

Target Need Area:
Seniors

Overview

In 2005, the senior population will enter a period of rapid and sustained growth as the baby boomer generation starts to reach the age of 60. By 2010, these people will be 65 years old. People are living longer than ever as a result of better diets, better personal habits, new drug and medical treatments and other new technologies. This growing senior population will place stresses on communities as they strive to provide health care service providers, and adequate medical, long-term care and assisted living infrastructure.

The Texas Department on Aging estimates that 3.0 million people over 60 will live in Texas by 2004. These older Texans often live in rural areas, have the greatest economic need (particularly low-income ethnic minorities), have the greatest social need (particularly low-income ethnic minorities), have severe disabilities, may have limited English-speaking ability, and/or suffer from Alzheimer's disease or related disorders with neurological and organic brain dysfunction (TDoA, 2003).

Texas will soon see dramatic increases in the number of older persons. In the two years between 2004 and 2006 there will likely be an increase of about 200,000 people in the 60+ population. If current projections hold, Texas 60+ population will be about 8.1 million people by 2040, an increase of 193% from the year 2000; this will account for 68% of the state population increase during the same period. By 2040, older Texans will comprise almost one quarter of the state's total population.

With these dramatic changes in the senior population, the following issues arise:

- Poverty/Income/Employment – The need for retirement income grows proportionately to the longevity increase. The recent economic downturn has affected financial assets of a group that depends on investment income. The percentage of seniors age 75+ living in poverty is increasing.
- Physical Health - The number of chronic illnesses continues to grow. Rates are down but the actual numbers are increasing.
- Mental Health – High rates of depression can be seen in this group. This is often related to poor physical and mental health, financial insecurity and loneliness.
- Prescription Drugs – Costs for prescriptions continues to increase as well as the number of drugs being taken. There is a huge financial burden to this group and new Medicare coverage is still uncertain.
- Nutrition – Many seniors are in need of delivered and congregate meals. As the economy weakens, the numbers in need increases.
- Safety and Security – As the number of seniors increases, communities will need to maintain efforts to prevent abuse, neglect and crime against members of this group.
- Housing/Shelter – Housing costs are increasing. Inadequate housing and care jeopardize seniors' safety and health. The number of complaints against nursing homes is increasing.
- Access to Services – Seniors and caregivers continue to seek information and referrals.

Part I. Summary of the Results

Part I. Summary of the Results are presented in charts that show converging perspectives on key indicators used to explore the Target Need Area. Key indicators are presented in the chart along with a brief summary conclusion based on an analysis of patterns of convergence between different perspectives used in this study. Key indicators are pieces of information, facts, or statistics that provide insight into the condition of a Target Need Area in the community. The intent of this section is to summarize the analysis of the key indicators from all the different methods used in this project. Brief findings are found in the left column of the chart. More detailed findings are presented in **Part V. Findings and Conclusions**.

Specific indicators were selected based on previous research. A brief review of key indicators selected for inclusion in this chart follow:

- **Indicators of Financial Security for Seniors**

Income, poverty and employment data provide an indication of the quality of life of Seniors and whether or not financial resources are available to meet their basic living requirements. Lack of financial resources, for the elderly or for anyone is a major barrier to quality of life. Seniors living in poverty are unable to meet their basic needs. Income and income distribution data provide an indication of the financial condition of the population as a whole. Employment also provides an indicator of the financial condition of seniors after retirement age. The indicators of financial among seniors in this report are:

- Poverty

- **Indicators of Access to Health Care for Seniors**

The lack of affordable and available health care presents major barriers to a number of residents, including Seniors. Health impacts Seniors' quality of life more than other groups since they experience illness, disease and injuries at rates higher than the general population. Seniors place more demand upon the healthcare system than the general population therefore access and availability are a great concern. The indicators of access to health care for this report are:

- Physicians
- Long-term rehabilitative care nursing/Home health nursing care
- Affordability of prescription drugs

