.1
Using the phone	1.1	1.2	1.1	2.2	1.7	2.0	9.6	7.0	8.6	3.7	2.6	3.2
<u># ADLs requiring help³</u>												
None	90.3	89.6	90.0	76.5	80.5	78.3	51.0	61.8	55.3	76.8	81.5	78.9
1	7.5	8.1	7.7	17.9	13.2	15.8	26.0	26.1	26.0	14.6	13.2	13.9
2	0.8	1.0	0.9	2.5	2.6	2.5	9.6	4.3	7.5	3.6	2.0	2.9
3 or more	1.4	1.3	1.4	3.1	3.7	3.4	13.4	7.8	11.2	5.1	3.3	4.3
<u># IADLs requiring help³</u>												
None	89.8	93.4	91.5	77.6	87.8	82.2	51.5	70.0	58.8	76.8	87.0	81.3
1	4.2	2.9	3.6	8.8	5.7	7.4	12.0	12.9	12.3	7.2	5.7	6.6
2	1.4	0.9	1.1	5.3	2.4	4.0	9.7	4.3	7.6	4.4	1.9	3.3
3 or more	4.6	2.8	3.8	8.3	4.1	6.4	26.8	12.8	21.3	11.5	5.4	8.8

Footnotes for Table 3:

- ¹ Estimates are derived from self-report data for respondents aged ≥ 65 to the 2011 Division of Research Northern California KP Member Health Survey weighted to the age-, gender-, and geographic distribution of the Health Plan membership in 4th quarter 2010.
- ² 54% of women aged 80-90 have no mobility issues and only 10.5% require someone's help or are fairly housebound. Of All 80-90 yr olds, 55.0% have no mobility issues and 8.8% require someone's help or are fairly housebound.
- ³ ADL help needed by women aged 80-90: Taking medicines, 9.8%; Bathing, 13.8%; Dressing, 5.9%; Eating/Drinking, 1.7%; Using the toilet, 3.6%; Transferring in and out of chairs/bed, 7.7%; Cutting toenails, 41.3%. Numbers of ADLs requiring help: None, 55.5%; One, 26.4%; Two, 9.2%; \geq Three, 8.9%. By All 80-90: Taking medicines, 9.8; Bathing, 11.8; Dressing, 5.9; Eating/drinking, 1.7%; Using the toilet, 3.6%; Transferring, 7.3%; Cutting toenails, 38.3%; Numbers of ADLs: None, 58.2%; One, 26.1%; Two, 7.3%; \geq Three, 8.4%.
IADL help needed by women aged 80-90: Preparing meals, 14.7%; Travel, 33.7%; Shopping, 28.1%; Chores, 21.4%; Laundry, 14.5%; Money, 14.7%; Phone, 6.9%. Numbers of IADLs requiring help: None, 57.8%; One, 12.1%; Two, 8.7%; \geq Three, 21.4%. By All 80-90: Preparing meals, 13.5%; Travel, 28.9%; Shopping, 23.2%; Chores, 16.9%; Laundry, 12.6%; Money, 10.2%; Phone, 6.8%. Numbers of IADLs: None, 63.2%; One, 12.2%; Two, 6.9%; \geq Three, 17.6%.

Table 4. Number of Prescription Medications Regularly Taken by Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011¹

Number of Prescription Medications	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
None	12.2	11.0	11.7	8.8	7.4	8.1	5.5	5.9	5.7	9.8	9.2	9.5
One	15.8	14.8	15.3	9.1	10.1	9.6	10.4	7.8	9.3	13.1	12.3	12.8
Two	17.3	17.5	17.4	14.9	13.5	14.3	15.9	13.2	14.8	16.5	15.8	16.2
Three	13.9	14.0	13.9	16.6	15.2	16.0	12.2	14.2	13.0	13.9	14.3	14.1
Four	13.4	13.4	13.4	16.5	14.3	15.5	13.6	12.7	13.2	14.0	13.4	13.7
Five	9.4	9.6	9.5	10.3	13.6	11.8	12.6	12.6	12.6	10.4	11.0	10.7
6 or more	18.0	19.7	18.8	23.8	25.9	24.7	29.8	33.7	31.4	22.3	24.0	23.0

Footnotes for Table 4:

¹ Estimates are derived from self-report data for respondents aged ≥ 65 to the 2011 Division of Research Northern California KP Member Health Survey weighted to the age-, gender-, and geographic distribution of the Health Plan membership in 4th quarter 2010.

