

The population of Americans aged 65 or older, which numbered 37.9 million in 2007, has more than tripled since 1900 (U.S. Administration on Aging, 2008a). By 2040, the number of individuals 65 and older will grow by 193% and record a 250% increase among those 85 and over (Texas Department on Aging, 2003).

According to the U.S. Administration on Aging (2008a), the older population is also becoming more ethnically diverse, with minorities accounting for 19.3% of all men and women 65 and older. In addition, the Texas Department on Aging (2003) reports nearly half of those 65 and older will be an ethnic minority by 2040.

In Texas, over 50% of all individuals 65 and older reside in the three largest metropolitan areas: San Antonio, Houston, and Dallas/Fort Worth (Texas Department on Aging, 2003). The following chart illustrates the number of individuals per county in the San Antonio area 65 and older and the percentage of the total population that is 65 and older:

County	Population 65 and older	% of total population
Bandera	3,301	16.7%
Bexar	158,723	10.2%
Comal	13,853	13.9%
Kendall	4,342	14.5%

(U.S.Census Bureau, 2007)

Bandera, Bexar, Comal, and Kendall counties all have percentages of elderly residents that exceed the state average of 10%.

With healthcare and technology in a constant state of advancement, the 85 and older population is the fastest-growing segment of the older population. Currently, 10.4% of the population of San Antonio is over the age of 65,

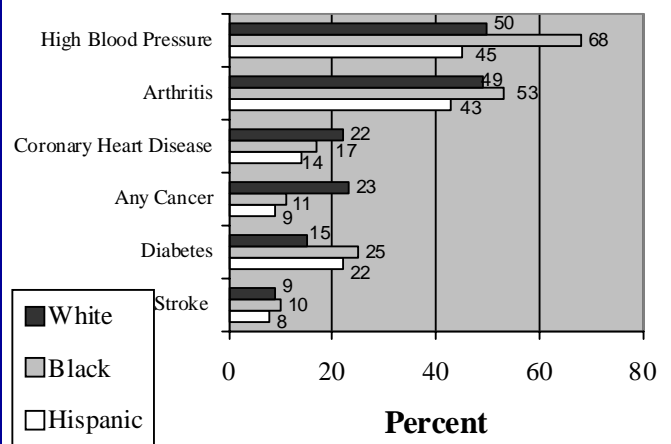
and almost 14% of those are over the age of 85. These swells in population are most directly related to advances in medical science, nutritional science, and increased awareness regarding health, which contribute to a longer average lifespan in the twenty-first century (U.S. Administration on Aging, 2008b).

Age Related Problems

The increase in life expectancy among seniors has made issues that specifically effect the elderly population more apparent. A longer lifespan, increases the incidence of chronic illnesses that can be attributed to old age, such as hypertension, heart disease, cancer, osteoporosis, diabetes, Alzheimer’s disease, memory loss, arthritis, and weakened vision (Centers for Disease Control and Prevention (CDC), 2007).

The following chart represents the prevalence of various chronic illnesses among the elderly distributed by race in 2002-2003.

Prevalence of chronic conditions among adults aged 65 years or older in 2002-2003 among race



(Centers for Disease Control and Prevention, 2007)

According to the CDC (2007), an estimated 80% of elderly Americans live with one chronic illness and 50% are living with at least two. A healthier lifestyle, including regular health screenings, physical activity and a balanced diet can greatly contribute to reducing the risk of chronic diseases (CDC, 2007).

Social Isolation

Although the majority of elderly live in their own homes, the number of those residing in long-term care facilities is growing. Those in long-term care facilities either lack familial support or they have a medical/emotional disability that does not allow for independent living. In either setting, older adults may experience social isolation and feel rejected by society due to a general loss of purpose and an absence of goal-directed activities in their daily lives (Centre for Addiction and Mental Health, 2008).

This increased potential for social isolation occurs when they:

- can no longer drive or access transportation services to meet medical and quality of life needs
- have no immediate family or friends to provide companionship
- suffer the loss of a loved one or partner and fall into depression and/or suicidal thoughts

Increased social isolation can contribute to many physical and mental health issues as well, including depression and heart disease.

(Helpguide, 2005; American Academy of Family Physicians, 2005).

Health Care

Because of the susceptibility to illnesses, the elderly are spending an increasing amount of an already limited income on healthcare coverage. In 2006, health costs consisted of “\$2,770 (60%) for insurance, \$859 (18%) for drugs, \$844 (18.5%) for medical services, and \$159 (3%) for medical supplies” (U.S. Administration on Aging, 2008a). The CDC (2007) reports that the cost for caring for the elderly could increase healthcare costs by 25% by 2030, unless preventative measures are taken. Such goals include increasing oral health, hip fracture prevention, flu and pneumonia vaccination, and

maintaining physical activity (Kaiser Family Foundation, 2007).

Financial

Along with social and health concerns, elderly people are concerned about remaining financially independent. According to the U.S. Administration on Aging (2008a), the major sources of income for older persons were Social Security, personal assets, private pension, government employee pensions, and earnings. The financial status of the elderly is becoming an increasing concern as nearly 3.6 million Americans (9.7%) fell below the poverty level in 2007 yet out-of-pocket expenses, especially prescription drugs, steadily increase (U.S. Administration on Aging, 2008b).

Nutrition

Good nutritional status is vital to helping the elderly remain independent and maintain the quality of life that they been accustomed to throughout the years. Access to adequate food that provides essential nutrients is a daily issue for many people, but may become more significant if the individuals are elderly, functionally impaired, frail and/or poor (CDC, 2007). While hunger, poverty and malnutrition often take its toll on the elderly, the ramifications of these three interrelated problems are devastating for family members and are costly.

Malnutrition in older people is a complex condition caused by the culmination of multiple factors. The aging process itself is not usually a cause of malnutrition in healthy active elderly. Research suggests that “20-60% of elderly homecare patients are either malnourished or heading in that direction” (American Academy of Family Physicians, 2005b).

Conclusion

Psychological, sociological, and biological concerns continue to plague the elderly population, as they work to remain actively involved with their families and to be financially independent. As the elderly population grows, their experiences will demand an increased awareness of their specific needs: the need of improved knowledge about age specific diseases, the effects of social isolation,

and the significance of remaining financially independent. Public health programs are vital in the response to fighting the challenge of spiking healthcare costs in the midst of a growing elderly population.

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