

Over the last century, the percentage of Americans age 65 and older has tripled (Administration on Aging (AOA), 2007). As the Baby Boomers (people born between 1946-1964) continue to age, the 65 and over population will continue to grow larger and more diverse. An accelerated growth of people 65 and over is expected to occur in 2011 when the Baby Boomers begin turning 65. The senior population in the Alamo Area Agency on Aging's jurisdiction, which includes Bandera, Comal, and Kendall Counties, is expected to grow by 55.38% by the year 2020 (Alamo Area Council of Governments (AACOG), 2008a). Bexar County is expected to have a 47% increase in its senior population (AACOG, 2008b). This growth of older persons can be attributed to advances in health care and a higher standard of living. Individuals today are now living longer lives than any other previous generation (Federal Interagency Forum on Age-Related Statistics, 2008).

Senior Population 2005 (65+ years)		
Region	Senior Population Total *	Senior Population (%)
Bandera County	3,293	16.3
Bexar County	158,437	10.2
Comal County	13,862	13.7
Kendall County	4,200	14.8
Texas	2,327,271	9.9
* Census Bureau population estimate (U.S. Census Bureau, 2008)		

Texas has the fourth-largest population of adults 60 years and older in the nation. Over 50% of the older population reside in the three largest metropolitan areas: San Antonio, Houston, and Dallas/Fort Worth (Texas Department on Aging (TDoA), 2003). It is expected that by 2040, 25% of Texas's will consist of individuals 65 and older (TDoA, 2005).

Age-Related Issues

While individuals are living longer than ever before, these older individuals and their families still have to deal with the multitude of concerns associated with the aging process and the increased risk of certain diseases and disorders. Some of the issues that senior citizens confront include social isolation, malnutrition, and age-related diseases and disorders.

Social Isolation

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.

The increased potential for social isolation occurs when older adults:

- can no longer drive or access transportation services to meet medical and personal needs
- have no family or friends to provide companionship
- suffer the loss of a loved one or partner
- experience a major life-changing event

Social isolation can increase the risk of many other issues including depression, malnutrition, heart disease, and other diseases and disorders (Helpguide, 2007; Machielse, 2006).

Malnutrition

Malnutrition is a complex condition caused by the culmination of multiple factors. These factors include low income, declining mental functioning, poor dental health, multiple medications and depression. Research suggests that "20-60% of elderly homecare patients are either malnourished or heading in that direction" (Nagourney, 2005). Malnutrition can lead to many other issues including a decline in health, increased need of health care services, and mortality (Evans, 2005).

Other Diseases and Disorders

Seniors are susceptible to developing many other age-related diseases and disorders including:

- Arthritis
- Cardiovascular Disease
- Dementia
- Osteoporosis
- Cancer
- Visual Impairment
- Diabetes
- Stroke

While not all are a direct result of aging, they do have higher incidence rates in older adults (U.S. Administration on Aging, 2007; Reynolds, 2005).

Long-Term Care

To address and meet the health and personal issues confronting seniors, there are a variety of services and supports available that provide long-term care. Long-term care is often needed for those who have chronic illnesses and/or need help with activities of daily living: dressing, bathing, eating (InfoUSA, n.d.). About 70% of people age 65 and older will need some type of long-term care service during the remaining years of their life (U.S. Department of Health and Human Services [HHS], 2008). The majority of long-term care is received from family and friends or a combination of informal (unpaid) and formal (paid) service (TDoA, 2005).

Several types of long-term care systems, offering different levels of assistance, are available. The Mayo Clinic (2008) has presented a list of the range of services:

1. Home care
2. Adult care service
3. Senior housing
4. Assisted living
5. Nursing homes

Home Care

The most common form of long-term care in the United States is home care. Caregivers are brought into the home to help the older individual with activities of daily living and/or assist with medical conditions, either as a live-in helper or a daily visitor. Home care is almost always provided in the home of the older individual or the home of a family member or friend (Day, n.d[a]).

Adult Day Services

These community-based group programs are designed to provide social and limited health services to adults who need supervision during the day. The general services that are offered by most adult day centers include social activities, transportation, meals and snacks, personal care, and therapeutic activities.

In a national study of adult day centers, it was found that the average age of participants was 72 and the conditions of participants typically included: 52% with dementia, 41% frail seniors, 24% with mental retardation/developmental disability, and 23% with physical disability (Robert Wood Johnson Foundation (RWJF), 2004).

A study on adult day facilities stated that although 26% of all adult day centers have opened since 1999, 56% of the 3,141 counties in the United States are still underserved. It is estimated that 5,415 *new* adult day centers are needed nationwide (RWJF, 2004). In Bexar County, there are currently 41 Adult Day Cares, two in Kendall County, only one in Comal County, and none Bandera County. Additionally, there is one resource center serving the entirety of south Texas (University of Texas Health Science Center, 2008).

