

Population Aging and Public Health Infrastructure in Delaware:

A Comparative Analysis of Delaware and Four Comparison States

Athena A. Bruess, BS;¹ Grace Hrustich, MPH;¹ Lauren C. Camphausen, MS;¹ Yendelela L. Cuffee, PhD, MPH;^{1,2} Jennifer A. Horney, PhD, MPH, CPH;^{1,2} Katlyn Culhane-Suluai, MPS;² & Daniel A. Harris, PhD, MPH¹

1. Department of Epidemiology, University of Delaware

2. Partnership for Healthy Communities, University of Delaware

Abstract

Consistent growth in the number of older adults in the United States has led many health systems to evaluate their capacity for supporting an aging population. Delaware needs to identify priorities and action areas to support the state's increasingly older population. Using publicly available data from national surveillance systems and state reports, this analytic essay compared demographic aging trends, age-related chronic disease prevalence, and public health infrastructure across Delaware, Maryland, Pennsylvania, Rhode Island, and Vermont. These states were chosen given their similar geographical location or population size. Between 2015 and 2024, the proportion of Delaware residents aged 60 years and older grew from 23.7 percent to 29.3 percent, placing Delaware as second among comparison states in the proportion of older adults. Relative to the comparison states, Delaware had the highest proportion of older adults moving into the state, with 18.8 percent of adults aged 60 years and older relocating from another state in 2024. In 2024, Delaware had the highest prevalence of several age-related health conditions, including diabetes (13.3%), stroke (3.5%), arthritis (26.2%), and neurological difficulties (15.8%). Delaware had the highest disparities relative to the comparison states on measures of economic hardship, food instability, and uninsured populations. Despite these demographic, economic, and disease trends, Delaware had the second-lowest geriatric healthcare workforce capacity, reporting 39.3 geriatricians and nurse practitioners per 100,000 adults aged 65 years and older in 2025, compared with 74.1 in Rhode Island. These findings suggest that Delaware's aging population is growing rapidly, and that the state may be facing substantial preparedness gaps related to meeting the needs of older Delawareans. Strategic investments in workforce development, economic supports, community-based services, healthcare access, and dementia preparedness will be critical to ensuring Delaware is prepared to meet the evolving needs of its growing older adult population.

Introduction

The United States is experiencing an important demographic shift as the number and proportion of adults aged 65 years and older increases. While these trends represent important public health achievements, they also create unique and growing demands for healthcare services, long-term care capacity, caregiver support and burnout, and chronic disease management. For example, public health and clinical infrastructure must adapt to meet the complex physical, cognitive, and social needs of older adults.¹ Older adults experience a disproportionate burden of chronic conditions and disability, making population aging an increasingly important public health

issue. Addressing these challenges will require coordinated efforts that support healthy aging at the individual level while also strengthening healthcare systems, community-based services, and policies that promote access to care and long-term support.¹ The COVID-19 pandemic exposed vulnerabilities within the systems that support older adults, with long-term care facilities experiencing exceptionally high mortality rates due to the advanced age of residents, high burden of frailty and chronic illness, and congregated living environment.² These findings highlight the importance of a strong public health system capable of addressing the unique needs of older adults during both routine care and public health emergencies.

Delaware has one of the oldest populations among neighboring and similarly sized states, and it continues to experience increased domestic migration of older adults from other parts of the country.³ Previous research has described Delaware as facing a “dual burden” of high rates of chronic disease and cognitive decline.⁴ As a result, there are a growing number of older adults requiring healthcare services, caregiver support, and long-term care resources.⁴ Delaware has implemented initiatives including the Delaware State Plan on Aging and investments in dementia-related services to support healthy aging, improve access to care, strengthen caregiver resources, and enhance coordination across aging-related programs.⁵ While these initiatives represent important progress, gaps remain in understanding whether Delaware’s public health infrastructure is keeping pace with population aging and how the state’s preparedness compares with neighboring and similarly sized states.

The purpose of this analytic essay was to compare demographic aging trends, age-related chronic disease burden, economic security, and geriatrics workforce across Delaware, Maryland, Pennsylvania, Rhode Island, and Vermont.

