



Philadelphia Corporation for Aging is a non-profit organization established in 1973 to serve as the Area Agency for Philadelphia. Its mission is to improve the quality of life for Philadelphians who are older or who have disabilities and to assist them in achieving optimum levels of health, independence and productivity. PCA receives its funds, in part, from the Older Americans Act, Medical Assistance and the Pennsylvania Lottery all through the Pennsylvania Department of Aging.

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- Generally the oldest age group (85+) is less educated, poorer and have greater disability and chronic illnesses. However, there is a greater proportion of mental health diagnosis and higher level of stress amongst the youngest age groups.
- The ratio of Caucasians to African Americans increases with age. Also, the ethnic/racial composition of the 50-59 year old persons differs from that of the 60+ age group with an increase in the proportion of African Americans, Latino and Asians and a decrease in the number of Caucasians.
- The number of people born elsewhere other than Philadelphia remains constant (approximately 40%). A new trend noted in the 50-59 age group is that a greater number (almost double) come from Puerto Rico.
- The number of non-citizens doubles from the 60+ to the 50-59 year old group.
- The number of people in the 50-59 age group who are linguistically isolated (3.8%) is about half that of the 60+ age group (5%).
- The most frequently spoken foreign languages are Spanish and Italian amongst the 60+ age group and Spanish and Russian amongst the 50-59 year olds. Also, there are an increase proportion of Asian languages, in particular Vietnamese and Chinese amongst younger group. Also, a high proportion of Russian speakers, almost two-thirds (65%), were linguistically isolated.
- As may be expected, the proportions of divorced, separated and singles increase in the 50-59 age group compared to that of the 60+ group. So more people may enter old age in these marital statuses.
- The younger age group is more highly educated which has implications for service usage in that better educated people will be more sophisticated consumers.
- The absolute number of veterans in the 50-59 age group is less than half (N=30,247) that of the 60+ age group (N=68,005). Thus there will be considerably fewer people eligible for VA services.
- The proportion of Protestants, Catholics and Jews drops in the 50-59 age group compared to the 60+ age group. The proportion of elderly who identify with these three religions combined dropped from 90.3% to 79.5%.
- The proportion of Muslims increases from 0.1% to 1.1% and Buddhist occur for the first time in the 50-59 year old group. Also, the proportion of those who say they have no religion doubles from 4.9% to 9.5%. This last group has special interest in terms of use of faith-based initiatives to provide care.
- The proportion of homeowners versus renter is similar in both age groups. And housing value remains relatively constant between the two age categories.
- As expected, the older cohort is notably worse off on all health related disabilities than the younger cohort. It is not possible to discuss how the younger cohort will look like in relation to the present 60+ old cohort as incidence rates for the specific disabilities is not known; however, increasing incidence of disease and disability with age has been widely accepted in the literature.
- The proportion of those who report a mental health condition as well as asthma and allergies is higher in the younger group compared to that of the 60+ group. However, some caveats may explain these patterns.
- Amongst the 60+ age group the proportion who are independent in terms of transportation (i.e. use a car, truck or van) is significantly greater than those who use public transport.
- Amongst the 60+ over 44,000 people classified themselves as still in the labor force. This is equivalent to 17% of the 60+ population.

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CONSEQUENCE OF HIGH HEALTH COSTS:

- Amongst all seniors (insured and not insured) 18% reported that they did not fill a prescription due to cost whereas just 11% forewent dental care due to cost.
- Females are more likely than males not to fill a prescription whereas there were no gender differences for not getting dental care due to cost.
- Higher proportions of African Americans do not get prescription coverage due to cost than Caucasians (21% vs. 17%) and dental coverage due to cost (12% vs. 10%).

Predictors of Health Outcomes

- For health conditions, poverty was the most important predictor followed by education, gender, and age, and minority status.
- For utilization of health services, insurance status and education were the most important predictors.
- For satisfaction with health care services, minority status followed by a feeling of belonging to one's neighborhood were the most important predictors, followed by poverty, and insurance status.
- Positive health behaviors were best predicted by years of age and minority status.

