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It describes national, state, and local trends and specific demographic information about Delaware’s four primary jurisdictions. These include New Castle, Kent, and Sussex Counties, and the City of Wilmington. Demographic information and projections come from the Delaware Population Consortium, the United States (U.S.) Census Bureau, and the U.S. Department of Health and Social Services’ Administration on Aging (AoA).

This brief also discusses key quality of life determinants and how these determinants play a role in shaping the future of older Delawareans. Understanding current and projected population trends, as well as the leading economic and political issues related to the state’s senior population is important for stakeholders, policymakers, and leaders of service provider organizations.

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Quality of Life Determinants & Service-Demand Drivers

National and statewide demographic trends and projections, coupled with several quality of life determinants, will drive social-service delivery demands over the next several decades. Of particular relevancy is the number of seniors 1) likely to work into their retirement years, 2) who will experience changes both in their health status and healthcare options, and 3) face mobility challenges related to the availability of appropriate transportation options.

> Economic and Financial Stability

In 2009, the Administration of Aging reported that the major sources of income for older adults were Social Security (87 percent), income from assets (53 percent), private pensions (28 percent), government employee pensions (14 percent), and personal earnings (26 percent). Social security constituted 90 percent or more of income received by 35 percent of seniors.\(^1\) As described by the AARP Public Policy Institute (2012), in reality, Social Security benefits are modest. In 2010, the average annual benefit was $15,000 for men 80 and older and $13,000 for women. These “older” seniors rely on Social Security the most—one third (about 34 percent) rely on it for nearly all of their family income, compared to 19 percent of beneficiaries aged 65 to 69.\(^2\)

In 2011, the U.S. Census Bureau released a Supplemental Poverty Measure (SPM) that accounts for variations in cost-of-living expenses, non-cash benefits, and non-discretionary expenditures. This survey found that almost 16 percent of seniors were living in poverty, mainly due to out-of-pocket medical expenses. According to this measure, one in every six older Americans lives in poverty.

Many other seniors, while not considered “poverty level,” currently experience tremendous economic insecurities. Over the past several decades, Americans 75 and older (75+) experienced the largest increase in average debt compared to other age cohorts.\(^3\) Across the U.S., older Americans are working into their retirement years. In 2010, approximately 6.7 million seniors 65+ were in the labor force. By 2018, this number is projected to increase to about 11 million. While some seniors are simply interested in learning new skills and embarking on second careers, most remain employed because of monetary needs and concerns related to healthcare coverage.

Delaware’s overall poverty level is one of the lowest in the country—below the national average of 14 percent. Additionally, Delawareans aged 65+ experience lower levels of poverty (also below the national average). However, similar to national trends, many Delaware seniors are experiencing greater economic insecurity. Information available through the Wider Opportunities for Women (WOW) and the National Council on Aging (NCOA) provides a snapshot of states’ senior economic security. Based on the Elder Economic Security Index (or Elder Index), Delaware ranks 26 out of the 50 (with one being the worst) states in terms of economic security among its senior population.\(^4\)

Elder Index, which measures the cost of basic expenses of senior households (those with household heads age 65+) to age in place, helps illustrate that many older adults who are not classified as poor using the federal poverty level still lack the income necessary to meet basic needs. According to several senior center staff in Delaware, many of the state’s seniors have just enough to be above the poverty level, which disqualifies them from benefits programs that supplement their incomes and support activities of daily living.\(^5\)

> Changes in Healthcare and Health Status

While economic and financial stability will continue to challenge seniors nationally and in Delaware, changes in health care policy and coverage options are projected to ease some of the financial burdens experienced by this population. The Affordable Care Act (ACA), in its fourth anniversary, is making prescription coverage through Medicare Part D less expensive while expanding Medicaid to serve more low-income citizens, and reducing subsidies for Medicare private insurance plans.

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2. AARP Public Policy Institute. Adopting a Chained CPI Targets the Oldest, Poorest Americans (November 2012).
3. According to AARP Public Policy Institute’s, Adopting a Chained CPI Targets the Oldest, Poorest Americans (November 2012), from 1989 to 2010, the average total debt for this group increased by 529 percent; average mortgage debt increased 812 percent; and mean credit card debt increased by 813 percent.
4. The Elder Economic Security Standard Index (Elder Index) was developed by the Gerontology Institute at the University of Massachusetts Boston and Wider Opportunities for Women; the index defines economic security as “the income level at which seniors have sufficient incomes (from Social Security, pensions, retirement savings and other sources) to cover basic and necessary living expenses without public supports, such as food assistance, energy assistance or subsidized housing.”
5. According to a 2011 report published by the U.S.D.A., Economic Research Service, a little over 12 percent of Delawareans were living below poverty level during that year—a slight increase from 2009 estimates. Kent County has the highest poverty level with 15 percent, followed by Sussex and New Castle counties with 12.4 percent and 12 percent, respectively. Delawareans aged 65 and older experience lower levels of poverty, about 9 percent, also below the national average of 12 percent.
The U.S. Centers for Medicare and Medicaid website is a valuable source for Medicare recipients in understanding the ACA.

National data shows that Delaware ranks twelfth overall among states in terms of senior health (thirty-first for entire population). America's Health Rankings Senior Report (United Health Foundation, 2013) also identified several strong areas related to the health of Delaware's senior population, including a low prevalence of activity-limiting pain stemming from arthritis and a high percentage of social support. Programs offered at Delaware senior centers, including social and recreational programs and fitness classes, help contribute to socially and physically fit seniors. Keeping seniors healthy, happy, and independent is critical to maintaining and reducing individual health-related costs over time.

