DOI:10.32481/djph.2026.07.16

Let's Rethink Aging

Susan Getman, BA, MA

Executive Director, Delaware Association for Home & Community Care; Charter Member, First State Health Leaders Alliance

Abstract

Ageism and ageist attitudes and behaviors have a negative impact on the well-being of older adults in Delaware, the fifth oldest state in the country. An integrated, cross-sector public health agenda that addresses both the achievements and challenges of growing older is essential to ensure that Delawareans can age with the highest quality of life possible. Rethinking how we age and valuing longevity can make Delaware, the First State, First in Aging.

Thirty years ago, I made a significant professional change when I shifted my focus from youth development to support for older adults. My elementary and middle school aged children were appalled. "Why do you want to work with old people?" they asked. That was my first encounter with implicit ageism, the unconscious bias that includes generalizations and prejudices related to age.

As defined by the Gerontological Society of America, "ageism refers to stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) towards others or oneself based on age."[1] Susan Douglas of the University of Michigan writes, "Unlike racism, sexism, or homophobia, which are routinely denounced, ageism is one of the few remaining utterly acceptable and highly institutionalized forms of bias in the United States and, indeed, in many parts of the world. And no matter your race, gender, sexuality or class position, it is the one "ism" no one can avoid confronting themselves, unless you die prematurely."[2] The 2020 National Poll on Healthy Aging found that 82 percent of the 50- to 80-year old survey respondents experienced some form of ageism daily.[3] Cultural, institutional, and societal ageism frequently occurs in the media and entertainment industries, advertising, workplace, and society in general.[4] When ageism occurs in healthcare, as it did during the COVID-19 pandemic when the elderly were considered "expendable," health outcomes are negatively impacted and the opportunity for older people to age well is significantly diminished.

After children are born, each year of life and related developmental milestones are celebrated – until age 21, when getting older becomes something to dread and ageist attitudes prevail. Think about the messages on birthday cards that joke about the infirmities of old age, like "Happy Birthday: So which body part stopped working this year?" or "Happy Birthday, you decrepit old fossil!" Ashton Applewhite, activist and author of the book *This Chair Rocks: A Manifesto Against Ageism*, notes that "We're aging from the minute we are born. Aging is not something icky and sad that only old people do."[5]

In some ways it's not surprising that negative aging stereotypes persist. Definitions of aging emphasize biological decline, loss of functionality, or an age-related increase in mortality.[6] Others classify aging as a disease, prompting researchers Víctor Manuel Mendoza-Núñez and Ana Belén Mendoza-Soto to counter this position. They propose that seeing aging as a disease is a form of ageism "that cause[s] rejection and marginalization of older adults, generally considering them as

fragile and unproductive. For this reason, it is recognized as one of the main enemies of healthy aging…"[7]

The United Nations, in collaboration with the World Health Organization (WHO), named 2021-2030 as the UN Decade of Healthy Aging, with a focus on combating ageism by recognizing that aging should be viewed as "both an achievement and a challenge." Promoting physical, mental and social well-being and functional independence throughout the lifespan is fundamental so that wellness can be achieved and maintained at all ages.[8]

Thus, advocating against ageism and in support of healthy aging requires a public health agenda that promotes well-being, independence, and quality of life for the aging population – particularly in Delaware, which has the fifth-oldest population in the nation.[9] The state has made positive, although often uncoordinated, strides toward this objective. The Delaware Academy of Medicine and Public Health has an established Section (primary professional unit) that focuses on the intersection of aging and public health and "works to stimulate public health actions to improve the health, functioning and quality of life of older persons and to call attention to their health care needs."[10]

The Delaware Division of Aging and Adults with Physical Disabilities provides a variety of services for older adults, people with disabilities, and caregivers and coordinates its work with other divisions within the Department of Health and Social Services. The Division is responsible for developing and administering a State Plan on Aging that includes services funded by the Older Americans Act. The plan "promotes healthy, vibrant aging, and supports and encourages our older adults to age in place where, and how, they choose."[11]

Recognizing the importance of Delaware's senior centers as community hubs that promote physical and social well-being and provide essential services for older Delawareans, the Delaware General Assembly provides more than $10 million annually through the Grants-in-Aid program to supplement other funding sources developed by the centers.[12] This investment is unique to Delaware, as senior centers in other states must rely on other funding sources and not on their state governments. Although participation in senior centers decreased during the pandemic, involvement has rebounded as centers developed new service delivery models, including virtual programming, and increased physical fitness and wellness activities.