Methods

This descriptive analysis was conducted as part of the Public Health Exchange (PHE), a conference held biannually by the Partnership for Healthy Communities at the University of Delaware. The PHE brings together community organizations, academic institutions, health systems, and state government around a central theme or topic in public health. The theme for the PHE, scheduled for the fall of 2026, is focused on growing and developing the public health workforce in Delaware. The PHE advisory committee conducted a comparative analysis of demographic, chronic disease, and workforce trends and capacity over time in Delaware to inform the event.

Authors AB and GH conducted an environmental scan of publicly available data sources and reports related to trends in demographics, chronic diseases, and workforce capacity (analysis conducted between April and June 2026). All data were compiled from the following websites and data sources: United States Census Bureau,^{3,6} CDC’s Behavioral Risk Factor Surveillance System,⁷ America’s Health Rankings,⁸⁻¹¹ Medicare Website,¹² and U.S. Physician Workforce Data Dashboard.¹³ To evaluate and compare Delaware’s trends, we also examined trends for neighboring states (Maryland and Pennsylvania) and states with similar population sizes (Rhode Island and Vermont).

Demographic, Public Health, and Workplace Indicators

The primary indicators examined in this analysis included demographic, chronic disease,

workforce, and economic measures relevant to population aging. Demographic indicators included the percentage of residents aged 60 years and older and the percentage of adults aged 60 years and older who migrated to Delaware from elsewhere in the United States. Chronic disease indicators included the prevalence of age-related chronic conditions and functional impairments, including diabetes, stroke, arthritis, mobility difficulties, neurological difficulties, impairments with independence, and Alzheimer's disease and related dementias (ADRD). Public health infrastructure indicators included the absolute number of geriatricians, geriatric clinicians per 100,000 adults aged 65 years and older, nursing home availability and beds, and state dementia preparedness initiatives. Economic indicators included the Economic Hardship Index, dependency ratio, food insecurity, and uninsured population.^{6,9-11}

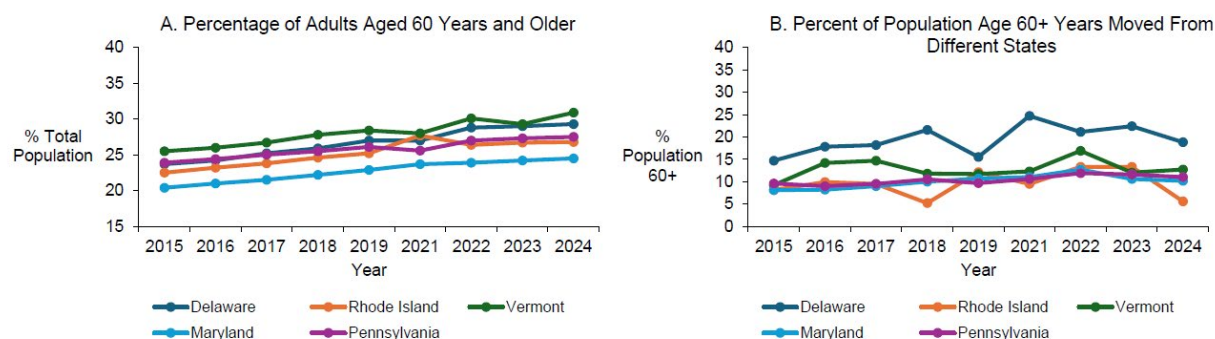
All relevant data were abstracted into Excel and plotted to visualize and compare changes in key indicators over time by state. As a descriptive analytic essay, no hypothesis tests were conducted. Some analyses were conducted in SAS 9.4 (Cary, NC).

Results

Population Aging and Demographic Shifts

The proportion of residents aged 60 years and older increased in all states, with Delaware rising from 23.7 percent in 2015 to 29.3 percent in 2024 (Figure 1).³ Relative to the four comparison states, Delaware had the second-highest proportion of residents aged 60 and older; however, Delaware had the highest proportion of older adults aged 60 and older moving into the state from other states. For example, in 2024, 18.8 percent of adults aged 60 and older moved to Delaware from another state, which was 48 percent higher than in Vermont during the same period.³

Figure 1. Demographic Shifts in the Aging Population



Trends in Age-Related Chronic Conditions and Functional Impairments

Delaware's overall population had a high prevalence of mobility difficulties (11.5% in 2024; rank relative to comparison states = 2nd), neurological difficulties (15.8% in 2024; rank relative to comparison states = 1st), and impairments with independence (e.g., running errands and dressing/bathing; Figure 2).⁷ Delaware also had the highest population proportion of individuals with diabetes (13.3% in 2024; relative to comparison states = 1st), stroke (3.5%; relative to comparison states = 1st), and arthritis (26.2%; relative to comparison states = 1st; Figure 3).⁷

Figure 2. Age-related functional impairments.

