

CALIFORNIA HEALTH CARE ALMANAC



Beds for Boomers: Will California's Supply of Services Meet Senior Demand?

AUGUST 2015

Introduction

California is home to the largest population of seniors in the country; in 2013, 4.8 million Californians, nearly 13% of the state's population, were age 65 and older. Due to the aging of the baby boomer generation and gains in life expectancy, California's senior population is projected to more than double to over 10 million people in 2040. And the population age 85 and older is projected to nearly triple to 1.7 million residents in this same period.

This unprecedented growth in the senior population is expected to have a significant impact on the state's health care system, as seniors use health care services at much higher rates than those under age 65. *Beds for Boomers: Will California's Supply of Services Meet Senior Demand?* examines the growth in California's senior population and potential impacts on acute care hospitals, skilled nursing facilities, home health providers, and residential care facilities.

KEY FINDINGS INCLUDE:

- Nearly two-thirds of California seniors had two or more chronic conditions in 2012, and more than one-third had four or more. The presence of multiple chronic conditions complicates the delivery of care for these individuals and likely increases their demands on the health care system.
- Californians age 65 and older use acute care hospital days at higher rates than those under age 65. However, since 2008, acute care days used by seniors has declined despite growth in the senior population.
- Acute care days are projected to increase by nearly 50% by 2040 if current utilization rates remain steady. However, if utilization rates continue to decline at similar rates as they have in recent years, acute care days might increase by only 9%, or even decrease by 15%. Overall, California's 2013 supply of licensed acute care beds is sufficient to meet the demand projected in any of these scenarios.
- There is significant regional variation in health care utilization rates, as well as projected population growth. If current trends continue, the Inland Empire and the San Joaquin Valley will have barely enough acute care beds to meet demand in 2040.
- Seniors use long term care, home health, and hospice services at much higher rates than younger Californians. As the state's population ages, the demand for all of these services is expected to grow dramatically. At current rates of use, demand could exceed supply of skilled nursing facility beds by 2020 and residential care community beds shortly after 2030.

Beds for Boomers

Overview

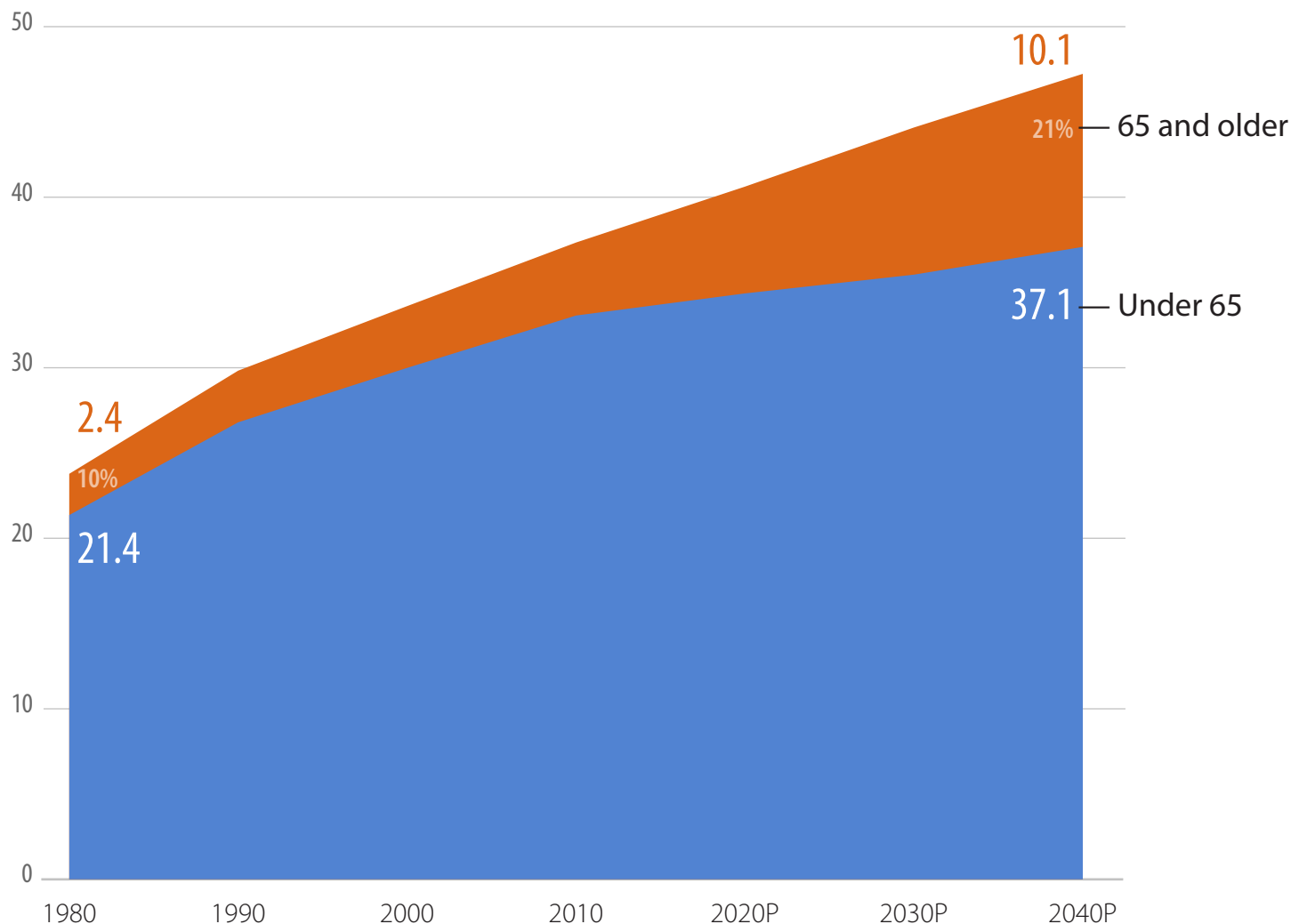
CONTENTS

Demographics.....	3
Health Status of Seniors	6
Acute Care: Use.....	9
Acute Care: Projections	15
Long Term Care Facilities: Use/Projections	22
Home Health Care: Use/Projections	25
Hospice: Use/Projections	28
Residential Care: Use/Projections	31
Definitions and Methodology.....	33
Appendix: California Regional Map	34

Projected Population Growth, by Age Group

California, 1980 to 2040

(IN MILLIONS)



Note: P is projected.

Source: Report P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups), 2010-2060, California Department of Finance, December 15, 2014.

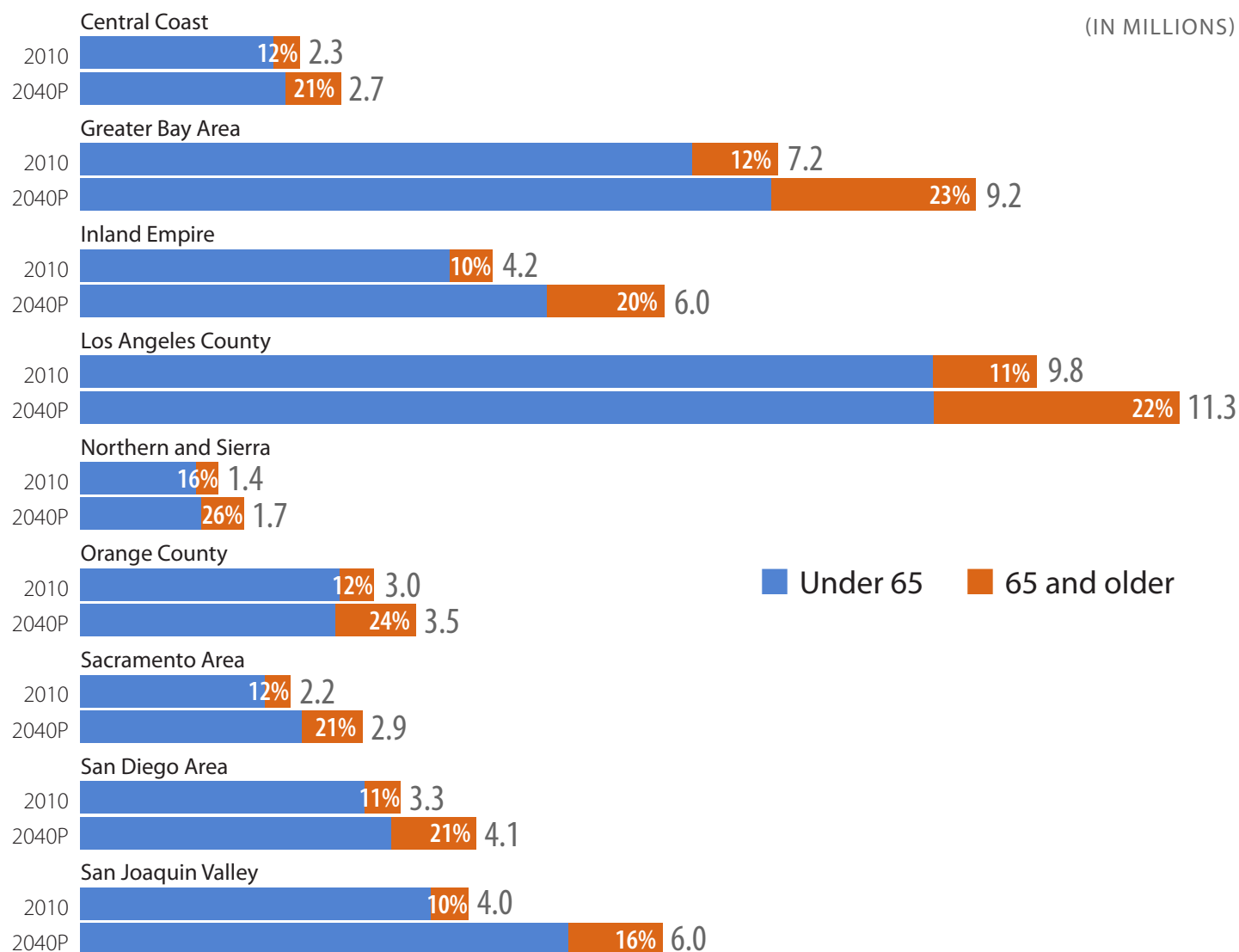
Beds for Boomers

Demographics

Between 1980 and 2010, California's population grew significantly. Over the next three decades, the state's population will age dramatically. From 2010 to 2040, the 65-and-older population will more than double, while the under-65 population is expected to grow only modestly (12%).

Projected Population Growth, by Region and Age Group

California, 2010 and 2040



Notes: P is projected. See the [Appendix](#) for a map and list of counties within each region.

Source: Report P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups), 2010-2060, California Department of Finance, December 15, 2014.

Beds for Boomers

Demographics

The proportion of seniors in the population varied from region to region in California. In 2010, the population of people 65 and older ranged from a low of 10% of the population in the Inland Empire and San Joaquin Valley, to a high of 16% in the Northern and Sierra region. By 2040, seniors are expected to compose 20% or more of the population in all regions except the San Joaquin Valley.

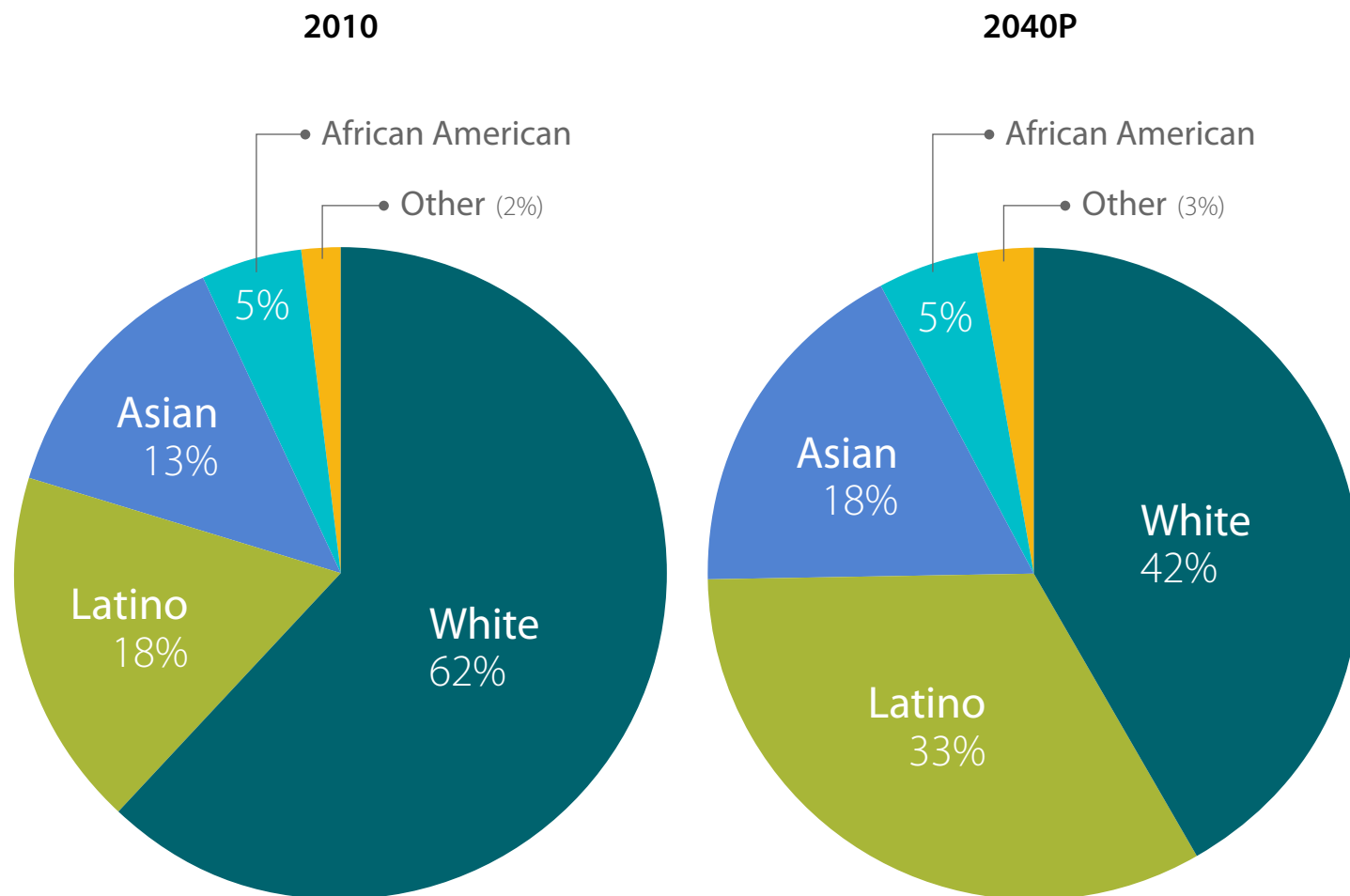
Projected Senior Population, by Race/Ethnicity

California, 2010 and 2040

Beds for Boomers

Demographics

In 2010, almost 60% of California seniors were White. By 2040, the racial makeup of the state's senior population will change drastically: 60% will be non-White. Shifts in the racial/ethnic composition of the state's senior population are important to note, as culture can play a large role in care preferences.

