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We Are All Aging:

Is Delaware Ready?

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Abstract

Aging is a universal experience, yet public health systems have historically approached it as a specialized issue rather than a population-wide priority. As the proportion of older adults increases, particularly in states like Delaware, the implications for health systems, infrastructure, and community design are profound. This commentary examines the 2024 National Plan on Aging and its relevance to Delaware's rapidly aging population. With more than one in five residents already age 65 or older and continued growth projected over the next decade, Delaware faces both challenges and opportunities. This paper argues for a multisector public health framework that integrates health care, housing, transportation, and community systems.

A National Plan on Aging Strategic Framework

Delaware is already an aging state—and the pace of change is accelerating faster than our systems are prepared to manage. Aging is the only universal process shared across the population, yet health and social systems in the United States have historically treated aging as a specialized issue rather than a population-wide public health concern. As the demographic profile of the nation shifts, this approach is no longer sustainable. More than 55 million people in the United States are now aged 65 years and older, and the proportion will continue to rise for decades. Aging intersects with nearly every domain of public health, including chronic disease prevention, injury control, mental health, housing, transportation, workforce stability, emergency preparedness, and community design.

In 2024, the U.S. Department of Health and Human Services released *"Aging in the United States: A Strategic Framework for a National Plan on Aging."*[1] This framework reframes aging as a shared societal responsibility and positions public health systems as central actors in preparing communities for longer lives. This framework is a blueprint and catalyst for activation at the state and local levels.

The Strategic Framework for a National Plan on Aging represents the first coordinated federal effort to articulate a unified vision for healthy aging across the life course. Developed through collaboration among 16 federal agencies, the framework is intentionally cross-sectoral, encompassing public health, health care, housing, transportation, labor, education, and social services. Rather than prescribing discrete programs, the framework establishes shared principles and domains of action intended to guide policy development and systems alignment at federal, state, and local levels.

The National Plan recognizes that outcomes in later life are shaped by cumulative exposures across the lifespan and by structural determinants such as income, neighborhood conditions,

discrimination, and access to opportunity. This orientation closely aligns with contemporary public health practice.

It also acknowledges that aging is experienced differently across populations and that disparities by race, ethnicity, income, disability status, geography, and historical marginalization significantly influence health, independence, and quality of life in later years. Ageism and ableism are identified as pervasive structural barriers that shape policy, practice, and lived experience.

The framework reinforces a prevention-oriented public health lens, emphasizing upstream investments to prevent falls, social isolation, unmanaged chronic disease, caregiver strain, and avoidable institutionalization. Independence, dignity, autonomy, and community participation are elevated as core outcomes of successful aging policy.

The framework centers around four interrelated domains:

1. Age-Friendly Communities - focus on the built environment, transportation, public spaces, and opportunities for social participation.
2. Coordinated Housing and Supportive Services - recognize housing as a determinant of health
3. Increased Access to Long-Term Services and Supports - addresses both home- and community-based services and institutional care.
4. Aligned Health Care and Supportive Services - call for integration of medical care with social supports, including behavioral health, dementia care, and palliative care.

Together, these domains emphasize that healthy aging depends on **integrated systems rather than isolated programs**.

The National Plan on Aging aligns closely with existing age-friendly movements, including AARP's Network of Age-Friendly States and Communities[2] and the World Health Organization's Decade of Healthy Aging (2021–2030).[3] These frameworks share a focus on creating environments that enable people to meet basic needs, remain mobile, build relationships, and contribute to society across the life course.

These age-friendly initiatives all emphasize community design, transportation, housing, social inclusion, and access to services—areas traditionally outside the health sector but deeply influential on population health. The WHO Decade of Healthy Aging further underscores the role of combating ageism, fostering age-friendly environments, delivering integrated care, and ensuring access to long-term care. Together, these national and global efforts reinforce the importance of multisector collaboration and provide a common language for action.

While the Older Americans Act requires every state to prepare a State Plan on Aging,[4] these plans are often programmatic and limited to aging services funded under the Act. Best practice has evolved toward the development **of multisector or Master Plans for Aging** aligning public health, Medicaid, housing, transportation, workforce development, and private-sector partners under a shared vision. To date, approximately fourteen states have adopted or are implementing comprehensive multisector or Master Plans on Aging.[5] Note – As of yet, Delaware is not one of the fourteen states.