- **Indicators of Physical Health for Seniors**

Functioning in later years may be diminished if illness, chronic disease or injury limits physical or mental abilities. The leading cause of disability in the U.S. is arthritis and it is highly prevalent among the senior population. Another disease that affects many Seniors is Alzheimer's which has a disproportional high prevalence rate in the aging population. Management of disease symptoms can significantly impact the overall quality of life. The indicators of disease and mortality rates selected in this report are:

- Alzheimer's
- Arthritis

- **Indicators of Mental Health for Seniors**

Depression and suicide are disproportionately prevalent among older Americans. Higher levels of depressive symptoms are associated with higher rates of physical illness greater functional disability and higher health care resource utilization. These symptoms can often lead to suicide in older adults who are isolated and experiencing loneliness. The indicators of mental illness used in this report are:

- Number of Seniors with diagnosed Mental Disorders
- Suicide rates among Seniors

- **Indicators of Safety and Security for Seniors**

As physical and mental capacities diminish with age, individuals can become more reliant on others for help. Growing dependence, developing physical or mental problems and increasing isolation are all factors that can result in the abuse or neglect of elder persons. As the capacity to protect oneself decreases, the potential for others to take advantage of an elderly person. The indicators selected for safety and security of Seniors in this report are:

- Rates of Elder abuse and neglect

- **Indicators of Housing and Shelter for Seniors**

Older adults need housing that offers safety and comfort in a convenient, desirable location at a cost within their budget. Housing options for older adults range from private homes appropriate for person who can live independently or places that provide assistance to those who have difficulty with daily activities. The indicators of housing and shelter for seniors selected in this report are:

- The number of Nursing homes

Concern	Personal Perspectives		Archival Context	
	Citizens¹	Informants	Archival	State/National
Seniors <i>The 12CR has a greater percentage of persons over 65 (11.7%) than the state (9.9%).</i>	50% of homes had at least 1 individuals aged 60 or above.	74% of KI report issues related to the care and maintenance of seniors are a major community concern	64,406 persons over 65 years of age reside in the 12CR. This is approximately 11.7% the population.	2,851,820 persons over 65 years of age or 9.9% of the Texas population.
Poverty <i>Poverty impacts senior citizens in the 12CR disproportionately when compared to state rates. The senior poverty rate in the 12CR is almost 30% (28.9%) higher than in the state.</i>	40% of citizens describe cost as a major barrier to their ability to get help they need.	78% of KI describe affordability of basic services as a problem for many families in the 12CR. 95% of KI describe seniors as particularly challenged to afford their medication.	16.5% of residents aged 65 and older in the 12CR live in poverty. The Coastal Bend area Agency on Aging provided 28,126 seniors with meals in 2003. Efforts for regulating the prescription drug prices have not been implemented to the same extent in the 12CR.	The state rate of poverty among citizens age 65 and older is 12.8%. In an effort to address the cost of prescriptions, the state has implemented a discount program price related policies, and a preferred drug list.

Concern	Personal Perspectives		Archival Context	
	Citizens ¹	Informants	Archival	State/National
<p>Seniors</p> <p>Access to Health Care professionals <i>In the Coastal Bend, seniors have almost 17% fewer doctors to visit in the 12CR than the state level. This generally results in longer waiting times for appointments or the necessity to travel outside of their community. Local efforts of the Coastal Bend Area Agency on Aging have provided valuable services to seniors, which have alleviated situations of limited access to health care/support services.</i></p>	<p>Up to 7.1% of citizens reported not receiving specific nursing help they needed.</p>	<p>KI estimate that 25% of Seniors need help with daily routines (e.g. walking, bathing etc.)</p>	<p>The ratio of population of seniors / physicians in the 12CR is 76 to 1.</p> <p>The Coastal Bend Area Agency on Aging provided 285 seniors with over 32,973 number of hours of personal care or respite services.</p>	<p>The ratio of population of seniors to physicians is 64 /1 at the state.</p>
<p>Safety and Security <i>Safety and Security issues of Senior citizens seem to be consistent with state and national trends.</i></p>		<p>54% of KI describe elder abuse is a problem in their community.</p>	<p>1,614 (1.85%) confirmed cases of elder abuse in the 12 CR.</p> <p>The Coastal Bend Area Agency on Aging recorded 555 nursing home complaints in 2002.</p>	<p>Over 49,000 Cases of confirmed elder abuse statewide (1.64%).</p> <p>There were over 2300 complaints identified by Texas Department of Aging personnel in 2002.</p>
<p>Housing needs of Seniors Finding affordable housing assisted living</p> <p><i>There are only enough nursing home beds to accommodate 6.4% of the seniors in the 12CR. This is very comparable to the 6% figure for the state. Clearly the number beds available for infirmed seniors' long-term care are insufficient.</i></p>	<p>Up to 41% of those needing personal nurse did not receive help.</p>	<p>69% of KI describe seniors difficulty finding assisted living arrangements.</p> <p>53% of KI report that social service agencies are the primary source of help when it comes to elder care.</p>	<p>35 nursing homes in the 12 CR.</p> <p>4,164 licensed beds in the nursing homes in the 12 CR. This number would accommodate 6.4% of the senior population in the 12CR.</p>	<p>1143 nursing homes in the state.</p> <p>125,864 licensed beds in the nursing homes in the state These beds would be sufficient for 6.0% of the senior population.</p>
<p>Physical Health</p>	<p>Up to 19.5% reported complications of aging.</p>	<p>78% of KI describe seniors having difficulty</p>	<p>35 nursing homes in the 12 CR.</p>	<p>14.2% nursing home residents in</p>