PROJECTING THE FUTURE

Major Findings:

Projections for Philadelphia's 65+ age group for the next 20 years are:

- Although there will be an overall decline in the number of persons living in Philadelphia, the number of elderly will steadily increase proportionally to the rest of the population.
- The proportion of 85+ will increase dramatically (representing 20.5% of the population 65 years of age and older) by 2010 and then a lesser extent (17.8%) by 2020. This means that a declining overall city population will mean significant increases in the proportion of city residents who are elderly, especially among the very elderly.

Elderly Population Projections from Woods and Poole (in thousands)						
	2000	2005	2010	2015	2020	2025
Age						
55-59	67.46	78.29	84.59	88.61	82.57	77.01
60-64	57.90	60.67	68.78	74.17	77.90	72.92
65-69	53.87	50.52	53.63	60.77	65.53	68.90
70-74	52.54	43.19	40.62	43.13	48.87	52.68
75-79	46.77	40.63	34.30	32.49	34.76	39.66
80-84	32.49	30.52	26.59	22.62	21.68	23.40
85+	27.45	28.75	30.49	31.63	32.19	34.23
Total (55+)	338.47	332.57	339.00	353.41	363.49	368.80

The key findings from an analysis of various data on the city's elderly are reported below. Fuller descriptions of these findings can be found in the complete report. That report is available upon request.

INTRODUCTION

The primary goal of the report is to provide a broad and comprehensive view of the status of older community dwelling persons in the city of Philadelphia. Data for this report comes from a variety of sources, primarily the 2002 Household Survey conducted by the Philadelphia Health Management Corporation (PHMC), population projections from the Delaware Valley Regional Planning Commission and two databases derived from the Census: the 2000 United States Census as well as the Integrated Public Use Microdata Series (IPUMS). It is important to note that these databases contain sample data (the PHMC and IPUMS data sets), and by using tools (called weights), the figures are calculated. These figures should be considered as very good estimates rather than the absolute truths. It is also important to note that some estimates could not be provided for some of the ethnic groups, especially Latino and Asian groups, for some of the demographic and health data. This was due to insufficient sample sizes.

The key findings here represent the 'first edition' as we will continue to develop these findings. We hope to get guidance from the readers as to where further information is desired in order to assist us in how to best serve your needs. We do acknowledge up front that there are important areas, such as caregiving and mental health which require further research as little information can be found about them currently.

KEY FINDINGS

- **Although the absolute number of older persons (65+) will decline for the next decade, the absolute number of older persons 85 years old and older will continue to increase over the same period.**
- **The older population (65+) is already very diverse and will become more so. Forty percent migrated here from somewhere else including African Americans from the South, Latinos from Puerto Rico and European immigrants from the former Soviet Union. In the future, ethnic minorities will make up the majority of older persons in the city.**
- **Almost half (47%) of the city's elderly report having one or more chronic health conditions.**
- **While poverty is the most consistent predictor of health conditions in this population, minority status and feeling of belonging to the neighborhood are the most consistent predictor of satisfaction with the way health services are provided. For utilization of health services insurance status and education were the most important predictors. For positive health behaviors, age and minority status are, the best overall predictors. These predictors (poverty, minority status, feeling of belonging to the neighborhood, education and age) should be taken into account when trying to understand the relation of the city's elderly to health related issues.**

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE POPULATION

Total Population: There are 205,000 seniors living in Philadelphia with an average age of 75 years. Greatest proportion (50%) of seniors are in the 65-74 years old age category.

Planning Analysis District	Estimated Number	Percent of Elderly
Center City	7,832	3.8
South Philadelphia	21,133	10.3
SW Philadelphia	8,158	4.0
West Philadelphia	29,030	14.2
Lower N Philadelphia	13,938	6.8
Upper N Philadelphia	8,332	4.1
Brides Ken Rich	8,165	4.0
Roxborough Manayunk	8,769	4.3
German Chestnut Hill	14,759	7.2
Olney Oak Lane	18,163	8.9
Lower Northeast	36,911	18.0
Upper Northeast	29,780	14.5
Total	204,971	100.0

Gender: Two-thirds of seniors are female. Greatest gender difference is amongst the very old with 3 females to every male. Gender ratio is the same for all races (i.e. 3 females to 2 males).

