

July 2009

Senior Centers and Aging-Related Challenges

by Eric Jacobson, Julia O'Hanlon, and Jacquelyn Scott

What is the Issue at Hand?

The United States' older adult population is growing at a rapid rate due to the aging of the baby boomers and medical advancements that are increasing the population's overall longevity. According to the Institute of Medicine, the U.S. is not prepared for the impact that this population increase will likely have on healthcare services, including the need for appropriately trained geriatric professionals.¹

As the varying needs and interests of older adults become more apparent (e.g., opportunities for active community involvement for baby boomers versus health supportive services for elderly seniors), leaders of community-based programs may become interested in learning new ways of addressing the increasing diversity of the population.

For example, senior center directors and their staff may pursue new or expanded program ideas to address the changing needs of the aging population.



Drivers of Change

The nation's shifting demographics and increased diversity among the older adult population will drive many changes in service-delivery approaches. Social-service providers,

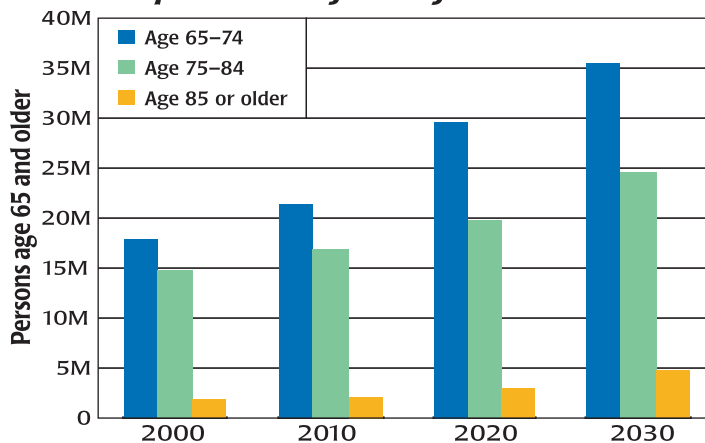
continued on next page

Senior Centers and Aging-Related Challenges

policymakers, and community leaders will be addressing many socioeconomic issues as well as and specific needs of various older adult cohorts.

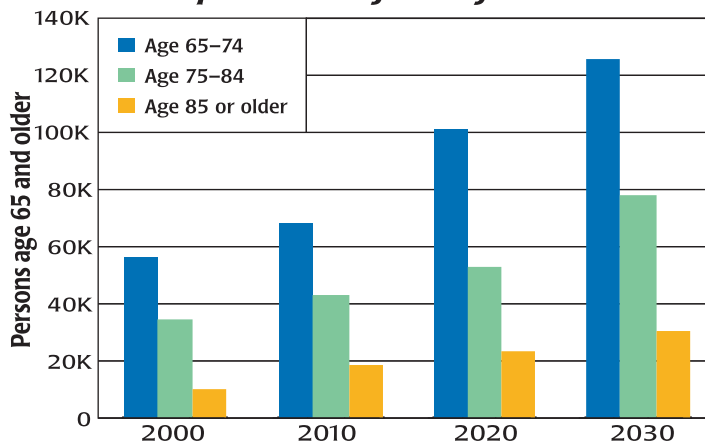
Between 2010 and 2030, the population 65 and older (65+) is projected to grow at a rate four times faster than the population as a whole.² In comparison, Delaware's 65+ will increase by approximately 106 percent between 2005 and 2030.³

U.S. Population Projection for Older Adults



Source: National Institute on Aging, 2008

Delaware Population Projection for Older Adults



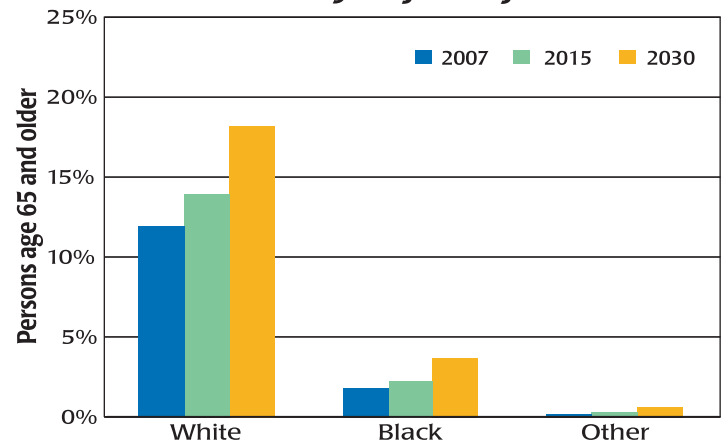
Source: Delaware Population Consortium, 2007

The projected increase of the older adult population is attributed to the aging of the baby boomers—a generation identified as a more active and healthier group than in generations past. In part, this is due to the advancement of medicine, technology, and health education as well as the generation's desire to remain civically engaged.⁴ Programs that create awareness for physical and mental-health fitness among older adults may promote an

increased desire to take personal responsibility for improving one's health and overall quality of life. These programs and services can be made accessible through community-based organizations such as senior centers.