Concern	Personal Perspectives		Archival Context	
	Citizens¹	Informants	Archival	State/National
<i>Aging seniors in the Coastal Bend may be disproportionately at risk for various illnesses. Older Texans often live in rural areas, have severe disabilities, and/or suffer from Alzheimer's disease or related disorders with neurological and organic brain dysfunction.</i>		<p>receiving quality affordable health care.</p> <p>16% of KI describe help for the elderly as being unavailable and difficult to access.</p>	<p>4,164 licensed beds in the nursing homes in the 12 CR.</p> <p>Local statistics for incidence of Alzheimer's disease are unavailable.</p>	<p>the state have Alzheimer's disease.</p> <p>7.5% patients in hospice care in the state have Alzheimer's Disease.</p> <p>1 out of every 7 Seniors in the state have symptoms of arthritis.</p> <p>18% of disabilities for Seniors are due to arthritis.</p> <p>40% of the women and 12.5% of the men suffer from osteoporosis..</p>

Part II. Archival Analysis

Part II. Archival Analysis is a synthesis and update of previous research concerning the Target Need Area. An extensive review has been conducted and pertinent findings are detailed in this section along with a brief narrative. The intent of this section is to provide a wider context for considering the issue. Primary data sources are provided here and also in the **Sources** section at the end of the report. Readers are encouraged to consult these primary sources for more details.

The tables below, obtained from archival data, illustrate the projected growth rate of the senior population in the twelve county study area. The projected percent change in the 60+ population from 2004 to 2006 is 6.0 percent. In the context of other regions in the state, North Central Texas region is projected to have the highest percent increase with 9.2 percent and West Central Texas is projected to have the lowest percent change with -.17.

At the state level, the racial/ethnic breakdown for 60+ population will remain relatively the same from 2004-2006 with 70.1 percent of the 60+ population being Anglo, 8.6 percent being Black, 18.9 percent being Hispanic and 2.5 percent being from other racial/ethnic categories.

In the twelve county study area, the breakdown for 60+ population is different with 53.7 percent being Anglo; 2.8 percent being Black; 42.4 percent being Hispanic and 1.1 percent being from other racial/ethnic categories.

Area	Anglo		Black		Hispanic		Other	
	Male	Female	Male	Female	Male	Female	Male	Female
<i>Aransas</i>	2633	2778	34	27	226	279	44	46
<i>Bee</i>	1109	1331	43	24	783	1040	16	28
<i>Brooks</i>	91	126	1		563	737	3	5
<i>Duval</i>	184	222	1	4	815	1122	1	5
<i>Jim Wells</i>	1045	1257	22	22	1755	2364	10	19
<i>Kenedy</i>	6	9			30	33		
<i>Kleberg</i>	913	1033	77	54	1003	1458	24	33
<i>Live Oak</i>	958	1063		8	251	335	6	7
<i>McMullen</i>	83	88			26	24		
<i>Nueces</i>	11071	13694	1094	750	8255	11712	268	354
<i>Refugio</i>	480	575	60	44	237	313	4	3
<i>San Patricio</i>	2792	3256	83	68	1510	2017	31	36
<i>Area</i>	21375	25432	1415	1001	15454	21434	407	536

