

# California Women and Healthy Aging

Approximately 2.3 million women in California are 65 years old or over (retirement age). Another 3.3 million California women are between the ages of 50 and 65 (pre-retirement age). These women, born before or during the baby boom, represent 15 percent of California’s population and potentially face health issues associated with aging. This Short Subject presents some of the health issues they experience, compares their experiences to same-aged women nationally, reports preventative strategies some employ, and focuses on how health issues may differ for California women according to their race/ethnic categories.

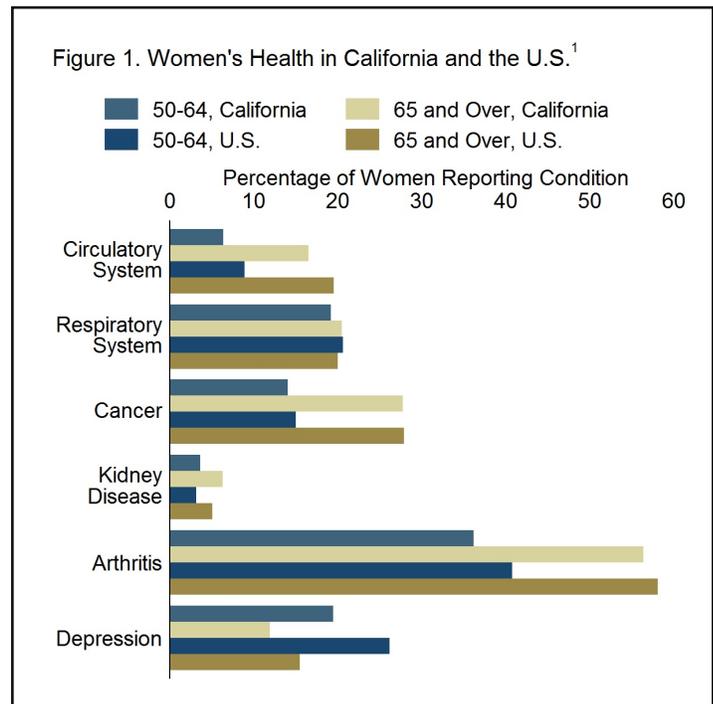
## CALIFORNIA WOMEN AND HEALTH

California women report many kinds of health issues. Here we present data from the Behavioral Risk Factor Surveillance System (BRFSS) about women’s self-reported issues with their circulatory (i.e. heart attack, angina or coronary disease, and stroke) and respiratory (i.e., asthma, Chronic Obstructive Pulmonary Disease, emphysema, and chronic bronchitis) systems, all forms of cancer, kidney disease, arthritis, and depression (Figure 1).

A smaller percentage of California women ages 50-64 report health problems related to their circulatory system (6 percent), arthritis (36 percent), kidney disease (4 percent), and cancer (14 percent) than do those ages 65 and over (16, 56, 6, and 28 percent, respectively). However, this same age group (50-64) reports more incidence of depressive disorder (19 percent) than do women ages 65 and over (12 percent). Both age groups have similar rates of respiratory disorders (19 and 20 percent, respectively).

## NATIONAL COMPARISON

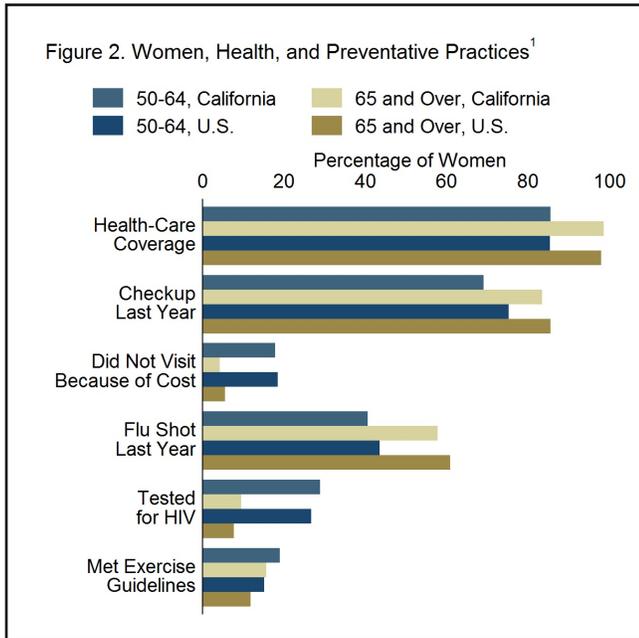
Comparing women in California to women nationally adds context (Figure 1). California women ages 50-64 and those 65 and over have lower rates of circulatory issues and depression than other U.S. women do.