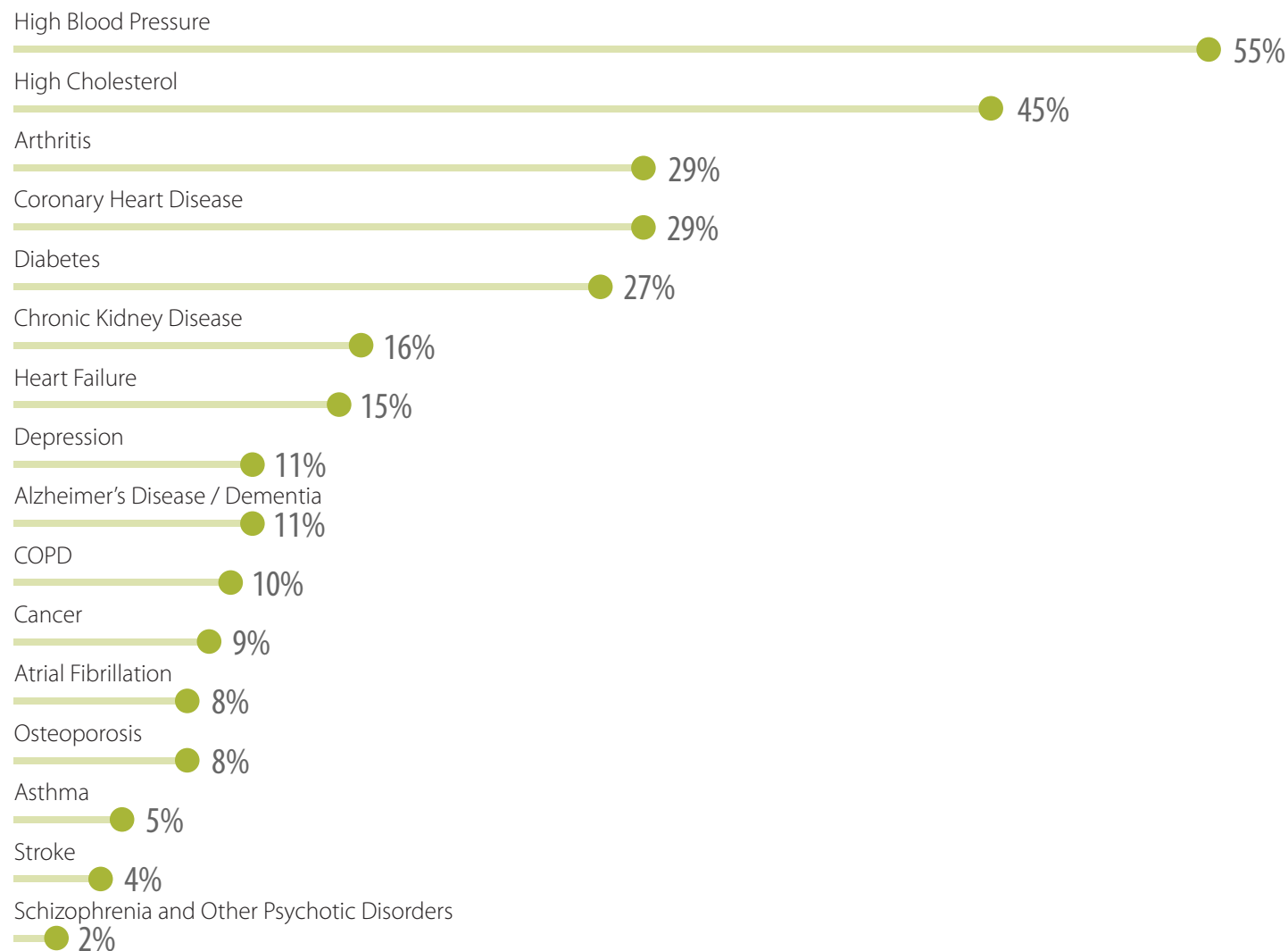


Notes: Seniors are Californians age 65 and over. P is projected. Other includes American Indian, Alaska Native, Native Hawaiian, other Pacific Islander, and two or more races. Segments may not add to 100% due to rounding.

Source: Report P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups), 2010-2060, California Department of Finance, December 15, 2014.

Medicare Seniors with Selected Chronic Conditions

California, 2012



Notes: Limited to Medicare beneficiaries enrolled in fee-for-service and Parts A and B. Beneficiary is considered to have a condition if a Medicare claim indicated the beneficiary received a service or treatment for that condition.

Source: "Chronic Conditions Overview," Centers for Medicare & Medicaid Services, www.cms.gov.

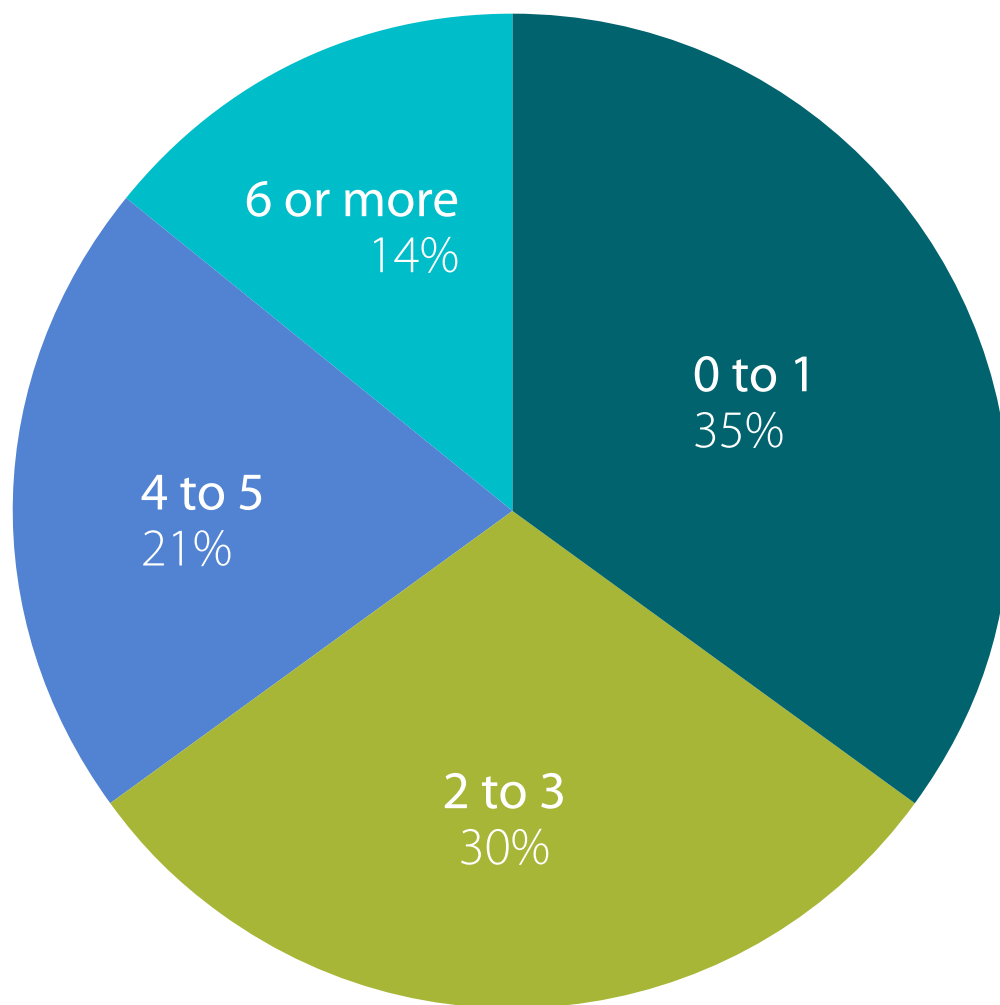
Beds for Boomers

Health Status of Seniors

Chronic conditions affect a large proportion of seniors. In 2012, the most common chronic conditions were high blood pressure and high cholesterol, each of which impacted about half of all seniors. More than one in five California seniors had arthritis, diabetes, or coronary heart disease.

Medicare Seniors, by Number of Chronic Conditions

California, 2012



Beds for Boomers

Health Status of Seniors

Nearly two-thirds of California seniors on Medicare had two or more chronic conditions in 2012, and more than one-third had four or more. Patients with multiple chronic conditions are at increased risk for mortality and have poorer day-to-day functioning than those with one or no chronic conditions.

Notes: Limited to Medicare beneficiaries enrolled in fee-for-service and Parts A and B. Beneficiary is considered to have a condition if a Medicare claim indicated the beneficiary received a service or treatment for that condition.

Source: "Chronic Conditions Overview," Centers for Medicare & Medicaid Services, www.cms.gov.

Seniors with a Disability, by Type

California, 2013 and 2040

Vision



Self-Care



Cognitive



Hearing



Independent Living



Ambulatory



Any of the Above Disabilities



Notes: *Seniors* are Californians age 65 and over, civilian noninstitutionalized population. Respondents self-reported disability. *Vision disability* is being blind or having serious difficulty seeing even when wearing glasses. *Self-care disability* is difficulty dressing or bathing. *Cognitive difficulty* is serious difficulty concentrating, remembering, or making decisions. *Hearing disability* is being deaf or having serious difficulty hearing. *Independent living disability* is difficulty doing errands alone such as visiting a doctor's office or shopping. *Ambulatory disability* is serious difficulty walking or climbing stairs. *P* is projected.

Source: 2013 American Community Survey, American Fact Finder Detailed Tables, Table S1810, US Census Bureau, accessed April 22, 2015.

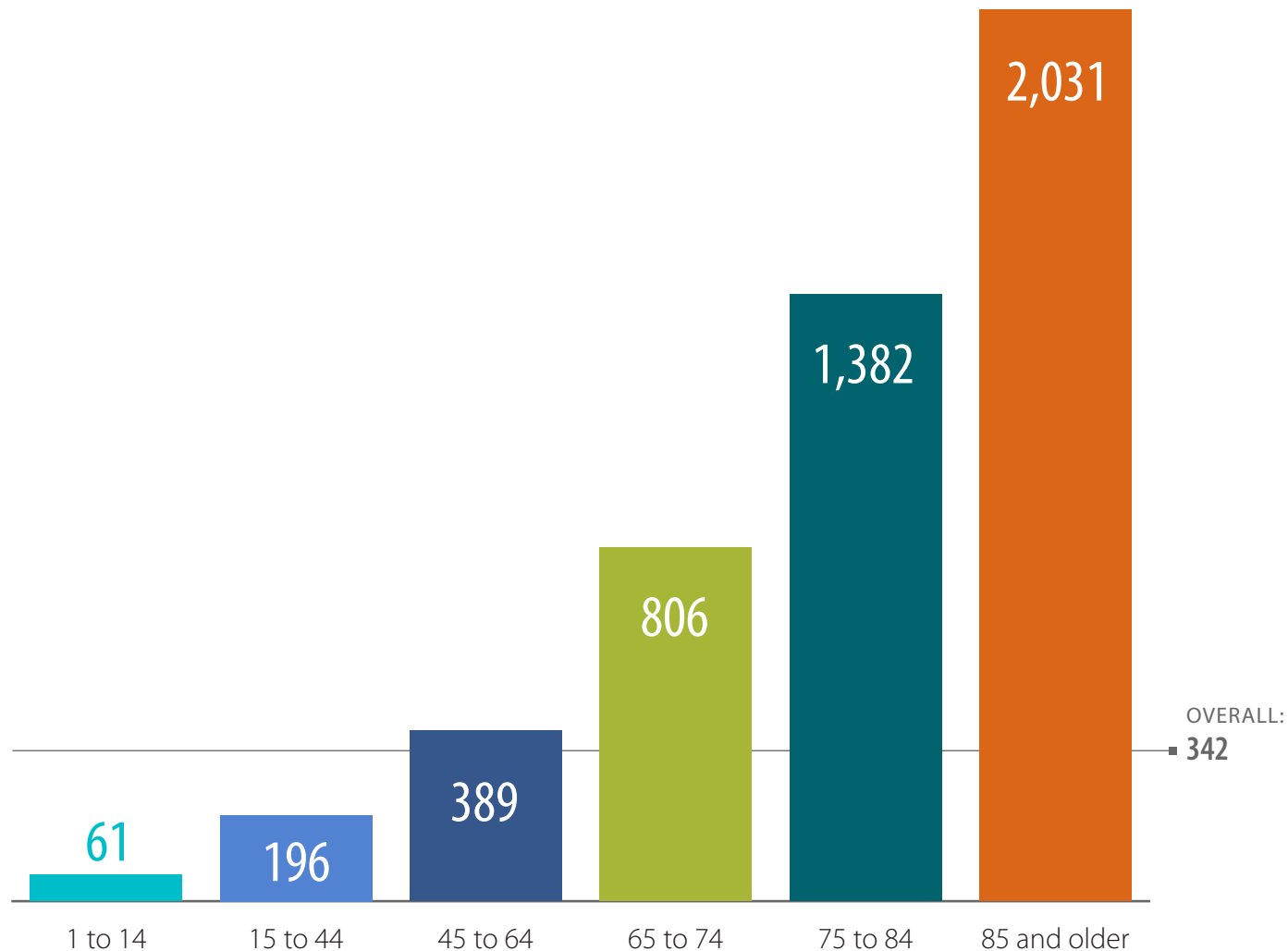
Beds for Boomers

Health Status of Seniors

In 2013, 1.7 million Californians age 65 and older had a disability. By 2040, that number is projected to more than double to 3.7 million. The most common type of disability is ambulatory, or serious difficulty walking or climbing stairs, which affects 24% of seniors, followed by the inability to live independently, affecting 18%. These disabilities increase the need for assistance, either in the home or in a long term care facility.

Acute Care Days per 1,000 Population, by Age Group

California, 2013



Note: Author's calculation of 2013 days per 1,000 population.

Sources: Special request for patient discharge data, OSHPD. *Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060*, California Department of Finance, December 15, 2014.

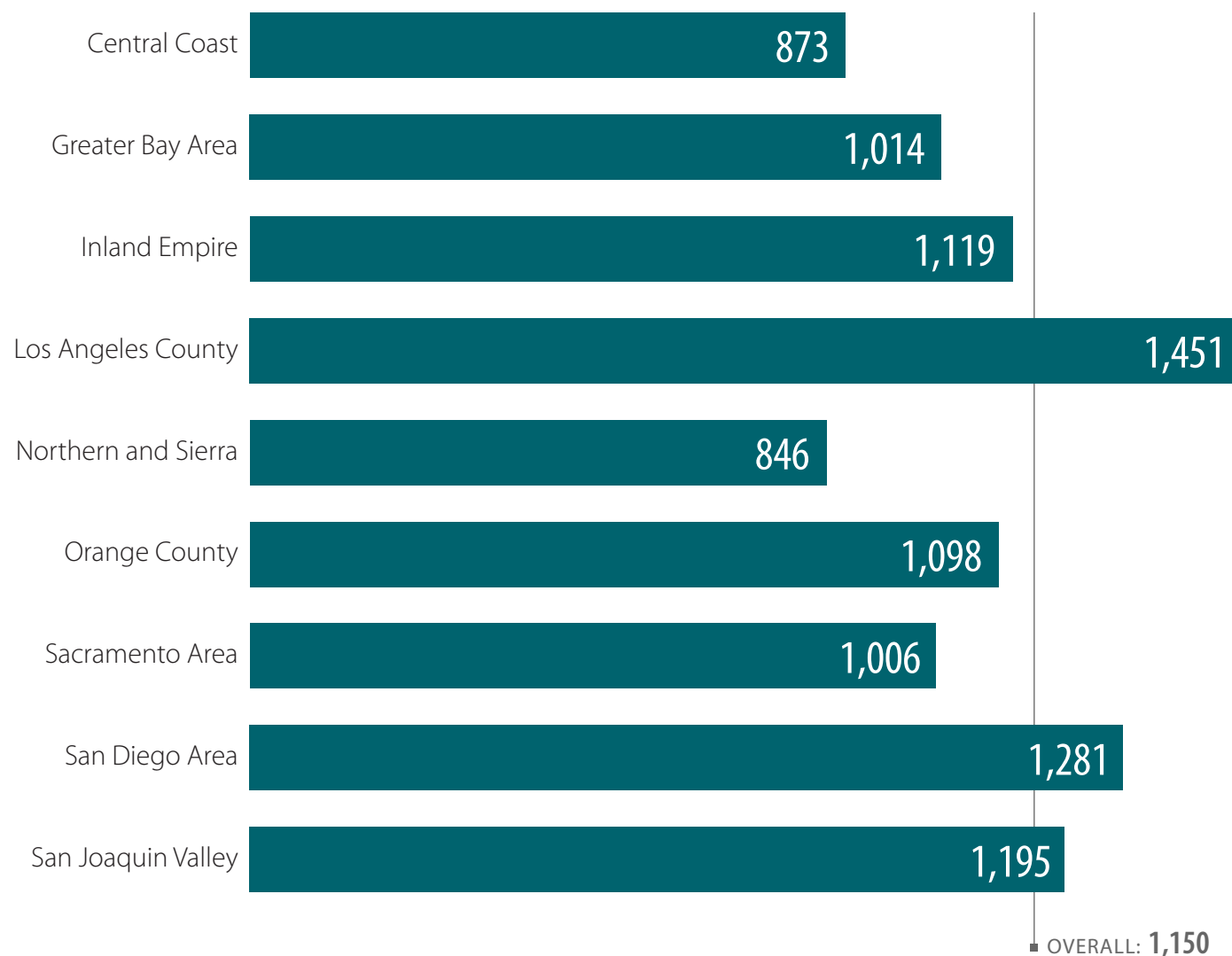
Beds for Boomers

Acute Care: Use

Californians age 65 and older use acute care at much higher rates than those in lower age groups, with use increasing dramatically in the oldest age groups. Those 85 and older used over 2,000 days per 1,000 population in 2013.

Senior Acute Care Days per 1,000 Population, by Region

California, 2013



Notes: *Seniors* are Californians age 65 and over. Author's calculation of days per 1,000 population. See the [Appendix](#) for a map and list of counties within each region.

