Aging-in-Place Working Group

Final Report

April 29, 2022

Senator Spiros Mantzavinos and Representative Krista Griffith

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Executive Summary

The Aging-in-Place Working Group, created pursuant to Senate Concurrent Resolution 44, was established to investigate the State's current home- and community-based service infrastructure and develop recommendations to guide future policies and actions to promote successful aging-in-place for seniors in Delaware. The Working Group was comprised of representatives from the General Assembly, the Department of Health and Social Services, advocacy groups, private and non-profit service providers, and members of the community.

The Working Group set forth four primary goals in its investigation. To accomplish these goals, the Working Group created four Subgroups made up of relevant stakeholders to the specific focus of the Subgroup. The Subgroup co-chairs convened meetings that enabled productive dialogue and input from guest speakers and leveraged each Subgroup member's personal experience and expertise. This report details the findings and recommendations of the Working Group and its Subgroups.

Working group members investigated trends in aging and service infrastructure across the state and nationally. Delaware's population is aging rapidly and has undergone a significant transformation in the last 60 years. These trends are expected to continue through the next few decades; however, the impact of these changes is already being felt today. While seniors are not evenly distributed across Delaware, all counties are expected to age, and the average age of Delaware's senior population is expected to increase. This presents significant challenges when considering that American seniors overwhelmingly wish to remain in their own homes and communities.

While "aging-in-place" is associated with a range of potential benefits, there are also significant barriers to overcome in order for seniors to be able to do so. These barriers include the accessibility and affordability of housing, the potential for social isolation, and an inability to afford or access home- and community-based services. This final barrier is the focus of the Working Group. Support services are essential for successful aging-in-place, as they allow seniors to address potential physical and cognitive disabilities which become prevalent with advanced age. To ensure that Delaware's home and community-based service infrastructure was able to meet the demands of the State's growing senior population, the Working Group considered a range of potential factors which may limit the accessibility and effectiveness of existing services as well as potential gaps in the service infrastructure.

The Working Group identified that financial barriers present a central challenge for seniors in Delaware. The cost of in-home services is significant for those that do not qualify for public support, and due to a variety of factors, those services are getting more expensive. Financing these services, even for seniors with significant resources may be challenging. The Working Group also recognizes that family and volunteer caregivers play an integral role in supporting successful aging-in-place and are an indispensable part of the State's in-home services with an estimated 140,000 volunteers providing care to a loved one in Delaware. This volunteerism often comes at a substantial cost, and national figures indicate that caregivers spend approximately a quarter of their annual incomes on expenses related to caregiving.

The Working Group also investigated the impact of social isolation on seniors and considered the potential health impacts of loneliness. The Working Group sought out Delawareans who had served as caregivers and who were currently aging-in-place to better understand the nuances of how isolation can hamper successful aging and how support services may be able to combat isolation.

The Working Group also worked with professional care providers to understand the challenges facing the professional care workforce. Similar to the rest of the nation, Delaware is experiencing a growing shortage of healthcare professionals and there are significant concerns that careers in healthcare are no longer as attractive as they once were. The Working Group investigated patterns in the current workforce and potential drivers of the shortage, including the state reimbursement rates for services and the accessibility of fingerprinting.

The Working Group actively explored how social determinants and racial disparities may lead to inequities in Delawareans' ability to successfully age-in-place. While the Working Group is unable to determine causal relationships, differences between economic situation, home ownership, health outcomes, and nursing home admissions suggest that Delaware's Black and Hispanic seniors may be less able to successfully age-in-place.

Cutting across all populations are concerns that existing services are not utilized to their maximum potential. The Working Group identified that three plausible justifications were a lack of information on available services, stigma against aging and the framing of caregiving, and a potential lack in trust and cultural competency on behalf of the State. The Working Group also determined that seniors are vulnerable to potential abuse and exploitation.

Given these findings, the Working Group provides a robust set of recommendations that include, but are not limited to:

- Establishing of standing legislative committees on aging;
- Creation of a community navigator program;
- Implementing wide-ranging and regular public awareness campaigns on available services for seniors and caregivers;
- Strengthening of funding and support for a range of existing programs and initiatives, such as those that address food insecurity and provide specialized memory care;
- Promoting a more proactive approach to health and planning for aging;
- Investigating potential racial disparities that may hamper health equity
- Reframing aging and combatting stigma;
- Continuing to readjust reimbursement rates for service providers;
- Taking active steps to bolster recruitment and retention of the healthcare workforce;
- Investing in training and respite programs for caregivers; and
- Increasing protections for seniors against exploitation and abuse.

Introduction

Background

Senate Concurrent Resolution 44 (SCR 44), sponsored by Senator Spiros Mantzavinos and Representative Krista Griffith, was passed by the General Assembly on May 20, 2021. The resolution created the Aging-in-Place Working Group, a body charged with the development of a plan to guide policies designed to promote successful aging-in-place for seniors in Delaware. SCR 44 acknowledges the state's rapidly growing senior population, seniors' preference to remain in their own home as they age, and the potential benefits of aging-in-place. SCR44 also recognizes the essential role of home- and community-based services in successful aging-in-place, and that the high cost and limited to access to these services present a major barrier to successfully aging-in-place. Moreover, it recognizes the potential racial barriers and a need to, if present, address them. SCR 44 states that the state should seek to be proactive and continue to develop a robust state service infrastructure to surmount these barriers.

Working Group Objectives

To that end, the Aging-in-Place Working Group endeavored to create recommendations that:

- Identified and addressed inequities and service gaps across a range of socioeconomic factors, including race/ethnicity, socioeconomic status, and geographic location;
- Afforded all seniors in Delaware access to services to ensure the possibility to age in place;
- Bolstered both professional and familial caregivers to guarantee a sufficient number of trained and able caregivers; and
- Reduced financial and legal barriers to aging-in-place.

Working Group Organization

The Working Group determined that to best pursue each of these goals that it would create four Subgroups for each. The four Subgroups were:

- ***The Social Determinants of Aging Well: Racial Disparity and Health Equity Subgroup***
- ***The Promoting Access to Support Services and Combatting Isolation Subgroup***
- ***The 21st Century Caregiver Workforce Issues Subgroup***
- ***The Financial and Legal Barriers to Aging-in-Place Subgroup***

Working Group Strategy

The Working Group and four Subgroups met periodically from September to April entertaining guest speakers from State agencies, external researchers, members of the public and their own members' expertise to guide and investigate the breadth of the State's current service infrastructure and evaluate the current challenges facing Delaware.

Working Group Members

Aging-in-Place Working Group

Senator Spiros Mantzavinos (Chair), Senate Majority Caucus
Representative Krista Griffith (Chair), House of Representatives Majority Caucus
Senator Colin Bonini, Senate Minority Caucus
Representative Ruth Briggs King, House of Representatives Minority Caucus
Director Melissa Smith, Department of Health and Social Services – Division of Services for Aging and Adults with Physical Disabilities (DHSS DSAAPD)
Deputy Director Lisa Zimmerman, Department of Health and Social Services – Division of Medicaid and Medical Assistance (DHSS DMMA)
Wendell Alfred, American Association of Retired Persons (AARP)
Maggie Webb, Easterseals
Katie Macklin, Alzheimer's Association
Carolyn Fredricks, Modern Maturity Center
Amy Milligan, Delaware Healthcare Association
Jean Mullin, Delaware Association of Home and Community Care (DAHCC)
Chris Fraser, Westside Family Healthcare
Evetta Jackson, Delaware Aging Network

Social Determinants of Aging Well: Racial Disparity and Health Equity Subgroup

- **Chris Fraser (Chair)**, Westside Family Health
- **Melissa Smith**, DHSS DSAAPD
- **Carolyn Fredricks**, Modern Maturity Center
- **Rob Lattin**, BAYADA / DAHCC
- **Allison Sullivan**, HomeInstead
- **Lisa Clarke**, Wilmington Senior Center
- **Robert Ware**, HomeInstead
- **Ann Painter**, ChristianaCare

Promoting Access to Support Services and Combatting Isolation Subgroup

- **Rep. Ruth Briggs King (Chair)**
- **Melissa Smith (Chair)**, DHSS DSAAPD
- **Sue Getman**, Midcounty Senior Center
- **Maggie Webb**, Easterseals
- **Matt Delle Cave**, BAYADA
- **Deborah Smith**, Little Sisters of the Poor

21st Century Caregiver Workforce Issues Subgroup

- **Sen. Colin Bonini (Chair)**
- **Katie Macklin (Chair)**, Alzheimer's Association
- **Bob Bird**, DAHCC
- **Allison Brooks**, Silver Lining Healthcare
- **Cheryl Heiks**, Delaware Healthcare Facilities Association
- **Jackie Lieske**, Shorecare of Delaware
- **Brian Bayley**, DHSS DSAAPD
- **Wendell Alfred**, AARP
- **Verna Hensley**, Easterseals
- **Ann Painter**, ChristianaCare
- **Nancy Ranalli**, Easterseals

Financial and Legal Barriers to Aging-in-Place Subgroup

- **Rep. Krista Griffith (Chair)**
- **Julie Devlin (Chair)**, DHSS DSAAPD
- **Jamie Ramage**, Comfort Keepers
- **Gerry Konzelmann**
- **Robyn Mooney**, CarpeVITA
- **Amy Milligan**, Delaware Healthcare Association
- **Kimberly Roman**, ChristianaCare
- **Lisa Zimmerman**, DHSS DMMA
- **Catherine B. Read**, E&ELS Delaware
- **William W. Erhart**, E&ELS Delaware
- **Olga Beskerone**, Delaware CLASI
- **Denise Robinsion**, DHSS DMMA

Context

A Closer Look at Delaware's Aging Population

Delaware's Demographic Transformation

In the last sixty years, Delaware has seen a dramatic demographic transition. While the population has grown steadily since the middle of the 20th century, this has been the result of increased birthrates, longer life expectancy and net in-migration into the state. The result has been a population that is, on average, getting older with a greater share of the population over the age of 65.

