

MID-ATLANTIC  
ASSOCIATION OF  
COMMUNITY HEALTH  
CENTERS

Prepared by  
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# Report on the Elderly in Delaware



### Executive Summary

On February 23, 2004, the Mid-Atlantic Association of Community Health Centers (MACHC) convened a meeting to discuss issues in health care pertaining to the elderly population. The meeting was held at the offices of the Delaware Health Care Facilities Association (DHCFA) located at 726 Loveville Road, Hockessin, DE. Meeting participants included: Yrene E. Waldron, DHCFA; June Valentine, Delaware Association of Homes and Services for the Aging; Fred Carey, Henrietta Johnson Medical Center; Miguel McInnis, MACHC; and Yesenia Flores, MACHC.

The meeting was initiated to build relationships and discuss meeting the needs of the elderly. Elderly needs discussed included chronic medical conditions such as: diabetes, cardiovascular disease, cancer, and arthritis; language issues; transportation issues; as well as caregiver issues. Following an overview of each participating organization's programs and services, DHCFA provided a list of resource information (see appendix).

The Delaware Association of Homes and Services for the Aging remarked models for Continuing Care Retirement Communities (CCRC) be studied. CCRCs provide comprehensive residential and health care services and offer advantages such as: physical and financial security, independence and access to health care, peer companionship, as well as access to community facilities. Additionally, the Nursing Department at the University of Delaware has previous experience assessing the needs of the elderly and may be able to provide market data on the aging population.

One key question made during the discussion was: How can Federally Qualified Health Centers team with hospitals to reduce emergency room usage? To begin conversations with staff of local hospitals, a list of contact names and telephone numbers is provided in the appendix section of this document. Similarly, another suggestion made in reference to meeting the needs of the elderly was to establish partnerships with local churches.

The following pages provide a summation of the:

- Growing Challenge of Elder Care
- Delaware Health Center Use
- Healthy Delaware 2010 Guidance
- Funding Opportunities
- Appendix of Data and Resources

### The Growing Challenge of Elder Care

According to the National Association of Community Health Centers (NACHC), health care for the elderly is a growing challenge. For seniors in underserved communities, those who cannot afford Medicare's cost sharing or who face cultural or language barriers to care, health centers must, out of necessity, play a starring role.

The future for health centers and Medicare will be far different from the current situation. Historically, health centers have treated a relatively low number of Medicare patients due to the poor Medicare reimbursement rate which ultimately impedes the ability to serve large numbers. Necessary enabling services such as transportation, translation, ancillary care, outreach, social work, etc., are not reimbursable Medicare charges. Moreover, when community health centers follow patients into skilled nursing facilities, they are not reimbursed for care provided in a skilled nursing facility. As a result of the underlying stigma attached to health centers and the notion that they treat mothers and children, the lack of geriatric clinical services offered coupled with discouraging accessibility and other facility design problems have made alternative providers more attractive to seniors.

The elderly have multiple illnesses and take multiple medications. Their illnesses include hypertension, diabetes, heart disease, cancer, and other chronic diseases, all of which can be prevented and treated well before symptoms exacerbate. When treating the elderly for these and similar conditions, health centers encounter various issues such as:

- Lifestyle barriers such as diet, literacy, transportation, compliance.
- Referrals to specialists outside of the primary care health center.
- Ingrained cultural habits, ranging from cost of prescription medicines, to maintaining respect for their culture, and providing state of the art treatment, may be difficult to work with.
- Increase of elderly patients would tax internal resources of health center if a geriatric specialist is not on hand.

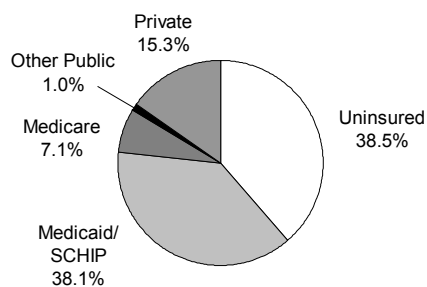
Only with innovation and fiscal discipline will community health centers overcome the barriers they face along with the disadvantageous Medicare reimbursement system. In the future, as is currently occurring, managing the Medicare portion of community health center reimbursement mix means a tighter controlled productivity, cost reporting, aggressive community outreach initiatives in areas where older patients are underserved, adding senior-

oriented services like discount pharmacy and podiatry programs, and training staff to meet the special needs of older people (NACHC Community Health Forum, May/June 2003).