Sources: Special request for patient discharge data, OSHPD. *Report P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups), 2010-2060*, California Department of Finance, December 15, 2014.

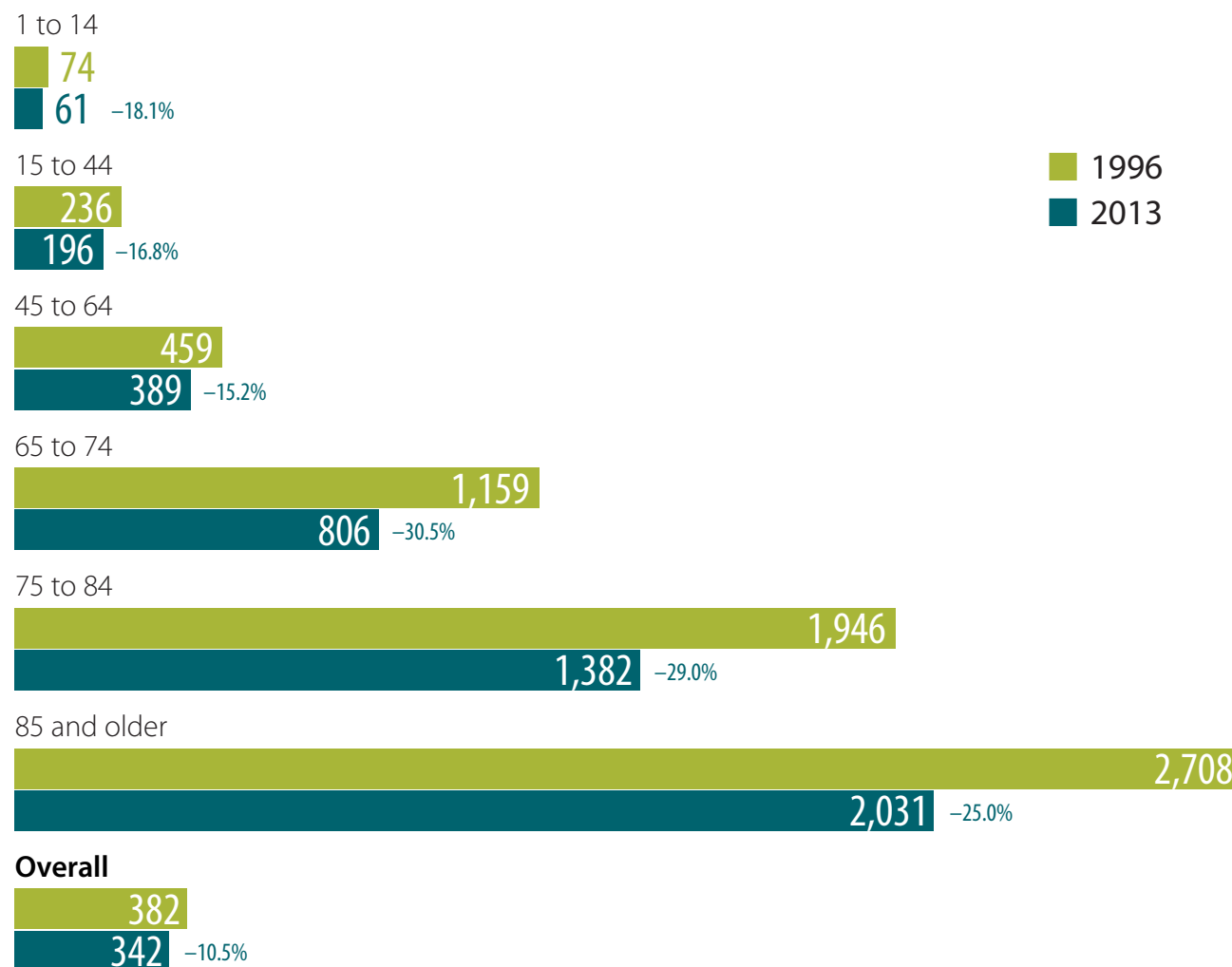
Beds for Boomers

Acute Care: Use

Statewide, seniors used 1,150 acute care days per 1,000 population in 2013. However, this rate varied significantly by region. Los Angeles County had the highest rate of use of 1,451 days, while both the Central Coast and the Northern and Sierra regions each had rates of fewer than 900 days.

Acute Care Days per 1,000 Population, by Age Group

California, 1996 and 2013



Note: Author's calculation of 2013 days per 1,000 population.

Sources: Special request for patient discharge data, OSHPD. *Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060*, California Department of Finance, December 15, 2014. *Race/Ethnic Population with Age and Sex Detail, 2000-2050*, California Department of Finance, July 2007.

Beds for Boomers

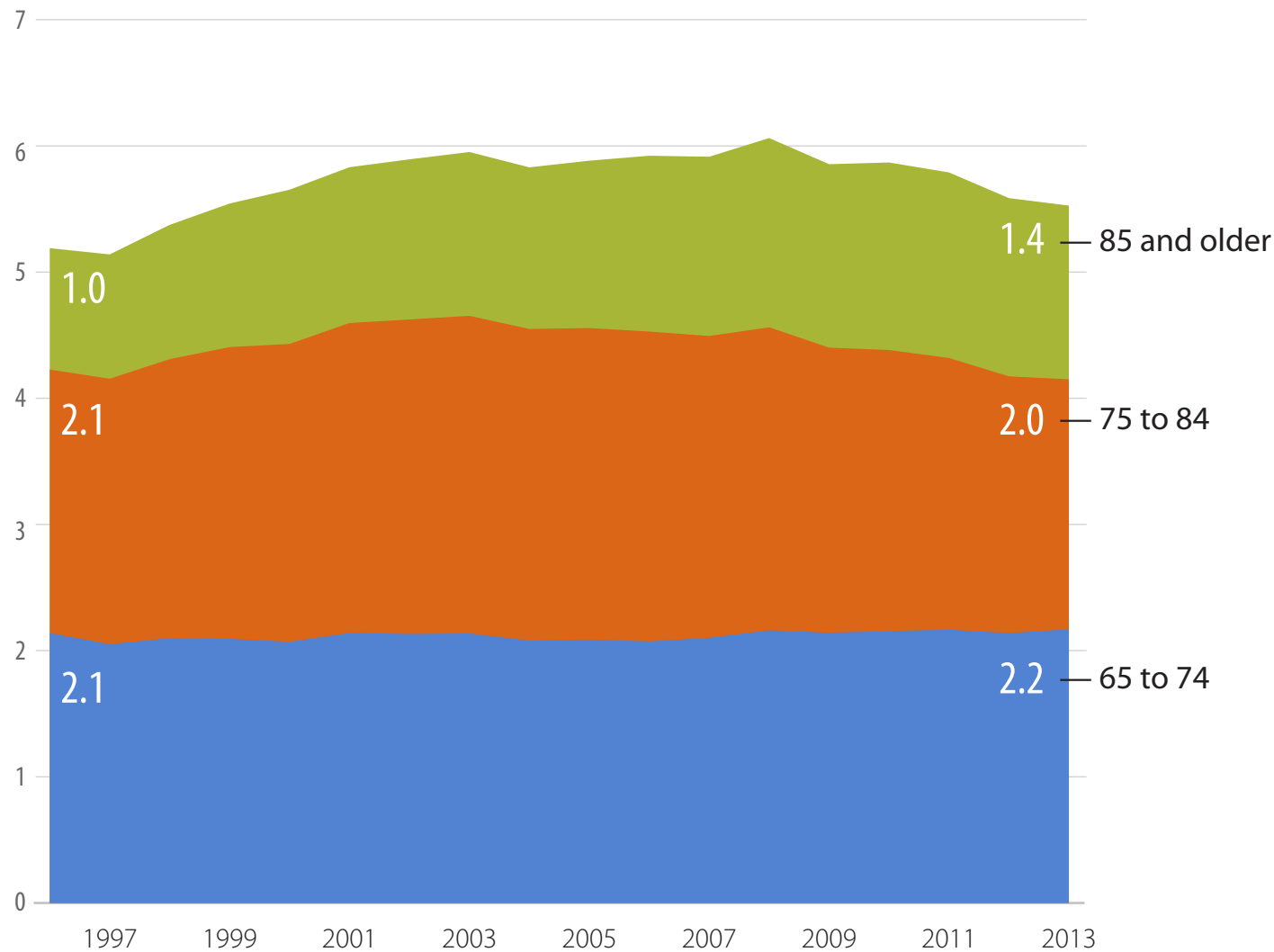
Acute Care: Use

From 1996 to 2013, the number of acute care days per 1,000 population declined by 10% in California, as inpatient care shifted to outpatient settings. Seniors were responsible for the majority of this decline, with decreases of 25% to 30% in each age group over 65.

Senior Acute Care Days, by Age Group

California, 1996 to 2013

(IN MILLIONS)



Note: Seniors are Californians age 65 and over.

Source: Special request for patient discharge data, OSHPD.

Beds for Boomers

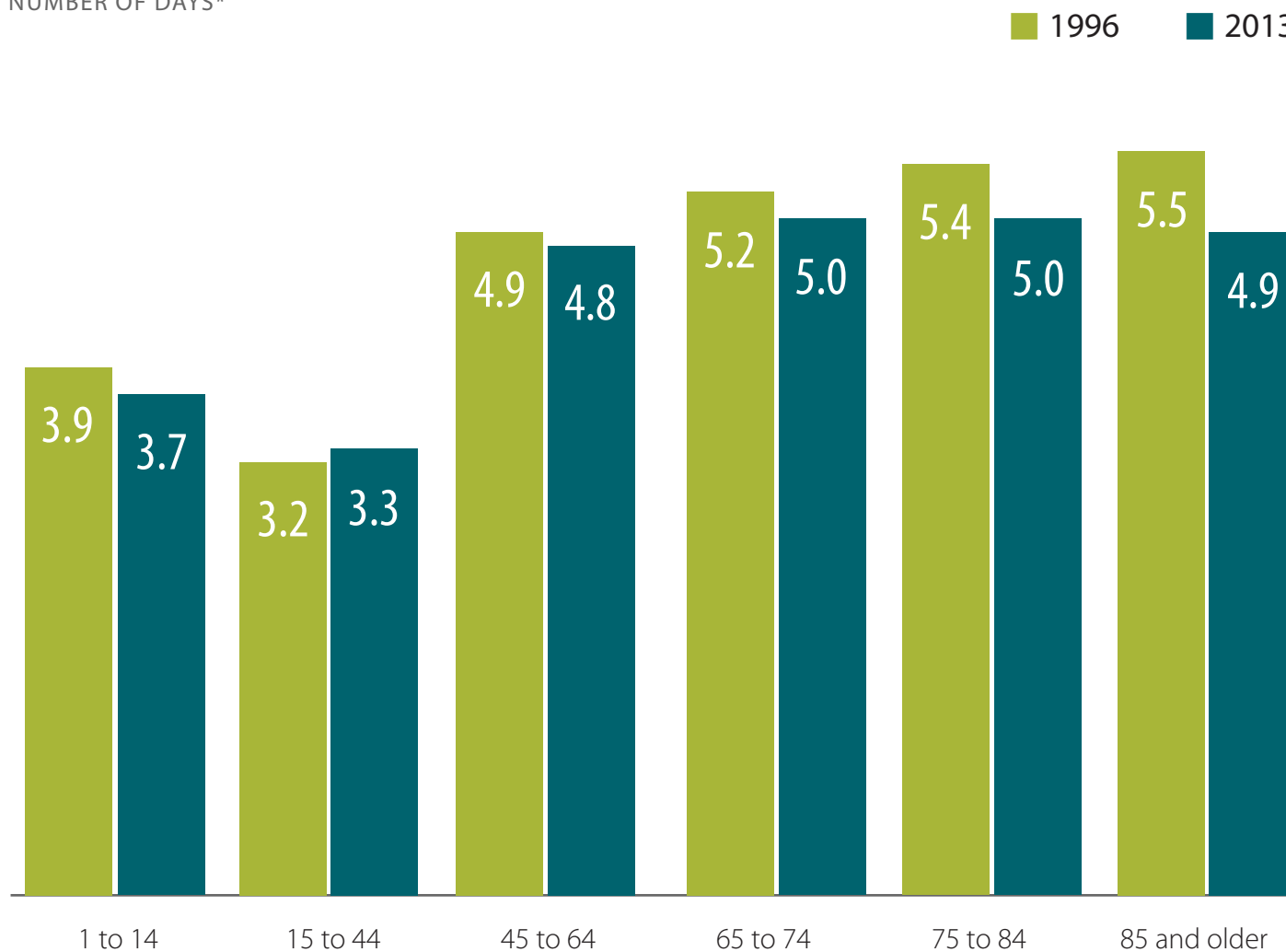
Acute Care: Use

Since 2008, acute care days used by seniors have declined by 10%, despite the overall growth in the senior population during this time period.

Acute Care Length of Stay, by Age Group

California, 1996 and 2013

NUMBER OF DAYS*



*Not adjusted for acuity.

Note: Author's calculation.

Source: Special request for patient discharge data, OSHPD.

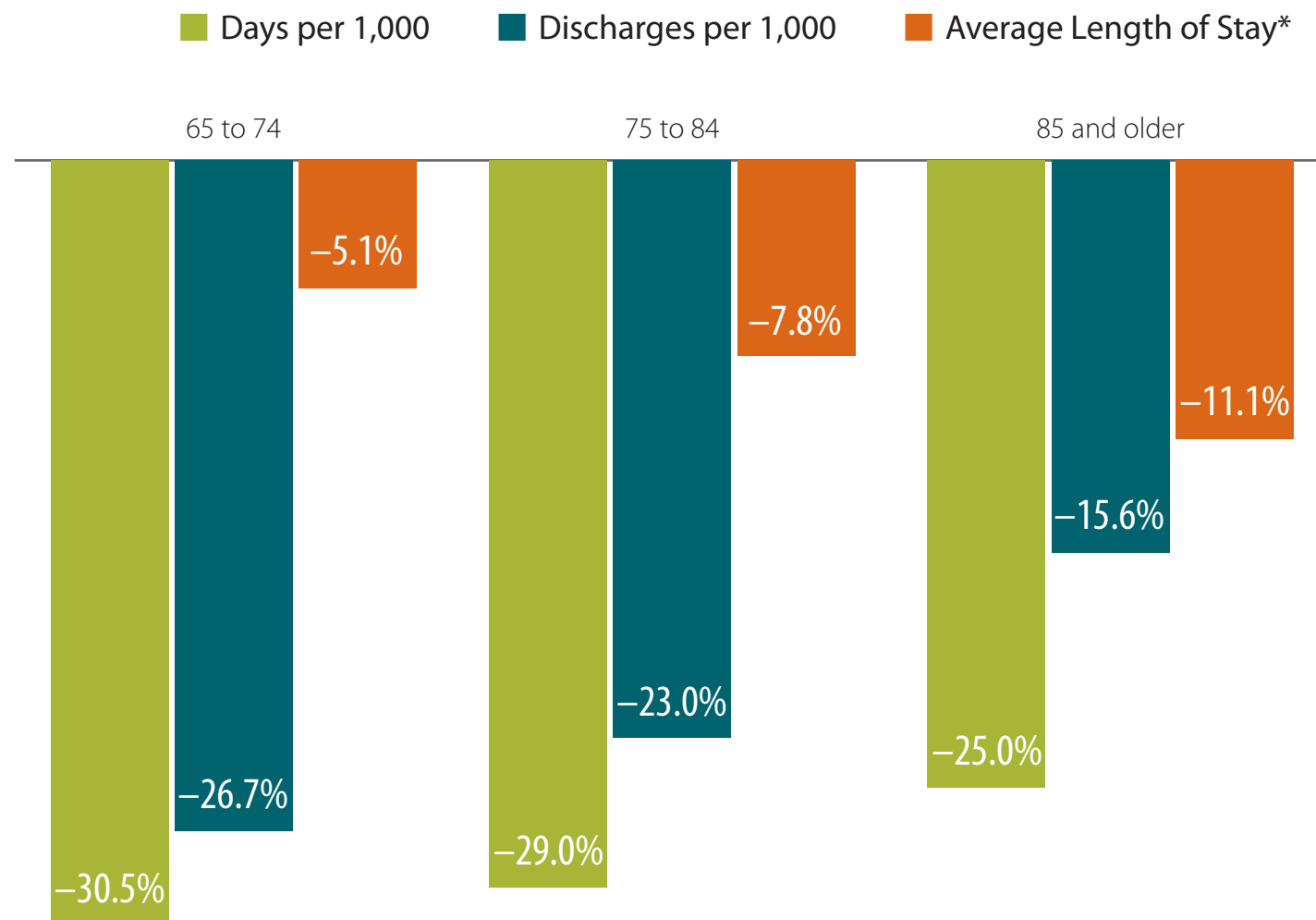
Beds for Boomers

Acute Care: Use

From 1996 to 2013, the average length of stay for inpatient acute care declined across all age groups, except for those age 15 to 44. The two oldest age groups had the largest declines in length of stay, with no adjustment for severity of illness, suggesting that even the sickest patients are spending less time in the hospital.