Ethnicity: Ethnic composition of seniors in Philadelphia is: Caucasian (60%), African American (35%), Latino (3%) and Asian (2%).

Religion: Religious affiliation amongst seniors in Philadelphia: Protestant (45%), Catholic (35%), and Jewish (11%). The rest are either other category (5%) or no religious affiliation (4%). There is a very small number of Muslims.

Marital Status: Marital status of seniors is widowed (39%), married (37%), single (12%), or divorced (7%). More females than males are widowed (50% vs. 22%) and divorced (7% vs. 6%). More males than females are single (13% vs. 11%). Caucasians are more likely to be married than African Americans where as African Americans are more likely to be divorced than Caucasians.

Living arrangements: Large proportion of seniors are living on their own (36%) or living with one other person (41%).

Education: A greater proportion of seniors are high school graduates (40%) or have fewer than 12 years of formal education (42%). A smaller proportion have attended some college (10%), or have completed college (8%). There are approximately twice as many Caucasians as African Americans at high school graduate level and above.

Occupation: Majority of seniors are retired (82%). Others are working part-time (6%), full-time (4%) or not able to work (5%). Slightly higher proportion of African Americans are retired than Caucasians (87% vs. 82%).

Income: Ninety-five percent of the senior population have a household income of less than \$72,200.

Poverty: One-fifth (19%) or 39,155 seniors are living below poverty (100% level). Females are nearly twice as likely as males to be in poverty (23% vs. 14%). Poverty increases with age as 16% of 65-74 and 22% of 75-84 live in poverty. African Americans are more likely to be poor than Caucasians (24% vs. 16%).

- Generally there were ethnic differences with most of the tests such as osteoporosis, colonoscopy/ sigmoidoscopy, pap smear and shots for flu and pneumonia. For example, higher proportion of Caucasians have had a shot for pneumonia whereas more African Americans have had flu shots within the year.
- Blood stool tests and mammograms are done less amongst the very old whereas a flu shot is significantly higher amongst the very old compared to the youngest age group.

HEALTH INSURANCE COVERAGE:

- Nearly all (99%) seniors report that they have a health insurance, with equal proportion of males and females. HMOs were the most common type of insurance compared to FFS or PPO (56% vs. 32% and 13%, respectively). All Caucasians and Latinos report being covered by health insurance whereas 1% of African Americans were not. As seniors age, insurance coverage drops slightly with 3% amongst 85+ years olds who were not covered by health insurance.
- A majority (76%) of seniors report that they have prescription coverage, whereas under half (42%) report that they have dental coverage. Greater proportion of males report having both prescription and dental coverage compared to women. Prescription coverage is higher amongst all races than dental coverage. Seniors in the oldest age group are notably less likely to have prescription or dental coverage compared to younger seniors.

SOURCES OF CARE AND BARRIERS:

- Despite the fact that it is the minority (6%) who report that they do not have a regular source of care, this percentage still translates into a large number of people (N=11,558). The doctor's office is by far the most frequently visited place (84%) compared to other places such as company/school health center/clinic, hospital outpatient clinic or a city health center.
- One in ten cancels their appointment due to transportation problems.
- Males are slightly more likely than females to report that they have a source of care and that the doctor's office is this source of care. Females report slightly higher tendency to cancel a doctor's appointment due to problems with transportation.
- Doctor's office is the most common source of care for African Americans, Latinos and especially Caucasians.
- Increasing age of older adults does not impact the likelihood that they have a regular source of care.