Many organizations in Delaware promote healthy aging and independence, but this article offers a few examples to consider. AARP Delaware, for example, is "dedicated to empowering adults 50 and older to choose how they live as they age. [They] advocate for the health, financial security, and overall well-being of Delaware residents through community programs, expert resources, and member benefits."[13] The University of Delaware's Partnership for Healthy Communities promotes well-being and equitable health outcomes for people of all ages throughout the state.[14]

A broad range of personal assistance, home health, and skilled nursing providers in each county offer services that enable individuals to maintain their highest level of independence in the places they feel safest and most comfortable – home. And home and community-based hospice organizations give palliative and supportive care when life as we know it is ending.

Finally, in 2021, the General Assembly passed a resolution to establish the bipartisan Aging-in-Place Working Group that provided 23 recommendations to help seniors remain in their homes, including strengthening family and professional caregiver support, expanding access to resources, and helping with home modifications.[15] Later, a Long-Term Care and Memory Care

DOI:10.32481/djph.2026.07.16

Task Force developed five recommendations that resulted in passage of two bills related to long-term care facilities. The Caucus on Aging was also formed to address senior issues.[16]

And yet, ageism persists and disproportionately affects people who are marginalized due to gender, race and ethnicity, wealth, and other factors. Individuals age differently not only because of genetics or lifestyle choices, but also because of the family, social, and physical environments in which they live and grow older. Research cited by the National Council on Aging reveals that financial stability and longevity are closely connected: "Low-income older adults die 9 years earlier than those with greatest wealth." Food insecurity, inadequate housing, isolation, and lack of access to healthcare and other services contribute to the differences in how well people age.[17]

Delaware can do even more by recognizing ageism, rethinking aging, and reframing the conversation about growing older. By using a longevity lens throughout government, education, business, and community, we can and should develop a statewide public health agenda for residents of all ages. Here are some suggestions, with the caveat that some may already be in the works:

- Implement the recommendations of the Aging-in-Place Working Group, including establishment of standing legislative committees on aging, reframing aging and combatting ageism, investigating potential racial disparities that may hamper health equity, and promoting a more proactive approach to health and planning for aging.
- Develop an integrated statewide plan on aging with government, business, and community partners (MPA: Multisector Plan for Aging or Master Plan on Aging) that addresses both the achievement and challenge of living longer lives.
    - Pass legislation like the Longevity Ready Maryland Act, which embeds longevity-planning across state government, "moving aging services from a category reserved for a specific group of people at a specific time of life to a unified, whole-of-government process that better prepares Maryland for longer lives across the lifespan."[18]
- Conduct a multi-sector study of long-term care services that includes development of a Direct Service Workforce Strategic Plan to enhance recruitment and retention of critical caregivers that enable people to live at home as they grow older (see *Indiana Direct Service Workforce Report*[19] and the *New Jersey Direct Care Workforce Strategic Plan*[20]*).*
- Become an AARP Age-Friendly State.
- Engage educators in a process of debunking stereotypes about older people using resources such as the *Rutgers Toolkit for Teaching about Aging*.[21]
- Include financial preparation for later life in the financial literacy course that is now a Delaware high school graduation requirement.
- Encourage legislators to include information about healthy aging in community meetings and newsletters, as well as offering resources to meet the challenges faced by individuals and families.
- Recommend that businesses, chambers, and community organizations provide information to employees and constituents on preparing for aging, caregiving, and longevity planning.

This list is not exhaustive. But I am convinced that Delaware has the capacity to be a leader in

helping its residents age well and reduce ageism. We *are* the First State. Let's rethink growing older and make Delaware the First State in Aging.

Ms. Getman may be contacted at dahcc.director@gmail.com

References

1. Gerontological Society of America. (n.d.) Ageism in Health Care. https://www.geron.org/Resources/Ageism-in-Health-Care
2. Douglas , S. J. (2021). The Ageism of the Pandemic. Georgetown Journal of International Affairs. https://gjia.georgetown.edu/science-technology/the-ageism-of-the-pandemic/
3. University of Michigan Institute for Healthcare Policy & Innovation. (2020). Everyday ageism and health. https://ihpi.umich.edu/national-poll-healthy-aging/national-findings/everyday-ageism-and-health
4. American Society on Aging. (2025). Ageism fact sheet. https://asaging.org/wp-content/uploads/2025/09/Ageism-Awareness-Day-Fact-Sheet-2025.pdf
5. Spencer , G. (2022). Old Age Is Old School: Ashton Applewhite K'74. Hamilton College Connections and Careers. https://www.hamilton.edu/news/stories/ashton-applewhite-old-school-anti-ageism-activist
6. Gianfredi , V., Nucci , D., Pennisi , F., Maggi , S., Veronese , N., & Soysal , P. (2025). Aging, longevity, and healthy aging: The public health approach. Aging Clinical and Experimental Research, 37(1), 125. Advance online publication. https://doi.org/10.1007/s40520-025-03021-8PubMed
7. Mendoza-Núñez , V. M., & Mendoza-Soto , A. B. (2024). Is Aging a Disease? A Critical Review Within the Framework of Ageism. Cureus, 16(2), e54834. https://doi.org/10.7759/cureus.54834PubMed
8. World Health Organization. (n.d.) Helping People Live Well at All Ages. https://www.who.int/news/item/26-06-2025-helping-people-live-well-at-all-ages
9. World Population Review. (2026). Oldest states in the United States 2026. https://worldpopulationreview.com/state-rankings/oldest-states
10. Delaware Academy of Medicine and Public Health. (n.d.). https://delamed.org/initiatives/public-health/sections/aging-and-public-health/
11. Delaware Division of Services for Aging and Adults with Physical Disabilities. (n.d.). https://dhss.delaware.gov/dsaapd/
12. Delaware General Assembly. (2025). House Bill 230. https://legis.delaware.gov/BillDetail?LegislationId=142646
13. AARP. (n.d.). Delaware. https://www.aarp.org/states/delaware/
14. University of Delaware Partnership for Healthy Communities. (n.d.). https://sites.udel.edu/healthycommunities/
15. Delaware General Assembly. (2022). Aging-in-place working group. https://legis.delaware.

gov/TaskForceDetail?taskForceId=442

16. Delaware House Democrats. (2023). Taks force recommendations would overhaul long term and memory care industry. https://housedems.delaware.gov/2023/05/26/task-force-recommendations-would-overhaul-long-term-and-memory-care-industry/
17. Tavares , J., Cohen , M., Pallis , M., Glova , K., & Sethi , R. (2025). The 80% - Low-income older adults die 9 years earlier than those with greatest wealth. National Council on Aging Issue Brief. https://assets.ncoa.org/ffacfe7d-10b6-0083-2632-604077fd4eca/df44501b-7c8e-43ac-8e12-373288f71d4/2025_80_Percent_Report.pdf
18. Longevity Ready Maryland. (n.d.). Longevity ready Maryland (LRM): Creating resilient infrastructure for a growing population of older adults. https://lrm.maryland.gov/
19. Indiana Family and Social Services Administration. (2022). Indiana Direct Service Workforce Plan. https://www.in.gov/fssa/ompp/files/2022DSWReport_FINAL.pdf
20. New Jersey Department of Human Services. (2025) Direct Care Workforce Strategic Plan. https://nj.gov/labor/business-services/assets/PDFs/DCW%20Strategic%20Plan%202025.pdf
21. Rutgers University. (2024). Toolkit for instructors: Teaching about aging. https://socialwork.rutgers.edu/sites/default/files/2024-10/Toolkit%20for%20Teaching%20about%20Aging%20%281%29.pdf