Along with the aging of the national population, racial and ethnic diversity among older adults is increasing. This diversity is contributing to health disparities across the nation and, more locally, within Delaware. The Census Bureau reports that the U.S. will experience such an increase in diversity within its population that by 2030 20 percent of the population is projected to be Hispanic and 6.2 percent Asian.⁵ Additionally, the National Health and Nutrition Examination Survey reports that Hispanics (37 %) age 60 and older (60+) as a group are more obese than the national population 60+ (31%).⁵ Hispanics are also more likely to develop

Delaware Race/Ethnicity Projection for Older Adults



Source: Delaware Population Consortium, 2007

diabetes and experience greater limitations in activities of daily living,⁵ whereas African Americans are more likely to develop arthritis and hypertension.⁶ African Americans have a higher rate of obesity and are more likely to be hospitalized for asthma than whites.³

The projected increase in diversity, along with evident health disparities that are correlated with race and ethnicity will change the demographics of Medicare beneficiaries and possibly stimulate change in the healthcare profiles of the program's recipients.⁵ Gaining a greater perspective of the composition of Delaware's

continued on next page

Senior Centers and Aging-Related Challenges

elderly population will play a vital role in senior center programs that wish to address the demands and needs of their respective communities.

Furthermore, it is important to develop an understanding of the diverse characteristics within the older population in order to appropriately address the needs of the aging population. For example, older adults can be classified into four subgroups: *baby boomers*, *young seniors*, *middle-aged seniors*, and *elderly seniors*. Baby boomers, individuals ages 43 to 61 years, are classified as healthier than their parents, are more racially and ethnically diverse, and are larger in numbers than older generations.^{4,7} Young seniors, ages 65 to 74 years, are also more mobile and healthier in comparison to previous generations, but are not as large a group as baby boomers.⁸ Middle-aged seniors, the 75-to-84-year-old sector, will call for an array of services to address their developing needs, since this segment has been growing at far faster rates than the population as a whole.⁹ Finally, elderly seniors, the 85+ age sector, are not only living longer than past generations, but are likely to have the lowest incomes, thus placing a great demand on the availability and accessibility of health-supportive services.⁸

The characteristics of these four main cohorts will influence the demand for certain social services. Therefore, service providers, policymakers, and community leaders will face the challenge of appropriately addressing the varying needs of the aging population.

Issues and Implications

The drivers of change will further influence the issues that currently exist among the older adult population, such as health, healthcare costs, and the availability and accessibility of transportation. With proper planning and preparation, age-related health issues can be addressed through preventative approaches. Behavioral changes involving physical fitness and other health-promotion activities may help postpone the onset of morbidity and disability. For example, since the risk of falling increases with age, participating in fall-prevention strategies and activities is

key to reducing health-related complications from fall-related injuries, such as fractures, loss of independence, and the astronomical health care costs associated with treating such injuries.

Fall-related injuries among older adults are a large contributor to healthcare costs given that fall-related injuries result in hospitalization five times more often than other injuries.¹⁰ In 2000, nonfatal fall injuries alone resulted in \$19 billion in healthcare costs (61% of costs attributed to fractures) and \$179 million for fatal falls.^{11,12} The high cost of health care for fall-related injuries can be attributed to the one in three older adults who fall each year, with 20 percent to 30 percent of whom suffer moderate to severe injuries that affect their ability to live independently.¹⁰

Chronic diseases, such as heart disease, cancer, stroke, diabetes, and arthritis, also substantially influence the escalating health care burden, constituting more than 75 percent of health care costs.¹³ For example, medical care costs due to arthritis annually reach \$81 billion and cancer \$89 billion, while costs due to heart disease and stroke were \$448 billion in 2008.¹⁴

The good news is that falls and chronic diseases are highly preventable; therefore, programs that promote fall prevention as well as disease prevention and self-management can help to curb healthcare costs attributed to fall-related injuries and chronic conditions. According to the National Center for Chronic Disease Prevention and Health Promotion, the Arthritis Self-Help Course, which instructs participants how to manage arthritis and reduce the effects of the disease, has the potential to reduce healthcare costs by \$2.5 million per 10,000 participants.¹⁴ Health-promotion programs like those offered at senior centers can instruct individuals how to manage their chronic diseases or prevent the onset of these conditions.