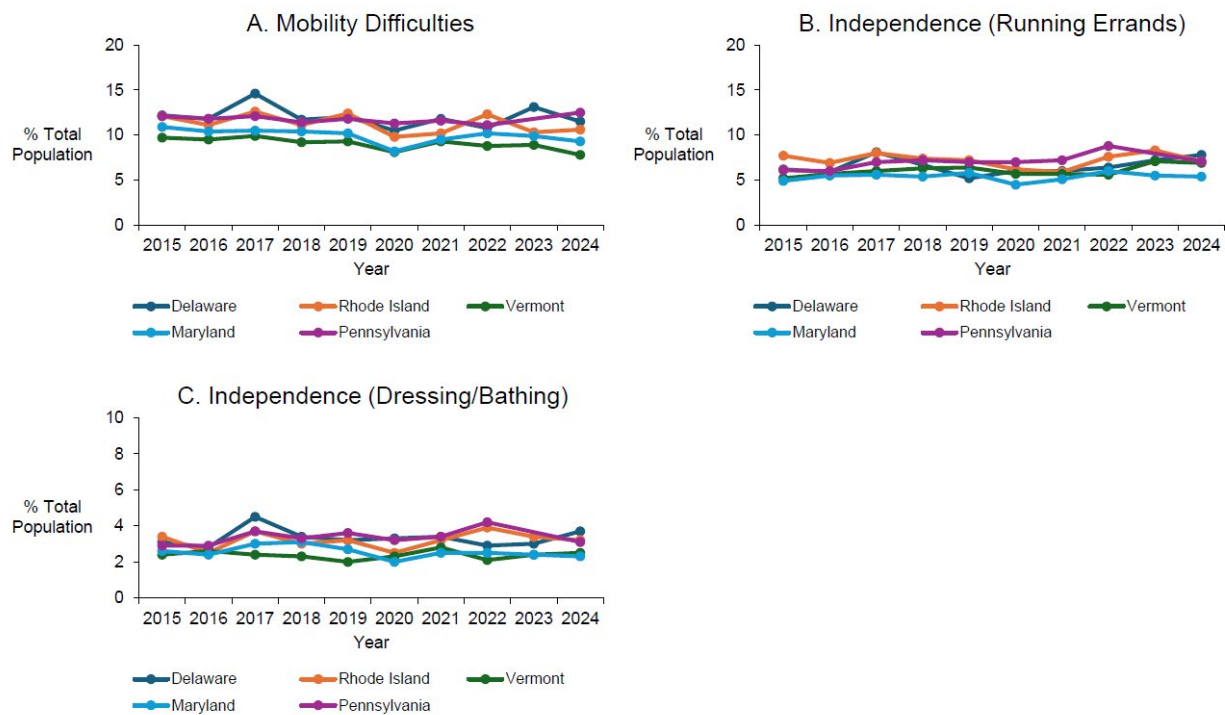
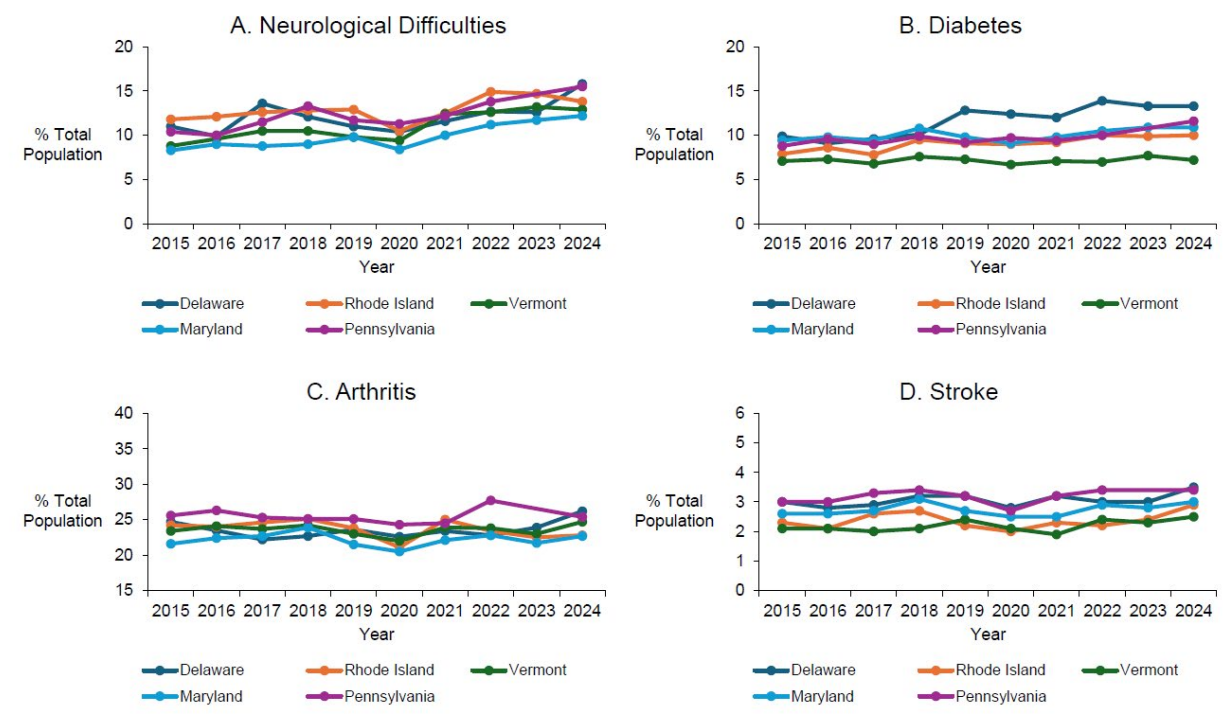