Change in Acute Care Use, by Senior Age Group

California, 1996 to 2013



*Not adjusted for acuity.

Note: Author's calculation.

Sources: Special request for patient discharge data, OSHPD. *Report P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups), 2010-2060*, California Department of Finance, December 15, 2014. *Race/Ethnic Population with Age and Sex Detail, 2000-2050*, California Department of Finance, July 2007.

Beds for Boomers

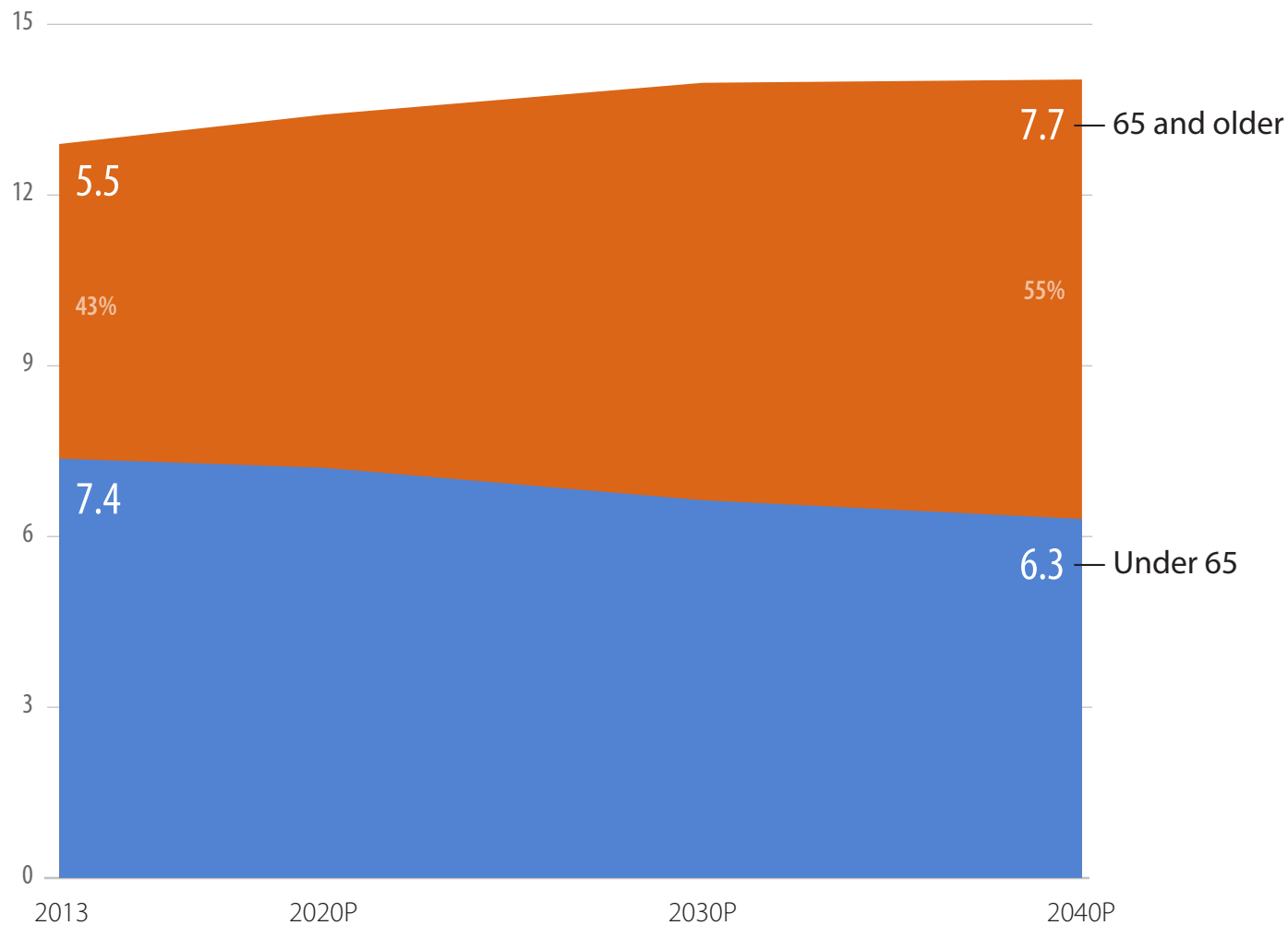
Acute Care: Use

Declines in hospital days per 1,000 were primarily driven by reductions in numbers of admissions, and therefore discharges. These declines were greatest for younger seniors. Average length of stay has also declined.

Projected Acute Care Days, by Age Group

California, 2013 to 2040

(IN MILLIONS)



Notes: 2013 data are actual acute care days. P is projected. Author calculated projections by applying the 1996-to-2013 trend rate to population projections for 2013 to 2040. Excludes Californians under age 1.

Sources: Special request for patient discharge data, OSHPD. *Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060*, California Department of Finance, December 15, 2014.

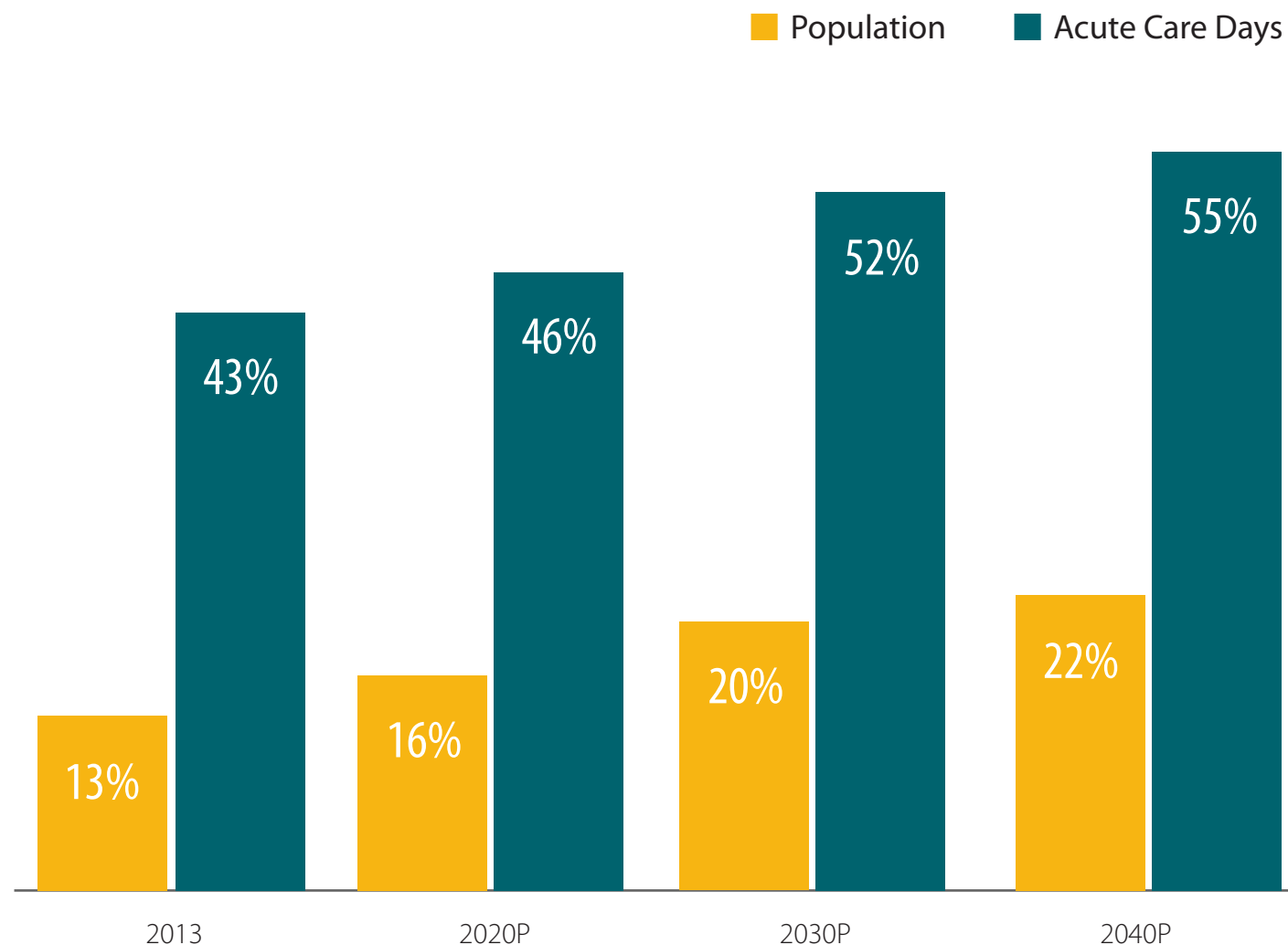
Beds for Boomers

Acute Care: Projections

If overall rates remain at current levels, by 2040, the number of acute care days used by Californians will increase by 9%, which is a much slower rate of growth than the projected population increase of 24%.

Projected Senior Share of Population and Acute Care Days

California, 2013 to 2040



Notes: *Seniors* are Californians age 65 and over. 2013 data are actual share of population and acute care days. *P* is projected. Author calculated projections by applying 2013 days per 1,000 population rates to population projections.

Sources: Special request for patient discharge data, OSHPD. *Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060*, California Department of Finance, December 15, 2014.

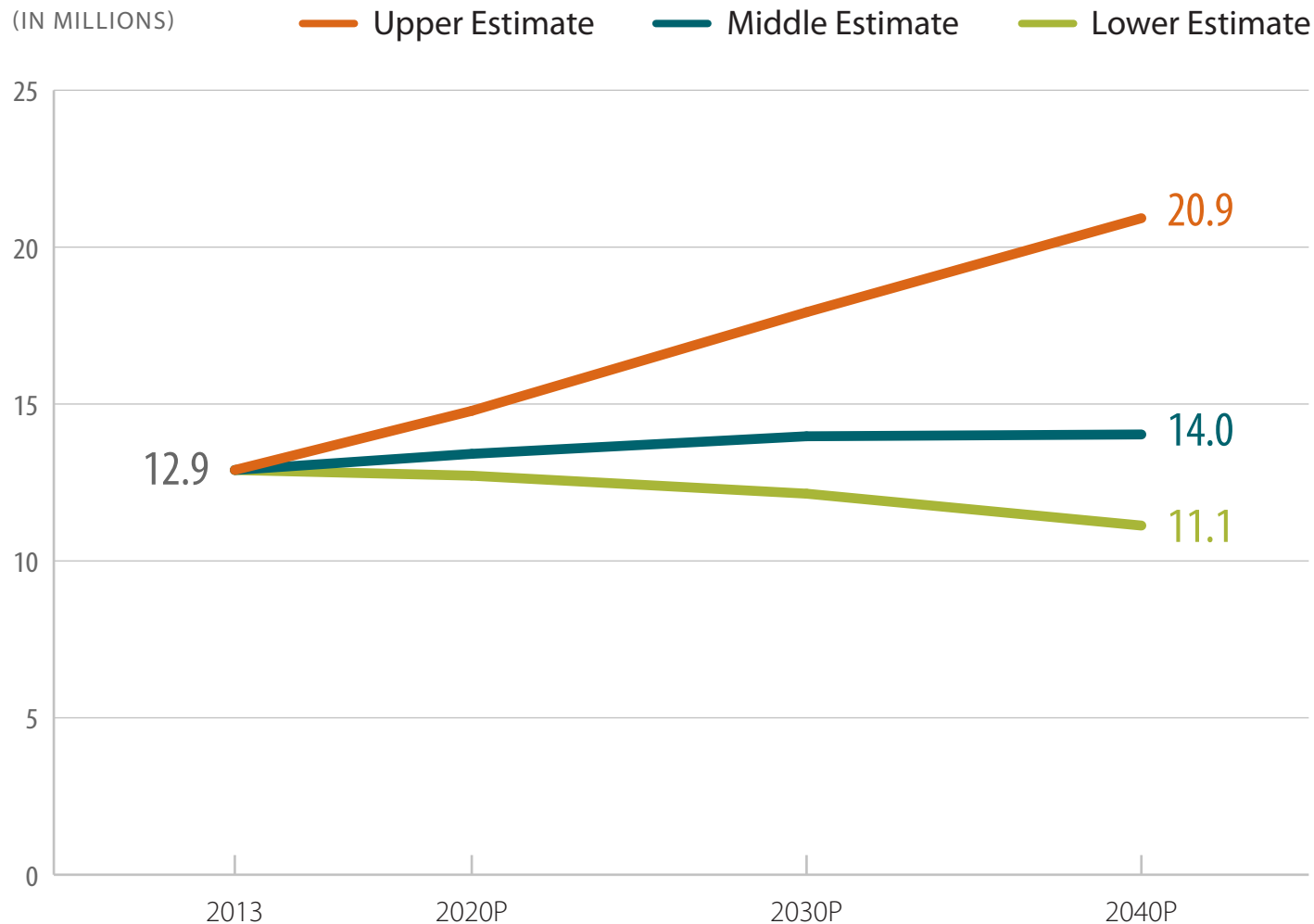
Beds for Boomers

Acute Care: Projections

Seniors are expected to continue to use a disproportionate share of acute care days in the coming decades compared to the general population. If 2013 rates continue, seniors are projected to use more than half of the acute care days used by all Californians by 2030, while representing only one-fifth of the population.

Projected Acute Care Days, Three Estimates

California, 2013 to 2040



Notes: P is projected. Author calculation of projected utilization rates per population for 18 age groups. *Upper estimate* is based on rates remaining at 2013 levels. *Middle estimate* is based on rates following same trend as they did from 1996 to 2013. *Lower estimate* is based on rates following same trend as they did from 2003 to 2013. Excludes Californians under age 1.

Sources: Special request for patient discharge data, OSHPD. *Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060*, California Department of Finance, December 15, 2014.

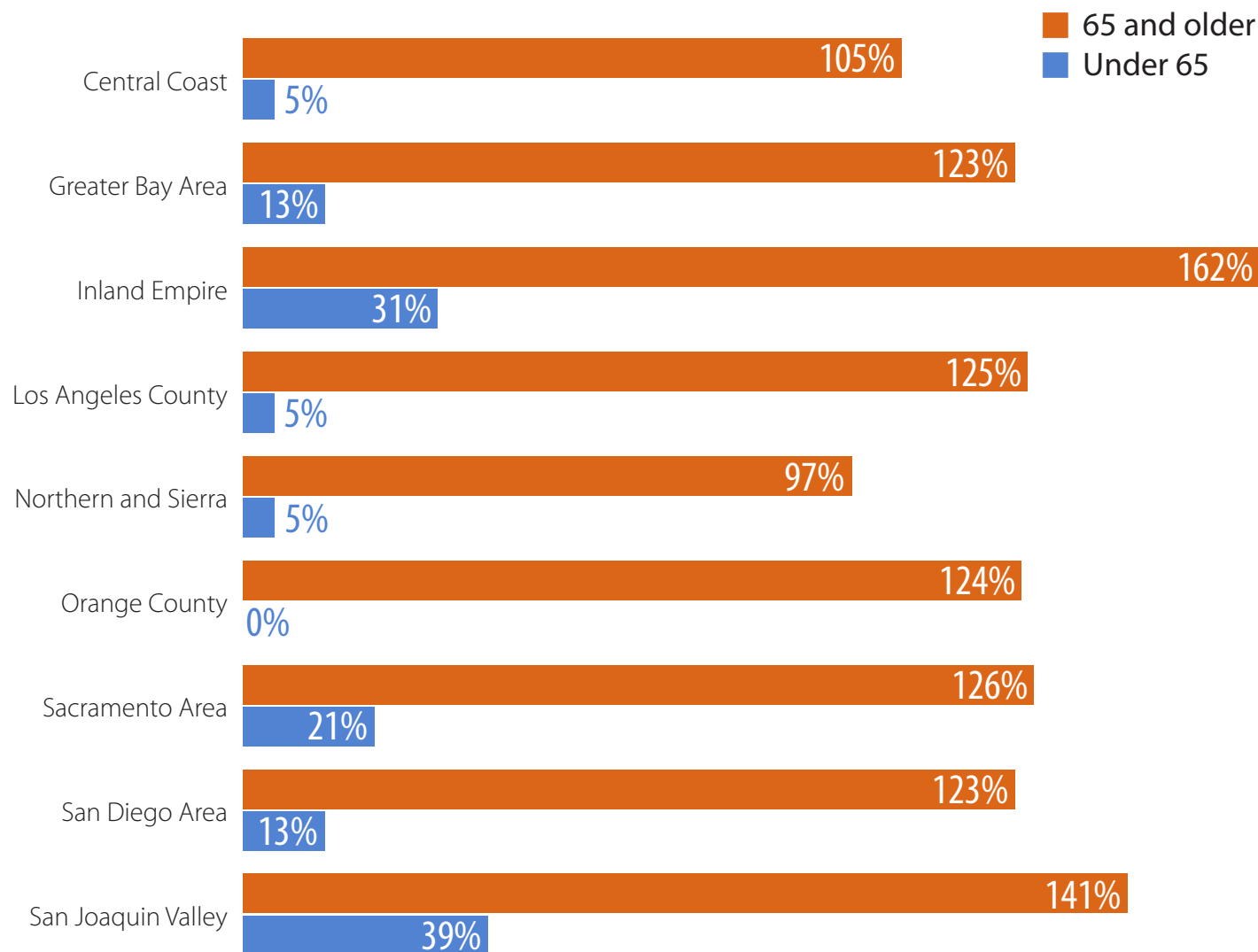
Beds for Boomers

Acute Care: Projections

Multiple estimates of future demand for acute care days were developed using different assumptions about the direction of current trends. Holding rates steady at 2013 levels (the upper estimate in the graphic) results in an increase in acute care days by more than 60% between 2013 and 2040. Applying the current downward trend in rates of use to future years results in a slower increase of only 9%, or even a decrease of 14%.