### Delaware Health Center Use

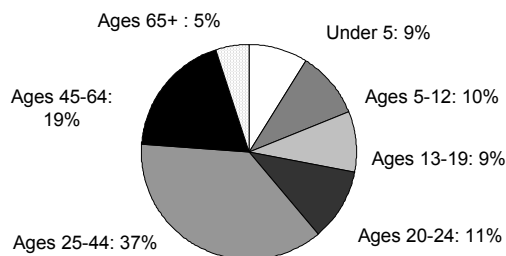
Currently, Medicare accounts for a much smaller fraction of health centers' patients than do Medicaid or uninsured patients. For example, in the State of Delaware, Medicare patients utilizing health centers for care only account for approximately 7.1% of the total patient population (Bureau of Primary Health Care, HRSA, DHHS, 2002 Uniform Data System). Similarly, patients between the ages of 45-64 account for 19% of the total patient population while patients between the ages of 65 and over represent only 5% of the patient population (Bureau of Primary Health Care, HRSA, DHHS, 2002 Uniform Data System).

Figure 2  
Delaware Health Center Patients By Insurance Status, 2002



Source: Bureau of Primary Health Care, HRSA, DHHS, 2002 Uniform Data System

Figure 4  
Delaware Health Center Patients By Age, 2002



Source: Bureau of Primary Health Care, HRSA, DHHS, 2002 Uniform Data System

### Healthy Delaware 2010 Guidance

Healthy Delaware 2010 is the State of Delaware's prevention agenda and community health guide representing a shared responsibility and opportunity to improve the health and quality of life for all Delawareans. Healthy Delaware 2010 goals are:

- To mobilize every sector in Delaware in our shared responsibility to ensure healthy communities;
- To eliminate health disparities among all groups by ensuring that all people in Delaware have access to the services, information and support they need to be healthy;
- To emphasize prevention in the focus of health efforts, policy and resources in Delaware; and,
- To establish Delaware as the "First State in Health."

Of the thirteen "focus areas" identified in the Healthy Delaware 2010 report, two that directly impact elderly care are preventive services use and access to health care services.

The goal of *Preventive Services Use* is to increase the number of Delawareans who benefit from preventive services by increasing consumer demand and overcoming barriers to service delivery. Healthy Delaware 2010 proposes the following objectives for preventive services use:

- By 2010, increase the proportion of non-institutionalized adults ages 65 years and older who are vaccinated annually against influenza from 67.7% to 90%;
- By 2010, increase the proportion of adults who have ever had a blood cholesterol screening from 77% to 90%; and,
- By 2010, increase the screening of adults for colorectal cancer per recommendations. Increase among adults age 50 years and older the proportion who have had the hemocult test in the past two years from 28.5% to 50% and the proportion who have ever had a sigmoidoscopy from 44.9% to 50%.

Moreover, the Healthy Delaware 2010 report identifies health care strategies to prevent and reduce diseases and disorders:

- Encourage utilization and promotion of prevention in acute care medicine. Provide continuing education programs for physicians and other health care providers.
- Increase accessibility and availability of affordable transportation services to preventive health services.

The goal of *Access to Health Care Services* is to improve access to primary care, emergency services, dental services, and preventive services, while maintaining cost effectiveness.

Healthy Delaware 2010 proposes the following objectives for access to health care services:

- By 2010, significantly increase availability of transportation to health services;
- By 2010, increase the percentage of Delawareans with health insurance coverage for recommended clinical preventive services to 95%; and,
- By 2010, increase the proportion of Delawareans, who use the oral health care system to 100%.

Moreover, the Healthy Delaware 2010 report identifies health care strategies to improve health systems:

- Promote the provision of affordable insurance coverage for primary and preventive health services;
- Support alternative health care delivery models, such as mobile health van services, the establishment of satellite sites, and the greater use of physician extenders to improve access to health services;
- Develop mentoring programs between minority health professionals and students to expose students to the practice of medicine and other health professions;
- Improve the cultural competence and language appropriateness of the health care community through workforce development and policy strategies; and,
- Partner with community leaders, business, government, and other stakeholders to strengthen the system of direct delivery services for vulnerable populations (e.g., homeless, migrant, undocumented) in areas where insurance strategies may not be effective.