Figure 1 shows Delaware's age distribution in 1960. Of note is the triangular shape of the distribution, indicating significantly more younger Delawareans than older Delawareans. The relatively low numbers of 15-29 year olds in this figure coincide with individuals born during the Great Depression and Second World War. These events could be plausible explanations for these decreases. The youngest three cohorts represent the "baby boom".

Figure 2 shows the distribution for 2018. The youngest cohort featured in Figure 1 is now represented in the 55-59 and 60-64 years brackets. In contrast to Figure 1, Figure 2 shows that the youngest three cohorts are now among the smallest in Delaware's age distribution. To underscore the change, in 2018 there were more Delawareans between the ages of 55- 59 than those between the ages of 0 - 4.

This trend is expected to continue through the next three decades. Figure 3 highlights the progression of this shift. Perhaps the most shocking statistic in this projection is that the largest age cohort for women will be woman aged 85 and over. Younger age cohorts for both males and females will continue to decrease relative to the size of older cohorts.

The Working Group affirms that this trajectory raises a range of potential issues, but also stresses that this is not an issue on the horizon, but one that is present today. 19% of Delaware's population is 65 and over. This stresses a need for Delaware to take active steps to build a system that supports the needs the State's growing elderly population.

Figure 1. Delaware Age Distribution (1960)

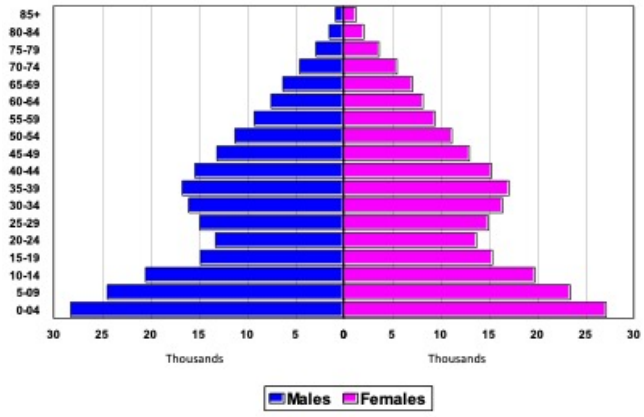


Figure 2. Delaware Age Distribution (2018)

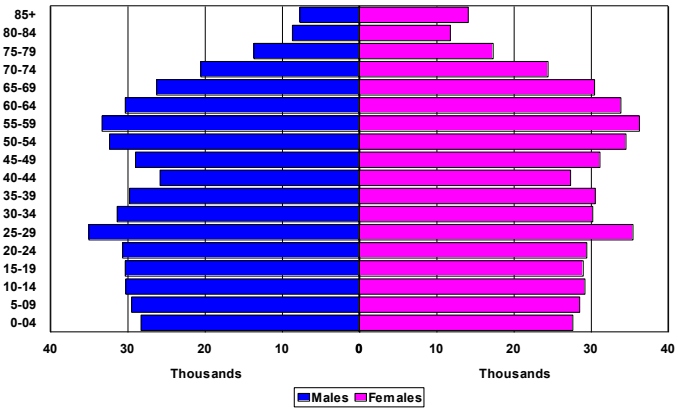
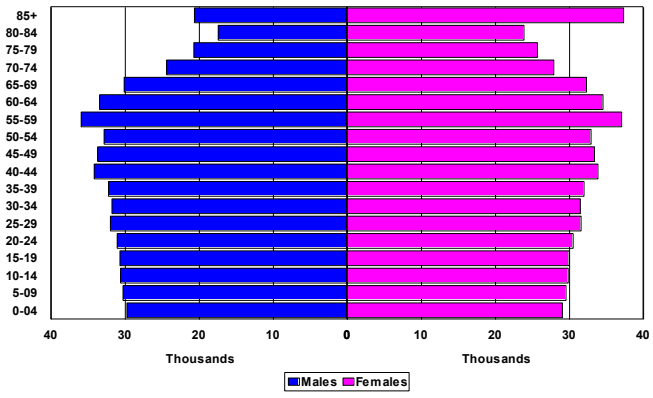


Figure 3. Delaware Age Distribution (2050)

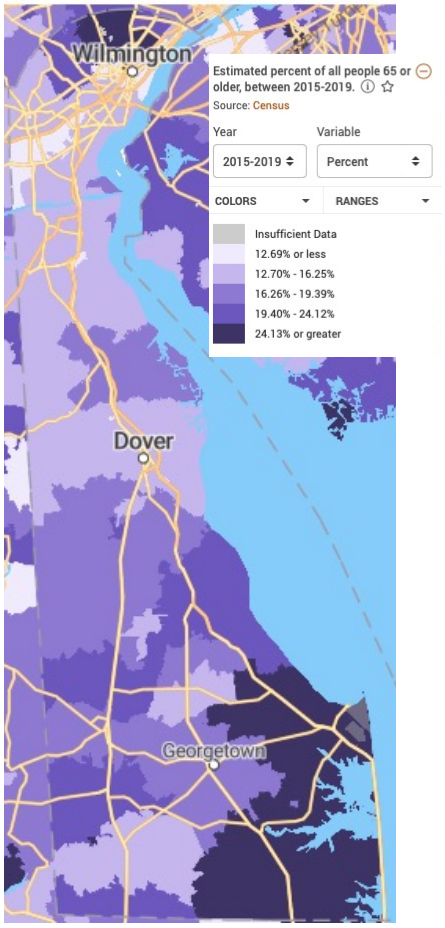


Source: Ratledge, Ed. State of Delaware: Economic and Demographic Trends, 2021

Geographic Distribution of Delaware's Senior Population

To develop an effective strategy, it is important to consider the geographic distribution of Delaware's older population. Presently, the largest concentrations of Delaware's older population are in northern New Castle County and along the coast of Sussex County, although sizeable populations are also present in inland Sussex and south Kent counties. Figure 4 shows the geographic distribution of Delaware's 65+ population with the darker colors representing higher percentages of seniors. The Working Group recognizes that this geographic distribution must be taken into consideration to ensure that service infrastructure in areas with higher concentrations are sufficiently robust to handle the needs of these communities.

Figure 4. Estimated Percentage of Persons 65 and Over (2015 - 2019)



Source: PolicyMap

County Trends

The variations in the geographic distribution of Delaware's seniors are projected to persist in the coming decades; however, all three counties are expected to age in that period. To illustrate this, Tables 1 and 2 present the percentage of each county's population age of 50 and over and 65 respectively. Each table shows the percentage of each county's population 50 and over and 65 and over in 2020 and the projected percentage in 2050. All counties are expected to see an increase in their 65 and over populations. New Castle and Kent counties are also expected to see an increase in the percent of the population 50 and over. Sussex County' 50 and over population is expected to decline slightly from 2020 levels, but around 50% of the total population will remain over the age of 50. This suggests that aging is not a localized to specific areas of the state and requires statewide action.