Projected Growth in Acute Care Days, by Region and Age

California, 2013 to 2040



Notes: 2013 data are actual acute care days. *P* is projected. Author calculated projections by applying 2013 days per 1,000 population rates by age group to population projections. Excludes Californians under age 1. See the [Appendix](#) for a map and list of counties within each region.

Sources: Special request for patient discharge data, OSHPD. *Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060*, California Department of Finance, December 15, 2014.

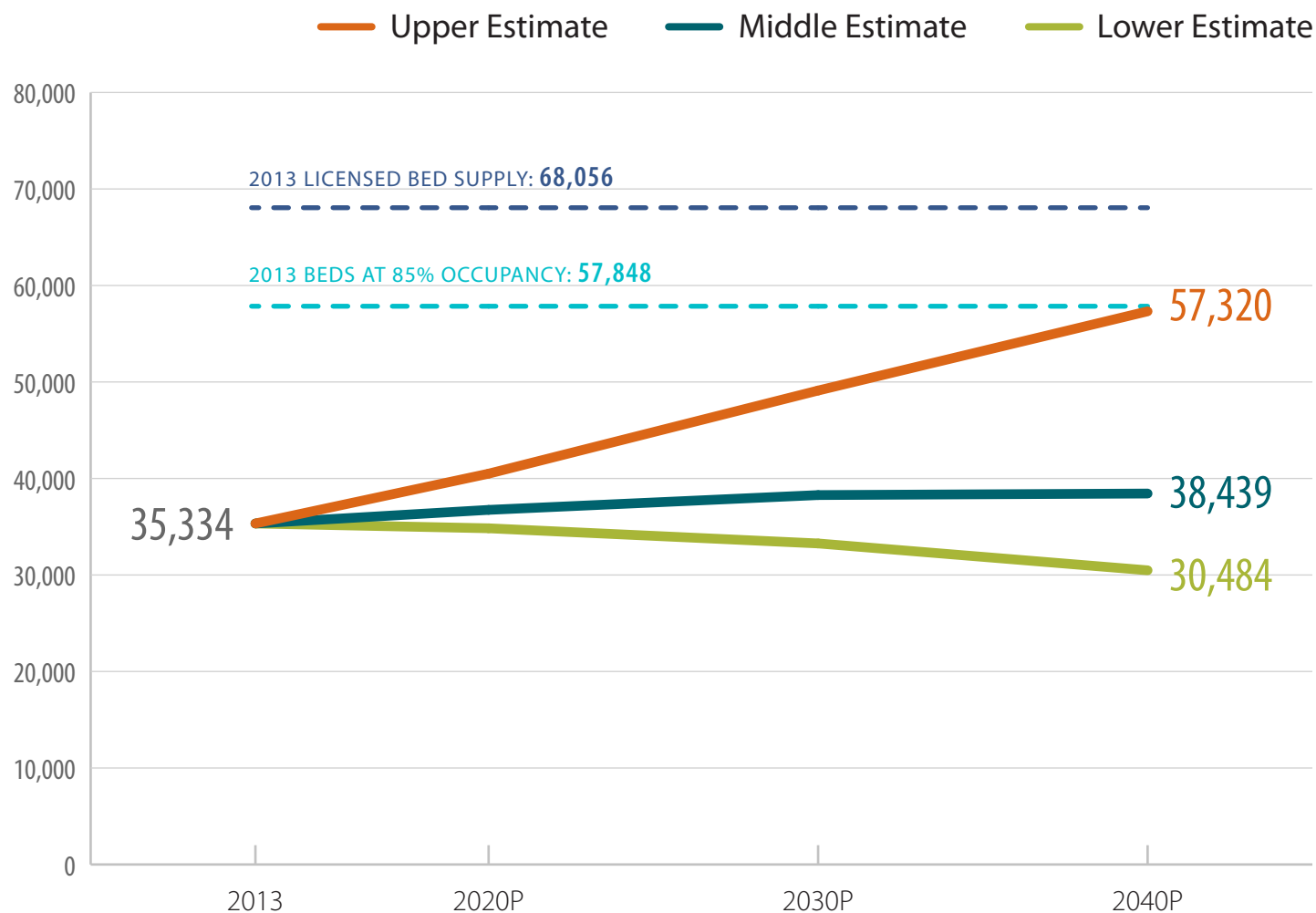
Beds for Boomers

Acute Care: Projections

Due to growth in the population, from 2013 to 2040, the number of acute care days used by Californians is projected to grow in all regions of the state. The Inland Empire and the San Joaquin Valley are projected to see the largest growth in both the 65 and older and under 65 populations. The number of acute care days for the 65 and older population is projected to double in almost all regions.

Projected Acute Care Hospital Bed Need, Three Estimates

California, 2013 to 2040



Notes: P is projected. Author calculation of projected utilization rates per population for 18 age groups. *Upper estimate* is based on rates remaining at 2013 levels. *Middle estimate* is based on rates following same trend from as they did from 1996 to 2013. *Lower estimate* is based on rates following same trend as they did from 2003 to 2013. Excludes Californians under age 1.

Sources: Special request for patient discharge data, OSHPD. *Hospital Annual Utilization Data*, OSHPD, 2013. *Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060*, California Department of Finance, December 15, 2014.

Beds for Boomers

Acute Care: Projections

Looking at the relationship between the number of acute care days used and the number of acute care hospital beds in the state, California will likely need fewer than 60,000 acute care beds to meet the expected need in 2040. This number is well below the 2013 supply of licensed acute care beds and also well below the 2013 supply of beds at 85% occupancy for the middle and lower estimates of bed need. Only the upper estimate would approach the 2013 supply at 85% occupancy in 2040.

Projected Acute Care Hospital Bed Need, by Region

California, 2020 to 2040

	2013 ACUTE CARE BED SUPPLY		PROJECTED BED NEED		
	LICENSED BEDS	85% OCCUPANCY	2020P	2030P	2040P
Central Coast	3,570	3,035	1,759	2,096	2,380
Greater Bay Area	13,456	11,438	7,451	9,025	10,462
Inland Empire	7,098	6,033	4,487	5,716	6,929
Los Angeles County	20,135	17,115	12,345	14,741	17,150
Northern and Sierra	2,563	2,179	1,337	1,594	1,776
Orange County	5,467	4,647	3,028	3,607	4,140
Sacramento Area	3,508	2,982	2,332	2,832	3,297
San Diego Area	5,824	4,950	3,540	4,247	4,941
San Joaquin Valley	6,435	5,470	4,235	5,321	6,431
State Total	68,056	57,848	40,514	49,178	57,506

Beds for Boomers

Acute Care: Projections

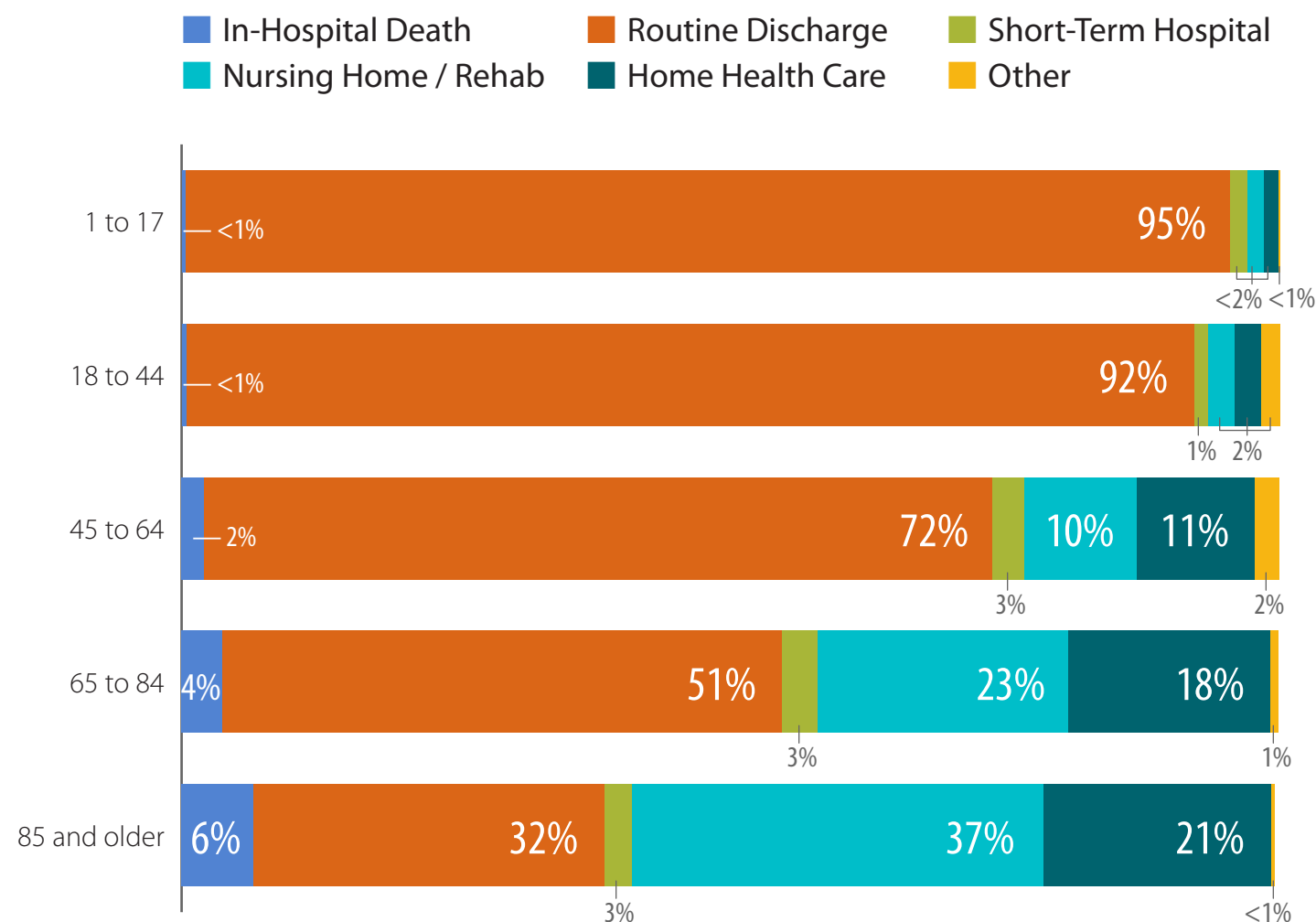
In 2040, five of California's nine regions are projected to need fewer acute care beds than their current licensed bed supply, even at 85% occupancy. There are, however, areas of the state that may face future shortages. The current licensed bed supply barely meets projected need in the Inland Empire and San Joaquin Valley. By 2040, Los Angeles and Sacramento are also in danger of bed shortages at 85% occupancy rates.

Notes: *P* is projected. Author calculated projections by dividing beds days by 365. Bed days were calculated by applying 2013 days per population rates by age group to future population projections. Excludes Californians under age 1. See the [Appendix](#) for a map and list of counties within each region.

Sources: Special request for patient discharge data, OSHPD. *Hospital Annual Utilization Data*, OSHPD, 2013. *Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060*, California Department of Finance, December 15, 2014.

Hospital Discharge Status, by Age Group

California, 2013



Notes: *Other* includes "against medical advice" and "missing discharge status." Segments may not add to 100% due to rounding.

Source: *HCUP State Inpatient Databases*, Agency for Healthcare Research and Quality, 2013, based on data collected by OSHPD.

Beds for Boomers

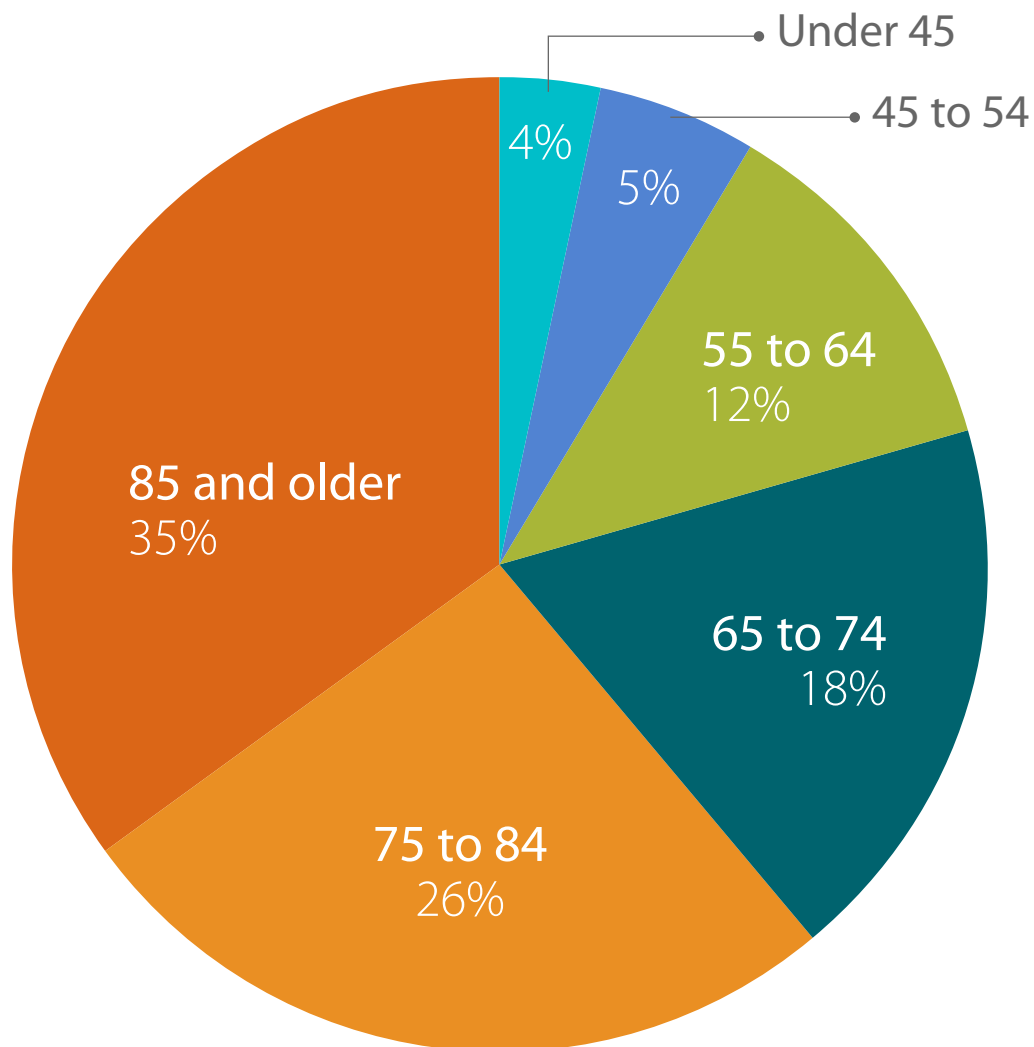
Acute Care: Projections

Planning for the needs of California's growing senior population will require examining a range of health care resources, not just hospital beds. Over half of Californians 85 and older and 40% of those age 65 to 84 who were discharged from a hospital in 2013 required home health care or a stay in another type of health care establishment such as a nursing home or rehabilitation facility.