Source: Area Plan for Fiscal Years
Coastal Bend 2000 Census and 2003 Projections

The following table shows the projected increases in the senior population utilizing three age groups: 55-59, 60-64, and 65-69. Projections indicate an 18.72% increase in the senior female population and an 18.47% increase in the senior male population resulting in an 18.46% overall increase in the senior population.

Population Growth by Age and Sex											
County	Age	Sex	Female			Male			Total		
		Year	2002	2007	Growth	2002	2007	Growth	2002	2007	Growth
<i>Aransas</i>	55-59		755	919	21.7%	695	843	21.3%	1,450	1,762	21.5%
	60-64		695	878	26.3%	656	831	26.7%	1,351	1,709	26.5%
	65-69		624	703	12.7%	669	761	13.8%	1,293	1,464	13.2%
<i>Bee</i>	55-59		763	969	27.0%	720	911	26.5%	1,483	1,880	26.8%
	60-64		608	795	30.8%	587	771	31.3%	1,195	1,566	31.0%
	65-69		574	690	20.2%	493	574	16.4%	1,067	1,264	18.5%
<i>Brooks</i>	55-59		242	265	9.5%	201	219	9.0%	443	484	9.3%
	60-64		198	235	18.7%	197	236	19.8%	395	471	19.2%
	65-69		191	200	4.7%	153	163	6.5%	344	363	5.5%
<i>Duval</i>	55-59		371	418	12.7%	362	405	11.9%	733	823	12.3%
	60-64		320	371	15.9%	290	338	16.6%	610	709	16.2%
	65-69		281	304	8.2%	246	258	4.9%	527	562	6.6%
<i>Jim Wells</i>	55-59		952	1,118	17.4%	882	1,028	16.6%	1,834	2,146	17.0%
	60-64		858	1,046	21.9%	744	935	25.7%	1,602	1,981	23.7%
	65-69		711	796	12.0%	636	702	10.4%	1,347	1,498	11.2%
<i>Kenedy</i>	55-59		10	12	20.0%	11	12	9.1%	21	24	14.3%
	60-64		13	16	23.1%	15	17	13.3%	28	33	17.9%
	65-69		6	8	33.3%	2	3	50.0%	8	11	37.5%
<i>Kleberg</i>	55-59		758	885	16.8%	742	872	17.5%	1,500	1,757	17.1%
	60-64		693	850	22.7%	556	674	21.2%	1,249	1,524	22.0%
	65-69		504	554	9.9%	463	519	12.1%	967	1,073	11.0%
<i>Live Oak</i>	55-59		368	461	25.3%	375	466	24.3%	743	927	24.8%
	60-64		335	448	33.7%	315	420	33.3%	650	868	33.5%
	65-69		303	351	15.8%	282	324	14.9%	585	675	15.4%
<i>McMullen</i>	55-59		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	60-64		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	65-69		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Nueces</i>	55-59		7,800	9,190	17.8%	7,539	8,888	17.9%	15,339	18,078	17.9%
	60-64		6,246	7,598	21.6%	5,414	6,695	23.7%	11,660	14,293	22.6%
	65-69		5,507	6,196	12.5%	4,509	4,932	9.4%	10,016	11,128	11.1%
<i>Refugio</i>	55-59		252	292	15.9%	206	234	13.6%	458	526	14.8%
	60-64		208	245	17.8%	234	279	19.2%	442	524	18.6%
	65-69		186	202	8.6%	163	179	9.8%	349	381	9.2%
<i>San Patricio</i>	55-59		1,899	2,320	22.2%	1,789	2,172	21.4%	2,688	4,492	21.8%
	60-64		1,514	1,905	25.8%	1,362	1,733	27.2%	2,876	3,638	26.5%
	65-69		1,259	1,451	15.3%	1,222	1,394	14.1%	2,481	2,845	14.7%

Source: 2003 Community Needs Assessment, CHRISTUS Spohn Health System

The following table illustrates the number of 65+ living alone in each county in the 12 county study area. Persons living alone can experience isolation and loneliness, challenges related to safety and security, and need additional assistance with access and referral to available services.