Table 1. Percent Delaware County Population 50 Years and Over

	New Castle	Kent	Sussex
2020	36.3%	35.4%	52.6%
2050	42.9%	40.1%	49.4%

Table 2. Percent Delaware County Population 65 Years and Over

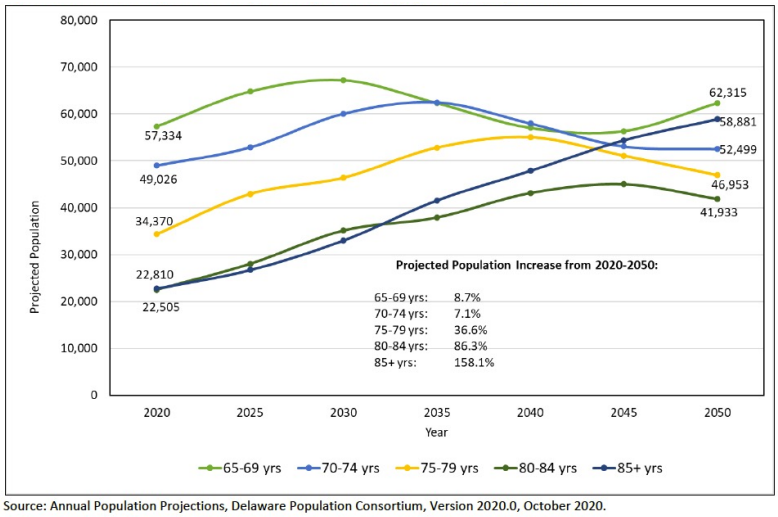
	New Castle	Kent	Sussex
2020	16.2%	16.6%	29.6%
2050	23.2%	20.4%	30.8%

Source: Delaware Office of State Planning Coordination, Annual Projections from the Delaware Population Consortium, 2020

Delaware's Seniors are Getting Older

In considering the nature of Delaware's aging population, the Working Group stresses that it is necessary to consider the changing characteristics of Delaware's older population. While a growing number of Delawareans will be over the age of 65, Delaware's older adults will, on average, be older in 2050 than today. Figure 5 highlights the growth rates of several different cohorts and in Delaware's elderly population. Older cohorts are projected to see greater increases than younger cohorts, which will increase the median age of Delaware's 65+ population. Figure 5 indicates that older individuals have a higher instance of physical disability; therefore, the working group affirms the need to bolster support services to ensure that Delawareans are able to successfully age in place.

Figure 5. Projected Change in Delaware's Senior Age Cohorts (2020 - 2050)



Source: Annual Population Projections, Delaware Population Consortium, Version 2020.0, October 2020.

Source: Delaware Department of Health and Social Services, 2020 Delaware Nursing Home Utilization Statistical Report, 2021

Aging-in-Place

Why Aging-in-Place

While this demographic shift will have implications across sectors, a fundamental question is how the State will be able to promote successful aging. Overwhelmingly, American seniors want to remain in their own homes as they age, or "***age-in-place***" (Binette & Vasold, 2019). This has been linked to a range of benefits for the individual including better health outcomes, higher self-esteem, and general life satisfaction. Moreover, aging-in-place has the potential to reduce costs to the state as a result of lower demand for state-sponsored institutional care, such as nursing homes and assisted-living facilities. However, the Working Group stresses that while aging-in-place is viewed as a positive and viable option for many, it is not a universal best practice.

To guide discussions and ground recommendations to develop and improve the state's service infrastructure, the Working Group defined aging-in-place as:

> ***Person-centered and culturally-competent policies and standards for inclusion, access, safety and social engagement to allow Delawareans to remain in the home and community they choose as they age, and to promote the health and well-being of the individual and their familial caregiver(s).***

Barriers to Aging-in-Place

Despite the potential benefits of aging-in-place, there are many potential barriers to successfully aging-in-place (Molinsky, 2017). These include:

- ***Inaccessible housing;***
- ***Challenges affording housing;***
- ***Social isolation; and***
- ***A lack of affordable and accessible home- and community-based services.***

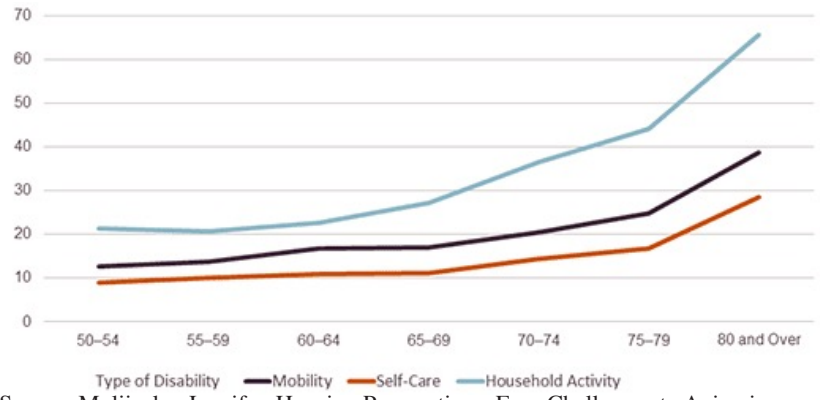
The Focus of the Aging-in-Place Working Group

The charge of the Aging-in-Place Working Group has been the development of policies to ensure a comprehensive, affordable, and efficient home and community services infrastructure that is able to meet the needs of all Delawareans wishing to age-in-place. In the course of the Aging-in-Place Working Group, it became apparent that home and community-based services represent only part of addressing these needs, with topics such as housing affordability and accessibility often referenced as major obstacles which continue to present insurmountable barriers to Delawareans being able to successfully age-in-place. The Working Group urges further investigation of these other barriers.

The Necessity of Support Services

As individuals age, they are more likely to experience some form of physical disability. This poses challenges for completing activities of daily living (ADLs). Figure 6 shows the national incidence rates of physical disabilities. While data is not readily available for Delaware, it is likely that similar trends hold for the State. This figure shows that physical disabilities vary and can range from an individual being unable to perform household activities, be freely mobile, or perform self-care activities. Support services, either from family and volunteers or private providers, are necessary to ensure that older adults are able to successfully age in their own homes.

Figure 6. Share of National Population with Disabilities by Age Group (Percent)

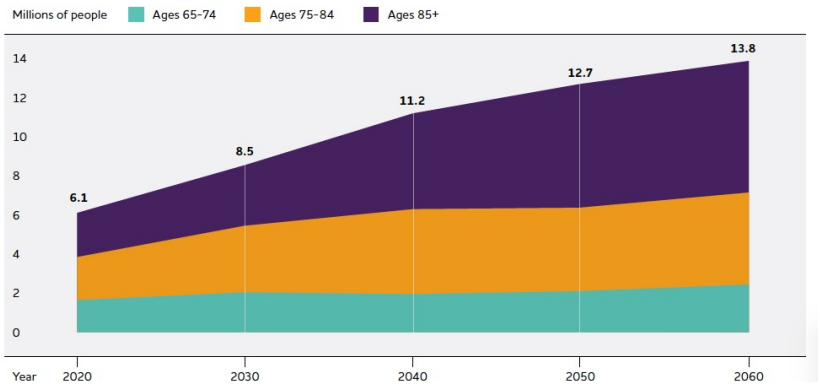


Source: Moliinsky, Jennifer, Housing Perspectives: Four Challenges to Aging in Place, 2017

Dementia Increases the Need for Support Services

In addition to physical disabilities, a growing number of seniors are likely to suffer from some form of dementia. Figure 7 shows projected increases in the total number of American seniors with Alzheimer's disease. The Alzheimer's Association projects that the total number of Delawareans with Alzheimer's disease will increase by 21% between 2020 and 2025 to a total of 23,000 individuals. The Working Group acknowledges that aging-in-place may be particularly challenging for individuals requiring memory care, but also underscores the need for services to support both individuals seeking to age-in-place, and those providing care. Across the nation, caregivers of those with Alzheimer's disease and other forms of dementia account for nearly 40% of the total hours provided by all unpaid caregivers, and, in Delaware, 47,000 caregivers provided 68 million hours of unpaid care to individuals with Alzheimer's disease (Alzheimer's Association, 2022).