SATISFACTION WITH CARE:

- Generally over 80% of seniors rate all aspects of the health system (length of wait time, thoroughness of treatment, attention to what he or she said to the health professional, and time spent with doctor and staff) as very good or good. Approximately 10% rate it as fair.
- Level of satisfaction is not determined by gender, except for satisfaction with length of wait time where females are slightly more likely to give higher positive ratings whereas men are more likely to give poorer level of satisfactory ratings.
- There are some notable trends in terms of level of satisfaction amongst the Caucasians and African Americans. Caucasian older seniors are the most satisfied, with the largest proportion rating it as very good on all measures of satisfaction with the health system whereas African Americans are consistently the most dissatisfied with the system.
- Generally the oldest age group is more satisfied than younger age groups with most aspects of the health system however, a greater proportion of the youngest age group are more satisfied than the older age groups with thoroughness of the treatment.

Section IB - Health Status – Mental Health:

- In Philadelphia there were nearly 32,000 cases of Alzheimer’s disease amongst elderly (65+). This represents 10% amongst the 65-84 year category. The proportion is far greater amongst the oldest old age group with almost half (47%) of all 85+ being diagnosed with Alzheimer’s.
- Majority of males (82%) and females (74%) report normal mental health. Females are more than twice as likely as males to indicate poor mental health every day of the month (9% vs. 4%, respectively).
- Approximately one in ten (9%) older adults in Philadelphia report being diagnosed with a mental health condition, with nearly three times as many females who report mental health diagnosis as males (11% vs. 4%, respectively).
- Of those who have been diagnosed with a mental health condition, the proportion of females who seek treatment is smaller than males suggesting that there are many females who are not getting treated for their mental health condition.
- Females are more likely to endorse stress than males, with three times more females than males reporting extreme stress. Also, there are more Caucasians than African Americans who endorse extreme stress.
- Older persons in Philadelphia are more likely to experience poorer scores on four depression measures (negative affect (negative feeling such as sad and depressed), positive affect (positive feelings such as being happy and enjoying life), social affect (feeling that others disliked you and were unfriendly) and somatic symptoms (such as feeling restless and that everything is an effort)) compared to elderly in four surrounding suburban counties. Scores on all four of these measures were affected by the number of years of education, marital status and poverty level of the respondents. For example, the fewer the years of education the poorer the scores on both the positive and negative affect measures are as well as the measures of social affect and somatic symptoms. In addition, those who report having chronic conditions, ADLS, or IADLS are more likely to have significantly worse negative affect, positive affect and somatic symptoms.

Section II - Health and Disease Management: Health Behaviors:

- Generally the majority of seniors manage (by positive health behaviors / treatments) various health conditions such as diabetes, heart condition and asthma. HIV testing is the only condition where it is a minority (14%) of older adults who report disease preventive behaviors, in other words, getting tested.
- Overall males and females are generally similar on disease prevention and management behaviors, such as taking medication for heart condition or asthma, or trying to control high blood pressure or blood cholesterol. Males, however, are more likely to take medication for diabetes.
- Over one-quarter (28%, N=57,712) of seniors in Philadelphia report getting no exercise.

USE OF DIAGNOSTIC TESTS:

- Blood pressure and blood cholesterol readings are the most frequently used diagnostic tests. However, a sizable numbers of seniors who report never having had certain tests. For example, nearly 40,000 report never having had a blood stool test, nearly 73,000 report never having had a colonoscopy/sigmoidoscopy, over 28,000 report never having had a flu shot, and over 77,000 report never having been vaccinated for pneumonia.
- Use of diagnostic tests that are appropriate for both males and females vary considerably, with males more likely than females to have had blood stool tests and colonoscopy/sigmoidoscopy. In terms of gender specific tests, the least used tests are screening for osteoporosis.

Poverty level	Frequency	Percent
100%	39,155	19.2
150%	30,488	14.9
200%	26,238	12.8
250%	20,267	9.9
250+%	88,176	43.3

Tenure: Majority (84%) of seniors in Philadelphia are homeowners. This is true amongst males and females and for all races.

Housing Repair: The types of housing repairs needed amongst homeowners is plumbing repair (13%) and roof repair (12%).