Long Term Care Facility Patients, by Age Group

California, 2013

N = 95,402



Beds for Boomers

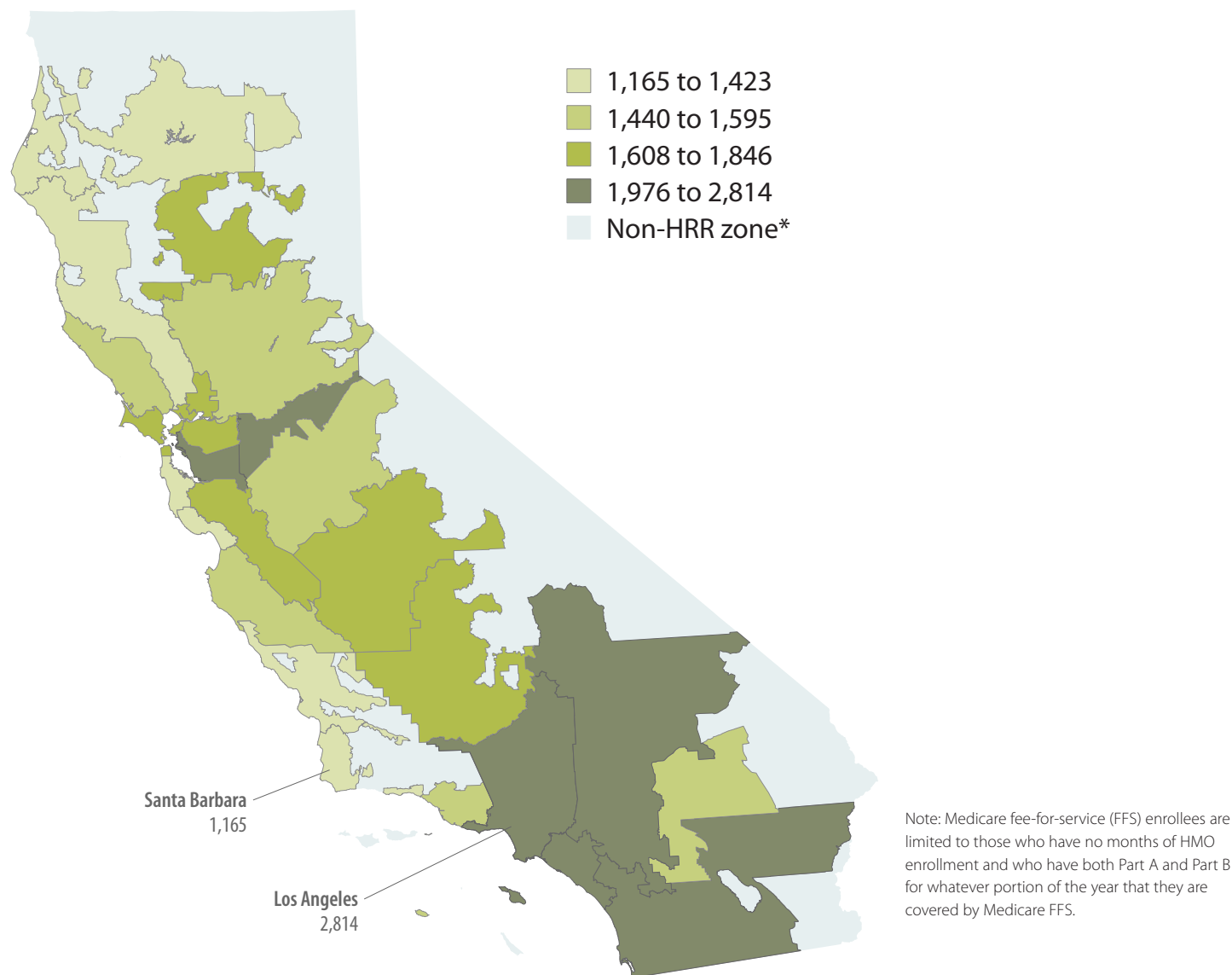
Long Term Care Facilities: Use/Projections

On December 31, 2013, nearly 100,000 Californians were receiving care in a skilled nursing facility. Of these patients, 79% were age 65 and older, and 35% were 85 and older.

Note: Reflects actual patient census on December 31, 2013. Long term care includes skilled nursing facilities, intermediate care facilities, and congregate living health facilities.

Source: Long-Term Care Facility Annual Utilization Data, OSHPD, 2013.

Medicare Seniors SNF Days per 1,000 Enrollees by Hospital Referral Region, California, 2012



*Includes areas covered by hospital referral regions in other states.

Source: *Health Indicators Warehouse*, Centers for Disease Control and Prevention, accessed December 5, 2014, www.healthindicators.gov.

Beds for Boomers

Long Term Care Facilities: Use/Projections

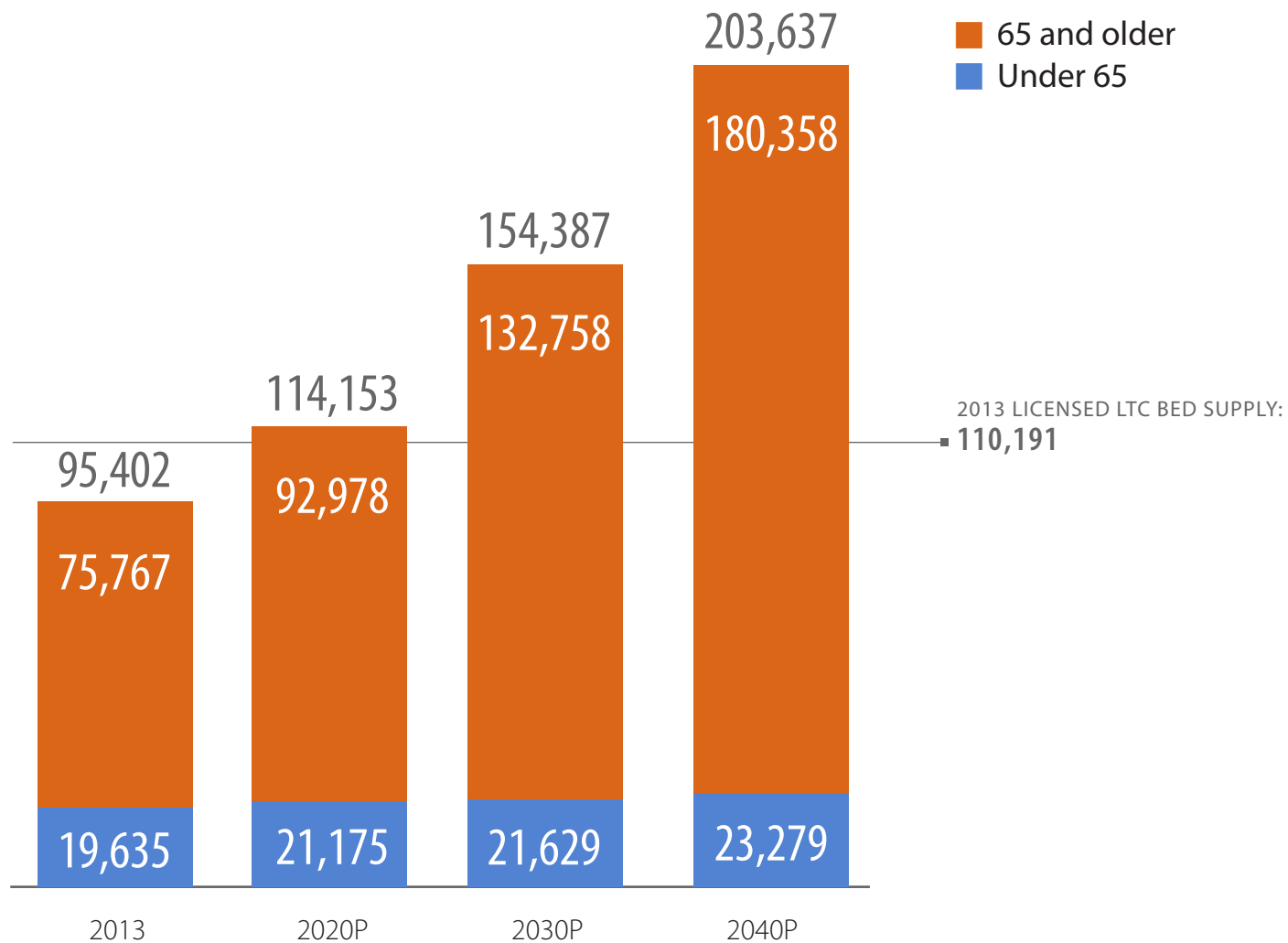
Use of skilled nursing facilities

(SNFs) varied widely by region.

Medicare enrollees age 65 and older used more than twice as many SNF days per 1,000 population in the Los Angeles Hospital Referral Region (HRR) than they did in the Santa Barbara HRR, the HRR with the lowest rate.

Projected Long Term Care Facility Patients, by Age Group

California, 2013 to 2040



Notes: 2013 is actual long term care (LTC) facilities' patient census on December 31, 2013. P is projected. Author calculated projections by applying 2013 LTC patients per 1,000 population rates by age group to population projections. Projections represent an estimate of LTC patient census, not total patients served in a year. *Long term care* includes skilled nursing facilities, intermediate care facilities, and congregate living health facilities.

Sources: *Long-Term Care Facility Annual Utilization Data*, OSHPD, 2013. *Report P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups), 2010-2060*, California Department of Finance, December 15, 2014.

Beds for Boomers

Long Term Care Facilities: Use/Projections

The growth in California's senior population is expected to have a significant impact on future demand for long term care beds, or alternatives. At current rates of use, demand for California's long term care facilities would exceed supply by 2020.

Home Health Patients and Visits, by Age Group

California, 2013

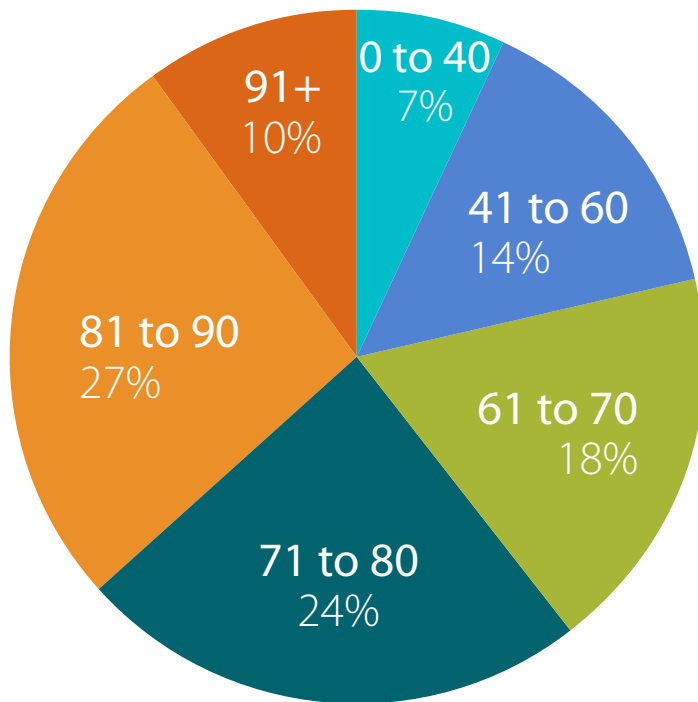
Beds for Boomers

Home Health Care: Use/Projections

In 2013, approximately 800,000 Californians received home health services. Nearly four out of five home health patients in 2013 were age 61 and older, and more than one in three were 81 and over. The percentages of patients in these senior age groups roughly corresponded to the percentages of home health visits. The under-40 group, however, made up 15% of visits, while making up only 7% of the home health patient population.

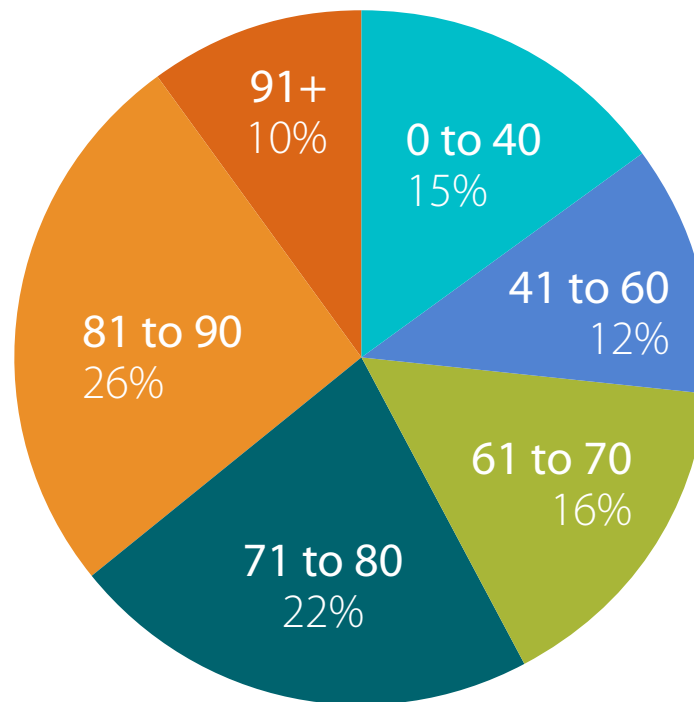
Patients

N = 799,663



Visits

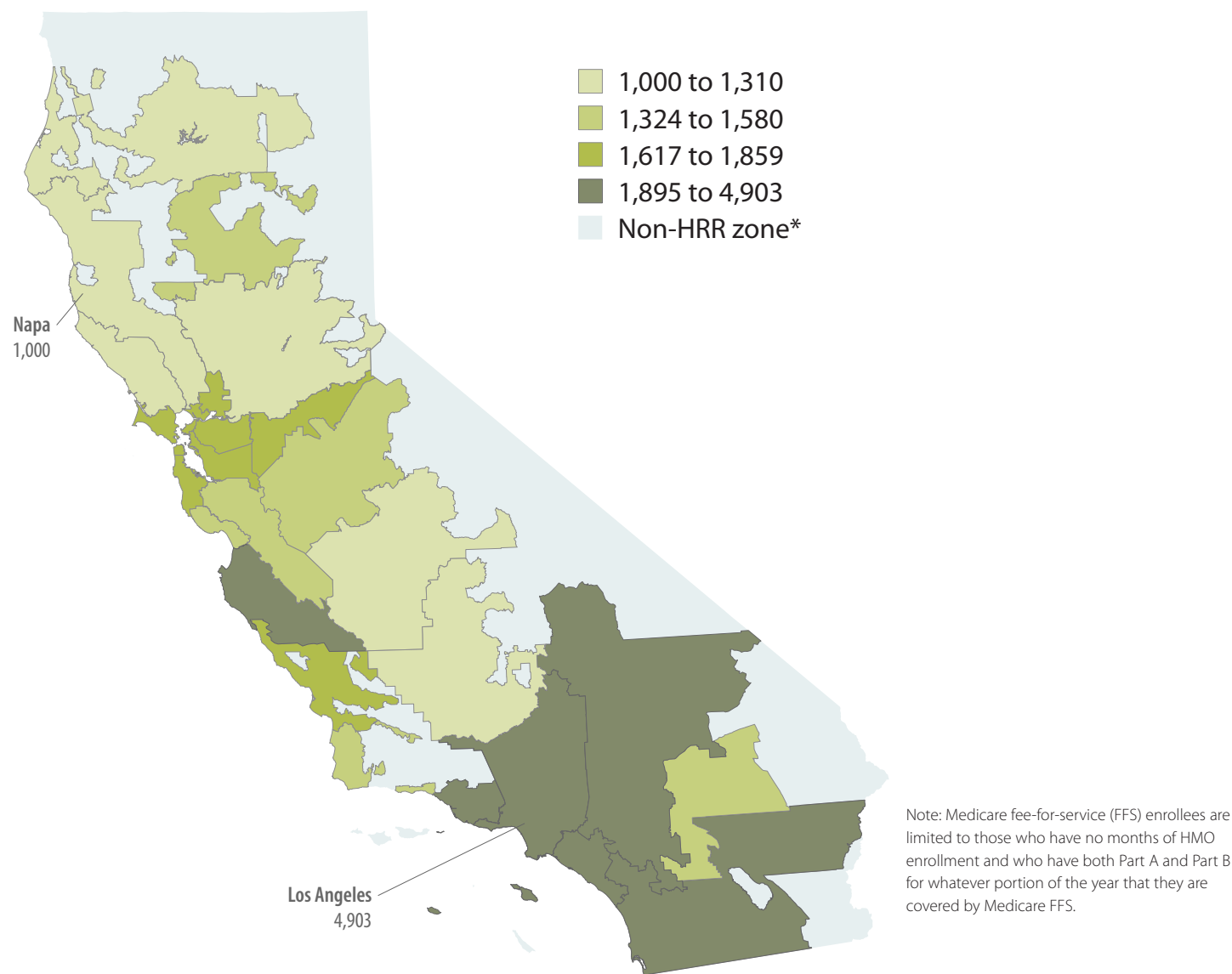
N = 13,732,601



Note: Segments may not add to 100% due to rounding.