Figure 7. Projected Number of People Age 65 and Older (Total and by Age) in the U.S. Population with Alzheimer's Dementia, 2020 to 2050



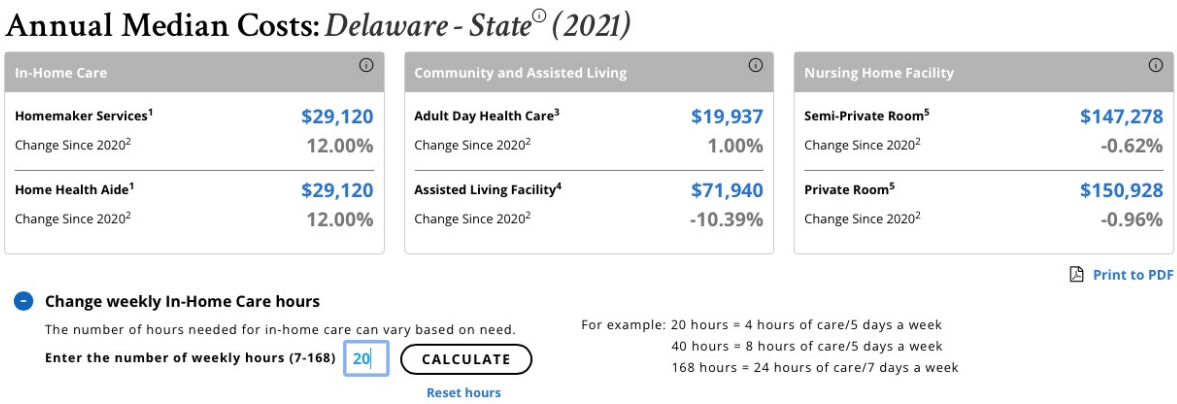
Source: Alzheimer's Association, 2022 Alzheimer's Disease Facts and Figures, 2022

Financial Barriers to Aging-in-Place

Increasing Cost of Care

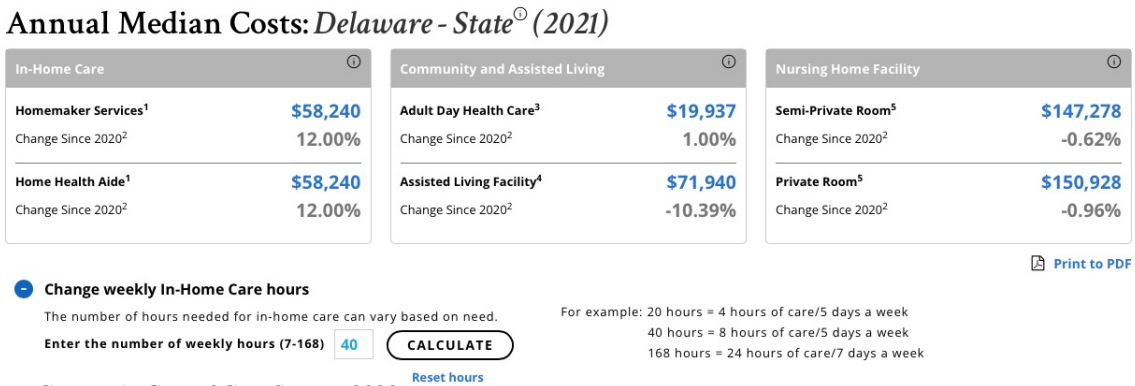
The Working Group has determined that an individual's financial situation is one of the most determinant factors into whether one can successfully age-in-place. Financial situation has implications for both the services which one can afford and the public support programs which they can qualify. Individuals that do not qualify for support programs, such as Medicaid, may struggle to afford in-home care. Figures 8 and 9 show the median cost of care in Delaware for a range of private care services at 20-hours and 40-hours respectively. While in-home care generally remains a less expensive alternative than assisted living facilities and nursing homes, these services still carry significant financial burden when an individual is paying out of pocket. Moreover, Medicare and private insurance generally do not cover in-home services. In 2021, the cost of in-home care for the consumer increased by 12%, which underscores a need to consider how the cost of in-home care will affect seniors ability to age-in-place.

Figure 8. Median Annual Costs of Care - 20 Hours per Week (2021)



Source: Genworth, Cost of Care Survey, 2022

Figure 9. Median Annual Costs of Care - 40 Hours per Week (2021)



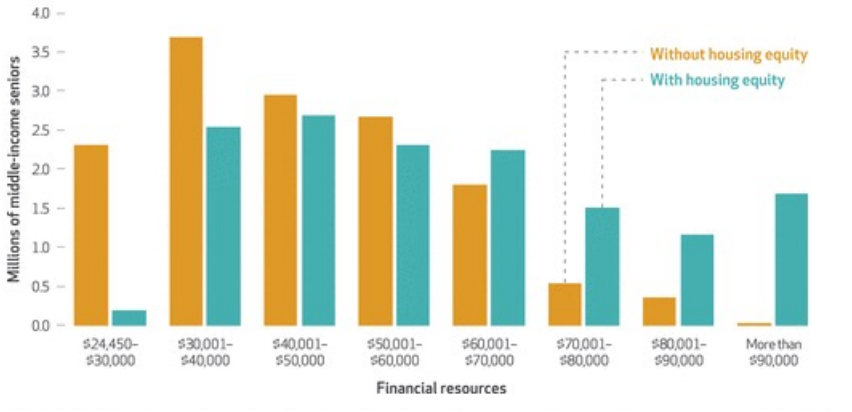
Source: Genworth, Cost of Care Survey, 2022

Affording In-Home Care Services

Private in-home care services are expensive. The average Social Security support, as of February 2022, is $1,658 per month or $19,896 per year (Paul, 2022); therefore, Social Security will only cover approximately two-thirds of the cost of having a part-time home health aide. However, even older adults with significant financial resources may struggle to afford these services, as the majority of seniors defined as middle-income have less $70,000 in total assets. This is further compounded by the fact that many middle-income seniors' primary assets are their homes.

Figure 10 illustrates this by showing the projected financial resource of middle-income American seniors in 2029. The figure shows the project number of seniors in several resource brackets. The teal bar includes housing equity, while the gold bar excludes it. A significant majority of middle-income American seniors are projected to have less than $60,000 in resources when their home is not taken into consideration, which further raises concerns for seniors being able to afford care without exhausting resources.

Figure 10. Projected Financial Resources of Middle-Income Seniors in 2029, by Resource Level (National)



Source: Pearson et al., The Forgotten Middle: Many Middle-Income Seniors Will Have Insufficient Resources For Housing And Health Care, 2019

Middle Income Seniors May Find Themselves Between Support Programs

Projections indicate that a significant portion of middle-income seniors may likely need some form of support services to successfully age-in-place. Table 3 shows projections for middle-income American seniors showing that two-thirds of seniors 75 or older will have three or more chronic conditions, while three-fifths will have mobility limitations, and 8% will have some form cognitive impairment. With this in mind, the Working Group stresses the importance of addressing these financial barriers.

Table 3. Projected Middle-Income Seniors with Cognitive and Mobility Limitations, by Age in 2029 (National)

	Ages 75–84		Ages 85 and older		Ages 75 and older	
	Millions	% of age group	Millions	% of age group	Millions	% of age group
All middle-income seniors	10.81	100.0	3.54	100.0	14.35	100.0
3 or more chronic conditions	6.97	64.5	2.64	74.6	9.61	67.0
0–2 ADLs	10.17	94.1	2.94	83.1	13.11	91.4
3 or more ADLs	0.64	5.9	0.60	16.9	1.24	8.6
Cognitive impairment	0.63	5.8	0.52	14.7	1.15	8.0
Mobility limitations	6.09	56.0	2.57	73.0	8.66	60.3
Mobility limitations and cognitive impairment	0.41	4.0	0.43	12.0	0.84	5.9
High needs	1.73	16.0	1.17	33.0	2.90	20.0

Source: Pearson et al., The Forgotten Middle: Many Middle-Income Seniors Will Have Insufficient Resources For Housing And Health Care, 2019

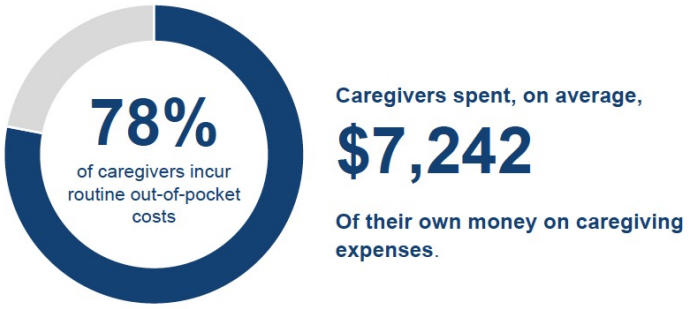
Family and Volunteer Caregivers

The Role of Family and Unpaid Caregivers

Family and unpaid caregivers represent a substantial factor in an individual's ability to successfully age-in-place. As of 2017, AARP estimates that there were approximately 129,000 of these caregivers in Delaware (AARP Public Policy Institute, 2019). Moreover, roughly a third of these caregivers are providing care to an individual with some form of probable dementia (Alzheimer's Association, 2022). These caregivers are frequently thrust into the situation of providing care without prior training or experience, and many assume the role without consider available support services, such as respite care. While the Working Group recognizes the potential impact that proposed state policies, such as paid family leave, will have on caregivers, it emphasizes the need to provide further support for caregivers.

Caregivers Often Incur Out-of-Pocket Costs

Nationally, 78% of caregivers incur regular out-of-pocket expenses in providing care for loved ones. On average, caregivers spend $7,242 each year. Those providing care for individuals with mental health issues or dementia spend approximately $2,500 and $3,300 more respectively than those providing care to individuals without those conditions (AARP, 2021). This is illustrated in Figure 11.