Caregivers: There are over 51,000 older adults (60 years and older) who are caregivers in Philadelphia. (This term caregiver is based on a broad definition to include those who are taking care of a sick spouse/partner, relative or close friend; or someone who acts as a guardian to a dependent.)

Grandparents: There are approximately 7,775 grandparents (60 years and older) living in Philadelphia county who take care of grandchildren and where there are no adults (18-59) living in the households.

Attitudes to Neighborhood: Generally seniors feel that they belong in their neighborhood with 38% strongly agreeing and 52% agreeing with the statement “I feel I belong in my neighborhood”.

PHILADELPHIA’S ELDERLY IN COMPARATIVE PERSPECTIVE

COMPARISONS WITH PHILADELPHIA OVER TIME:

- Number of older adult population has decreased by 27,000 since 1990. Greatest decrease has occurred amongst the 65-74 years olds (by over 31,000) whereas an increase amongst the 85+ years olds (by 4000). Proportion of Caucasian seniors has decreased by 7% whereas proportion of African Americans has increased by 5% since 1990. Size of Latino and Asian minority groups have both increased by 1%.
- Percentage of poor elderly has increased by 3% since 1990 (i.e. from 37,907 to 39,155). The ratio of poor males to females is similar in 1990 to the ratio in the 2000. The proportion of African Americans who are poor has decreased (by 4%) since 1990 whereas it has increased slightly amongst Caucasians (by 1%).

COMPARISONS WITH PENNSYLVANIA:

- The older Pennsylvanian population represents 15.6% of all ages in Pennsylvania. Pennsylvania has 2nd largest size of senior population after Florida. However, relative to other states, PA ranks 46th in term of percentage increase of senior population since 1990.
- According to Census 2000, Pennsylvania’s older population was predominantly Caucasian (92%), and thereafter a small minority of African American (8%). Asians and Hispanics counted up for less than 2% of the older population. In comparison to Pennsylvania, Philadelphia has a far greater proportion of minority elders.
- When comparing Philadelphia and Pennsylvania, older adults in Philadelphia are more educated as there are notably higher proportion of the population who have some college. The majority (39%) of Pennsylvania’s older adults had graduated from high school or achieved up to 11th grade (37%).
- There are twice as many elderly in Philadelphia that live below the poverty level than in Pennsylvania (19% vs. 9%) respectively.

COMPARISONS WITH UNITED STATES:

- There are 35 million people aged 65 and older, representing 12.4% of the total population in the United States (census 2000). This is a 12% increase in the absolute number of older persons since 1990 when there was a total of 31.2 million older people living in the United States.
- Despite the increase in the number of people, the proportion of older adults to the total population actually dropped slightly (0.2%) since 1990, when the proportion of older adults was 12.6%. Amongst the older population, the greatest percentage increase since 1990 occurred amongst the oldest category of the older population. This is the same trend as occurred in Philadelphia.
- There are 3 females to 2 males in the United States in 2000, which is equivalent to that of Philadelphia.
- In terms of the distribution of ages in the total population in the United States, over half (53%) were in the youngest age category (65-74) and about a third (35%) in the middle age category (75-84) and the rest (12%) in the oldest age range (85+). Therefore, Philadelphia with 42% of its senior population being in the 75-84 year old age range, has a greater proportion of middle aged seniors compared to the rest of the United States in 2000.
- Majority of the elderly population in the United States was Caucasian (89%) and thereafter, African American made up a much smaller proportion (8%), and the rest were Asian (2%) and Native American (1%). Hispanic elderly of all races accounted for 5% of older persons in the United States. The racial composition of Philadelphia differs from that of the United States particularly in terms of African Americans as Philadelphia has approximately three times as many African Americans as the national average.
- Thirteen percent of those 65 years and older were employed and less than one percent were unemployed, with over three-quarters (86%) of the population who did not classify themselves as employed or unemployed. This group is likely to be retired. If this is the case, these figures are similar to those of Philadelphia where the current employment rate is approximately 10% and the majority (82%) are retired.
- The proportion of older adults who live below the poverty level was about one in ten (9.9%) according to the Census in 2000. This figure is far lower than that of Philadelphia where just under one-fifth, (19%) are living below poverty, (PHMC, 2002). As in Philadelphia, females were nearly twice as likely as males to be living below poverty level (12% vs. 7%, respectively).

