



LOOKING AHEAD:  
PHILADELPHIA'S AGING POPULATION IN 2015

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## **I. Introduction**

These pages paint a portrait of Philadelphia's aging population by the year 2015 and beyond, drawn from comprehensive data analysis and research commissioned by Philadelphia Corporation for Aging. The picture that emerges is of an increasingly diverse older population – ethnically, racially, economically and in terms of lifestyle, health and well-being. In the year 2015, Philadelphians over the age of 60 will be active and engaged with work, volunteering, social life, grandparenting and caregiving. But a significant proportion will have serious needs in many realms of their lives that may lead to potentially broad-ranging consequences for the region in the decades to come.

Real concerns for the future status of Philadelphia's elderly are raised by the many trends defined in this report relating to income and poverty, health, mental health and disability, housing, community and isolation – especially when these trends are seen in the context of continued cuts in funding for many aging-and poverty-related services. Many of the variables in this potentially corrosive dynamic are outside the control of aging service agencies: government funding, prospects for health care and mental health care reform, and the future of Social Security and the Federal deficit.

However, some important variables in the future status of the region's elderly can be controlled. These include the civic will to plan creatively and collaboratively, to cultivate future organizational and political leadership, and to develop political and community awareness and support for the needs of Philadelphia's aging population.

While this analysis cannot be viewed as comprehensive or predictive, it does depict a foreseeable future for the region's elderly. These data and insights about potential problems are intended as a springboard that will lead to more in depth analysis and planning to strengthen services and supports for Philadelphia's future elderly population.

This report is designed for a diverse readership, including:

- Agencies serving the aging population's needs related to health, mental health, housing, employment, volunteerism, transportation, religion, caregiving, advocacy and social services;
- Politicians, policy-makers and planners at the Philadelphia, regional, state and federal level;
- Foundations seeking to address the current and future needs of Philadelphia's aging community;
- Corporations with a stake in Philadelphia's future;
- Elderly individuals and their families as well as future clients of agencies that serve the aging;
- Reporters for area newspapers, magazines, radio and television stations who may use this document as a reference tool and as background for more in depth reporting on specific trends.

The structure of this report incorporates a unique dimension that provides a human context for the catalogue of comprehensive data from local, regional, statewide and national sources. Whenever possible, comments from focus group participants and from a diverse range of experts on the region's aging population accompany the analysis of each area of concern. These sources are described in detail in the Background section of the report.

## **I. A Authorship**

This document is the result of a truly collaborative effort. While many individuals made it possible, it is important to acknowledge those who made key contributions.

The primary author is Abby Spector. Jessica Diamond ably assisted her in the writing of the document. Julie Norstrand and Abby Spector gathered and summarized most of the written material used in the report. The individual interviews with key informants were conducted by Abby Spector and Doris Rajagopal, Ph.D. Lisa Kleiner of Philadelphia Health Management Corporation supervised the consumer focus groups and wrote a summary of the findings, from which the quotes in this document were selected. Rachel Cohen, Christine Hoffman and Bethea Eichwald assisted in editing the document. LaTasha Johnson helped with the formatting of the final version of the report.

Two consultants played important parts in the creation of this document, Drs. Neal Cutler and Morton Kleban. Dr. Kleban played a vital role in the statistical analysis of data used in this report. Dr. Cutler helped shape the structure of this report and designed a set of questions that formed the base for our focus groups. More information on that process is to be found below.

The idea for this report came from the Board of Directors of Philadelphia Corporation for Aging (PCA). The specific goals, general outline, and overall supervision of the project was done by Allen Glicksman. David Nevison guided the project to its completion.

## II. Summary of Significant Findings

Like most U.S. cities, Philadelphia is bracing itself for the coming demographic cohort of the aging postwar generation, born in the two decades after World War II (from 1946 to 1964). By the year 2035, this cohort will crest with a doubling of the U.S. population over 65. The leading edge of the postwar generation will reach the current retirement age of 65 by the year 2015.

The postwar generation of Philadelphia's future elderly is a heterogeneous group comprised only in small part of the stereotypical well-educated middle to high-income "baby boomer." Much of the current planning for the next generation of elderly is focused on these "boomers" as can be seen by the frequent use of the term by key informants interviewed for this project and the number of times that phrase appears in the title of documents and reports on the coming generation of older Americans. Philadelphia's urban environment brings an ethnically, racially and economically diverse group of elderly into close physical proximity and within the service areas of institutions and agencies that will be called upon to provide for the personal, social, economic and medical needs of these seniors.

Noteworthy trends and important statistics detailed in this report include:

- By the year 2015, Caucasians will no longer have majority status among the population of Philadelphians over the age of 60 – in part due to out-migration starting in the 1960s as well as in-migration by foreign born persons. Between now and 2015, the number of elderly Asian and Pacific Islanders combined will almost double (from 8,500 to 16,000 seniors). The number of Latino elderly will increase by almost 50%. The number of African American elders will rise by 12%; and the number of Caucasian elders will decline by 10%.
- By 2015 there will be a surge in the number of the region's frailest elderly, persons 85 and older, as well as among persons age 55 to 74. The 85+ group is expected to grow 10% between 2005 and 2015, and an additional 8% by 2025. The 55 to 64 year old group will grow 17% and the 65 to 74 year old group will grow 11% between 2005 and 2015. However, the 75 to 84 year old group will decline 22% during this same time frame.
- While Philadelphia's total population will decline between 2005 and 2015 from 1,468,000 to 1,411,000, the median age of a city resident will rise from 34 in 2000 to 36 in 2015.
- In 2003, Philadelphia ranked second only to Miami among 23 U.S. cities studied by the Brookings Institution in the proportion of residents age 65 and older. These 23 cities were participants in the "Living Cities" project, an urban revitalization program conducted by Brookings. They included 8 of the 10 largest U.S. cities.
- In the Commonwealth of Pennsylvania, the number of persons age 60 and older is expected to grow by 37% - from 2.4 million in 2000 to 3.2 million in 2020.