Table 5. Prevalence of Selected Behavioral and Psychosocial Risks Among Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011¹

Behavioral/Psychosocial Risks in Past 12 mos.	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Tobacco Use (cigarettes)												
Current smoker	4.5	7.6	5.9	4.7	5.6	5.1	3.7	1.9	3.0	4.3	5.9	5.0
Former smoker	35.8	45.1	40.1	37.4	51.2	43.6	25.0	49.2	34.5	33.0	47.2	39.3
Never smoked regularly	59.7	47.3	54.0	57.9	43.2	51.3	71.3	48.9	62.5	62.7	46.9	55.7
Weight												
Overweight (BMI ≥ 25)	58.1	70.1	63.6	58.1	65.4	61.4	51.7	51.6	51.6	56.3	65.0	60.1
Obese (BMI ≥ 30)	26.9	27.0	27.0	23.9	18.2	21.4	17.9	13.8	16.3	23.8	22.3	23.2
<u>BMI range:</u>												
BMI <18.5 (under wt)	2.6	0.7	1.7	2.7	0.8	1.9	5.0	0.8	3.3	3.3	0.7	2.2
BMI 18.5 - 25 (normal)	39.3	29.2	34.6	39.2	33.8	36.7	43.3	47.6	45.0	40.4	34.3	37.7
BMI 25 - 30 (over wt)	31.2	43.1	36.7	34.2	47.2	40.0	33.8	37.7	35.4	32.5	42.6	37.0
BMI 30 - <35 (obese)	15.3	18.4	16.7	16.4	13.9	15.3	14.0	11.1	12.9	15.1	15.9	15.4
BMI ≥ 35 (very obese)	11.6	8.6	10.3	7.5	4.3	6.1	3.9	2.8	3.4	8.7	6.5	7.7
Exercise Frequency												
5 or more times/week	31.8	40.8	36.0	27.9	41.1	33.9	24.5	33.6	28.1	29.0	39.2	33.6
3-4 times/week	32.9	32.5	32.7	31.3	29.3	30.4	24.8	28.3	26.2	30.4	31.0	30.6
1-2 times/week	19.5	15.8	17.8	22.6	15.5	19.4	22.4	18.0	20.6	20.9	16.2	18.8
Less than once/week	15.8	10.9	13.5	18.2	14.1	16.3	28.3	20.1	25.1	19.7	13.6	17.0
<u>Usual type of Exercise</u> (Those who exercise only)												
Low impact	52.3	44.4	48.6	62.1	49.1	55.9	70.9	62.2	67.3	58.6	49.0	54.2
Moderate/vigorous	47.7	55.6	51.4	37.9	50.9	44.1	29.1	37.8	32.9	41.4	51.0	45.8

Table 5. Prevalence of Selected Behavioral and Psychosocial Risks Among Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011¹

Behavioral/Psychosocial Risks in Past 12 mos.	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Dietary Practices												
Tries to eat reduced fat foods most of the time	58.4	48.4	53.8	54.8	53.0	54.0	51.6	46.9	50.0	55.8	48.9	52.8
Tries to avoid foods high in salt/sodium most of the time	69.5	59.5	64.9	65.4	60.1	63.0	63.9	55.2	60.5	67.2	58.6	63.4
<u>Fruit/Vegetable Consumption</u>												
Eats ≥ 3 servings/day	59.2	38.8	49.7	54.2	37.1	46.5	54.4	38.2	48.0	57.0	38.3	48.7
Eats ≥ 5 servings/day	20.9	12.5	17.0	18.1	9.5	14.2	16.2	9.6	13.6	19.1	11.3	15.6
Takes a daily multivitamin	57.0	49.9	53.7	54.6	47.0	51.2	47.8	42.5	45.7	54.0	47.7	51.2
Takes calcium (any)	65.4	21.2	45.0	63.2	27.8	47.3	56.3	27.8	45.1	62.4	24.0	45.4
Calcium+D or calcium with D from another source	64.3	20.7	44.3	62.6	26.9	46.5	54.9	27.2	44.0	61.5	23.3	44.6
Takes vitamin D (not as part of multivitamin/calcium)	31.3	18.6	25.4	33.0	20.0	27.2	27.1	19.6	24.2	30.4	19.1	25.4
Alcohol Consumption												
Never drinks	31.6	24.3	28.2	40.8	29.3	35.6	46.9	34.9	42.1	37.5	27.6	33.0
Drinks < once/week	33.5	28.7	31.2	29.2	24.7	27.1	27.9	22.4	25.6	31.2	26.5	29.1
Drinks 1-2 days/week	9.6	12.3	10.9	9.2	9.4	9.3	7.8	8.0	7.9	9.0	10.8	9.8
Drinks 3-4 days/week	6.4	8.2	7.2	5.4	7.7	6.4	2.3	6.6	4.1	5.1	7.8	6.3
Drinks ≥ 5 days/week	18.9	26.5	22.5	15.4	28.9	21.6	15.1	28.2	20.3	17.2	27.3	21.8
At risk drinker based on:												
# Drinks/day (W >1, M >2) ²	23.0	13.3	18.5	17.8	9.6	14.1	14.3	5.6	8.9	18.9	10.9	15.3
# Drinks/wk (W >7, M >14) ³ (Women>7, Men >14)	12.5	8.8	10.8	9.2	6.7	8.1	7.8	4.1	6.3	10.6	7.4	9.2