Figure 3. Age-Related Chronic Conditions and Functional Impairments

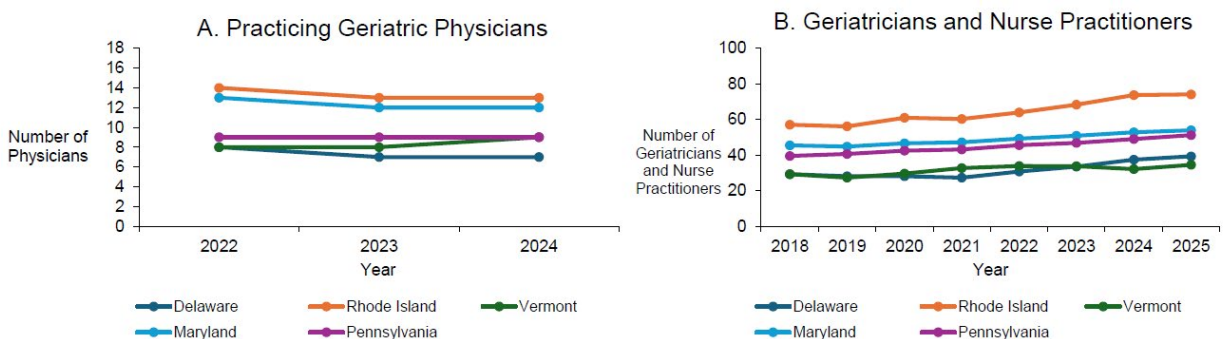


Over 11 percent of Delawareans aged 65 years and older were diagnosed with ADRD in 2020. The prevalence of ADRD was highest in New Castle County (12.3%), with over 11,000 individuals diagnosed in 2020. Compared with neighboring counties in Maryland (Cecil, Harford, and Kent Counties) and Pennsylvania (Chester and Montgomery counties), New Castle County, Delaware, had one of the highest rates of residents living with ADRD, though Baltimore City County, Maryland reported the highest prevalence overall.¹⁴⁻¹⁶

Public Health Infrastructure and Preparedness for an Aging Population

In 2024, Delaware had the lowest number of geriatricians (n=7) relative to all comparison states, with Rhode Island having the highest number (n=13; Figure 4).¹³ While the U.S. Physician Workforce Database reported only the number of geriatricians,¹³ the America's Health Rankings Database included nurse practitioners and additional clinicians specializing in geriatric care. Using this broader measure of workforce capacity, Delaware remained among the lowest-ranked states, with 39.3 geriatric clinicians per 100,000 adults aged 65 years and older in 2025.⁸ As of 2023, Delaware had 44 nursing homes and a total of 4,859 licensed beds, which represents a decrease from 48 homes in 2020.¹²