Community health centers are in a prime position to meet the growing challenges of the elderly while simultaneously accomplishing the goals of Healthy Delaware 2010; specifically, those goals pertaining to preventing services use as well as access to health care services.

### **Grant Opportunities**

To accomplish the goals outlined in Healthy Delaware 2010 as well as to meet the needs of the elderly, below is a listing of current funding opportunities for oral health and nutrition/aging programs:

#### **DHHS/National Institutes of Health**

##### **Oral Health of Special Needs and Older Populations**

For General Information, Eligibility, and a Description:

<http://www.fedgrants.gov/Applicants/HHS/NIH/NIH/PA-04-031/Grant.html>

Link to full announcement:

<http://grants.nih.gov/grants/guide/pa-files/PA-04-031.html>

#### **American Dental Association Funds Help, Community Geriatric Oral Health**

Nonprofits with a community preventive dentistry program can compete for funds from the American Dental Assn. Foundation's Council on Access Prevention and Interprofessional Relations, which offers funding through its Community Preventive Dentistry Award and its Geriatric Oral Health Care Award.

The first-place winner of each award will receive a \$2,500 check and a wall plaque. Second-place awards of \$500 are also available. The deadline is May 14.

For more information:

[www.ada.org](http://www.ada.org)

**National Policy & Resource Center on Nutrition & Aging**

***You Can! Steps to Healthier Aging***

**Request for Applications due on April 2, 2004**

For more information:

<http://www.aoa.gov/doingbus/fundopp/fundopp.asp>

or

[http://www.fiu.edu/~nutreldr/You\\_Can/You\\_Can\\_home\\_page.htm](http://www.fiu.edu/~nutreldr/You_Can/You_Can_home_page.htm)



**Appendix**

### Population Projections

#### New Castle County: Persons Aged 60+, 75+, and 85+

<i>Year</i>	<i>Population Projections Persons Aged 60+</i>	<i>Percent Change From Year 2000</i>
2000	76,103	NA
2005	84,827	11.5
2010	97,913	28.7
2015	112,855	48.3
2020	130,629	71.7
2025	147,258	93.5
2030	158,150	107.8
<i>Year</i>	<i>Population Projections Per- sons Aged 75+</i>	<i>Percent Change From</i>
2000	27,082	NA
2005	30,756	13.6
2010	32,614	20.4
2015	33,958	25.4
2020	38,168	40.9
2025	45,990	69.8
2030	54,554	101.5

<i>Year</i>	<i>Population Projections Persons Aged 85+</i>	<i>Percent Change From Year 2000</i>
2000	6,460	NA
2005	8,262	27.9
2010	10,225	58.3
2015	11,188	73.2
2020	11,574	79.2
2025	12,106	87.4
2030	14,355	122.2

**Source:** Delaware Population Consortium, Annual Population Projections

September 23, 2003, Version 2003.0

[http://www.state.de.us/dhss/dsaapd/population\\_projections\\_ncc.html](http://www.state.de.us/dhss/dsaapd/population_projections_ncc.html)

### Population Projections

#### Kent County: Persons Aged 60+, 75+, and 85+

<i>Year</i>	<i>Population Projections Persons Aged 60+</i>	<i>Percent Change From Year 2000</i>
2000	19,894	NA
2005	23,280	17.0
2010	26,901	35.2
2015	30,545	53.5
2020	35,250	77.2
2025	39,764	99.9
2030	42,162	111.9

<i>Year</i>	<i>Population Projections Per- sons Aged 75+</i>	<i>Percent Change From Year 2000</i>
2000	6,396	NA
2005	7,863	22.9
2010	9,084	42.0
2015	9,946	55.5
2020	11,061	72.9
2025	12,952	102.5
2030	14,818	131.7

<i>Year</i>	<i>Population Projections Persons Aged 85+</i>	<i>Percent Change From Year 2000</i>
2000	1,537	NA
2005	2,005	30.5
2010	2,472	60.8
2015	2,826	83.9
2020	3,213	109.1
2025	3,442	124.0
2030	3,871	151.9

**Source:** Delaware Population Consortium, Annual Population Projections

September 23, 2003, Version 2003.0

[http://www.state.de.us/dhss/dsaapd/population\\_projections\\_kc.html](http://www.state.de.us/dhss/dsaapd/population_projections_kc.html)**Population Projections****Sussex County: Persons Aged 60+, 75+, and 85+**

<i>Year</i>	<i>Population Projections Persons Aged 60+</i>	<i>Percent Change From Year 2000</i>
2000	38,403	NA
2005	45,471	18.4
2010	54,790	42.7
2015	65,431	70.4
2020	77,846	102.7
2025	89,667	133.5
2030	96,427	151.1

<i>Year</i>	<i>Population Projections Per- sons Aged 75+</i>	<i>Percent Change From Year 2000</i>
2000	11,985	NA
2005	15,429	28.7
2010	18,429	53.8
2015	20,903	74.4
2020	24,096	101.1
2025	29,114	142.9
2030	34,695	189.5

<i>Year</i>	<i>Population Projections Persons Aged 85+</i>	<i>Percent Change From Year 2000</i>
2000	2,578	NA
2005	3,535	37.1
2010	4,728	83.4
2015	5,924	129.8
2020	6,746	161.7
2025	7,416	187.7
2030	8,598	233.5

**Source:** Delaware Population Consortium, Annual Population Projections

September 23, 2003, Version 2003.0

[http://www.state.de.us/dhss/dsaapd/population\\_projections\\_sc.html](http://www.state.de.us/dhss/dsaapd/population_projections_sc.html)

### **Population Projections**

#### **City of Wilmington: Persons Aged 60+, 75+, and 85+**

<i>Year</i>	<i>Population Projections Persons Aged 60+</i>	<i>Percent Change From Year 2000</i>
2000	11,557	NA
2005	11,029	-4.6
2010	11,239	-2.8
2015	11,839	2.5
2020	9,347	-19.1
2025	13,174	14.0
2030	13,247	14.6

<i>Year</i>	<i>Population Projections Per- sons Aged 75+</i>	<i>Percent Change From Year 2000</i>
2000	4,722	NA
2005	4,254	-9.9
2010	3,759	-20.4
2015	3,333	-29.4
2020	3,306	-30.0
2025	3,642	-22.9
2030	4,020	-14.87

<i>Year</i>	<i>Population Projections Persons Aged 85+</i>	<i>Percent Change From Year 2000</i>
2000	1,311	NA
2005	1,326	1.2
2010	1,260	-3.9
2015	1,077	-17.9
2020	940	-28.3
2025	836	-36.2
2030	882	-32.7

**Source:** Delaware Population Consortium, Annual Population Projections

September 23, 2003, Version 2003.0

[http://www.state.de.us/dhss/dsaapd/population\\_projections\\_wilmington.html](http://www.state.de.us/dhss/dsaapd/population_projections_wilmington.html)

### **Population Projections**

**City of Dover: Persons Aged 60+, 75+, and 85+**

<i>Year</i>	<i>Population Projections Persons Aged 60+</i>	<i>Percent Change From Year 2000</i>
2000	5,469	NA
2005	5,881	7.5
2010	6,446	17.9
2015	7,152	30.8
2020	8,109	48.3
2025	9,054	65.6
2030	9,580	75.1

<i>Year</i>	<i>Population Projections Per- sons Aged 75+</i>	<i>Percent Change From Year 2000</i>
2000	2,169	NA
2005	2,287	5.5
2010	2,394	10.4
2015	2,487	14.7
2020	2,691	24.1
2025	3,102	43.0
2030	3,503	61.5

<i>Year</i>	<i>Population Projections Persons Aged 85+</i>	<i>Percent Change From Year 2000</i>
2000	631	NA
2005	656	4.0
2010	682	8.1
2015	700	10.9
2020	747	18.4
2025	752	19.2
2030	837	32.7

**Source:** Delaware Population Consortium, Annual Population Projections

September 23, 2003, Version 2003.0

[http://www.state.de.us/dhss/dsaapd/population\\_projections\\_dover.html](http://www.state.de.us/dhss/dsaapd/population_projections_dover.html)

## Population Projections

## City of Newark: Persons Aged 60+, 75+, and 85+

<i>Year</i>	<i>Population Projections Persons Aged 60+</i>	<i>Percent Change From Year 2000</i>
2000	3,415	NA
2005	3,537	3.6
2010	3,785	10.8
2015	4,112	20.4
2020	4,599	34.7
2025	5,051	47.9
2030	5,336	56.3

<i>Year</i>	<i>Population Projections Per- sons Aged 75+</i>	<i>Percent Change From Year 2000</i>
2000	1,319	NA
2005	1,320	.1
2010	1,243	-5.8
2015	1,171	-11.2
2020	1,248	-5.4
2025	1,445	9.6
2030	1,669	26.5

<i>Year</i>	<i>Population Projections Persons Aged 85+</i>	<i>Percent Change From Year 2000</i>
2000	315	NA
2005	319	1.3
2010	325	3.2
2015	304	-3.5
2020	282	-10.5
2025	267	-15.2
2030	307	-2.5

**Source:** Delaware Population Consortium, Annual Population Projections

September 23, 2003, Version 2003.0

[http://www.state.de.us/dhss/dsaapd/population\\_projections\\_newark.html](http://www.state.de.us/dhss/dsaapd/population_projections_newark.html)



### Population Projections

#### State of Delaware: Persons Aged 60+, 75+, and 85+

<i>Year</i>	<i>Population Projections Persons Aged 60+</i>	<i>Percent Change From Year 2000</i>
2000	134,400	NA
2005	153,578	14.3
2010	179,608	33.6
2015	208,831	55.4
2020	243,728	81.4
2025	276,689	105.9
2030	296,739	120.8

<i>Year</i>	<i>Population Projections Per- sons Aged 75+</i>	<i>Percent Change From Year 2000</i>
2000	45,463	NA
2005	54,048	18.9
2010	60,127	32.3
2015	64,807	42.6
2020	73,328	61.3
2025	88,056	93.7
2030	104,067	128.9

<i>Year</i>	<i>Population Projections Persons Aged 85+</i>	<i>Percent Change From Year 2000</i>
2000	10,575	NA
2005	13,802	30.5
2010	17,425	64.8
2015	19,940	88.6
2020	21,533	103.6
2025	22,964	117.2
2030	26,824	153.7

**Source:** Delaware Population Consortium, Annual Population Projections  
September 23, 2003, Version 2003.0

[http://www.state.de.us/dhss/dsaapd/population\\_projections\\_delaware.html](http://www.state.de.us/dhss/dsaapd/population_projections_delaware.html)

### Resource List

#### *Bayhealth*

Milford Memorial & Kent General

Ben Inloes                      tel. (302) 744-7147

#### *Beebe*

Case Management, Quality Assurance, PI

David Mangler                      tel. (302) 645-3149

*Christiana Hospital*                      tel. (302) 733-1000

Linda Brittingham                      e-mail: [LBrittingham@Christianacare.org](mailto:LBrittingham@Christianacare.org)

*Delaware Association of Homes and Services for the Aging*

June Valentine tel. (302) 454-7715

*Delaware Health Care Facilities Association*

Yrene E. Waldron tel. (302) 235-6895

*Disability Community*

Nate Beasley e-mail: [nbeasley@independentresources.org](mailto:nbeasley@independentresources.org)

Larry Henderson e-mail: [lhenderson@independentresources.org](mailto:lhenderson@independentresources.org)

*Division of Aging*

Allan Zaback, Director tel. (302) 255-9351

*Division of Aging*

Nursing Home Transition

Victor Orija tel. (302) 255-9377

*DuPont Hospital for Children*

Ed Woome tel. (302) 651-4238

*Medicaid Office*

Phil Sule tel. (302) 255-9626

*Nanticoke*

Resource Management

Beth Carlino tel. (302) 629-6611 x2508

*St. Francis*

Case Management

Nancy Hoag

tel. (302) 575-8019

### **Caregiver Information and Support**

#### **Caregiver Support Groups**

*Support Groups in the State of Delaware*

A listing of area caregiver support groups is available at:

<http://www.state.de.us/dhss/dsaapd/caregivesg.html>

#### **Delaware Medicare Fraud Alert Program**

The Delaware Medicare Fraud Alert Program educates senior citizens and their families about how to detect, prevent, and report cases of Medicare fraud and abuse. Volunteers visit senior centers, churches, and community centers to provide information and assistance to older Delawareans. They also present information at health fairs and offer one-on-one assistance to review Medicare statements and answer questions.

For more information, contact: