STATE OF AGING IN CENTRAL INDIANA

**CENTRAL INDIANA
SENIOR FUND**
A CICF FUND

SOCIAL WELL-BEING

In this report, we refer to three subsets of older adults.
Younger-old: age 55-64
Middle-old: age 65-84
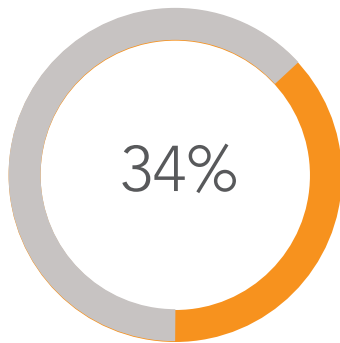Oldest-old: age 85+

SOCIAL WELL-BEING

The social well-being of older adults is dependent on positive, durable relationships and sustained access to community roles and social institutions. This section of the report discusses social inclusion and purposeful living. Key findings include:

- Approximately three in five Central Indiana households with older adults report access to community activities, but fewer than one in five reports participation in community activities, suggesting low inclusion.

- About one in three older adults in Central Indiana reports feelings of loneliness or social isolation, and this is likely more prevalent among older adults experiencing poverty.

- In Indiana, disability is one of the biggest contributors to isolation in older adults.

- It is difficult for providers to find or reach isolated older adults.

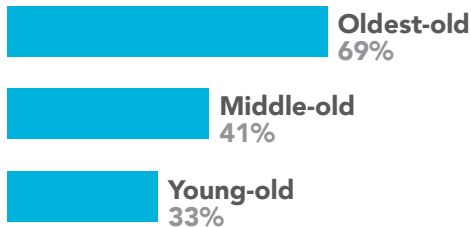## One in three older adults in Central Indiana reports being lonely.

Percent of older adults who report having at least a minor problem with feeling lonely.

Source: CASOA, 2017

34%

Two out of five older adult households consist of someone living alone.

Percent of older adult households in each age group that are composed of a person living alone.

Oldest-old
69%

Middle-old
41%

Young-old
33%

Source: PUMS, ACS 2015-2019 five-year estimates

SOCIAL INCLUSION AND PURPOSEFUL LIVING

Social inclusion is the extent to which individuals take part in society. It spans both individual and institutional (e.g., family, church, work) levels. Most individuals must experience social inclusion to find meaning in life.[1,2]

In contrast, social exclusion is a lack of social roles or access to institutions, resulting in social isolation. Most can survive at low levels of social inclusion but quality of life is adversely affected. Research has found that people who experience social exclusion in early and mid-life experience more rapid biological aging and lower life expectancy.[3,4]

Social isolation is often experienced through negative emotions like anxiety, depression, and loneliness. Older adults may experience isolation for many reasons, including retirement, a significant other's loss of cognition or physical function, a personal loss of health and function that leads to activity limitation, limited role opportunities afforded to older adults in our country and state and geographic dispersion of families. In addition, early- or mid-life exclusion from institutions of learning and employment often result in limited resources throughout adulthood and into late life. For socioeconomically disadvantaged older adults, barriers to inclusion are very difficult to overcome and often experienced along with additional barriers such as poor-or-no affordable access to transportation. See section 6 of this report for further discussion of barriers to transportation access.

Whereas social inclusion includes ongoing access and interaction with other individuals and institutions, purposeful living entails the activities integral to those inclusive roles. In most cases, purposeful activities involve social inclusion or the anticipation of inclusion. An example of this is a volunteer role where access to and responsibility within the volunteer organization is the social inclusion from which purposeful activities are experienced.

A hobby practiced in isolation may seem to be an exception but this is an example of purpose derived in part from the anticipation of sharing, and the approval of others—i.e., social inclusion.

National surveys find that one in three older adults reports loneliness—indicating social exclusion, as well as a risk factor for depression and cognitive decline.[5] Similarly, the Community Assessment Survey for Older Adults (CASOA™) found that 34% of older adults of Central Indiana report feelings of loneliness or isolation.[6]

"Over your lifetime you carry your friendships and adjust activities accordingly, if you're lucky. Some people don't have that advantage. Then you're lonely."