Source: Home Health Agencies and Hospice Facility Annual Utilization Data, OSHPD, 2013.

Medicare Seniors Home Health Visits per 1,000 Enrollees by Hospital Referral Region, California, 2012



*Includes areas covered by hospital referral regions in other states.

Source: *Health Indicators Warehouse*, Centers for Disease Control and Prevention, accessed December 5, 2014, www.healthindicators.gov.

Beds for Boomers

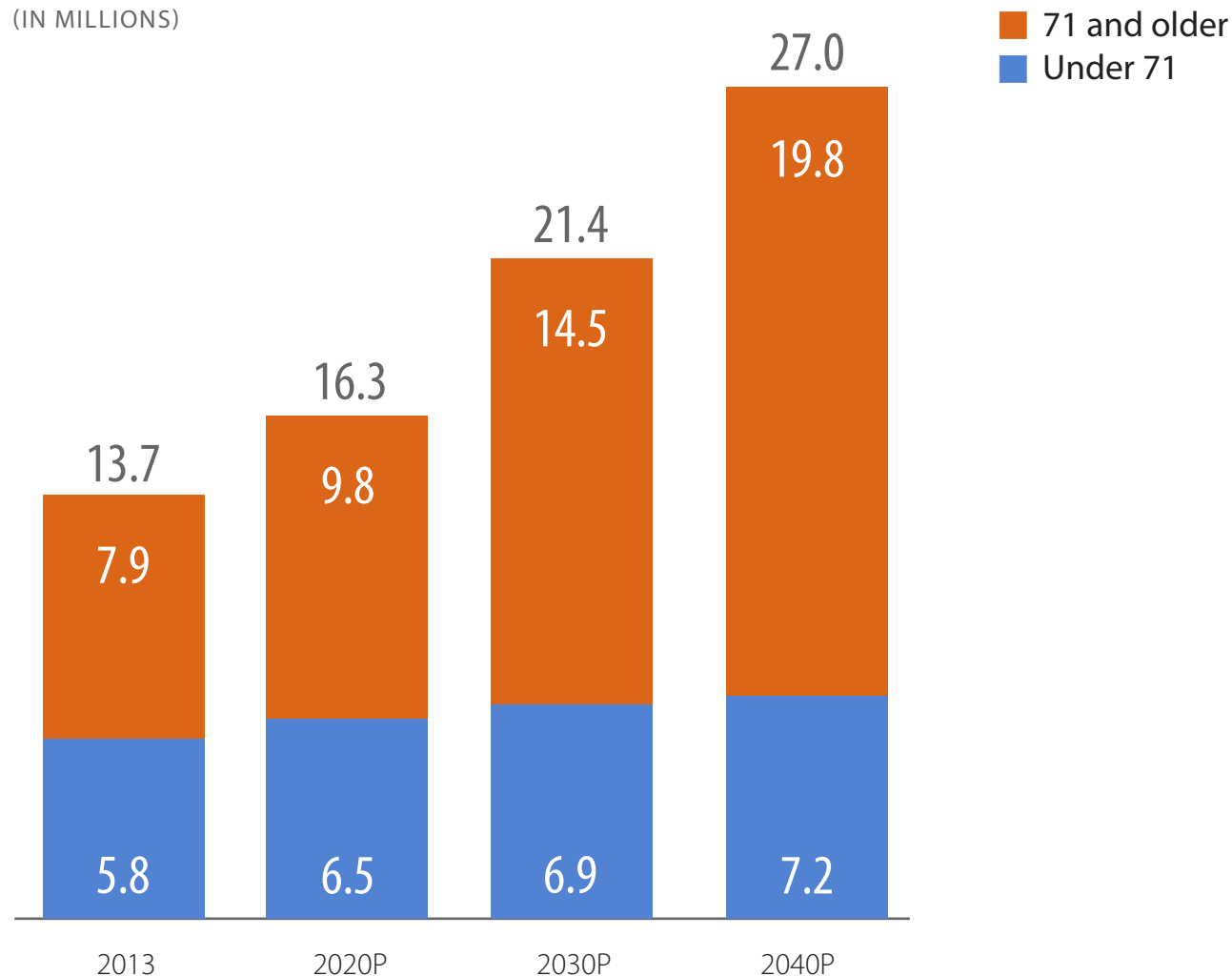
Home Health Care: Use/Projections

In 2012, use of home health services varied from region to region. Medicare enrollees age 65 and older had twice as many home health visits per 1,000 population in the Los Angeles Hospital Referral Region (HRR) than almost all other HRRs in the state. The Napa HRR had the lowest rate of home health visits at 1,000 visits per 1,000 population.

Projected Home Health Visits, by Age Group

California, 2013 to 2040

(IN MILLIONS)



Notes: 2013 is actual home health visits. P is projected. Author calculated projections by applying the 2013 home health visits per 1,000 population rates by age group to population projections.

Sources: Home Health Agencies and Hospice Facility Annual Utilization Data, OSHPD, 2013. Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060, California Department of Finance, December 15, 2014.

Beds for Boomers

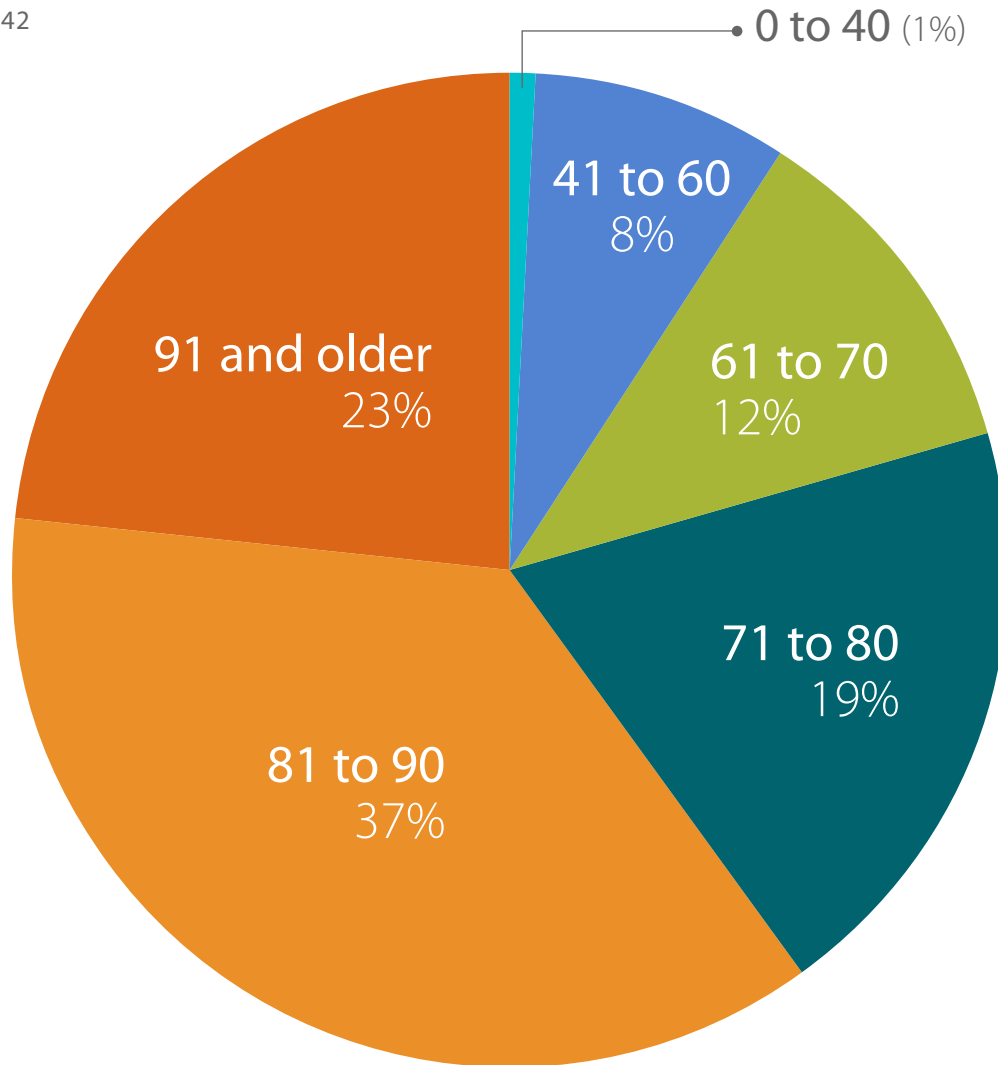
Home Health Care: Use/Projections

At current rates of use, home health visits are projected to nearly double by 2040, growing to just under 27 million visits per year. Californians age 71 and older are projected to account for nearly 75% of home health visits in 2040. This significant growth will impact the demand for home health and personal care aides.

Hospice Patients, by Age Group

California, 2013

N=140,042



Beds for Boomers

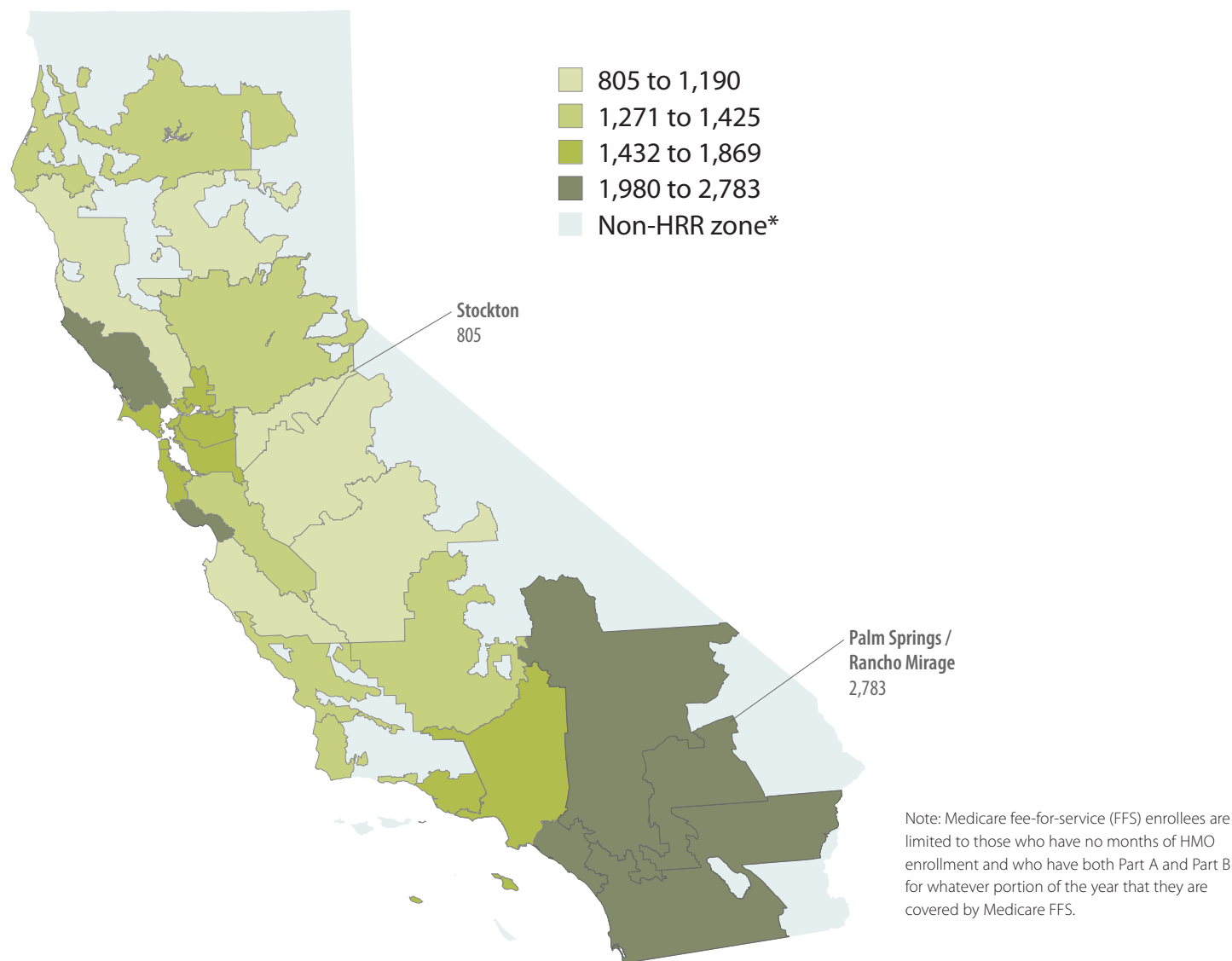
Hospice: Use/Projections

In 2013, 140,000 Californians were served by hospice. Nearly 80% of hospice patients were age 71 and older.

Source: Home Health Agencies and Hospice Facility Annual Utilization Data, OSHPD, 2013.

Medicare Senior Hospice Days per 1,000 Enrollees

by Hospital Referral Region, California, 2012



Beds for Boomers

Hospice: Use/Projections

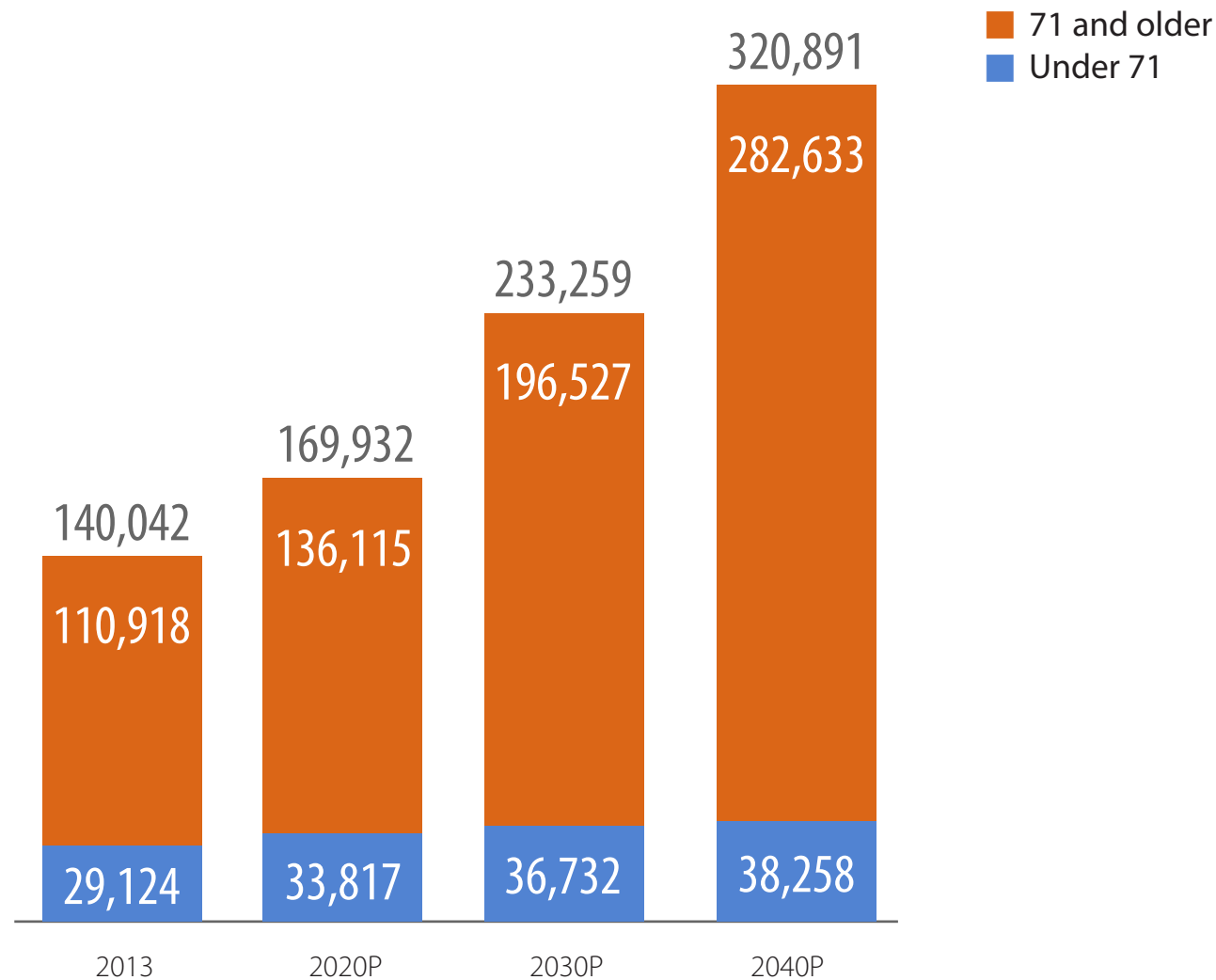
In 2012, hospice use varied widely by region. Medicare enrollees age 65 and older used more than 2,700 hospice days per 1,000 enrollees in the Palm Springs / Rancho Mirage and San Bernardino Hospital Referral Regions (HRRs), compared to 800 days used in the Stockton HRR.

*Includes areas covered by hospital referral regions in other states.

Source: *Health Indicators Warehouse*, Centers for Disease Control and Prevention, accessed April 27, 2015, www.healthindicators.gov.

Projected Hospice Patients, by Age Group

California, 2013 to 2040



Beds for Boomers

Hospice: Use/Projections

At current rates of use, the number of hospice patients is projected to more than double between 2013 and 2040. In 2040, it is projected that 88% of hospice patients will be 71 and older.

Notes: 2013 is actual hospice patients served. P is projected. Author calculated projections by applying 2013 hospice use rate by age group to population projections.

Sources: Home Health Agencies and Hospice Facility Annual Utilization Data, OSHPD. Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060, California Department of Finance, December 15, 2014.

Residential Care Community Residents

California and United States, 2012

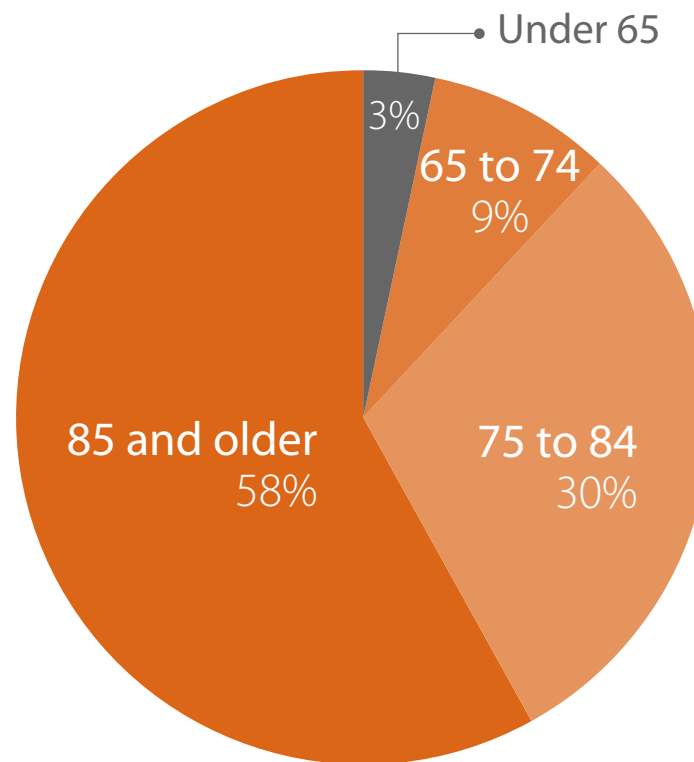
Per 1,000 Population

65 and older



By Age Group

California (N=83,100)



Beds for Boomers

Residential Care: Use/Projections

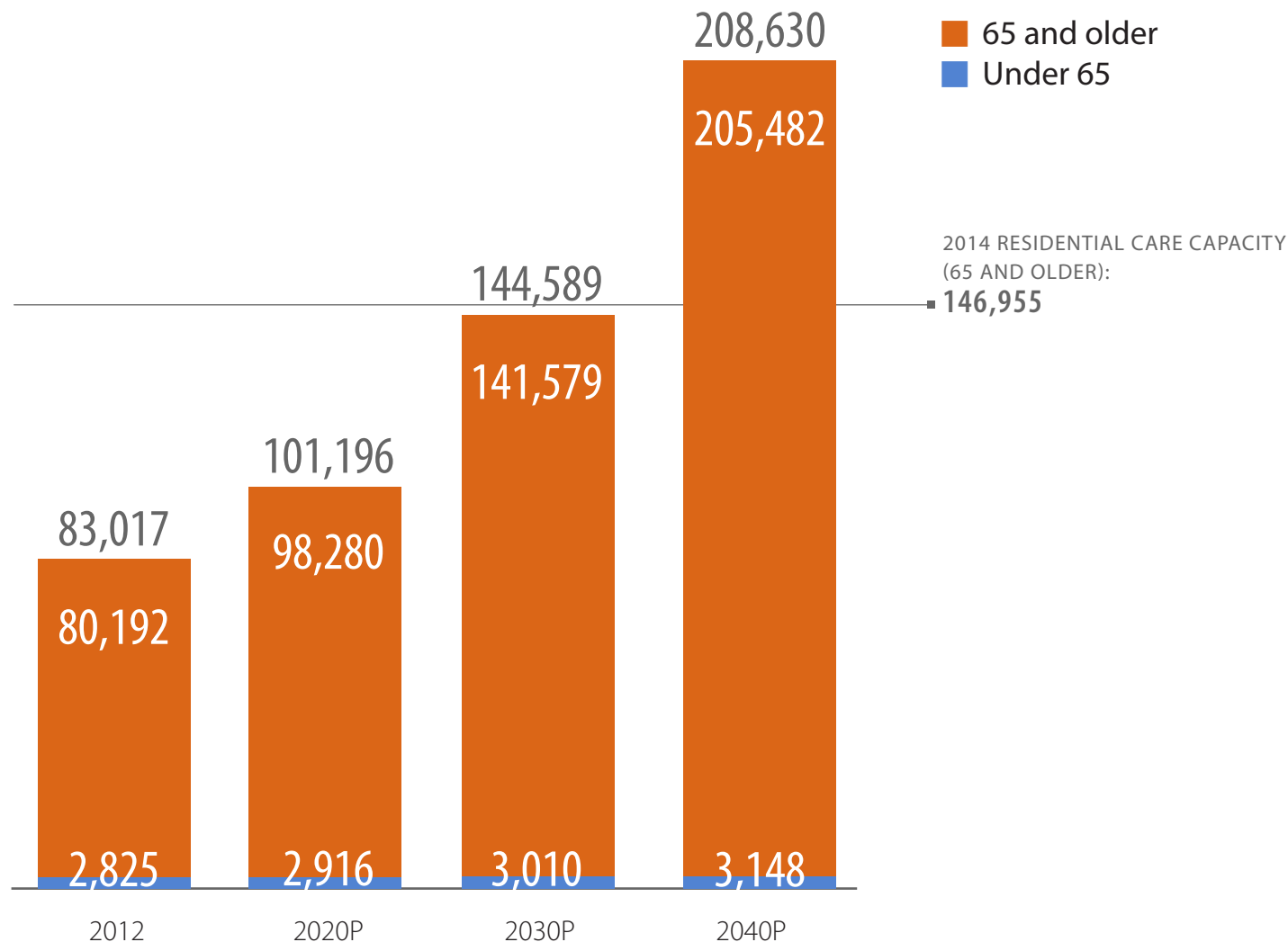
According to a national survey, residential care communities, also referred to as assisted living facilities, served 83,100 Californians in 2012. Over 95% of residential care residents were age 65 and older, and 58% were 85 and older. The rate of residential care community use was higher in California than in the US overall.

Note: Data from surveys of residential care communities.

Source: *National Study of Long-Term Care Providers*, Centers for Disease Control and Prevention, 2012.

Projected Residential Care Community Residents

by Age Group, California, 2012 to 2040



Notes: 2012 is actual residential care community residents. P is projected. Author calculated projections by applying 2012 resident care community residents per 1,000 population rates by age group to population projections. 2014 supply is the total capacity of residential care for elderly facilities as of June 30, 2014.

Sources: *National Study of Long-Term Care Providers*, Centers for Disease Control and Prevention, 2012. *Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060*, California Department of Finance, December 15, 2014. *Licensing Statistics*, California Department of Social Services, June 30, 2014.

Beds for Boomers

Residential Care: Use/Projections

The number of residents in residential care facilities, also known as assisted living facilities, is projected to more than double between 2012 and 2040, based on current use rates. Using these same rates, demand for residential care is expected to exceed the 2014 supply shortly after 2030.

Definitions

Congregate Living Health Facility. These residential homes, usually of no more than six beds, have a noninstitutional, home-like environment and provide inpatient care, including medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, and social recreation. This care is generally less intense than that provided in general acute care hospitals, but more intense than that provided in skilled nursing facilities.

Home Health Care. Home health care includes a wide range of health-related services such as assistance with medications, wound care, intravenous therapy, and help with basic needs such as bathing, dressing, and mobility, which are delivered at a person's home. These services may be provided by a visiting nurse association, home health agency, county public health department, hospital, or other organized community group, and may be specialized or comprehensive. The most common types of home health care are nursing services; speech, physical, occupational, and rehabilitation therapy; homemaker services; and social services.

Hospice. Hospice provides comfort care for terminally ill patients — those with a prognosis of six months or less — at home or in a care facility. The goal is to control pain and symptoms rather than to cure the illness. Hospice caregivers who work as a team of medical professionals and trained volunteers help with the patient's medical, psychological, and spiritual needs and also offer grief counseling for survivors after death.

Intermediate Care Facility. Intermediate care facilities provide inpatient care to ambulatory or nonambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require continuous skilled nursing care.

Long Term Care. Long term care facilities include skilled nursing facilities, intermediate care facilities, and congregate living health facilities.

Residential Care. Residential care facilities, also known as assisted living facilities and board and care facilities, provide residents with room and board, assistance with personal care, and any necessary supervision. Residential care facilities for the elderly in California serve people age 60 and older. These facilities range in size from small homes to large campuses. The services provided vary also, but most offer medication management, social activities, housekeeping, meals, and transportation. They are best suited for those who need assistance with basic activities such as dressing and bathing but who do not require skilled nursing care.

Skilled Nursing Facility / Nursing Home. Nursing homes, identified by many different names, provide housing and meals, along with personal care, social services, and skilled nursing care for people whose physical or behavioral conditions make it difficult for them to live alone or with help from others. Skilled nursing facilities also provide care for patients convalescing from serious illness or surgery and who require continuous observation and rehabilitative services.

Methodology

The acute care analysis is based on Office of Statewide Health Planning and Development (OSHPD) utilization data for acute care discharges and days in licensed general acute care hospitals, and California Department of Finance population data and projections. Rehabilitation center discharges and days were not included in this analysis. Acute care discharges and days from Californians under age 1 were not included in this analysis.

Projections of future need for acute care beds are built using author-calculated 2013 days per 1,000 population rates for 18 age groups.

For the regional analysis, 2013 days per 1,000 population rates for 18 age groups were calculated for each region.

In 2013, according to OSHPD's *Hospital Annual Utilization Report*, there were 68,056 licensed general acute care beds and 24,968,290 licensed general acute care bed days. Rehabilitation center and intensive care newborn nursery beds and bed days were excluded from this count.

Projections of future need for long term care facilities are built using author-calculated patients per 1,000 population rates for 6 age groups.

Projections of future home health patients and hospice patients are built using author-calculated patients per 1,000 population rates for 10 age groups.

Projections of future need for residential care community units are built using author-calculated residents per 1,000 population rates for 6 age groups.

Beds for Boomers

ABOUT THIS SERIES

The California Health Care Almanac is an online clearinghouse for data and analysis examining the state's health care system. It focuses on issues of quality, affordability, insurance coverage and the uninsured, and the financial health of the system with the goal of supporting thoughtful planning and effective decisionmaking. Learn more at www.chcf.org/almanac.

AUTHOR

Jennifer Joynt, health care consultant

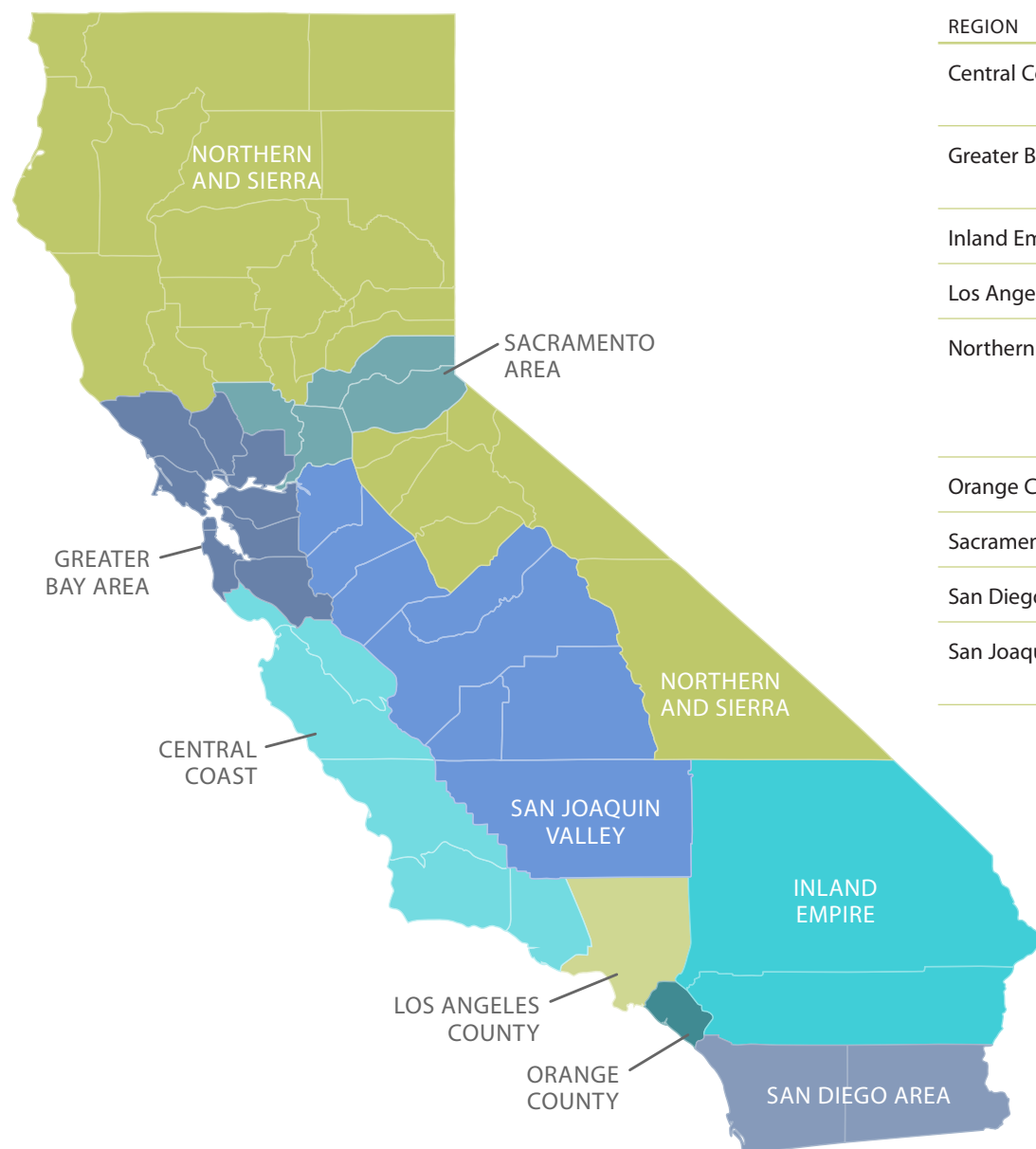
FOR MORE INFORMATION



CALIFORNIA
HEALTHCARE
FOUNDATION

California HealthCare Foundation
1438 Webster Street, Suite 400
Oakland, CA 94612
510.238.1040
www.chcf.org

Appendix: California Counties Included in Regions



REGION	COUNTIES
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Inland Empire	Riverside, San Bernardino
Los Angeles County	Los Angeles
Northern and Sierra	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange County	Orange
Sacramento Area	El Dorado, Placer, Sacramento, Yolo
San Diego Area	Imperial, San Diego
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare