Vulnerable Aging Population in The United States

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**Population: Vulnerable Elderly Population in the US**

After our group researched the topic of overlooked elderly population we learned, that despite the attempts of the Affordable Care Act to improve the health coverage situation nationwide, aging population in the US is still being affected in negative ways. By definition we concluded that “vulnerability” of the aging population is determined by a variety of qualities, such as race, ethnicity, socioeconomic status, age, geographic location, language, gender, disability status, citizenship status, and sexual identity and orientation. For instance, in South Carolina studies have shown that the most affected aka “vulnerable” group was aged between 50-64. The study determined that this group on average has physically strenuous jobs that will eventually affect these people’s health, and that they are “too rich” to qualify for subsidized care while “too poor” to afford a private insurance plans, especially considering their age and potential health problems which would affect the cost of the insurance plan

**Problem**: **some elderly are getting overlooked**

The population that is falling through cracks of the healthcare coverage system in the US consists of people who cannot afford or do not have access to healthcare services. Since the Affordable Care Act was adopted in the US, Medicaid/Medicare coverage expanded. Now anyone below the 133% of the poverty line can be covered by Medicaid, which means that many more people who did not qualify before are getting coverage. But what do these numbers show? And how relevant are they in cities such as New York? The article “Too poor to pay, too rich for help: The poverty and Medicaid dilemma” describes in detail what these minimums are using some good examples. For instance, in South Carolina, a yearly income of $16,900 is too much for Medicaid for a family of three. In Florida, $11,000 a year is too much. In Mississippi, $8,200 a year is too much. In Louisiana and Texas, earning more than just $5,000 a year makes you ineligible for Medicaid. The article **“**Financial Security of Elderly Americans at Risk” states “Hawaii, Georgia, Tennessee, and New York also have large vulnerable elderly populations, each with at least 52 percent of seniors living below two times the supplemental poverty threshold” (David Cooper and Elise Gould). The authors also mention that situation can get worse if changes to Social Security and Medicaid will be implemented – making people in the US pay more for healthcare services out of pocket, including seniors who initially may lack the means to afford it. The study examines how the average income decreases with age, for instance seniors who are over 80 and still are working making less then seniors in their 60s. More precisely, the statistic from 2009-2011 shows that the median income of senior population aged 65-79 is $ $35,690 while seniors aged over 80 have a median income of $23, 370. The article talks about possible changes to Social Security and Medicaid that could make paying out of pockets shares as high as 100%. This change would increase the numbers in the “vulnerable” group as well as make it impossible to afford any healthcare services, because the statistic shows that income declines with age

**Implementation: What can be done to fix the problem? Or at least better it?**

The authors of “Financial Security of Elderly Americans at Risk” propose for policymakers to be very cautious implementing changes to the social insurance programs, due to all the factors listed above. The article “Why Filling The Health Coverage Matters to Older South Carolinians” mentions how expending coverage for maintaining chronic illnesses can reduce future state spending on nursing home and long-term care services. Considering New York State, there are some community services available designed by Community Action Agency. For instance, in crisis situations cash grants can be offered to the qualified individuals by the federal Emergency Food and Shelter program. Also, there is a nutrition program for the elderly that is offered to seniors of New York age 60 and over. Nutritious meals can be offered at senior centers, non-profit organizations, churches or through home delivered meals. Meals on Wheels is also a part of the offered services. Moreover, Weatherization Assistance Program can offer seniors or disabled to lower their heating and cooling costs by making homes more energy efficient. RESTORE program is designed to provide seniors with emergency repairs to their homes

**Outcomes**

The best outcome would be to help and assist as many elders in need as possible. It would be best if “vulnerable” population could be more easily identified and could be educated on provided options. Some elders may lack family support and might be living in rural areas that are not as easily accessible by transportation. Moreover some seniors do not know how to use the Internet to find information on available services. So, maybe if some healthcare workers knew about non-profit organizations in the area and could provide that information to the elders in need, the outcomes of this vulnerable population could be improved.

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