- Key Informant

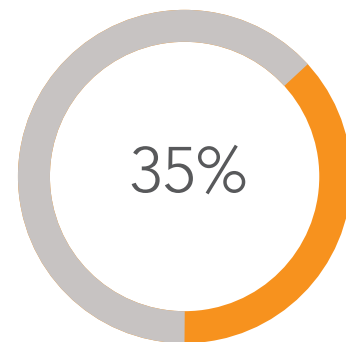## RISK FACTORS FOR SOCIAL ISOLATION AND LONELINESS

While living alone is a risk factor for loneliness, it is important to note that living alone is not the same as loneliness or social exclusion.

Isolation is more prevalent among older adults experiencing poverty and those with less education as both situations predispose older adults to smaller social networks. (To learn more about the factors that can lead to social isolation among impoverished older adults experiencing poverty, please read 'Highlighting Equity' on page 8.7.) In addition, disability that often accompanies age-related chronic illness is a factor in social isolation due to its negative impact on mobility and an individual's physical and psychological environment.

Despite over 30% reporting loneliness, most older adults who participated in the Central Indiana CASOA survey responded that there were opportunities to participate in community activities (60%) or to volunteer (80%). However, just 14% reported any participation in community activities (e.g., senior centers) and 36% reported some time spent volunteering, which may indicate that the level of social inclusion and purposeful living among some older adults in Central Indiana is adequate for optimal quality of life.
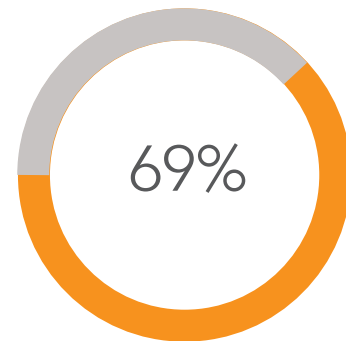
Older adults who have lost a spouse through any means or live alone are more likely to be socially isolated

In Central Indiana, one third of people age 55 and older have lost a spouse through divorce, separation or death.

35%

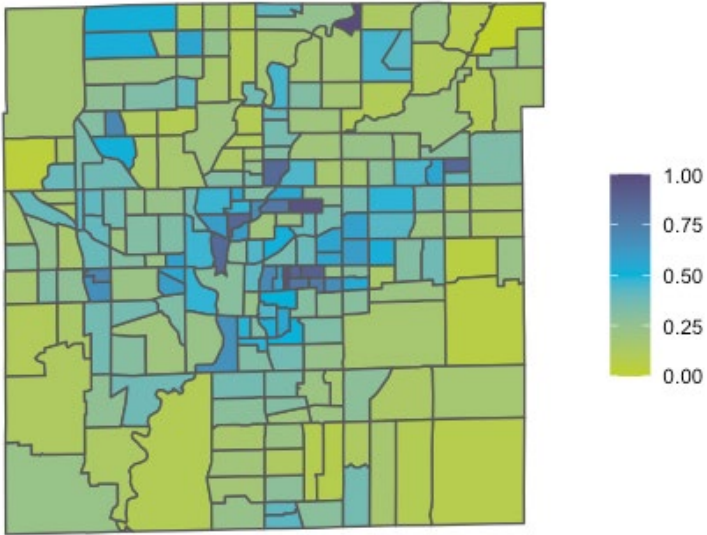Source: PUMS, ACS 2015-2019 five-year estimates

Over two thirds of people age 85 and older have lost a spouse through divorce, separation or death.

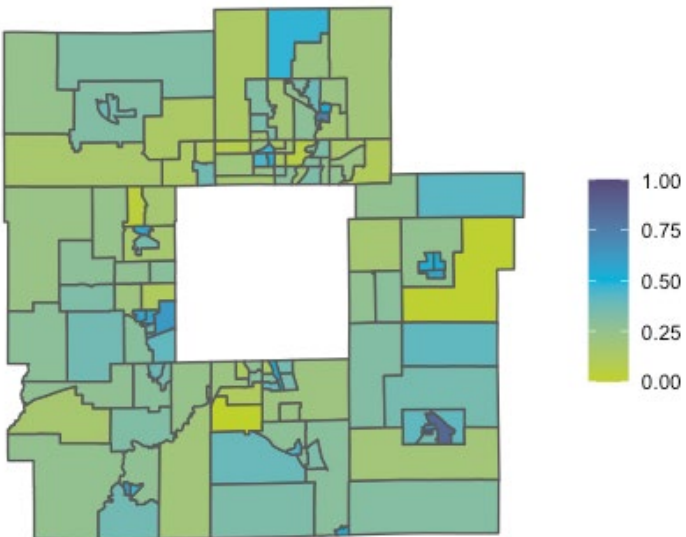69%

Source: PUMS, ACS 2015-2019 five-year estimates

In Marion County, the Social Isolation Index is highest on the Near Eastside and along Fall Creek south of 42nd Street.