County	Males 65+ living alone	Females 65+ living alone	Total living alone
<i>Aransas</i>	388	674	1062
<i>Bee</i>	247	652	899
<i>Brooks</i>	81	225	306
<i>Duval</i>	146	361	507
<i>Jim Wells</i>	361	874	1235
<i>Kenedy</i>	4	5	9
<i>Kleberg</i>	226	603	829
<i>Live Oak</i>	163	361	524
<i>McMullen</i>	23	30	53
<i>Nueces</i>	2338	6363	8701
<i>Refugio</i>	103	241	344
<i>San Patricio</i>	496	1266	1762
<i>Area</i>	4576	11655	16231

Source: Area Plan for Fiscal Years Coastal Bend 2000 Census and 2003 Projections

The following table illustrates the number of older people living in poverty in this region. The percent of seniors (65+) living in poverty across the state of Texas is 12.8 percent. The numbers in the Coastal Bend range from a high of 30.4 percent in Brooks County to a low of 10.2 percent in Aransas County. Overall approximately 18% of the population over 65 years of age is in poverty, which is significantly higher than the state statistic.

County	In Poverty over 65 years	
	Number	Percent
<i>Aransas</i>	437	10.2
<i>Bee</i>	595	18.3
<i>Brooks</i>	346	30.4
<i>Duval</i>	458	25.3
<i>Jim Wells</i>	962	21.3
<i>Kenedy</i>	9	18.8
<i>Kleberg</i>	513	15.6
<i>Live Oak</i>	219	11.7
<i>McMullen</i>	29	17.9
<i>Nueces</i>	5,315	15.8
<i>Refugio</i>	203	16.3
<i>San Patricio</i>	1,124	16.8
<i>Texas</i>	251,172	12.8

Source: Health and Human Services Commission August 2003 (2000)

<http://www.hhsc.state.tx.us/research/ProgStats/databook200308.pdf>

The Coastal Bend Area Agency on Aging provided a report of Coastal Bend Service Delivery levels for FY2002 (Report, May 2003). It was noted that due decreases in funding cuts, they anticipated a decreases after 2002. Data is provided at the regional level:

Nutrition Services	TDoA Funded	Locally Funded
Congregate meals served	238,771	124,907
People served	2,797	1,129
Transportation		
One-way trips	53,396	12,801
People served	310	124
Information & Assistance		
Number of contacts	1,904	0
Community Services		
Care Coordination hours	1539	0
People served	234	0
Legal Assistance hours	1038	1155
People served	577	390
Personal Care hours	8390	2337
People served	82	35
Respite Services hours	20737	1509
People served	140	28
Emergency Response units	60	0
People served	10	0
Bathroom Safety Bars	13	0
People served	13	0
Long Term Care Ombudsman Program		
Certified Volunteer Ombudsman	37	
Number of Nursing Home visits	1461	
Complaints taken	555	
Complaints resolved	555	

The number of Adult Protective Services (APS) investigations is described in the table below. Overall there were 2,056 investigations completed in 2002. This accounts for 3.6 percent of the total number of completed investigations in the state. In the 12 county area, 72% of the completed Adult Protective Services (APS) investigations were validated.