Table 5. Prevalence of Selected Behavioral and Psychosocial Risks Among Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011¹

Behavioral/Psychosocial Risks in Past 12 mos.	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Sleep (per 24 hour day)												
< 6 hours	8.3	5.2	6.9	7.1	3.9	5.7	7.3	4.4	6.1	7.8	4.8	6.4
6- < 7 hours	18.3	15.0	16.8	16.9	12.8	15.0	14.4	12.1	13.5	17.0	14.0	15.6
7-9 hours	68.9	73.5	71.0	67.8	72.9	70.1	62.1	68.9	64.8	66.8	72.3	69.3
> 9 hours	4.5	6.3	5.3	8.2	10.4	9.2	16.2	14.6	15.6	8.4	9.0	8.7
Psychosocial Risks												
Worried about personal / Family financial security	17.6	11.9	15.0	15.9	10.5	13.5	13.6	10.1	12.2	16.2	11.2	14.0
Worried about safety	3.3	2.6	3.0	2.5	2.9	2.7	4.4	2.6	3.7	3.5	2.6	3.1
Have felt harassed or discriminated against	3.1	2.6	2.9	2.0	2.7	2.3	2.1	1.6	1.9	2.6	2.4	2.5
Very stressed, tense or anxious much of the time	7.1	5.2	6.2	6.0	3.3	4.8	6.9	2.9	5.4	6.8	4.3	5.7
Felt depressed/very sad much of the time	3.7	2.9	3.3	3.8	2.1	3.0	4.2	2.0	3.3	3.9	2.5	3.3
Overall satisfaction with life												
Fairly/very satisfied	94.0	94.5	94.2	93.5	93.6	93.5	88.5	91.4	89.6	92.4	93.6	92.9
Not very/not at all satisfied	6.0	5.5	5.8	6.5	6.4	6.5	11.5	8.6	10.4	7.6	6.4	7.1
Overall happiness												
Pretty/very happy	92.7	92.0	92.4	90.0	92.0	90.9	82.1	87.0	84.0	89.2	90.8	89.9
Not very/not at all happy	7.3	8.0	7.6	10.0	8.0	9.1	17.9	13.0	16.0	10.8	9.2	10.1
Has no one to rely on if needs help due to illness, injury or frailty	6.0	5.2	5.6	5.0	4.3	4.7	4.0	5.1	4.5	5.2	5.0	5.1

Table 5. Prevalence of Selected Behavioral and Psychosocial Risks Among Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011¹

Behavioral/Psychosocial Risks in Past 12 mos.	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Health-Related Beliefs												
<u>Belief about extent to which lifestyle/habits can affect health</u>												
Not at all/a little bit	3.6	4.1	3.8	7.2	8.2	7.7	8.0	8.2	8.1	5.5	5.8	5.6
Moderately	7.5	9.8	8.5	11.6	11.5	11.5	15.5	18.0	16.5	10.5	12.0	11.2
Quite a bit/extremely	88.9	86.1	87.7	81.2	80.3	80.8	76.5	73.8	75.4	84.0	82.2	83.2
<u>Belief about extent to which stress/emotional troubles can affect health</u>												
Not at all/a little bit	8.4	10.1	9.2	13.5	16.9	15.0	16.4	19.9	17.8	11.5	13.6	12.5
Moderately	9.1	10.5	9.7	11.6	13.3	12.4	15.0	15.3	15.1	11.2	12.1	11.6
Quite a bit/extremely	82.5	79.4	81.1	74.9	69.8	72.6	68.6	64.8	67.1	77.3	74.3	75.9

Footnotes for Table 5:

¹ Estimates are derived from self-report data for respondents aged ≥ 65 to the 2011 Division of Research Northern California KP Member Health Survey weighted to the age-, gender-, and geographic distribution of the Health Plan membership in 4th quarter 2010.

² At-risk drinker based on usual number of drinks consumed on days when had a drink: Women > 1 drink in a day, Men > 2 drinks in a day.

³ At-risk drinker based on number of drinks per week estimated by usual drinking frequency x usual number of drinks: Women > 7/week, Men > 14/week.