The National Plan on Aging provides an important federal anchor for state opportunities and

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efforts, offering consistency in values, structure, and goals while preserving flexibility for local context and innovation.

Delaware's Aging Demographic Reality: A State-Level Imperative

While national trends underscore urgency, Delaware's demographic trajectory is particularly pronounced. Delaware is among the fastest-aging states in the nation, with a demographic profile shaped by increasing longevity, in-migration of retirees, and declining birth rates.

Recent U.S. Census estimates indicate **that 21.8% of Delaware's population—more than one in five residents—is now age 65 or older (65+).**[6,7] **This proportion already exceeds the national average and reflects a structural shift in the state's age distribution. In absolute terms, approximately 229,000 Delawareans were aged 65+ in 2024**, a number that has grown rapidly over the past two decades.

Projections suggest this trend will accelerate. **By 2030, older adults are expected to comprise approximately 23% of the state population,**[8] **with continued growth thereafter. Over a longer horizon, adults aged 65 and older are projected to approach one-third of Delaware's population by 2040, fundamentally reshaping the state's age structure.**

The growth trajectory is already evident. Between **2006 and 2022, Delaware's population age 65+ increased by more than 60%,**[9] **far outpacing younger age groups.** Particularly notable is the rapid expansion of the 85 and older population, which will drive demand for long-term services and support.

These demographic shifts carry significant implications. Aging populations are associated with higher prevalence of chronic disease, increased demand for behavioral health services, and greater reliance on home- and community-based care. At the same time, older adults represent essential contributors to communities through caregiving, civic engagement, and economic participation.

These demographic shifts make clear that Delaware is not only participating in national aging trends but experiencing them at an accelerated pace, reinforcing the need for a coordinated, multisector public health response. For Delaware, the demographic data reinforces the central argument of the National Plan on Aging: aging is not a siloed issue confined to aging services but a cross-cutting population dynamic that must be embedded within public health planning, infrastructure development, housing policy, and workforce strategy.

Implications and Opportunities for Delaware

Delaware is well positioned to build upon the National Plan on Aging and related age-friendly frameworks by advancing a comprehensive, multisector approach tailored to its demographic and institutional landscape. First, Delaware should pursue the development of a Multisector Plan on Aging that complements—but extends beyond—the federally required State Plan on Aging. Such a plan would formally align public health, health care, Medicaid, housing, transportation, emergency preparedness, and community development systems.

Second, higher education should serve as a strategic partner. Delaware's academic institutions, including the University of Delaware and Delaware State University, are well positioned to develop interdisciplinary approaches to aging and public health, modeled after institutions such

as Portland State University's Institute on Aging,[10] which integrates research, education, and community partnerships to inform aging policy and practice across sectors. University-led initiatives can support research, data integration, workforce development, policy analysis, and community-engaged practice, strengthening Delaware's capacity to respond to population aging and to prepare a workforce skilled in aging-related fields.

Third, Delaware should leverage and integrate emerging civic and advocacy efforts focused on age-friendly and multigenerational communities. Rethinking Delaware, a new advocacy initiative led by former Cabinet Secretaries, senior-level public leaders, and advocates represents an important platform for advancing livable, walkable, inclusive community design. Public health agencies can serve as conveners, ensuring that health equity, accessibility, and inclusion remain central to redevelopment, zoning, transportation, and economic development conversations.

Finally, Delaware should explicitly align its aging strategy with AARP age-friendly principles and the WHO Decade of Healthy Aging. Doing so would situate the state within a broader national and global movement, facilitate shared measurement and accountability, and reinforce aging as a population-wide public health priority rather than a niche concern.

Conclusion

Aging is not a marginal issue affecting a subset of the population; it is a shared and predictable future that calls for intentional design, sustained investment, and coordinated leadership. For Delaware, advancing a multisector approach that engages public health, higher education, civic leadership, and community partners represents both a responsibility and an opportunity. By aligning policy, infrastructure, and community systems with the realities of an aging population, the state can promote health, independence, and dignity across the lifespan. The question is no longer whether Delaware is aging—it is whether we are prepared to meet that future with vision and action.

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