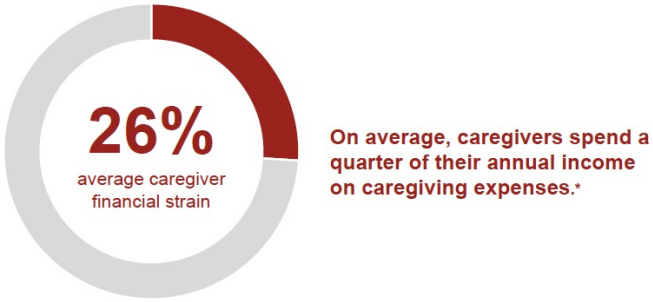
Source: AARP, Caregiving Out-of-Pocket Costs Study, 2021

Figure 11. Average Actual Caregiving Expenses, by Presence of Mental Health Issues of Alzheimer's Disease/Dementia

Source: AARP, Caregiving Out-of-Pocket Costs Study, 2021

Caregiver Expenses Place Financial Strain on Caregivers

Additionally, caregivers spend approximately 26% of their annual incomes on expenses related to caregiving. When considering the above figures, the relative financial strains of these out-of-pocket costs are shown in Figure 12. While dementia is not linked to a significant increase in the financial strain of out -of-pocket care, mental health issues do. The Working Group affirms a need to provide greater support for caregivers.



Source: AARP, Caregiving Out-of-Pocket Costs Study, 2021

Figure 12. Average Annual Financial Strain, by Presence of Mental Health Issues or Alzheimer's Disease/ Dementia

Source: AARP, Caregiving Out-of-Pocket Costs Study, 2021

Isolation

Isolation and Loneliness Present Major Hurdles to Aging-in-Place

Isolation and loneliness present a major concern for successful aging-in-place. Studies indicate that loneliness in seniors is linked to a 45% increase in the risk of mortality, and that loneliness has the same negative health consequences as smoking 15 cigarettes a day. 43% percent of American seniors report feeling lonely, which emphasizes the need to address the potential for loneliness and social isolation to ensure successful aging (HRSA, 2019). Moreover, approximately 30% of Delawareans with memory problems live alone, which presents further challenges for aging-in-place. This emphasizes the need services to seek to combat social isolation (Alzheimer's Association, 2022).

Isolation Impacts Delawareans

Through listening sessions, the Working Group found how older Delawareans were affected by and dealt with social isolation, specifically after the loss of a spouse.

Marie Dash, a resident of Wilmington who lost her husband to Parkinson's Disease in 2021, explained ***"I don't know how it is for other people, but it is a big change, especially if you were married and living with a spouse and then all of a sudden you are by yourself."*** She explained that her husband was a 20-year veteran and, while she was used to living on her own while he was serving, that the social isolation was completely different. ***"Now, I have the house to take care of and my income has been really split in half."*** She affirmed the importance of her family in adjusting.

Delores Spencer, also of Wilmington, echoed these sentiments, describing that after the death of her husband of 55 years, there was an ***"empty feeling in the house, when you are used to being with your partner all this time – it's empty."*** She emphasized the importance of the support that her sons provide and how her local senior center provides opportunities to be social. ***"I don't want to move into a new apartment, I like my home. I feel that I can stay there as long as the boys are there to help."***. She explained that, ***"if he [one of her sons] doesn't get me on the phone the second time, he is right there".***

Isolation also underscores the need for support services, particularly for those with physical disabilities. Bob Harris, a resident of Lewes who recently lost his wife to cancer, explains:

> ***"My problem is that my eye condition is that I can't be out in sunlight, so I basically spend time in my basement. Now, my children, I have two adult children, who are not nearby. They wanted me to do an independent living facility, but I decided that I am comfortable in the house, but I have no outlet. I miss going out to dinner; socializing. I feel like I can't impose on my neighbor, and say 'hey, let's go out to dinner' because I need them to drive me, even though I would pick up the tab."***

Mr. Harris stressed the importance of local volunteer organizations to ensure that he was able to continue to remain in his own home.

These challenges of isolation are also present for many Hispanic Delawareans. Bianca Aldegon, the Program Coordinator for Los Abuelos program through the Latin American Community Center in Wilmington explains that many of those that her program serves struggle to navigate public services and afford private supports. Compounding these challenges are that many do not have networks to rely. She explained that, ***"a lot of them don't have family that are near, because a lot of them are immigrants."*** This emphasizes potential unique challenges for immigrant populations in the State to successfully age-in-place.

These stories illustrate how social isolation, though in many forms, can be a universal barrier for successful aging, and underscores the need for support services that are able to address and bridge these gaps.

Delaware's Professional Healthcare Workforce

Healthcare Labor Shortage

Compounding many challenges associated with aging-in-place are trends within the professional healthcare workforce. The Working Group identified that there is a growing demand for direct care but that there are not enough workers to meet this demand. In general terms, there appears to be dwindling interest from younger generations to join the healthcare field. Table 4 shows the age distribution of registered nurses in 2014. At that time, more than half of registered nurses in Delaware were over the age of 50. This is disconcerting because it raises concerns over the state's ability to maintain its nursing workforce over time and to address increasing demand for services. A 2020 national study supports these figures, finding that the median age for an RN and LPN are 52 and 53 respectively and that 19% of RNs were 65 or older indicating that this is a national issue (Smiley et al., 2020). Moreover, the strain of COVID-19 has caused many to leave the healthcare field entirely. While the State is taking action to address this in the short-term, it is likely that more will need to be done to find a long-term solution.

Table 4. Age Distribution of Delaware Registered Nurses (RNs) in 2014

Age	20-29	30-39	40-49	50-59	60-69	70 and Over
Percentage	9.65%	15.56%	21.52%	32.87%	18.11%	2.28%

Source: Panunto & Carmody, Nursing Workforce in the State of Delaware: A Current Look, 2014

In-Home Direct-Care Workforce

On top of these more general trends in healthcare, direct-care workers are particularly hard hit. In-home healthcare workers support some of the state's most vulnerable populations, and the workforce is vulnerable to low wages, harsh working conditions, and economic insecurity. This has made it difficult for providers to fill vacancies and meet the growing demand for in-home services. The Working Group has found that a primary driver in the decline of home healthcare workers has been low wages. Private providers rely heavily upon Medicaid reimbursement to fund services and ensure that wages are competitive. With non-healthcare employers providing higher wages for non-skilled or semi-skilled workers, particularly in the retail and service industry, home healthcare providers are struggling to compete. Reimbursement rates for private duty nursing and long-term managed support services are of particular interest, as they directly contribute to what providers are able to pay employees. The Working Group believes that increases to worker wages by means of increases to reimbursement rates are necessary to addressing the immediate worker shortage.

Additional Barriers

The Working Group has also identified potential hurdles presented by the State's regulatory practices. The Working Group affirms the necessity of State regulation to ensure consistently high levels of safe and effective care, but the current execution of those regulations and standards may present hardship for both providers and workers in the industry. Of specific note is the practices regarding fingerprinting and background checks. Compared to other neighboring states, Delaware has significantly fewer locations where fingerprinting and background investigations can be initiated both in absolute number and relative to the size and population of the respective states. Delaware has a total of 3 locations with one in each county. These offices are open weekdays between the hours of 8:30 AM and 3:15 PM. With exception of Dover, these offices require an appointment, which may make it difficult for prospective healthcare workers to initiate this process; especially if they are working another job.

Comparing Delaware and Maryland's Fingerprinting Accessibility

For comparison, Maryland has a total of has a total of 112 locations where individuals can be fingerprinted. Many of these locations offer weekend hours and do not require an appointment. In addition to the office of Maryland's Criminal Justice Information System's Central Repository, fingerprinting services are available at five Maryland Motor Vehicle locations, 87 state-affiliated private providers, and 19 county and municipal police departments (Maryland Department of Public Safety and Correctional Services, 2022). Relative to population, Maryland has one location for every 53,982 residents compared to Delaware, which has a location for every 330,279 residents. Similarly, when controlling for geographic area, Maryland has a location for every 110.77 square miles, while Delaware has a location for every 660.67 square miles. This process appears to be significantly more accessible in Maryland, which may make it difficult for Delaware to retain and recruit healthcare workers.

Table 5. Fingerprinting Location Comparison, Delaware and Maryland

Fingerprinting Locations	Delaware	Maryland
Total Locations	3	112
Locations by Area	1 for every 660.67 square miles	1 for every 110.77 square miles
Locations per capita	1 for every 330,279 residents	1 for every 53,982 residents

Sources: Delaware State Police, Obtaining a Certified Delaware Criminal History
Maryland Department of Public Safety and Correctional Services, Fingerprinting Services

Racial Disparity and Social Determinants of Aging Well

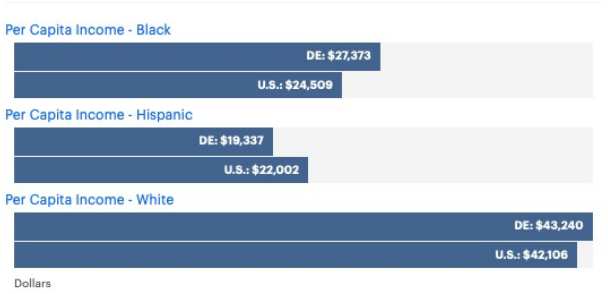
Racial Disparity has Implications for Successful Aging

Many barriers to aging-in-place are universal; however, systemic racial disparities appear to have a significant impact on the ability for one to age well. Building on the social determinants of health perspective, the Working Group has identified a range of potential factors which may negatively impact the likelihood for members of certain ethnic or racial groups in Delaware being able to successfully age. These include financial and economic factors, homeownership rates, and health outcomes.

Persons of Color Tend to have Lower Average Incomes

The Working Group has identified that financial situation presents the most significant social determinant of successful aging; therefore, disparities in economic situation present are likely to translate into disparities to successfully age-in-place. Figure 13 presents per capita income levels of three major racial/ethnic groups (Black, Hispanic, and white) for both Delaware (top line) and the national average (bottom line). Delaware's per capita income follows national trends in that it Black and Hispanic populations tend to have significantly lower per-capita income compared to white counter parts. It is worth noting that Delaware's Black population has higher per capita income than the national average, while its Hispanic population has lower per capita income than the national average. While Medicaid and other financial support services are in place, this disparity suggests that persons of color may be more heavily impacted if they are above the threshold for support.

Figure 13. Per Capita Income for Select Race/ Ethnicities in Delaware and the United States



Source: United Health Foundation, 2022

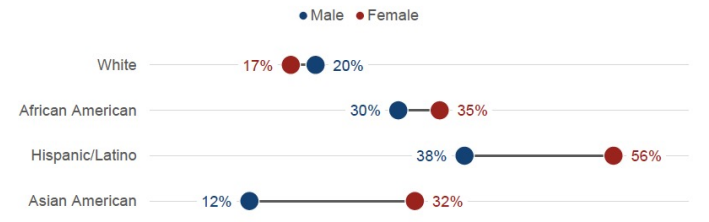
Income Disparity Drives Differentials in Financial Strain Related to Caregiver

On average, caregivers spend $7,500 or about 26% of their annual income on out-of-pocket expenses related to caregiving. These figures vary significantly by race/ethnicity. On average, Asian Americans spend the most in out-of-pocket costs, followed by white Americans, Hispanic Americans, and then Black Americans. This can be seen in Figure 14. However, these totals do not tell the complete picture. Figure 15 shows the financial strain on each caregiver, and reflects the impact of disparities in income have on the burden of providing care. Hispanic American caregivers, on average, incur the most severe financial strain from caregiving. Hispanic female caregivers, on average, spend more than half of their annual income on caregiving, Black American male and female caregivers on average spend 30% and 35% of their annual incomes on caregiving expenses, while white male and female caregivers spend 20% and 17% of their annual incomes respectively. Given the importance of family and volunteer caregiving to successful aging-in-place, income disparities further present challenges to equal opportunity to age-in-place.

Figure 14. Average Annual Caregiving Expenses, by Caregiver Race/Ethnicity and Gender

Source: AARP, Caregiving Out-of-Pocket Costs Study, 2021

Figure 15. Average Annual Financial Strain, by Caregiver Race/Ethnicity and Gender

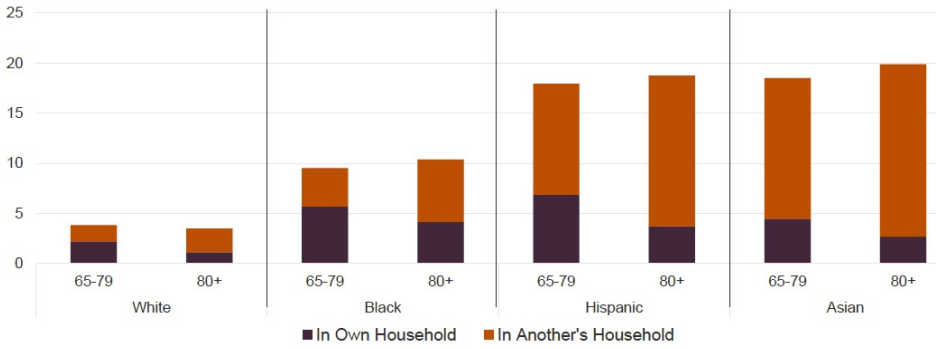


Source: AARP, Caregiving Out-of-Pocket Costs Study, 2021

People of Color are More Likely to Live in a Multigenerational Home

Nationally, multigenerational homes are significantly more common in non-white communities. Figure 16 presents the percentage of American seniors living in multigenerational homes. Over 15% of Hispanic and Asian American families live in a multigenerational home. Black Americans are slightly less likely at 10%, and white Americans are the least likely to live in a multigenerational home at around 4%. This may highlight unique cultural patterns in aging and caregiver, but also may have implications related to differences in income, financial strain of caregiving, and lower rates of homeownership.

Figure 16. Percentage of American Seniors Living in Multigenerational Homes, by Race/Ethnicity



Source: Molinsky, Home and Community Services: Strategies to Facilitate Aging in Place 2021

White Delawareans are More Likely to be Homeowners than Other Races/Ethnicities

This trend also extends to asset holdings. For the majority of seniors, their home represents their primary asset, but homeownership rates vary dramatically by race/ethnicity. Table 6 and Table 7 illustrate this by evaluating homeownership rates by each racial group in Delaware and the national averages. In most categories, Delaware outperforms the national average, although significant disparities exist with white Delawareans being more likely to own a home than other racial and ethnic groups. Despite projected improvements, gaps are projected to exist into the future.

Table 6. Delaware Homeownership Rates, by Race or Ethnicity

	1990	2000	2010	2020	2030	2040
Total	70.3%	72.3%	72.0%	72.3%	72.6%	72.2%
White	74.9%	79.2%	80.2%	82.4%	82.5%	81.8%
Black	49.1%	50.8%	52.4%	51.4%	56.7%	62.0%
Hispanic	41.6%	42.0%	46.1%	56.2%	56.2%	56.4%
Other	59.5%	54.1%	58.7%	55.7%	55.7%	53.8%

Table 7. National Homeownership Rates, by Race or Ethnicity

	1990	2000	2010	2020	2030	2040
Total	65.3%	66.2%	65.1%	64.7%	63.6%	62.2%
White	70.1%	72.4%	72.2%	73.0%	72.5%	71.4%
Black	45.2%	46.3%	44.3%	41.9%	41.1%	40.6%
Hispanic	43.3%	45.7%	47.3%	49.0%	50.2%	51.3%
Other	53.7%	53.0%	56.3%	58.1%	57.9%	57.4%

Source: Urban Institute, Forecasting State and National Trends in Household Formation and Ownership

Residential Racial Segregation is Linked to a Range of Barriers to Successful Aging

Beyond homeownership rates, research also suggests that racial residential segregation remains a challenge throughout the nation. Studies note that predominantly Black neighborhoods tend to have:

- Higher rates of poverty;
- Lack of access to healthcare and other essential services;
- Poorly maintained civil infrastructure; and
- Lack of accessible housing (PRB, 2021).

This suggests that access to services, transportation, and opportunities for physical activity may be hampered, which could lead to further disparity in aging well for those living in racially segregated neighborhoods.

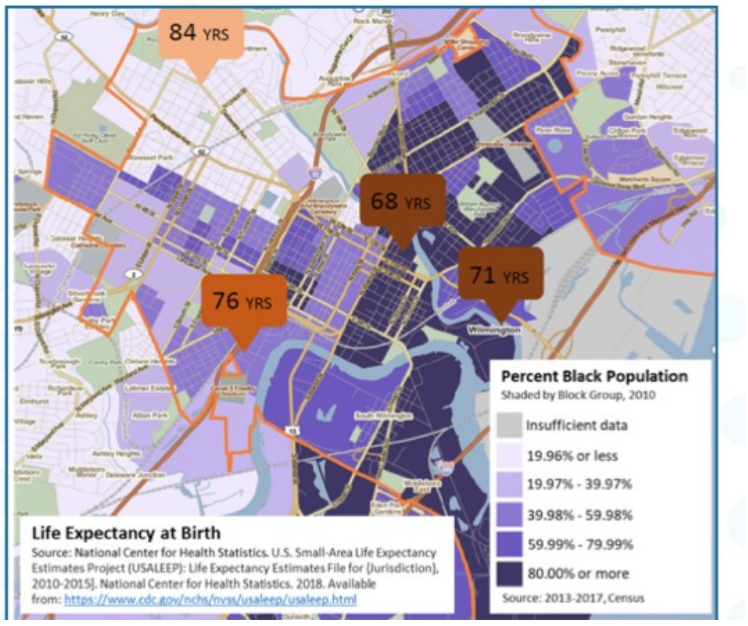
Racial Disparities are Present in Health Outcomes

Racial disparities appear to extend to health outcomes, which ultimately could impact an individual's ability to successfully age-in-place. Studies suggest that older Black and Hispanic Americans have poorer health-related quality of life and worse emotional well-being that older white Americans (PRB, 2021). Both discussions within the Working Group and academic research suggest that Black and Hispanic populations may also be less trusting of government services, which may reduce the utilization of State support services. This may hamper efforts to ensure equal opportunity for successful aging-in-place and health equity. When compared to white American seniors, Black American seniors have higher instances of stroke, diabetes, and heart disease. These are all linked to higher prevalence of physical disability. Additionally, Black Americans grapple with racism-related stress that leads to premature aging.