Social Isolation Index, Marion County

In suburban counties, the Social Isolation Index is highest near the center of towns and cities, particularly Shelbyville.

Social Isolation Index, Central Indiana suburban counties

SOCIAL ISOLATION

Socially isolated seniors are at heightened risk for poor health if they lack access to help when needed, from transportation for medical care to regular basic needs like food. In Eric Klinenberg's study of heat-related deaths caused by the 1995 heatwave in Chicago, he found that the majority of deaths were older adults, and the majority of those experienced social isolation.[7] While there is no standard aggregate measure available for social isolation, America's Health Rankings created a measure of social isolation for older adults from survey data from the U.S. Census Bureau, combining measures of disability, marital status, living alone and poverty.[8] This approach was replicated for this report, with separate maps (shown on page 8.6) created for Marion County versus the surrounding counties, because demographically, these variables are significantly different between rural and urban areas.

"More capable seniors go to Symphony on the Prairie, zoo music programs, casino occasionally. These people drive each other when they are capable. The people they know can still get around easily."

- Key Informant

HIGHLIGHTING EQUITY

OLDER ADULTS EXPERIENCING POVERTY ARE MORE LIKELY TO BE SOCIALLY ISOLATED

Studies have shown that low-income older adults are less likely to have robust social networks and are more likely to be socially isolated than those with a higher socioeconomic status.[9] Below are factors that can contribute to this disparity in social isolation for older adults experiencing poverty:

INDIVIDUAL FACTORS

Poorer health

Older adults with low incomes have greater physical decline and poorer psychological well-being than those with higher incomes.[10] Due to their economic constraints, these

individuals are less likely to be insured, afford prescriptions or access healthcare services.[11] These functional declines can also cause barriers to transportation, as older adults with physical or cognitive limitations may have difficulty crossing streets to reach bus stops, climbing stairs of a bus or correctly navigating public transportation routes and timetables.[12] These challenges caused by poorer health can leave older adults more likely to be socially isolated.[13] Black older adults may experience these barriers more acutely than their White peers, as one study found that Black older adults were 70% less likely to rate their physical health as 'good' compared to White older adults, even after controlling for other possible causes.[14] This social isolation can in turn exacerbate the very health issues that may have contributed to isolation in the first place. A longitudinal study that followed 1,600 older adults for six years found that those who reported feeling lonely were at greater risk of early functional decline and death.[15]

Fear of crime

Individuals living in low-income households are more likely to be impacted by crimes than their higher-income peers.[16] Distrust and fear of crime can lead older adults in low-income neighborhoods to avoid social contact outside family or close friends. This often means less engagement in social activities and fewer people in their social networks.[17] Focus groups conducted with older adults in Central Indiana revealed that this was much more of a concern in rural than in urban settings. However, older adults in urban areas were more afraid of being scammed over the phone than of crime in their neighborhoods. See the Community Perspective discussion found later in this section.

INTERPERSONAL FACTORS: LESS LIKELY TO BE MARRIED

Nearly 70% of older adults experiencing poverty are unmarried, meaning they are widowed, divorced or never married.[18] Roughly half of unmarried older adults report loneliness, which is a higher rate than their married counterparts.[19] Black older adults may be at even greater risk for loneliness, as they are less likely to be married/partnered than their White and Latinx peers.[20]
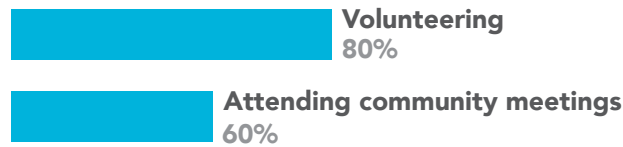
COMMUNITY FACTORS: FEWER ORGANIZATIONS AND RESOURCES IN LOW-INCOME COMMUNITIES

Research has shown that many high-poverty neighborhoods have fewer community institutions such as churches, social clubs and community organizations than high-income neighborhoods. This results in fewer opportunities for older adults to be involved in the community or expand their social networks.[21]
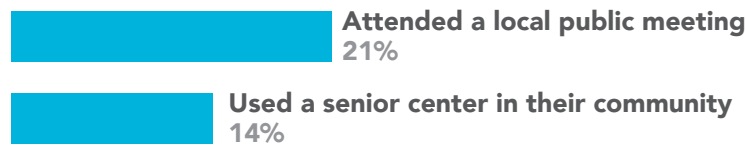
Older adults in Central Indiana report that there are opportunities for community activities and volunteering.