HEALTH CHARACTERISTICS OF THE ELDERLY

Section IA - Health Status – Physical Health: Health Conditions:

- Forty-seven percent of Philadelphia's elderly report having one or more chronic conditions.
- Older males are slightly more likely to report that they have one or more chronic conditions than females (50% vs. 46%, respectively).
- The proportions reporting chronic conditions by ethnic group is: African American (51%) and Caucasians (47%).
- Proportion who report one or more chronic conditions increases with age. (There is a 6% increase in proportion of seniors who report chronic health conditions in the oldest age group compared to the youngest age group.)

Arthritis	Allergies	Asthma	Cancer	Heart condition	Diabetes
120,139	52,151	17,766	11,847	53,653	39,611
(59%)	(25%)	(9%)	(6%)	(26%)	(19%)

- Arthritis is the most prevalent condition amongst older adults; 59% report arthritis. Thereafter, a quarter report having heart condition (26%) or allergies (25%). The fourth most commonly reported condition is diabetes, which is reported by one-fifth (19%) of the elderly. Asthma (8%) and cancer (6%) are the least common chronic conditions to be reported by seniors.
- The proportion of women to men is greater for allergies, arthritis and asthma, whereas the opposite is true for cancer, heart condition and diabetes. The greatest gender difference occurs with arthritis where 62% of women have arthritis compared to 54% of men. There is about a 5% difference in gender representation for all the other conditions, except diabetes where there is only a 2% greater proportion of males than females.
- The proportion of seniors with either arthritis or heart condition increases with age. This pattern is not as evident for any of the other chronic conditions.
- An equal proportion of seniors report that their weight is normal (35%) or overweight (35%). A quarter (N=51,000; 25%) of all seniors 65 years of age and older state that they are obese. The rest are underweight.

SELF-REPORTED HEALTH:

- The majority of older adults describe their health to be either good or fair (42% and 33%, respectively). Of the rest, slightly more people rate their health as excellent (15%) than poor (11%).
- Self-reported health is similar for males and females, with the majority reporting good health (42% for both) and poor health (11% and 10%, respectively). Females are more likely to report excellent health than males (16% and 12%, respectively).
- Self-reported health was similar amongst the age categories of Philadelphia's older population.
- Caucasian older people generally rate their health as good (46%) or fair (27%) whereas African American older people generally rate their health as fair (40%) or good (38%).
- Nearly 28,000 (14%) seniors report poor physical health everyday and over 20,000 (10%) report limited activity every day. Limited activity every day is nearly three times as likely amongst seniors in the oldest age group compared to the youngest age group (18% vs. 7%, respectively).

DISABILITY:

- There were approximately 45,000 (22%) older people with one type of disability in Philadelphia, and over 52,000 (25%) with two or more types of disability, (Census 2000).
- There were approximately 3 females to every 2 males who have one type of disability whereas there are an equal number of females and males with 2 or more types of disability (Census 2000).
- Nearly twice as many seniors report having one or more IADL limitations than ADL limitations (36% vs. 19%, respectively).
- Females are twice as likely as males to report ADL limitations (21% vs. 10%, respectively) and IADL limitations (39% vs. 22%, respectively).
- The proportion who report ADL limitations is approximately twice as large amongst African American (22%) as amongst Caucasian (13%). The proportions are similar in both races for IADL limitations.
- Increasing age has a clear impact on both ADL and IADL limitations. The proportion of seniors who report ADL limitations rises from 11% in the youngest age category to 39% in the oldest age category. This is even more striking for IADL limitations, where the proportion rises from one-quarter of the youngest group to nearly three-quarters (72%) in the oldest age group.