Disparity in Health Outcomes May Contribute to Differences in Life Expectancy

Figure 17 presents the life expectancy of several neighborhoods in the City of Wilmington, as well as the percentage of the population which is Black. Neighborhoods with higher proportions of Black residents tend to also have lower life expectancy. It is not clear if there are other causal factors, but this figure is consistent with other findings, which suggests a correlation between race and health. As the State moves forward, these differences should be considered.

Figure 17. Life Expectancy at Birth and Percentage African American Population, Wilmington Metro Area

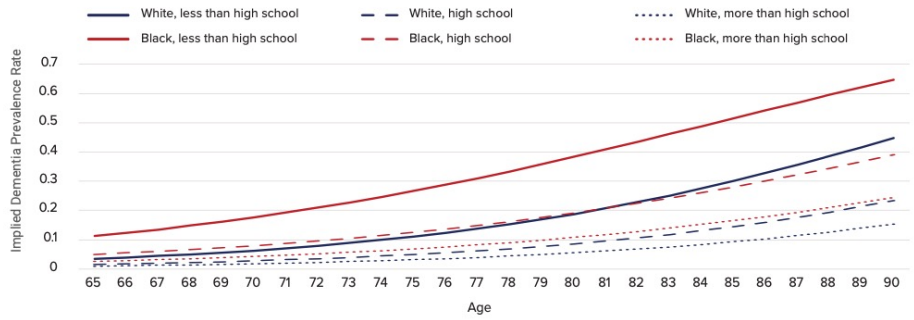


Source: Knight et al., Delaware Focus: Health Inequities and Race in the First State

Black Delawareans May be at Increased Risk of Dementia and Alzheimer's Disease

As noted in previous sections, dementia and Alzheimer's disease present unique challenges to successful aging-in-place. Those with dementia and Alzheimer's disease require significantly more family support. Evidence suggests that Blacks, on average, have higher incidence rates of Alzheimer's disease and dementia. Figure 18 shows the prevalence rates for Black and white Americans at varying educational attainment levels over time. Across educational levels, Black Americans have noticeably higher rates of dementia than their white counterparts. This suggests that Black Delawareans may face further obstacles in successfully aging-in-place.

Figure 18. Implied Dementia Prevalence Among Older Adults, by Race and Education Level (2000 - 2014)



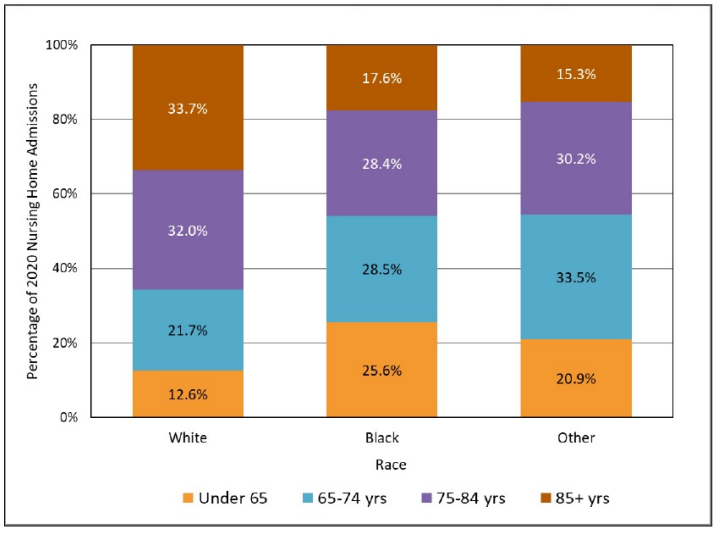
Source: Mateo P. Farina et al., "Racial and Educational Disparities in Dementia and Dementia-Free Life Expectancy," *The Journals of Gerontology: Series B, Psychological Sciences and Social Sciences* 75, no. 7 (2020): Figure 1.

Source: PRB, Key Factors Underlying Racial Disparities in Health Between Black and White Older Americans, 2021

White Delawareans Appear More Able to Age Independently than Other Race/Ethnicities

Patterns in nursing home admission indicate a potential racial disparity in an individual's ability to age -in-place. Figure 19 shows the age distribution of nursing home admissions by race and age. More than a quarter of all Black Delawareans and over 20% of other Delawareans of other race/ethnicity admitted to nursing homes were under the age of 65. Only 12.6% of white Delawareans admitted to nursing homes were under the age of 65. Inversely, more than a third of white Delawareans admitted to nursing homes were over 85 years or older, which approximately double the totals for Black and other racial/ethnic groups. This suggests that racial disparities exist regarding an individual's ability to successfully age in place.

Figure 19. Racial Breakdown of Delaware Nursing Home Admissions. 2020, by Race and Age



Source: Delaware Department of Health and Social Services, 2020 Delaware Nursing Home Utilization Statistical Report, 2021

Access and Utilization of Existing Services

Information and Knowledge of Available Services
Through review of existing programs in Delaware, the Working Group has determined that many services are already established; however, utilization rates of some programs remain low relative to the expected need. Therefore, there is a need to do more to promote these programs. While this applies to specific support programs, even resources such as the Delaware Aging and Disability Resource Center (ADRC) and Delaware 211, designed specifically to be tools to guide Delawareans to support services, were found to not be widely known. The Working Group affirms a need to strengthen these streams of information.

Trust and Cultural Competency
Evidence from the research of the Working Group, though limited, suggests that a lack of trust remains an issue with program utilization for Black and Hispanic populations in the state. The Working Group recognizes the need to continue to promote trust and build partnerships within communities to ensure effective service delivery.

Stigma and Framing of Aging and Caregiving
Another major hurdle for ensuring access and utilization of services is the stigma and framing on aging, support services, and caregiving. Persistent and negative connotations of aging often drive older adults to avoid taking proactive steps. Particularly damaging are images that present older adults as frail and dependent on others. This contributes to the image of support services as admissions that one has lost their ability to provide for themselves. Similarly, many caregivers do not think of themselves as such, and rather see service they provide for spouses, partners, and loved ones as part of their relationship. This may lead them to not seek out or even consider availability of support services.

"As far as I was concerned, he was my husband, and I was there to take care of him as best I could."
--Marie Dash of Wilmington

Potential for Abuse, Exploitation and Neglect

Instances of Senior Abuse, Exploitation and Neglect
Seniors are at risk for abuse, exploitation, and neglect. Data from Delaware's Department of Health and Social Services' Division of Services for Aging and Adults with Physical Disabilities' Adult Protective Services indicates that issues related to financial exploitation are the most reported complaints. Between 2017 and 2021, approximately half of all financial exploitation complaints with data on the perpetrator were perpetrated by unknown persons, and the other half by relatives. In other categories, perpetrators are largely known to the victim. Complaints to Adult Protective Services on abuse, exploitation, and neglect likely drastically underestimate the total instances of these actions within the state. The Working Group affirms that such actions a need to increase awareness and availability of protection services and to continue support efforts to protect seniors from mistreatment.

Investigation and Prosecution
The prosecution of those accused of financial exploitation are handled through the Department of Justice's Consumer Protection Unit and Investor Protection Unit; however, the Department does not currently have specialized Deputy Attorneys General to investigate and prosecute cases related to senior financial exploitation. In 2021, these Units received approximately 150 and 100 reports respectively, and the Department believes that the numbers of senior financial exploitation reports are likely to increase.

Recommendations:

General Recommendations

In light of this information, the Working Group recommends the following:

Creation of standing legislative committees on aging. The Aging-in-Place Working Group has underscored that aging and eldercare policies are expansive issues that will impact every Delawarean. As Delaware's senior population grows, it is imperative that General Assembly has a body that can consider policies, which would otherwise be split across committees, in a strategic fashion to promote a more cohesive legislative approach.