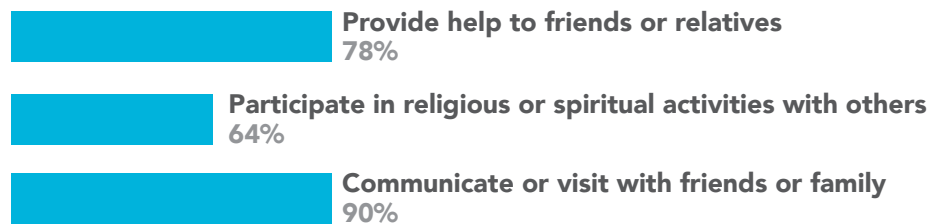Percent of older adults who reported excellent or good opportunities for...

Volunteering
80%

Attending community meetings
60%

A minority of Central Indiana older adults participate in community activities.

Percent of older adults who, in the last 12 months...

Attended a local public meeting
21%

Used a senior center in their community
14%

Older adults tend to connect to their community through relationships with friends and family and through religious activities.

Percent of older adults who, in a typical week...

Provide help to friends or relatives
78%

Participate in religious or spiritual activities with others
64%

Communicate or visit with friends or family
90%

Source for all charts: CASOA, 2017

COMMUNITY PERSPECTIVE

FINDINGS FROM KEY INFORMANT INTERVIEWS

Key informants for this report included those involved in senior care services or administration in Central Indiana.[22] Isolation is considered by the informants to be harmful to older adults due to unattended health concerns, not eating properly, and low family contact. One informant noted that many of the individuals who seek out organizations are those without spouses who are looking for friendship and socialization.

Informants were not sure how to find or reach shut-ins—very isolated individuals—if they are not requesting services. In some cases, a professional caregiver will refer an older adult to a social service program. One informant mentioned that if they can get an older, isolated individual to their facility, they can usually get that individual to keep coming back, because they offer friendship, as well as resources, such as transportation and meals.

Older adults with resources have more options for social inclusion, including senior centers, games, book clubs, dancing clubs and other activities.

In addition to physical resources, these activities require some mobility independence, transportation, social skills and motivation sufficient to overcome uncertainty. Any of these can be a barrier even for older adults with financial means, and CASOA data show that few (14%) engage in such activities, even specifically older adult activities (e.g., senior centers).

Informants mentioned purposeful living activities, such as spirituality, church and time with friends. Games, hobbies and day trips were also mentioned, but in the context of spending time socializing with friendly others.

FINDINGS FROM FOCUS GROUPS WITH OLDER ADULTS

Focus groups with older adults were conducted across Central Indiana. Some focus group participants expressed fear of becoming isolated. To counter this, some seek socialization through group involvement at churches or senior centers, or engage in volunteerism. Activities are discovered through church, newspaper, mail flyers, bulletin boards at centers (e.g., YMCA) or libraries. Few expressed use of internet or social media to find activities. Some had

"People who really need the help aren't seeking it."

- Focus group participant

smartphones, used mostly for calling and texting, rather than information look-up.

Circumstances that limit socialization include lack of family or family who do not come to visit, limited mobility, lack of transportation, the combination of limited mobility and lack of public transportation and limited financial resources for activities.

Purposeful living seemed to involve time with others including time with grandchildren and family, caregiving of spouse or others, volunteering and participating in church. A few individuals in the focus groups expressed enjoying activities on their own such as shopping, cooking or watching television.

Similar to key informants, several focus group participants expressed concern that there are many older adults who are isolated either by choice or circumstance and that it is difficult to reach these people or get information to them.[23]

WHAT IS AVAILABLE OR BEING DONE?

Interventions in Central Indiana to address social exclusion in older adults include several efforts. First, churches and families provide social inclusion opportunities for older adults in roles such as caregiver, sitter and volunteer. Volunteer opportunities may be diverse within these institutions. Second, Senior Companions, which is a service that matches trained volunteers with older adults needing companionship, is reaching some isolated older adults living in Marion County. Third, senior centers and organizations offer social activities, as discussed above, including dancing, exercises, book clubs and congregate meals. Even home-delivered meals, which provide social interaction, are not the same as social inclusion.

> "One of the best sellers for meals program is that it was an interruption to a lonely life and human contact."
>
> - Key Informant

"More education and advocacy is needed to bring awareness to business and government leaders about the untapped potential for seniors to fill vital social roles that would be beneficial to both the senior and to society as a whole."