Aged and Disabled Population Services			
County	Total APS Completed Investigations	Validated APS Investigations	APS Clients Receiving Services
<i>Aransas</i>	80	56	76
<i>Bee</i>	120	106	255
<i>Brooks</i>	26	18	16
<i>Duval</i>	57	39	45
<i>Jim Wells</i>	161	111	155
<i>Kenedy</i>	0	0	0
<i>Kleberg</i>	83	62	61
<i>Live Oak</i>	21	16	38
<i>McMullen</i>	1	1	1
<i>Nueces</i>	1,226	767	721
<i>Refugio</i>	20	19	31
<i>San Patricio</i>	261	291	215
<i>Area</i>	2,056	1,486	1,614
<i>Texas</i>	56,906	41,154	49,167

Source: Texas Department of Protective and Regulatory Services (2002)

http://www.tdprs.state.tx.us/About_PRS/PRS_Data_Books_and_Annual_Reports/2002data/DatabookFY02.pdf

Part III. Citizens' Perspectives

Part III. Citizens' Perspectives contains some of the results of the 1000+ random telephone surveys, the 18 Community Listening sessions, and the 18 Community Response sessions. The highlights of these components of the study are detailed in the next section. For more detailed information about the survey results or the community sessions, the reader should consult the appendices of this report.

Participants in the survey were asked about complications they experienced stemming from aging and about how often they seek assistance. They were also asked about barriers to access and availability of care.

Sixteen percent of the respondents reported that they experienced quality of life complications related to aging. They identified areas in which they most needed help: doing housework and laundry (31%), running errands, transportation to and from appointments (31%), shopping (28%) and preparing meals (25%).

When asked about how often they get assistance with these needs, 41% reported that they never get help while 33% reported they only sometimes get help with day-to-day activities.

When asked about barriers that prevent them from getting help, the respondents reported that the expense of assistance was the greatest obstacle (40%). Almost one third (32%), reported that the lack of availability of

assistance was an impediment to getting help. Not knowing where to get help and past negative experiences with getting help were also identified as barriers (11% each).

Fifteen percent of the respondents reported that they have sought assistance from a nurse or personal caretaker. One-third reported they could not get the help they needed.

Randomly selected citizens commented about complications of aging:

- 16% experienced complications with aging

These citizens commented about their needs:

	Always	Sometimes	Never	DK/NR
Preparing meals	11%	14%	75%	0
Shopping	15%	13%	72%	0
Doing housework and laundry	15%	16%	69%	0
Using the telephone	6%	6%	88%	0
Taking medication	9%	6%	84%	0
Managing money	9%	9%	82%	0
Toileting, Bathing and dressing	8%	7%	85%	0
Walking	10%	13%	77%	0
Eating	6%	4%	89%	0
Restroom	8%	5%	87%	0
Getting out of a chair	9%	12%	78%	0
Getting out of a bed	10%	11%	79%	0
Running errands, transportation to appointments	15%	16%	70%	0

When asked how often they get assistance with these needs:

Never	41%
Sometimes	33%
Usually	12%
Always	14%

Barriers for citizens that prevent getting services are indicated below:

General Availability	32%
Cost of Assistance	40%
Do not know how to find the help	11%
Have Asked for help before but were not satisfied	11%
Stigma or shame with asking for assistance	6%

When commenting about attempts to get a nurse or personal caretaker to take care of anyone in the household during the day:

15% tried to find someone

33% did not find the care they needed

Citizens' Perspectives: Qualitative Data

Citizens in the Community Listening Sessions felt that assistance with basic needs such as food preparation, running errands, and transportation were needs throughout the region. Cost of healthcare, particularly prescription assistance, was seen as a growing concern. Participants also felt that more affordable housing, or an improved quality of housing, was of particular concern with the senior population. Finally, adult day care was seen as a growing need in the region.

Part IV. Key Informant Perspectives

Part IV. Key Informant Perspectives contains some of the findings from the survey of Key Informants and also the nine focus groups with some of these people. Key Informants are community leaders who can draw on their experiences in the community. For more detailed information about the responses from Key Informants, the reader should consult survey results and qualitative data contained in the appendices of this report.

Key Informants Perspectives about Issues faced by Senior Citizens:

Key Informants were asked about the challenges seniors face with regard to housing, caretakers, security, activities and healthcare. Ninety-five percent of Key Informants reported that being able to afford medications is a challenge for seniors. Grandparents raising children (86%) and affording assisted living (84%) were also identified as concerns for seniors. Seventy-eight percent of the Key Informants reported that finding affordable and quality healthcare is a major challenge for seniors.

For all issues, more than half of all Key Informants reported that they agreed or strongly agreed that seniors have problems. Lack of availability of caregivers was a problem reported by 78% of the Key Informants. Lack of housing options was reported by 69%. Lack of activities (67%) and adult daycare (58%) were also reported. Access and availability of nursing homes was seen by 74% as a problem. Transportation was seen by 77% as a problem while elder abuse was seen by 54% as a problem.

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
Finding housing options such as assisted living is a major challenge for seniors	28%	41%	19%	1%	10%
Being able to afford assisted living is a major challenge for seniors	48%	36%	9%	1%	7%
Finding caregivers for senior citizens is a major challenge	36%	42%	12%	1%	9%
Having access to adult day care centers is a major challenge for seniors	15%	43%	30%	1%	11%
Elder abuse is a major challenge for seniors	15%	39%	27%	1%	18%
Finding high quality and affordable nursing homes is a major challenge for seniors	34%	40%	16%	2%	9%
Finding available and affordable activities for seniors is a major challenge.	21%	46%	22%	2%	9%
Access to affordable and quality healthcare is a major challenge for seniors	35%	43%	14%	0	8%
Transportation is a major challenge for seniors	32%	45%	16%	0	7%
Grandparents raising grandchildren is a major challenge for seniors	36%	50%	9%	0	5%
Being able to afford medications is a major challenge for seniors	66%	29%	2%	0	3%

Key Informant Perspectives: Qualitative Data

Participants in the Key Informants' Sessions saw a need for more elder care options, including adult day care. As the population in the region ages, Key Informants saw a growing need for prescription assistance for seniors. Transportation for seniors, particularly in rural areas, was cited as a need. More options for obtaining individual caregivers for seniors, and help with managing expenses and bills were also identified as needs.

Part V. Findings and Conclusions

- **Indicators of Financial Security for Seniors**

- Senior Poverty Rates

The 12CR has a greater percentage of persons over 65 (11.7%) than the state (9.9%). Poverty impacts senior citizens in the 12CR disproportionately when compared to state rates. The senior poverty rate in the 12CR is almost 30% (28.9%) higher than in the state.

- **Indicators of Access to Health Care for Seniors**

- Available Physicians

In the Coastal Bend, seniors have almost 17% fewer doctors to visit in the 12CR than the state level. This generally results in longer waiting times for appointments or the necessity to travel outside of their community. Local efforts of the Coastal Bend Area Agency on Aging have provided valuable services to seniors, which have alleviated situations of limited access to health care/support services.

- Long-term rehabilitative /Home health nurses

Up to 7.1% of citizens reported not receiving specific nursing help they needed. Similar to physicians, there is a shortage of available qualified nurses to provide long term care for senior citizens and the elderly population. The 12CR has 61% fewer nurses per resident than the state.

- Affordability of prescription drugs

95% of KI described seniors as particularly challenged to afford their medication

- **Indicators of Physical Health for Seniors**

- Alzheimer's/Arthritis

Aging seniors in the Coastal Bend may be disproportionately at risk for various illnesses. Older Texans often live in rural areas, have severe disabilities, and/or suffer from Alzheimer's disease or related disorders with neurological and organic brain dysfunction.

- **Indicators of Mental Health for Seniors**

- Number of seniors with diagnosed mental disorders

- Senior Citizens are perhaps the most at-risk for suicide. The Texas Department of Aging Office of Aging Policy and information indicates that up to 20% of seniors suffer from depression—a key predictor of suicide. As many as nine out of ten older adults who have depression do not seek treatment. Even among the elderly, there is a stigma associated with seeking help for mental illnesses.

- Suicide rates among seniors

- The suicide rate for seniors (60+) is 14.4/100,000 in Texas.
(Texas Department of Health, Bureau of Epidemiology)

- **Indicators of Safety and Security for Seniors**

- Rates of Elder abuse and neglect

- Safety and Security issues of Senior citizens seem to be consistent with state and national trends.

- **Indicators of Housing and Shelter for Seniors**

- The Number of Nursing Homes

- There are only enough nursing home beds to accommodate 6.4% of the Seniors in the 12CR. This is very comparable to the 6% figure for the state. Clearly the number beds available for infirmed seniors' long-term care are insufficient.