Social Determinants of Aging Well: Racial Disparity and Health Equity

Support Aging-in-Place in Delaware by addressing the Social Determinants of Health (SDOH) with measures that will address Racial Disparities and provide Health Equity through support where: a) gaps in services exist, b) existing programs can be strengthened, and c) innovative solutions/local and national models have demonstrated success. Specifically, this can be done through focus on:

Addressing workforce capacity by both increasing reimbursement rates for service providers to ensure that providers are able to provide competitive wages and successfully attract workers to the healthcare industry, and promoting the importance of healthcare workers to foster a more positive outlook on these indispensable professions.

Increasing access to transportation in communities that are disproportionately affected, including the expansion of volunteer programs that have demonstrated success. Efforts should consider the potential for innovative and non-traditional means of transportation, potential partnerships with private providers, and programmatic diversity to ensure that transportation services are catering to the different needs and preferences of communities throughout the State.

Supporting programs that address food insecurity, specifically in communities where disparities or "food deserts" exist, and further promoting volunteerism to strengthen these programs. The State should seek to secure stable funding streams for these programs that can also adapt to increased demand for the services offered by the programs.

Expand and promote funding for memory care programs and efforts to develop dementia-friendly communities. This expansion should consider both the current numbers of Delawareans with Alzheimer's and dementia, and projections for increased numbers.

Supporting family caregivers by improving marketing and promotion of resources and programs for caregivers. Special attention should be given to encouraging caregiver 'self-identification' to ensure that those providing care are aware that they qualify for these programs. These campaigns should be cognizant of and reflect the nuances of caregiving in different communities to ensure maximal effect.

Developing housing assistance program in specific communities that are disproportionately affected by a lack of affordable housing options. Efforts should be made to increase engagement with landlords and further develop home modification and maintenance programs.

Promoting proactive approaches to address health disparity. This includes but is not limited to, building trust with communities to assist in finding care opportunities, developing grant programs for uninsured seniors potentially with a sliding fee scale based on income, and developing a community navigator program to increase awareness of relevant programs and initiatives. The Subgroup affirms that the State should seek to build on successes from the COVID-19 vaccination program.

Investigating racial disparities through regular and systematic approaches to evaluate existing policies and efforts in relation to their effect on existing disparities and guide the design of new policy.

Promoting Access to Support Services and Combatting Isolation

The Promoting Access to Support Services and Combatting Isolation Subgroup has found that the State currently has a robust network of support services; however, utilization rates are below expected levels given potential demand. Therefore, the Subgroup has determined that efforts to promote access and combat isolation should aim to increase the availability of information of these services and attempt to combat stigma associate with aging and seeking out support services. To that end, the Subgroup recommends that:

The State increase its promotion of support services both through direction campaigns and partnerships with community organizations. In an effort to maximize the impact of these campaigns, the state should seek to increase awareness. This should be a joint effort to increase state resources and community outreach. Actions within the state DHSS website and increasing promotion resources like the ADRC and Delaware 211, expand promoting increased community engagement.

The State initiate a community navigator program to further strengthen outreach. This program is envisioned to be a group of paid state employees that will serve throughout the state and act as points of contact for a larger volunteer network within communities. These networks should be comprised of members of the community that already engage regularly with seniors in their communities. Examples of potential navigators are community and faith-based organizations, healthcare providers, realtors, and peers. The intent is to utilize word of mouth and peer-to-peer experience to facilitate the spreading of personalized and accurate information.

The State should seek to redefine aging, support services, and caregiving. To combat potential stigmas and encourage more proactive thinking about aging, support services, and caregiver, it is crucial to combat negative perceptions. To do this, promotional campaigns should redefine aging from the perspective that it is a new chapter rather than a decline, and that emphasizes the capacity for seniors to live active and vital lives. Support services should be framed as means to ensure continued independence rather than admissions of dependency. And lastly, caregiving should be illustrated to be a title that is in addition to familial relationships to ensure that all caregivers realize that they are eligible for relevant support services.

21st Century Caregiver Workforce Issues

The 21st Century Caregiver Workforce Issues Subgroup was charged with reviewing the state of the caregiver workforce, considering the critical role that family (informal) caregivers play, and subsequently developing recommendations to address workforce challenges to strengthen the workforce and enhance support for family caregivers. A robust and capable workforce is vital to responding to the needs of Delaware's growing aging population, and in supporting the health and wellbeing of those who need and rely on direct care services, enabling individuals to age in place in their community of choice. Family caregivers also hold a critical role in the health care system, and deserve support and recognition for these contributions. Family caregivers are a crucial element to this topic, an essential component of addressing workforce issues, and relied on for the critical supports they provide.

We call on the General Assembly to:

Strengthen the health care workforce by minimizing shortages and creating incentives and career pathways to recruit and retain professionals in all levels of care across the care continuum. To address the growing workforce shortage and need for a prepared, well-trained and empowered caregiver workforce, the subgroup specifically recommend the following actions be accomplished:

In order to provide compensation that is competitive and commensurate to the work, continue the Office of Management and Budget, Joint Finance Committee, and Department of Health and Social Services' work to systematically evaluate and adjust reimbursement rates for the providers of health services so competitive wages can be sustained for the professional caregiver workforce.

To bolster recruitment, retention and advance the direct care workforce pipeline, secure financial incentives, including loan forgiveness programs, grants, tuition assistance and sign-on and retention bonuses. Require recipients to remain in the state of Delaware for employment.

Working with the Executive Branch, establish a work group for cross-sector collaboration, composed of a variety of key stakeholders (i.e. state agencies, employers, vocational schools, community college and universities, relevant nonprofits) to identify, prioritize and implement workforce development solutions to make the field more attractive and promote career pathways and opportunities for career advancement.

Data shows that 83 percent of the help provided to older adults in the United States comes from family members, friends, or other unpaid caregivers. In order to reinforce the ability of Delawareans to age in place, it is imperative that we enhance support for the state's informal caregivers. Innovation that supports family caregiving and caregivers, and empowers family caregivers to provide quality care to their loved one, can improve the quality of health and quality of life for both the caregiver and the care recipient. The subgroup recommends:

Fund, develop and implement a consistent, broad-based, state-wide awareness campaign, led and coordinated by DSAAPD, to inform the public of the resources available to caregivers in the State.

Task DHSS with bringing recommendations back to the General Assembly related to expanding access and upgrading sophistication of home caregiver training available for Delaware caregivers.

Strengthen existing information and referral systems to provide issue and disease specific information to informal caregivers (such as dementia care specialists).

Increase state funding for additional options and expansion of respite for family caregivers without regard to age or financial status. Respite, giving family caregivers the opportunity to refresh, renew and attend to other needs within the family, will help reduce caregiver burnout, contribute to one's ability to age in place, and save the state significant future long-term care costs.

Financial and Legal Barriers to Aging-in-Place

The Financial and Legal Barriers to Aging-in-Place identified that many significant issues related to financial and legal barriers were a lack of information and awareness of available programs, specifically those related to financial and legal supports. The Subgroup calls for:

Increased public outreach on general resources available to seniors, but also specifically relating to legal and financial support services. It is strongly recommended that these efforts include the creation and distribution of posters to be hung in medical offices and other areas that seniors commonly visit to create effective passive advertising. The outreach would be a about general resources available, including legal and financial sources.

Development of a community navigator program. This program will increase awareness and also provide means for seniors with specific concerns relating to financial and legal matters to be connected with support.

Increased Medical-legal partnerships. Medical-legal partnerships integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities. This would focus on estate planning needed.

The addition of two deputy attorneys general to support the Senior Protection Initiative of the Delaware Department of Justice's Fraud and Consumer Protection Division. These additions will further assist the State bolster its senior protections, and is strongly supported by the Department of Justice, who have previously requested this addition. The Department provided the following statement to further clarify the impact of this request.

> *The Delaware Department of Justice's Senior Protection Initiative is a collaborative effort between our office, our fellow state agencies and law enforcement agencies to focus on prevention and prosecution of elder abuse, financial exploitation and financial scams targeting Delaware's elderly community, we are requesting two additional Deputy Attorneys General (DAG); one Elder Abuse DAG who would manage consumer protection cases against seniors and vulnerable adults, and one Financial Exploitation DAG within our Investor Protection Unit to address the complicated and harmful cases of investor fraud against seniors and vulnerable adults. Currently, the Department of Justice has no dedicated DAGs to specifically handle cases targeting seniors; the attorneys who investigate and prosecute these cases are doing so in addition to already-full issue portfolios. At the same time, we are seeing a dramatic rise in reported cases of elder abuse and investor fraud targeting seniors – likely due to the isolation and proliferation of misinformation associated with the COVID-19 pandemic. Bringing on two DAGs to specialize in these cases will allow us to address the mounting volume of reports that we are receiving, and more effectively build these complicated cases to protect our seniors and vulnerable adults.*

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