- Duane Etienne, President Emeritus, CICOA Aging & In-Home Solutions

WHAT ARE IDEAS FOR SOLUTIONS?

One key informant described an idea for a program that is much like what Senior Companions now provides.

"It has been a thought to harness a group of volunteers or nursing students or a person with common sense to go into homes with high-risk people, check in with them and companionship support. These programs have been successful in other areas. It is a barrier to think a professional has to do this work. Nursing students would be great because they could perform blood pressure checks, weight checks, etc."

- Key Informant

An interesting observation from Senior Companions is that the volunteers often seem to get more social satisfaction from the program than do the older adults needing companionship, which points to increased opportunities for older adults to volunteer as a path to interventions for well-being. Work by Johns Hopkins faculty in the Baltimore Experience Corps trial, which paired older adults with elementary school volunteers, showed increased physical, social, and cognitive activity engagement, and even slowed brain atrophy.[24] Importantly, this trial involved older adults similar to the Indy Senior Companion participants—largely Black women with one to two years of post-high school education. The Experience Corps program is now supported by the AARP Foundation in 22 cities, including Evansville, Indiana, but not Indianapolis.

One informant felt strongly that services are not well coordinated or communicated to older adults and their families, and that better efforts in this area would match older adults to services and opportunities they need.

BRIDGING AND LINKING SOCIAL CAPITAL

Social capital is a way of talking about how people access a variety of resources through both formal and informal social networks.[25] It is important for older adults, as social capital is connected to social, physical, and emotional well-being.[26] Social capital resources can include: opportunities for socialization and recreation; connections to paid or volunteer jobs; friendships with those who can provide

informal help with small informal needs, such as a lift to the grocery or a simple car repair; and informal access to people who can make a connection to formal social service organizations for health, housing, legal or other types of needs; people who can be trusted, allowing older adults to feel safe, resulting in increased interaction with others and enjoyment of outdoor spaces.

There are several types of social capital, some core types being bridging, bonding and linking.[27]   Bonding and bridging capital are ways to talk about horizontal relationships between peers, while linking capital includes vertical connections to formal institutions or people with higher levels of social power. Bonding capital is related to trust people have with their neighbors, social cohesion, collective efficacy, feelings of safety, people's willingness to help their neighbors, and civic participation.[28] Bridging capital describes relationships occurring outside of one's immediate social network, such as connections between older adults in one community to other social networks that have resources they may need. Both bridging and bonding capital are typically informal networks within and between communities. Linking capital allows individuals access to resources available through formal networks, such as non-profits or government services.

Older adults who are socially isolated often have deficits in all these forms of capital, since connections with other people in social networks form the core of social capital. Older adults tend to have stronger bonding capital than younger adults, and people living in cities tend to have stronger bridging capital than those in rural areas. However, some communities are excluded from many types of resources, whether from a history of social discrimination, or even residential patterns formed through segregation history.[29] While segregation and historical discrimination against communities can limit some individuals from accessing formal resources, they can still have strong informal connections within their networks. Unfortunately, there may be limited connections to external networks with greater levels of resources—money for lending and professionals for legal, medical or housing services, etc.
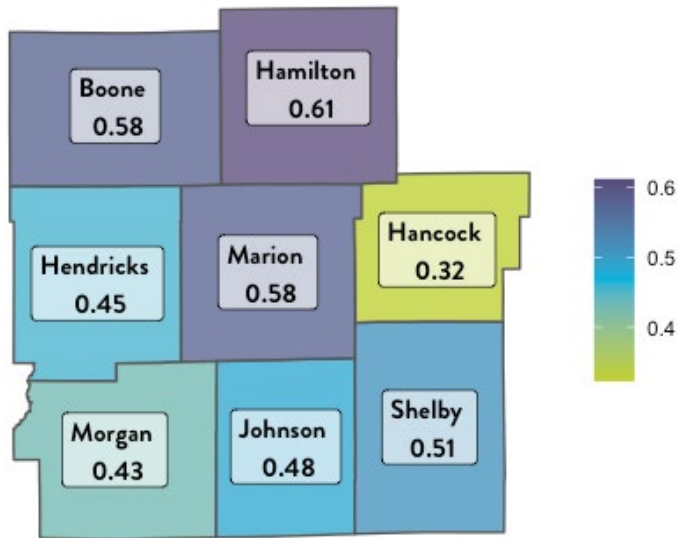
Each form of capital is important for communities. But while trust and cohesion, components of bonding capital, are important, and often related to reports of social well-being, there is mixed evidence bonding capital is related to improved economic or health outcomes, so it

is sometimes referred to as a 'getting by' measure.[30] In contrast, the 'getting ahead' measures, bridging and linking capital, have stronger evidence of being related to communities that see economic improvements, and health outcomes for members. There are no established measures for bridging or linking capital using public data for the local level (these are usually measured with survey questions), but proxy measures have been cited in the literature.