> Mobility and Transportation Options

As described by the Center for Disease Control’s National Center for Chronic Disease Prevention and Health Promotion, “mobility is fundamental to everyday life and central to an understanding of health and well-being among older populations. Impaired mobility is associated with a variety of adverse health outcomes. As the age the nation's senior population continues to grow, aging and public health professionals have a role to play in improving mobility for older adults.”

Delaware’s demographic trends and projections, coupled with national and statewide emphasis on appropriate labor-force, day-service, health, and housing alternatives for older adults and people with disabilities, are also likely to drive the state’s social-service delivery demands, including requests for more appropriate and better access to transportation and transit options. Integrated employment and community-based placements for older adults and people with disabilities are current priorities for Delaware policymakers and agency leaders.

For example, considering preferences among seniors and adults with disabilities requiring long-term care (LTC) to stay in their homes, Delaware’s Department of Health and Social Services (DHSS) has made recent changes in how older and disabled consumers choose to meet their health care needs. Over the past several years, the Division of Medicaid and Medical Assistance (DMMA), in partnership with the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) has been transitioning its Medicaid LTC population into its Managed Care Operations, known as the Diamond State Health Plan Plus. In addition to expanding consumer choices, increasing care and supports, and serving consumers in cost effective settings that meet their needs, the intent of this integrated initiative program is also to rebalance the long-term care system in favor of home- and community-based services.

Senior centers offer other opportunities for older adults to “age in community” and stay connected to friends and family. Adult Day Care options and transportation assistance for medical appointments, grocery shopping trips, and social and recreational activities are ways that senior centers help keep residents healthy, well-integrated, and independent. Such programs can help keep Delaware seniors within their communities instead of long-term care institutions such as nursing homes or assisted living.

Challenges related to the health of Delaware’s senior population, as highlighted in the rankings report, included the state’s high prevalence of obesity among senior citizens (particularly among those with less than a high school degree), and its low percentage of seniors who receive recommended hospital care. Therefore, accessibility to a variety of social, recreational, and nutritional options, as well as quality healthcare and outreach services, will become increasingly important as the state's senior population grows.

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**Top 5 Things to Know about the Affordable Care Act if you have Medicare**

1. Medicare coverage is protected and doesn’t need to be replaced.
2. Recipients get more preventative services, for less.
3. Individuals who receive Medicare can save money on brand-name drugs.
4. Doctors get more support for care coordination.
5. ACA has made changes to Medicare that improve the program’s financial outlook. *

*Medicare.gov, the Official U.S. Government Site for Medicare
*2013 Annual Report of the Medicare Trust Funds

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6 U.S. Department of Health and Social Services recently reported that Delawareans could save a significant amount on prescription drugs.
facilities, which continue to account for a significant portion of healthcare spending costs in the U.S.

While many seniors are able to drive themselves to activities, appointments, and places of interest within their communities, there is still a significant cohort who relies on family, transportation available through senior centers, and/or state-maintained/coordinated services. As the population ages, and as greater statewide opportunities for integrated and community-based programs are considered, the demand for transportation services among Delaware seniors is also likely to increase. Additionally, statewide senior population projections, particularly significant percentage increases in areas with fewer accessible transportation options, will likely result in greater challenges for individuals, families, state nonprofits, transportation providers, and health and social service agencies.

Senior Centers Important Role in Addressing the Current and Future Needs of Delaware’s Growing Senior Population

Delaware’s senior centers play a significant role in meeting the needs and interests related to the state’s growing senior population and addressing related quality of life indicators including economic and financial stability, health and healthcare issues, and mobility and transportation options.

Senior center participants vary significantly both in age and interests; therefore, offering programs that address the diversity among the state’s senior population will become increasingly challenging and important. For instance, because more baby boomers are continuing to work, many Delaware senior centers are offering evening and weekend programs to accommodate seniors’ schedules.

Centers offer an array of educational enrichment classes, outreach and reference programs, and direct financial services. Additionally, senior centers provide daily transportation services and a plethora of physical fitness classes, health/wellness screenings, and adult day care programs. Maintaining and improving health through senior center participation, in addition to traditional healthcare services, is noted as a critical element to community health promotion and chronic illness preventions.

While senior center programs are widely recognized as key elements in the continuum of care for older adults, it is argued that their potential as a vital part of the public health system is stronger than currently recognized—and that centers could receive additional capacity-building support to deliver evidence-based programs and services that contribute to the overall system.

Conclusion

As Delaware’s senior population continues to grow, policy makers, researchers, and service providers should recognize current and future shifts in service demands and act appropriately. The aging baby boomer population will inflate the senior population within the coming years, resulting in almost one-quarter of the total state population reaching age 65 (+) and older. Particular attention should be given to the economic challenges facing the state’s seniors, in conjunction with the changing health care industry and mobility and transportation barriers that may exist for seniors. Delaware’s senior centers offer a variety of services and resources for individuals and families addressing these issues—and their potential for positively impacting the overall well-being of the state’s senior population remains significant.

The University of Delaware’s Institute for Public Administration (IPA), a center within the School of Public Policy & Administration, addresses the policy, planning, and management needs of its partners through the integration of applied research, professional development, and the education of tomorrow’s leaders.

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“To meet the need for an effective distribution network and to achieve the national goals for improving the health status of older Americans such as those proposed in Healthy People 2020 and other national frameworks, the Institute of Medicine (IOM) has recommended enhanced collaboration of public health with community based organizations as a way to produce better prevention and treatment outcomes for people with living with chronic disease…”

The United Health Foundation (2013) in its America’s Health Rankings, Senior Report (2013) highlights an article by National Council on Aging (NCOA) leaders, RX for Health – Invest in America’s Senior Center’s to Promote Health and Prevent Disease (Firman and Birkel, 2013).