Senior Housing/Assisted Living

For seniors who desire to be in a community with other seniors, want added security, and cannot take care of maintenance to their home, senior housing, in apartment or condominium communities, is often the best option. This type of long-term care system normally does not cater to seniors who have continuing care needs (Day, n.d[b]). Assisted living fills a gap between home care and nursing homes by offering more extensive services such as meals, housekeeping, transportation, and medical assistance, without the 24-hour supervision of nursing homes. This is a good option for seniors who need services that cannot be scheduled easily or conveniently and is usually more cost-effective than home care (AARP, 2004). There are also Continuing Care Retirement Communities that provide a continuum of care (MayoClinic.com, 2008).

Nursing Homes

This type of long-term care provides two types of services to seniors. The first type of service provides seniors with a recovery residence for patients recuperating from a hospital stay or surgery. Often the resident stays no longer than 20 days. Nursing homes also provide care for long-term residents who may need nursing care, 24-hour supervision, assistance with daily activities, and rehabilitative services.

Families often seek nursing homes when it is no longer safe to care for the older individual at home or the older individual needs 24-hour care. For those that need assistance with activities of daily living, the nursing home is often the least costly way of ensuring proper care is received. Approximately

70% of nursing home residents are receiving help from Medicaid or Medicare. Medicaid pays approximately 50% of all nursing home costs (Day, n.d[b]).

A useful resource that helps locate local long-term care advocates and provides links to long-term facilities near specific geographic areas is the Eldercare Locator, maintained by the U.S. Administration on Aging (HHS, n.d.).

Caregivers

Among people needing help with daily activities, 78% live at home, depending solely on family and friends. These informal caregivers usually work for no pay and are most commonly spouses, children or family friends. Nearly one in five caregivers provide more than 40 hours of care weekly (Family Caregiver Alliance (FCA), 2005). These caregivers, 1 in 4 Americans, are often considered the heart of the long-term care system (TDoA, 2005; TDoA, 2007). Between 2000 and 2050, there is expected to be an 85% increase in the number of unpaid, long-term caregivers, nationally (FCA, 2005).

The Typical Caregiver

- ◆ 46 year old female with some college experience who provides over 20 hours per week of care to her mother
- ◆ 39% of caregivers are male
- ◆ 25% live in same household as care recipient
- ◆ 40% live within 20 minutes of recipient
- ◆ 59% currently employed

The Typical Care Recipient

- ◆ 79% are 50 and older with average age of 75
- ◆ 65% female
- ◆ 42% widowed
- ◆ 25% live alone (AARP, 2005)

Economic Value of Family Caregiving

Nationally, 34 million informal, unpaid caregivers provide services estimated to be about \$350 billion in 2006. In Texas, the number of caregivers is estimated to be 2,700,000 with a total economic value of \$24 billion which is 1.42 times the total Medicaid spending in the state. Additionally, the economic value of Caregiving is 5.1 times the amount of Medicaid spending on long-term care and 11.8 times the amount of Medicaid spending on home and community-based long-term care services in the state of Texas (AARP, 2007).

Caregiver Support

Caregiver programs play an important role in sustaining and strengthening the unpaid, informal care provided by families. Informal caregivers face many challenges such as health risks, financial burdens, emotional strain, isolation, mental health problems, workplace issues, and retirement insecurity (FCA, 2005). 46% to 59% of caregivers are clinically depressed (FCA, 2003), but research shows that support services to family members reduce the burden, strain and depression of caregiving responsibilities and can delay or prevent the institutionalization of a loved one. With appropriate support, family caregivers are able to stay healthy and provide care to the older individual, thus avoiding costly nursing homes or other long-term care options.

The reauthorization of the Older Americans Act (OAA) created the National Family Caregiver Support Program (NFCSP) to provide support to caregivers across the country. The program calls for coordination among Agencies on Aging and local communities to provide assistance to caregivers coping with additional responsibilities. In Texas, NFCSP funds services, including:

- Day and overnight respite services
- Counseling
- Education and training
- Support groups
- Family consultation
- Personal, legal, and/or financial consultation
- Home maintenance support

(National Conference of State Legislatures, n.d.)

In Texas, the 28 Agencies on Aging have created extensive support resources (TDoA, 2007). Specifically, there are many support groups in San Antonio, five of which are associated with Children of Aging Parents (Children of Aging Parents, 2008). The Alamo Area Agency on Aging provides caregivers with various services through its Family Caregiver Support Program. This program “targets individuals of any age who are caring for someone age 60 plus and includes:

- Information about available services
- Assistance in gaining access to services
- Individual counseling, support groups, and training to assist caregivers in making decisions and solving problems
- Limited supplemental services that complement the care provided by caregivers, such as:

- ◆ Adult Day Care
- ◆ Homemaker/personal assistance
- ◆ Health maintenance
- ◆ Emergency response
- ◆ Respite care
- ◆ Home delivered meals
- ◆ Transportation”

(Alamo Area Agency on Aging, 2006)

Long-term Care in the San Antonio Region

The Bexar Area Agency on Aging and the Alamo Area Agency on Aging also provide numerous other resources for finding long-term care. The Bexar Area Agency on Aging serves the San Antonio area, and the Alamo Area Agency on Aging provides resources for 12 counties including Bandera County, Comal County, and Kendall County (AACOG, 2008c).

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