

The elderly are the fastest growing segment of the population of the United States. Once the baby boomers begin to be classified as elderly in 2011, the population of elderly people will substantially increase. People over the age of 65 now constitute more than 12% of the population in the United States and are projected to represent up to 20% of the population by 2030 (US Census Bureau, 2005b). There were an estimated 176,875 people 65+ in the Kronkosky Charitable Foundation areas of service in 2004.

County	Total Population	# Elderly	% Elderly
Bexar	1,518,370	156,392	10.3%
Bandera	19,988	3,178	15.9%
Comal	96,018	13,443	14.0%
Kendall	28,607	3,862	13.5%

(US Census Bureau, 2005a)

While poverty rates and availability of health care for the elderly have improved over the last 40 years, more seniors living longer means that they are more prone to health problems. Seniors are the most at risk for a large number of chronic illnesses such as arthritis, hypertension, heart disease, respiratory disorders, and diabetes. Even though older Americans are the most prone to health problems and chronic illnesses, the rates of disability and chances of death from heart disease are lower than in previous years (US Census Bureau, 2005b):

- 80% of seniors have at least one chronic health condition
- 50% have more than one chronic health condition
- 43% of elderly women are disabled
- 40% of elderly men are disabled

- 33% of all elderly deaths are related to heart disease

Most elderly Americans have health insurance through Medicare. Medicare is financed by a portion of the payroll taxes paid by workers and their employers. It also is financed in part by monthly premiums deducted from Social Security checks (Social Security Administration, 2006). This insurance partially covers the costs of a variety of services including: inpatient hospital care, physician services, outpatient hospital visits, home health care, long-term facility care, hospice services, and (as of January 2006) prescription drug coverage (Federal Interagency Forum on Aging-Related Statistics, 2006).

Medicare typically only covers half of a person's medical expenses, leaving the other half to be covered by supplemental insurances or by out of pocket money (Federal Interagency Forum on Aging-Related Statistics, 2006). For poor or near poor seniors (those close to or below the poverty level), a large percentage of their income goes to health care related costs. These percentages have increased substantially over the last 20 years. The following chart demonstrates this dramatic increase in terms of percent of income spent on health care relative to age.

Age Range	% Income	
	1987	2003
65-74	13.7%	23.4%
75-84	19.0%	30.2%
85+	14.7%	32.4%

(Federal Interagency Forum on Aging-Related Statistics, 2006)

As seniors age, some become unable to care for themselves. Some of these seniors opt to live in assisted living communities or long term care facilities. Assisted living and long term care facilities can be costly. There are several types of care facilities and they vary widely in cost and services provided (Matthews, n.d.).

➤ **Hospital-Based Skilled Nursing Facilities:**

- Usually for short term care after surgeries, injuries, or serious illness (a few days to a few weeks)
- Offers the highest level of nursing and medical care
- 24 hour monitoring and intensive rehabilitation therapies
- Cost: \$300-\$500 per day
- Costs not covered by Medicare

➤ **Skilled Nursing Facilities:**

- Non hospital-based
- High level of nursing and medical care
- Short to Medium term recovery (a few weeks to a few months)
- Cost: \$200-\$500 per day
- Costs not covered by Medicare

➤ **Intermediate Care Facilities:**

- Less nursing or medical care
- For long term residents with chronic illnesses or impairments
- Cost: \$150-\$400
- Some costs may be covered by Medicare

➤ **Custodial Care Facilities:**

- Personal assistance, low level of nursing and medical care
- Provide social activities and exercise programs
- Primarily for high functioning individuals
- Cost: \$100-\$250 per day or \$30,000 to \$150,000 per year
- Some costs may be covered by Medicare

For seniors who are in residential care facilities, isolated, home-bound, or living in poverty, their levels of mental and physical well-being can be extremely low. It is essential that communities provide a comprehensive and varied response to health, nutritional, recreational, and social needs of the elderly in order to enhance the availability and accessibility of services that improve the well-being of seniors.

One major resource for senior citizens of Bexar, Bandera, Comal, and Kendall counties is the Alamo Area Agency on Aging (Alamo AAA), a program under the umbrella of Alamo Area Council of Governments (AACOG). The Alamo AAA provides valuable services to the elderly under eight (8) categories of operation. These services are extremely important to seniors still residing in their own homes and to those in residential care facilities (Alamo AAA, n.d.):

- **Nutrition:** congregate meals (groups gather to eat at one place) and home delivered meals (meals taken directly to senior's homes).
- **Transportation:** taking seniors to doctor's appointments or to places of congregate meals.
- **Information, Referrals, & Assistance:** links seniors to appropriate agencies for services.
- **Benefits Counseling:** helps seniors claim benefits of Medicare, Social Security, Medicaid, pensions, and others. Also provides education on benefits.
- **Senior Centers:** provides recreation and support services to senior centers.
- **Care Coordination:** assesses needs according to senior's level of functioning and procures appropriate services and resources.
- **Ombudsman:** advocates for senior citizens, receives and investigates complaints at long term care facilities.
- **Caregiver Support:** provides support and resources to the care givers of the elderly.

There are currently 51 health care centers in San Antonio that offer services for low income families and individuals. Payment for services at

these locations is determined by a sliding scale based on income, and one does not have to have insurance to take advantage of the services. 18 of these centers are listed as “family practice,” which provide services to individuals of any age. None of these centers are listed as having expertise in the area of elderly or geriatric healthcare (Thomas, n.d.). Some of the options that exist for low income and/or uninsured seniors in need of medical care in the San Antonio area are:

- University of Texas Health Science Center San Antonio (UTHSCSA)’s student-run free clinic
- CareLink offered by University Health System
- CentroMed clinics, 5 offering adult care:
 - CentroMed Santa Rosa Clinic
 - CentroMed Somerset Clinic
 - CentroMed South Park Clinic
 - CentroMed Southside Clinic
 - CentroMed Walzem Clinic
- CommuniCare Health Centers, 2 family care centers:
 - Barrio Family Health Center
 - Dr. Frank Bryant Health Center
- The Bishop Ernest T. Dixon Jr. Clinic
- The Wesley Primary Care Clinic

Free health fairs sometimes offer free testing of blood sugar, blood pressure, vision and in some instances even screening for cancer, or free immunizations for seniors. They are offered periodically throughout San Antonio and the surrounding areas but are poorly advertised and therefore much of the population is unaware of these free services. Local health fairs are put on by organizations such as:

- American Diabetes Association
- Alzheimer’s Association- Star Chapter
- Healthy Families San Antonio
- Hill Country Mission for Health
- Epilepsy Foundation San Antonio
- Prevent Blindness Texas

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