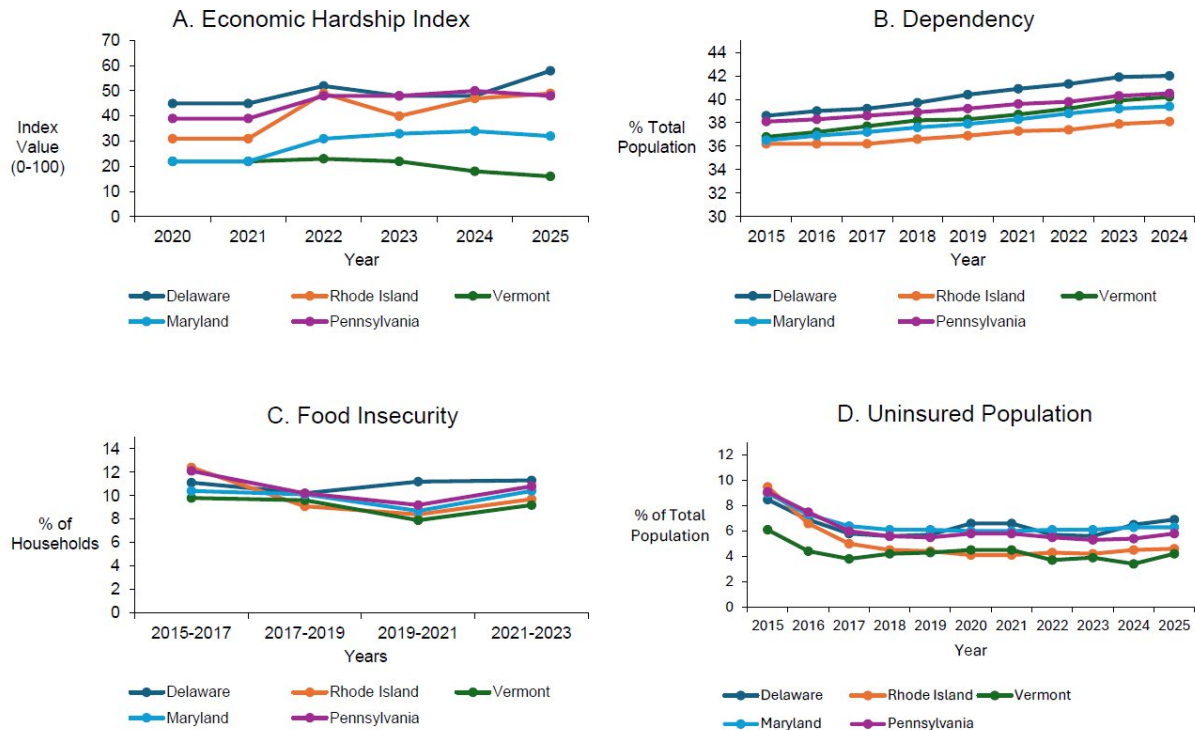
Figure 4. Geriatric Workforce



Trends in Economic Indicators Among the Total Population

Delaware consistently ranked the poorest on measures of economic hardship among the overall population between 2020 and 2025, receiving a score of 58 in 2025 (lower scores are better; Rhode Island = 49; Vermont = 16; Maryland = 32; Pennsylvania = 48; Figure 5).⁹ Delaware's poorer ranking appears to be driven, in part, by increases in the proportion of the population that was considered "dependent" (e.g., children 0-17 and adults 65 years and older; Figure 5).¹⁰ The proportion of the population with food insecurity was highest in Delaware at 11.3 percent of households relative to the four comparison states,¹¹ and Delaware had the highest proportion of uninsured adults in 2025 (6.9 percent of the total population; Figure 5).⁶

Figure 5. Trends of Economic Security



Discussion

We conducted a comparative analysis of Delaware and four comparison states to describe temporal trends in population aging, age-related chronic conditions, public health infrastructure and workforce, and economic security. The findings indicate that all five states are experiencing significant population aging, accompanied by increasing chronic disease burden, everyday limitations, and economic dependency. However, differences were observed across states in workforce capacity, healthcare access, and preparedness to support healthy aging. These findings provide important context for understanding Delaware's readiness to meet the needs of its growing older adult population and to identify opportunities for strengthening aging-related public health and other infrastructure.

