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## **Aging in the Bay: Where We Excel and Fall Short in Serving the Needs of Older Adults**

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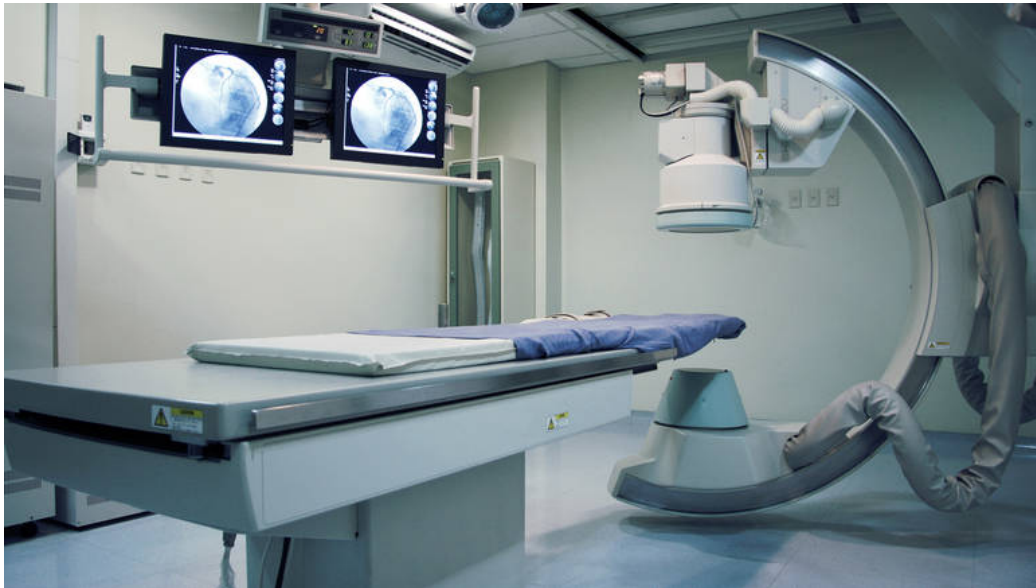


Photo credit: Michel Rios

By now you've undoubtedly heard that the United States is aging and California is aging right along with it. Although the median age of California (36.1) is still a bit younger than the rest of the US (37.8), we are growing older as a state ([United States \[U.S.\] Census Bureau, 2017](#)). Between 2010 and 2017, the median age in California increased from 34.9 to 36.1. The Bay Area is often characterized as a "young" area likely because of the tech influence, yet San Francisco is actually older than California as a whole with an median age of 38.3. And, we continue to get older. In 2010, 19% of San Francisco was 60 years or older. By 2030, that number is projected to increase to 27% ([San Francisco \[SF\] Human Services Agency, 2018](#)). It turns out there is good news and bad news for older adults locally. Aging in the Bay Area may inform how the rest of the U.S. deals with this growing concern.

### **The Good News**

If there is one thing the Bay Area is known for, it is as a hub of technological innovation. Although this industry has focused on younger markets for years, tech companies are now turning their attention towards older adults, and older adults in the Bay Area are benefiting in a number of ways. San Francisco was awarded an almost \$8 million Broadband Technology Opportunities Program (BTOP) grant in an

effort to address disparities in access to technology in underserved communities. Half of the total grant was awarded to the Department of Aging and Adult Services (DAAS) which was charged with creating a digital literacy initiative for older adults as well as those with disabilities. This grant helped create a program that provides computer access, training, and support to these populations in five different languages. There are a number of other local programs, workshops, and conferences in the area devoted to technology and aging. The investment in technology has paid off: 80% of Bay Area residents (including nonelderly) have access to broadband, which is the highest in the state. Apps are now available to help older adults manage medications, assist with visual impairments, and get on-demand in-home assistance, all of which are more accessible to older adults in the Bay Area with better internet and mobile phone access. Finally, a number of technologies are tested among older communities locally giving older adults access to things like prototype home assistant robots, on-demand services, and self-driving cars specifically tested on older adults to help them remain in their homes. The Bay Area's access to technological innovation will continue to assist older adults to age in place.

Another area where California is leading the way is in access to health care. California expanded Medicaid access under the Affordable Care Act (ACA). Over a million older adults in California aged between 55-64 years gained access to insurance as a result of both the ACA and Medicaid expansion. CA is currently considering a bill that has already passed the Assembly and is now in the Senate to raise the income limit for no-cost Medi-Cal for older adults in California (while it seems to be hung up in committee, legislative efforts are often not successful on their first try). In the wake of continued threats to the ACA, California has taken a number of steps to try to expand access to those who remain uninsured or are at risk of losing insurance coverage through statewide legislation, which will help the most vulnerable older adults if enacted.

### **Where We Need Improvement**

Older adults in the Bay Area face an enormously high cost of living, which includes housing, transportation, and health care. These high costs of living not only pose a threat for older adults day-to-day in trying to meet their needs (often while living on a fixed income) but also threaten future retirement security. Using the Cost of Living Index (COLI), the [U.S. Census \(2010\)](#) estimates the cost of living using a number of inputs such as housing, groceries, utilities, transportation, health care, and miscellaneous goods and services. The overall average cost of living for the U.S. is 100%; The composite index for San Francisco is 164%, which means it is 64% more

expensive than the U.S. average. The housing index is an astonishing 281%, which heavily skews the overall COLI for this area, though of all the inputs listed above, only utilities were below the U.S. average at 94.5%. Oakland, CA followed a similar pattern to San Francisco, albeit not quite as high. San Jose, CA was higher on each of the listed metrics with their composite index (156.1%) and housing index (260%) nearing San Francisco's soaring percentages.

Of course, high cost of living not only affects those who are currently older but will affect younger Bay Area residents as they age into older ages. The shortage of affordable housing and high cost of living have combined to not only cause younger people who are homeless to age into being homeless as older adults, but has also led to older people becoming homeless as incomes drop and prices increase.

Any discussion of the issues older adults face in the Bay Area would be incomplete without acknowledging the intersectionality of these issues. The effects of age do not occur without the added influence of race, ethnicity, and gender. Older adults of Color, especially older women of Color, face added disadvantage in the Bay Area and throughout California and the U.S. Any efforts aimed to address issues faced by older adults must take into account the added disadvantage that comes along with these intersectional sociodemographics.

Rudyard Kipling once said, "San Francisco has only one drawback: 'tis hard to leave." Older adults should not have to consider this prospect as they grow into older ages and face higher costs of living. The Bay Area, while excelling in some areas, must continue to enact improved policy to address the needs not only of our older residents now but our younger residents who themselves will continue to age.

*Erin Grinshteyn is an Assistant Professor in the Population Health Sciences Department in the School of Nursing and Health Professions. Her research mostly focuses on fear of victimization and the resulting negative health consequences. Much of this work centers on examining these issues among older adults. She also teaches a class every year on Aging and Public Health as this is a population of interest to her.*