Meanwhile, the US population over 65 is expected to increase 50% during that time frame, from 35 million to 54.6 million.

- Although an overall decline in disability among older adults is expected nationally in coming years, it may not occur in Philadelphia. This is possible because disability is known to occur at a higher rate among people living in poverty and Philadelphia is the seventh poorest city in the US.
- The proportion of elders living in poverty is higher in Philadelphia than in the state as a whole. In 2002, 19% of the city’s seniors lived in poverty compared to 11% of seniors aged 65+ in Pennsylvania in the same year.
- The median income of seniors in the city is expected to rise by between 9% and 11% by 2009, but these figures have not been adjusted for inflation. As is now the case, the older age groups are expected to have lower incomes.
- National studies predict that the proportion of adults 65+ who are still working will grow from 13.3% in 2002 to 16.2% in 2015. Reasons for this trend include: decline or stagnation in pensions; uncertainty in the stock market; insufficient savings; cutbacks in health benefits for retirees; higher educational attainment and continued physical well-being, which correlates with later retirement; and smaller overall workforce. Whether these trends will hold for Philadelphia is uncertain.
- There are racial disparities in self-reported health among Philadelphia’s elderly. As shown in the figure below, a greater percentage of both Caucasians and nonwhites have four chronic conditions in 2002 as compared to 1994. However, in each of the comparison years, nonwhites are affected more heavily than Caucasians. More widespread health difficulties indicate greater needs in the future.

**Figure 1:** Philadelphia Elderly with Chronic Health Conditions by Race: 1994 and 2002

Philadelphia Elderly with Chronic Health Conditions by Race: 1994 and 2002				
	Nonwhite		White	
	1994 (%)	2002 (%)	1994 (%)	2002 (%)
Allergies	25	31	23	27
Arthritis	50	57	44	50
Asthma	8	11	5	7
Diabetes	20	27	10	14

**Source:** PHMC

- Philadelphia’s elderly population includes subgroups that are expected to grow by 2015 that are not currently fully recognized or adequately served, such as:
  - Seniors with chronic and late-onset mental illness and addictive disorders;
  - Elderly immigrants isolated by language and cultural barriers;
  - Seniors caring for their grandchildren;
  - Homeless seniors;



- Elderly individuals with AIDS;
  - Developmentally disabled seniors;
  - Elderly ex-offenders;
  - Gay, lesbian, bisexual and transgender seniors;
  - Muslim, Buddhist and other religious populations.
- Because life expectancy for men and women is rising, more people will be married in old age. There will also be an increase in the number of persons entering old age who are single, divorced, separated or partnered. The proportion of persons living alone will probably remain stable. While partnered individuals will have the same affective and instrumental supports as married couples, issues of insurance and legal matters might be problematic.
  - During the 1990's, Philadelphia saw an upsurge in the number of immigrants arriving in the city. In terms of all immigrants (including refugees and asylum-seekers) in the Philadelphia Metropolitan area in the years 1992-2001 - the three largest groups were from the former Soviet Union, India, and Vietnam. In 2001, the single largest source of immigrants to the region was India.
  - Philadelphia's elderly population faces housing-related problems that include:
    - Insufficient supply of subsidized housing units;
    - Deteriorating housing stock and long wait lists for subsidized repairs;
    - A shortage of affordable and accessible rental housing;
    - Insufficient supply of handicapped-accessible housing;
    - Problems with regulation and supply of personal care boarding homes;
    - Elderly homeowners' vulnerability to predatory lending practices that lead to foreclosures.
  - A trend that emerged from interviews with leaders in the field of aging is the far-reaching consequences of the shift toward community-based care – away from nursing home settings and away from mental health institutions. This shift has created new challenges for service providers in home care, transportation, housing, senior centers and adult day care, law and protective services as well as mental health and health care. It has also created new vulnerabilities for the elderly and/or their families who must assume responsibility for complex decision-making and management relating to health, mental health and other needs.
  - Focus groups with consumers reveal many similar concerns. Participants worry most about finances as well as maintaining their health and coping with chronic illnesses as they age. They list their most critical needs as: affordable prescription medications, quality affordable home health care, affordable

adaptable housing, free or low-cost home repairs, assistance with utilities, information and support for caregivers and reliable Paratransit services. African American focus group participants, particularly those with less education, report the greatest challenges. They are more likely to experience chronic illness at a younger age, provide care for others, and lack financial resources.

Focus group members find it difficult to plan for the future because there are so many health and economic factors that are subject to change, and over which they have little control. Also, lack of information about community resources is an issue, particularly for consumers who are older, have less education and have never been caregivers. However, focus group members are certain of the value of preventive health measures as well as developing hobbies and leisure time activities that contribute to overall quality of life and well-being.