Delaware's Division of Services for Aging and Adults with Physical Disabilities published the State Plan on Aging for 2024 to 2028, identifying several priorities to support the state's growing older adult population.⁵ The plan's priorities include promoting healthy aging, strengthening caregiver support, expanding access to long-term services, addressing social determinants of health, and improving coordination across healthcare and community-based services. The plan also emphasizes the importance of data-driven decision making, workforce development, and reducing barriers to healthcare access among older adults.⁵ In particular, the State Plan's emphasis on workforce development aligns with our finding that Delaware has one of the lowest levels of geriatric workforce capacity among the comparison states, despite having one of the oldest populations and highest burdens of age-related chronic diseases.^{3,7,8} While these represent important priorities, the current analysis demonstrates that there could be additional emphasis on

recruiting and incentivizing growth in a clinical and public health workforce with expertise in geriatrics.

In 2024, Delaware State University and Education, Health, and Research International launched the Delaware Geriatric Workforce Enhancement Program.¹⁷ This federally funded initiative is designed to strengthen the healthcare workforce through geriatric-focused training, clinical placements, research, and community partnerships. The program specifically aims to improve the capacity of healthcare and supportive care professionals to meet the needs of older adults, particularly in the more rural Kent and Sussex counties.¹⁷ Delaware is currently pursuing its first four-year medical school, which state leaders have identified as a strategy for creating a long-term pipeline of physicians to serve Delaware communities.¹⁸ Given its early stage, Delaware could use this as an opportunity to expand its geriatric workforce through investments in education, training, recruitment, and retention initiatives. Workforce development strategies should also extend beyond physicians to include nurse practitioners, physician assistants, social workers, public health professionals, community health workers, and dementia care specialists.

Economic well-being is an important determinant of healthy aging, which influences access to healthcare, nutrition, housing, and supportive services. We observed that Delaware faces several economic challenges that may affect the health and quality of life of older adults. Between 2020 and 2025, Delaware consistently ranked lowest among the comparison states on the Economic Hardship index, indicating greater levels of socioeconomic disadvantage. Delaware also reported the highest prevalence of food insecurity and uninsured adults relative to the comparison states.^{6,9,11} These findings indicate that many Delaware residents may face financial barriers that limit access to preventive healthcare services, chronic disease management, and other resources necessary for healthy aging. In addition, Delaware's population experienced increasing "dependency" over time, reflecting growth in the proportion of residents who are either younger than 18 years or older than 64 years of age. Dependency encompasses individuals of non-working age and those who are most likely to rely on socially-funded programs (e.g., Medicare and Medicaid).¹⁰ As the number of older adults increases, growing economic dependency may place additional pressure on federal and state budgets, age-related health services, and family caregivers. Economic insecurity may worsen the impacts of chronic disease, disability, and cognitive decline by creating barriers to nutritious foods and healthcare services, all of which are important for maintaining health and independence among older adults.^{19,20} These findings reinforce the importance of addressing social determinants of health alongside healthcare infrastructure when planning for population aging.

Dementia preparedness represents an increasingly important component of the state's readiness to support healthy aging. As diagnoses of ADRD continue to rise, states will face growing demands for diagnostic services, specialized healthcare providers, caregiver support programs, resources for long-term care and memory care, and community-based services. Nationally, ADRD care costs exceed \$321 billion annually including approximately \$206 billion in Medicare and Medicaid expenditures.²¹ Analysis of Delaware and the comparison state's ADRD plans reveal common priorities and notable differences in strategy. Delaware's State Plan on Aging and dementia-related initiatives emphasized expanding access to biomarker testing, strengthening dementia-specific training for first responders, and improving awareness of cognitive health.^{5,22} Maryland focuses on statewide leadership and coordination through the development of dementia and brain health initiatives, while also investing in provider education related to dementia risk

reduction, diagnosis, and treatment.²³ Rhode Island's plan is centered on clinician education, dementia-specific training for Adult Protective Services personnel, and centralized coordination through a Dementia Services Coordinator position.²⁴ While Delaware has made important investments, comparison states have implemented additional strategies that may strengthen dementia preparedness. Delaware could strengthen its dementia preparedness efforts through investments in approaches similar to what the comparison states have implemented and through intentional efforts to grow the State's expertise in geriatrics and its capacity for ADRD research.