Table 6. Actions Seniors Are Taking to Improve or Maintain Health, Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011¹

Health Actions	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Gets moderate/vigorous exercise most days	46.8	52.5	49.5	38.8	44.6	41.4	26.7	33.9	29.4	39.7	46.8	42.8
Daily walks/10,000 steps	26.2	29.8	27.9	22.4	27.5	24.7	15.9	19.8	17.4	22.6	27.0	24.5
Reads labels/recipes to learn what is in their food	64.9	47.9	57.1	56.0	41.8	49.6	46.0	34.5	41.5	57.9	43.7	51.7
Tries to eat mostly healthy foods	78.6	69.3	74.3	76.4	68.5	72.9	70.9	61.4	67.2	76.0	67.3	72.2
Tries to manage stress	45.8	30.8	39.9	35.9	26.6	31.8	30.7	23.5	27.9	39.7	28.4	34.7
Tries to get enough sleep to feel well-rested	71.0	62.7	67.2	67.2	62.6	65.1	60.4	58.4	59.6	67.3	61.7	64.9
Taking actions to reduce risk of falling	39.3	23.1	32.1	49.8	30.6	41.2	56.8	46.1	52.6	46.4	29.8	39.1
Those at high risk for falls*	56.6	40.3	50.6	63.7	46.4	57.2	67.0	63.7	65.7	61.9	50.7	57.7
Taking steps to lose weight or maintain weight loss	45.3	40.8	43.2	33.0	29.6	31.5	19.1	20.2	19.5	35.7	34.0	34.9
If overweight or obese	56.4	49.1	52.7	41.7	36.4	39.2	28.7	27.7	28.3	46.5	42.8	44.7
Takes all medicines as prescribed (if regularly takes ≥ 1 Rx medication)	88.7	87.6	88.2	88.3	88.3	88.3	86.0	88.0	86.9	87.9	87.8	87.8
Takes low dose aspirin to prevent heart attack/stroke	41.4	50.8	45.7	45.5	49.2	47.2	46.2	48.8	47.2	43.5	50.0	46.4
Does activities to keep brain stimulated	77.5	68.9	73.6	71.7	68.7	70.4	69.3	58.9	65.2	74.1	66.6	70.8
Visits with people at least once a week	69.9	56.0	63.5	65.0	57.6	61.7	64.1	54.1	60.2	67.3	55.9	62.3
Does enjoyable activities at least once a week	70.6	63.4	67.3	63.8	61.1	62.6	56.4	53.1	55.1	65.4	60.6	63.3

Footnotes for Table 6:

¹ Estimates are derived from self-report data for respondents aged ≥ 65 to the 2011 Division of Research Northern California KP Member Health Survey weighted to the age-, gender-, and geographic distribution of the Health Plan membership in 4th quarter 2010.

* High risk for falls = Has a balance or gait problem or fell at least once in the past 12 months.

Table 7. Selected Health and Support Services Used in the Past 12 Months by Members Aged 65 and Over in the Northern California Kaiser Permanente Membership, Spring 2011¹

Services	65-74 yr			75-79 yr			80 yr and over			65 yr and over		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Nursing home or convalescent home	1.5	0.9	1.2	2.6	1.4	2.1	5.3	3.3	4.5	2.8	1.5	2.2
Adult Day Care	0.1	0.3	0.2	0.1	0.6	0.3	1.4	1.6	1.4	0.4	0.7	0.5
Paid attendant/companion or home health aide	1.1	0.4	0.8	1.6	1.3	1.5	5.6	3.0	4.6	2.5	1.2	1.9
Visiting Nurse	3.0	1.8	2.4	3.1	2.6	2.9	5.9	5.1	5.6	3.8	2.7	3.3
Social worker/case mgr	1.6	1.1	1.4	2.7	1.3	2.1	4.5	4.6	4.6	2.6	1.9	2.3
Mental health/counseling services	3.9	3.1	3.6	3.6	1.9	2.8	3.2	2.9	3.1	3.7	2.8	3.3
Physical, speech, or rehab therapist	5.4	3.7	4.6	4.4	3.0	3.8	4.2	4.1	4.2	4.9	3.6	4.3
Housekeeper/errand service	1.1	0.4	0.8	1.8	0.5	1.2	3.9	1.7	3.1	2.0	0.7	1.4
Home-delivered meals or shopping services	0.1	1.6	0.1	0.7	0.1	0.4	2.2	0.9	1.7	0.8	0.3	0.6
Transportation service	0.6	0.5	0.6	1.6	1.1	1.4	4.7	4.1	4.5	2.0	1.4	1.7
Dentist/dental hygienist for teeth cleaning/check-up	80.4	79.8	80.1	73.1	74.9	73.9	68.8	65.4	67.4	75.9	75.6	75.8

Footnotes for Table 7:

¹ Estimates are derived from self-report data for respondents aged ≥ 65 to the 2011 Division of Research Northern California KP Member Health Survey weighted to the age-, gender-, and geographic distribution of the Health Plan membership in 4th quarter 2010.