In addition to health and health care costs, transportation is a continual concern for older adults. According to the Insurance Institute for Highway Safety, individuals 70 and older are

continued on next page

Senior Centers and Aging-Related Challenges

less likely to drive due to losing their license than their younger cohorts, which may be attributed to the diminishing physical and mental health that often accompanies the aging process.¹⁵ As a result, many older adults resort to family and friends for the provision of transportation.¹⁶ The lack of transportation options has been shown to confine approximately half of older non-drivers to their homes.³

In response to the limited community/public transportation options among older adults in Delaware, senior centers play a vital role in promoting accessibility to and from doctors' appointments, grocery shopping, programs, activities, etc. Many centers also offer classes on safe driving practices, pedestrian safety, and outreach services that direct older adults to continued education and training.³ The availability of transportation is often taken for granted by those who are able to drive, but this will become an increasingly important service as the percentage of the state's elderly population increases.

Summary

The projected increase in the number of older adults in the U.S. will place great demands on supportive services that are currently made available for the aging population. Health-promotion and preventive services are essential to increase the health of the aging population, decrease healthcare costs, and enhance the overall quality of life among older adults. Therefore, policymakers, senior-center directors, and community members will play a vital role in the availability and provision of programs and services that meet the needs of the growing older-adult population. By providing practical options for the delivery of these programs within the community, older adults have greater opportunities to access health-supportive services to foster successful aging.

Cited Sources

1. Riddle, C.W., Sweeney, J., Graham, R. B., Truschel, R., and Williams, R. (April 2008). Medicine must factor in changing families as a generation grows older. *The News Journal*. A22.
2. Administration on Aging. (September 2004). Fact sheets: Transportation. Retrieved September 13, 2007, via www.aoa.dhhs.gov/press/fact/alpha/fact_transportation.asp.
3. Markell, J. (n.d.) Delaware facing forward: A look at Delaware's demographic future. Office of State Treasurer. State of Delaware. Retrieved April 20, 2009, via treasurer.delaware.gov/documents/2007/DelawareFacingForward-DemographicFutureReport.pdf
4. Magee, M. (2007). Home-Centered Health Care: The Populist Transformation of the American Health Care System. (pp. 14-23). Spencer Books, New York, NY.
5. Medicare Payment Advisory Commission. (June 2007). Report to the Congress: Promoting Greater Efficiency in Medicare.
6. Goldman, D.P., Cutler, D.M., Shang, B., & Joyce, G.F. (2006). Forum for Health Economics & Policy: The Value of Elderly Disease Prevention. *Biomedical Research and the Economy*. 9(2).
7. Wilmoth, J., & Longino, C. (Summer 2007). Demographic trends contributing to structural lag and policy stagnation. *Public Policy & Aging Report*. 17(3), 1-6.
8. Impact of the aging baby boom population on Palo Alto's social and community services. (November 2006). White Paper for Discussion. Retrieved January 9, 2007, via [www.avenidas.org/PA%20Boomer %20Impact%20Study.pdf](http://www.avenidas.org/PA%20Boomer%20Impact%20Study.pdf)
9. Hughes, J.W. (May 2007). The emerging demographic future. Presentation at the Mid-Atlantic Futures Conference; Edward J. Bloustein School of Planning and Public Policy; Rutgers, The State University of New Jersey.
10. National Center for Injury Prevention and Control [NCIPC], Division of Unintentional Injury Prevention. (2008). Costs of falls among older adults. Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved March 31, 2009, via www.cdc.gov/ncipc/factsheets/fallcost.htm
11. Centers for Disease Control and Prevention [CDC], National Center for Injury Prevention and Control [NCIPC]. (January 2009). Falls among older adults: An overview. Retrieved April 8, 2009, via www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html
12. Stevens, J. A., Corso, P. S., Finkelstein, E. A., and Miller, T. R. (2006). The costs of fatal and nonfatal falls among older adults. *Injury Prevention*. 12, 290-5. Retrieved April 8, 2009, via injuryprevention.bmj.com/cgi/content/full/12/5/290
13. National Center for Chronic Disease Prevention and Health Promotion [NCCD-PHP]. (2009). Chronic diseases: The power to prevent, the call to control. Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved April 7, 2009, via www.cdc.gov/nccdphp/publications/AAG/chronic.htm
14. National Center for Chronic Disease Prevention and Health Promotion [NCCD-PHP]. (2008). Chronic disease overview. Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved April 7, 2009, via www.cdc.gov/NCCDphp/overview.htm
15. Insurance Institute for Highway Safety. (2007). Fatality facts 2007: Older people. Retrieved April 21, 2009, from www.iihs.org/research/fatality_facts_2007/olderpeople.html
16. A Report of the Surgeon General. (n.d.). Physical activity and health: Older adults. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention.

The University of Delaware's Institute for Public 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.

www.ipa.udel.edu



www.ipa.udel.edu/healthpolicy/srcenters