This analysis has several strengths and limitations. A strength is the use of a multi-state comparative framework that examines demographic aging trends, chronic disease burden, workforce capacity, economic indicators, and dementia preparedness simultaneously. This type of analysis provides a comprehensive assessment of health aging infrastructure. However, several limitations should be considered. This analysis is descriptive and does not establish causal relationships between population aging and infrastructure outcomes. Data were obtained from multiple sources that may differ in methodology, definitions, and reporting periods, which may affect comparability across health and infrastructure indicators. Additionally, state-level analyses may overlook county- and community-level variations, particularly regarding healthcare access and workforce distribution.

Conclusion

Population aging is placing new burdens on public health infrastructure across the United States and creating new challenges for healthcare systems, public health agencies, and community organizations. As the proportion of older adults continues to grow, states must ensure that their public health infrastructure can support the increasingly complex health and social needs associated with aging. This comparative analysis of Delaware, Maryland, Pennsylvania, Rhode Island, and Vermont highlights shared challenges and opportunities for strengthening preparedness for healthy aging. Between 2015 and 2024, Delaware experienced one of the largest increases in the proportion of residents aged 60 years and older. Additionally, Delaware experienced the highest influx of older adults moving into the state among the comparison states. These demographic changes are accompanied by a substantial burden of chronic disease, disability, and ADRD. Despite ongoing efforts to support healthy aging, Delaware continues to face challenges related to geriatric workforce capacity, economic security, and access to aging-related services. Current demographic trends and population projections forecast that the number of older adults in Delaware will continue to increase over the coming decades. This further emphasizes the need for proactive planning and investment in aging-related public health infrastructure.²⁵ Continued focus on workforce development, dementia preparedness, community-based services, and public health infrastructure is critical for ensuring that Delaware is prepared to meet the needs of its growing older adult population.

Ms. Bruess may be contacted at aabrue@udel.edu.

References

1. Khan , H. T. A., Addo , K. M., & Findlay , H. (2024). Public Health Challenges and Responses to the Growing Ageing Populations. *Public Health Challenges*, 3(3), e213.
2. Lebrasseur , A., Fortin-Bédard , N., Lettre , J., Raymond , E., Bussi res , E. L., Lapierre ,

- N., Faieta , J., Vincent , C., Duchesne , L., Ouellet , M. C., Gagnon , E., Tourigny , A., Lamontagne , M. È., & Routhier , F. (2021). Impact of the COVID-19 Pandemic on Older Adults: Rapid Review. *JMIR Aging*, 4(2), e26474.
3. United States Census Bureau. B07001 - Geographical Mobility in the Past Year by Age for Current Residence in the United States. Census.gov. 2026. Accessed May 27, 2026. <https://data.census.gov/table?t=Age+and+Sex:Residential+Mobility&g=040XX00US10,24,42,44,50>
 4. Gupta , S. (2022). Challenge of a dual burden in rapidly aging Delaware: Comorbid chronic conditions and subjective cognitive decline. *PLOS Global Public Health*, 2(8), e0000579.
 5. Division of Services for Aging and Adults with Physical Disabilities. Delaware State Plan on Aging 2024-2028. Delaware Health and Social Services; 2024. https://dhss.delaware.gov/wp-content/uploads/sites/2/dsaapd/pdf/State_Plan_on_Aging_Draft_2024_to_2028.pdf
 6. United States Census Bureau. B27010 - Types of Health Insurance Coverage by Age. Census.gov. 2026. Accessed May 27, 2026. <https://data.census.gov/table?q=B27010&g=040XX00US10,24,42,44,50>
 7. Centers for Disease Control and Prevention. BRFSS Prevalence & Trends Data. BRFSS Prevalence & Trends Data. November 13, 2025. Accessed May 27, 2026. <https://www.cdc.gov/brfss/brfssprevalence/index.html>
 8. United Health Foundation. Geriatric Clinicians. America's Health Rankings. 2025. Accessed May 28, 2026. https://www.americashealthrankings.org/explore/measures/geriatrician_sr_2
 9. United Health Foundation. Economic Hardship Index in the United States. America's Health Rankings. 2024. Accessed May 27, 2026. https://www.americashealthrankings.org/explore/measures/EHI_a
 10. United Health Foundation. Dependency (Ages <18 or >64) in the United States. America's Health Rankings. 2024. Accessed May 27, 2026. <https://www.americashealthrankings.org/explore/measures/dependency>
 11. United Health Foundation. Food Insecurity in the United States. America's Health Rankings. 2024. Accessed May 27, 2026. https://www.americashealthrankings.org/explore/measures/food_insecurity_household
 12. Medicare. Find & Compare Providers. Medicare.gov. 2025. Accessed May 28, 2026. <https://www.medicare.gov/care-compare/>
 13. Association of American Medical Colleges. U.S. Physician Workforce Data Dashboard. AAMC. 2024. Accessed May 27, 2026. <https://www.aamc.org/data-reports/report/us-physician-workforce-data-dashboard>
 14. Alzheimer's Association. Alzheimer's and Public Health Action in Delaware. Alzheimer's Disease and Dementia. 2026. Accessed May 27, 2026. <https://www.alz.org/professionals/public-health/state-overview/delaware>
 15. Alzheimer's Association. Alzheimer's and Public Health Action in Pennsylvania. Alzheimer's Disease and Dementia. 2026. Accessed May 27, 2026. <https://www.alz.org/>