Problems related to arthritis are also less prevalent in California. According to these data, rates of respiratory issues, kidney disease, and cancer are similar in California to those reported nationally.

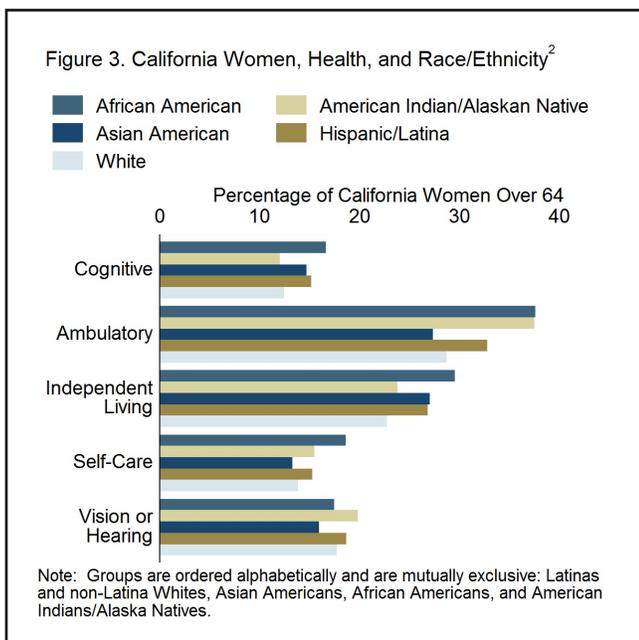
## PREVENTATIVE MEASURES

Having health insurance, going to the doctor, and exercising are each important in maintaining and improving physical health. Though most pre-retirement-age (86 percent) and nearly all retirement-age (99 percent) California women have health insurance, 18 percent of pre-retirement-age and 4 percent of retirement-age women report that they could not see a doctor in the past year because of the cost (Figure 2). Thus, even for some who have health insurance, the financial burden of doctor visits is an issue. And, while California women are more likely to meet or exceed aerobic and muscle-strengthening guidelines than are women nationally, nearly 80 percent do not get enough exercise.



## CALIFORNIA WOMEN, HEALTH, AND RACE/ETHNIC CATEGORY

The BRFSS is an excellent source of health-related data, but its relatively small sample size (6,573 women in California over the age of 50) limits its use when comparing across race/ethnic groups. Because of this, we turn to a larger dataset from the Census Bureau’s American Community Survey, which asks respondents about cognitive (i.e., remembering, concentrating, and making decisions), ambulatory (i.e., walking, climbing, lifting, or carrying), independent living (i.e., performing basic tasks outside the home alone), self-



care (i.e., taking care of personal needs such as bathing or dressing), and hearing/vision difficulties.

While White women tend to report fewer health problems than women from other racial/ethnic backgrounds, differences in the rates of cognitive, self-care, and hearing/vision difficulties are small and generally insignificant in statistical terms (Figure 3).

There is more variation according to race/ethnic category for the remaining two reported difficulties. Thus, while 29 percent of California’s White women 65 and over report having ambulatory difficulties, 38 percent of their African-American counterparts do. White women 65 and over have the lowest rate of independent living difficulty (23 percent), and their African-American counterparts represent those with the largest rate (30 percent).

## FURTHER READING

*Health and Retirement Study: Online Bibliography*, (University of Michigan).  
<http://www.hrsonline.isr.umich.edu/biblio>

## REFERENCES

- Centers for Disease Control and Prevention (CDC), *Behavioral Risk Factor Surveillance System Survey Data*, (Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011). <http://www.cdc.gov/brfss/>
- U.S. Census Bureau, *2008-2010 American Community Survey Public Use Microdata*, (Washington, DC: U.S. Census Bureau, 2011). <http://www.census.gov/acs/www/>

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