[professionals/public-health/state-overview/pennsylvania](#)

16. Alzheimer's Association. Alzheimer's and Public Health Action in Maryland. Alzheimer's Disease and Dementia. Accessed May 27, 2026. <https://www.alz.org/professionals/public-health/state-overview/maryland>
17. Johnny Perez-Gonzalez. Del. launches \$5M program for aging population amid workforce shortage. WHYY. August 1, 2024. Accessed June 2, 2026. <https://whyy.org/articles/delaware-seniors-geriatric-workforce-enhancement-program/>
18. Sawicki , R. Governor Meyer Announces Generational Plan to Overhaul Rural Healthcare in Delaware. State of Delaware News. November 12, 2025. Accessed June 2, 2026. <https://news.delaware.gov/2025/11/12/governor-meyer-announces-generational-plan-to-overhaul-rural-healthcare-in-delaware/>
19. Pooler , J. A., Hartline-Grafton , H., DeBor , M., Sudore , R. L., & Seligman , H. K. (2019). Food Insecurity: A Key Social Determinant of Health for Older Adults. Journal of the American Geriatrics Society, 67(3), 421–424. <https://doi.org/10.1111/jgs.15736PubMed>
20. McMaughan , D. J., Oloruntoba , O., & Smith , M. L. (2020). Socioeconomic Status and Access to Healthcare: Interrelated Drivers for Healthy Aging. Frontiers in Public Health, 8, 231. <https://doi.org/10.3389/fpubh.2020.00231PubMed>
21. Dhana , K., Beck , T., Desai , P., Wilson , R. S., Evans , D. A., & Rajan , K. B. (2023). Prevalence of Alzheimer's disease dementia in the 50 US states and 3142 counties: A population estimate using the 2020 bridged-race postcensal from the National Center for Health Statistics. Alzheimer's & Dementia : The Journal of the Alzheimer's Association, 19(10), 4388–4395. <https://doi.org/10.1002/alz.13081PubMed>
22. Alzheimer's Association. Delaware State Alzheimer's Plan Overview. Alzheimer's Impact Movement. 2025. Accessed May 27, 2026. <https://alzimpact.org/Delaware>
23. Alzheimer's Association. Maryland State Alzheimer's Plan Overview. Alzheimer's Impact Movement. 2025. Accessed May 27, 2026. <https://alzimpact.org/Maryland>
24. Alzheimer's Association. Rhode Island State Alzheimer's Plan Overview. Alzheimer's Impact Movement. 2025. Accessed May 27, 2026. https://alzimpact.org/Rhode_Island
25. National Council on Aging. (2024). Get the facts on older Americans. NCOA. Accessed June 22, 2026. <https://www.ncoa.org/article/get-the-facts-on-older-americans/>

Copyright © 2026 Delaware Academy of Medicine and Public Health

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc-nd/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.