The Polis Center created an index for bridging and linking capital at the county-level for Indiana and mapped these for Central Indiana. The Bridging Social Capital Index shows that Hamilton, Boone, and Marion counties have the highest scores, while Hancock has the lowest. Higher scores imply stronger connections between communities, and an ability to share resources between these communities.[31] The Linking Social Capital Index shows that Hamilton has one of the highest levels in the state, and Marion, Shelby and Morgan counties have the lowest levels in this region.[32] A high score implies strong connections between communities and centers of authority, or access to higher-level resources.

Hamilton, Boone, and Marion counties score highest on the Bridging Capital Index.
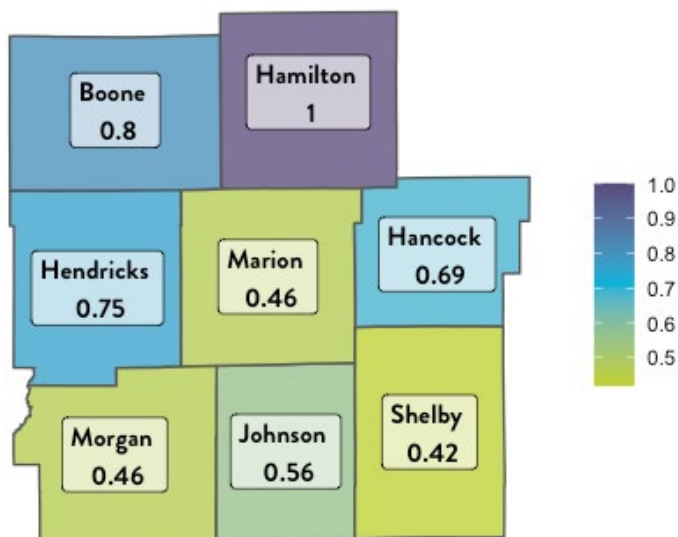
Bridging Social Capital Index

Source: Analysis by The Polis Center

Hamilton, Boone, and Hendricks counties score highest on the Linking Capital Index.

Linking Social Capital Index

Source: Analysis by The Polis Center

ENDNOTES

1   Frankl, Viktor Emil. Man's Search for Meaning. Boston: Beacon Press, 2006.

2   Haidt, Jonathan., and OverDrive Inc. The Happiness Hypothesis: Finding Modern Truth in Ancient Wisdom. New York: Basic Books, 2010.

3   Burgin D, O'Donovan A, d'Huart D, et al. Adverse Childhood Experiences and Telomere Length a Look Into the Heterogeneity of Findings-A Narrative Review. Front Neurosci. 2019;13:490.

4   Levine ME, Crimmins EM. Evidence of accelerated aging among African Americans and its implications for mortality. Soc Sci Med. 2014;118:27-32

5   Thayer C, Anderson GO. 2018. Loneliness and Social Connections. AARP Foundation for a future without senior poverty.

6   Community Assessment Survey for Older Adults TM. National Research Center Inc., 2017. https://cicoa.org/news-events/research/

7   Klinenberg, E. (2002). Heat Wave: A Social Autopsy of Disaster in Chicago. University of Chicago Press.

8   America's Health Rankings. Risk of Social Isolation – Ages 65+. https://www.americashealthrankings.org/explore/senior/measure/isolationrisk_sr/state/ALL

9   America's Health Rankings. "Explore Risk of Social Isolation - Ages 65+ in the United States | 2020 Senior Health." Accessed January 21, 2021. https://www.americashealthrankings.org/explore/senior/measure/isolationrisk_sr/state/ALL.

10   Arendt, J.N. (2005). "Income and 'Outcomes' for Elderly: DO the Poor Have A Poorer Life?" Social Indicators Research 70: 327–47. https://doi.org/10.1007/s11205-004-1545-8.

11   Wedmedyk, S. (2015). "Older Adults in Poverty Face Compounded Health Inequities." Association of State and Territorial Health Officials. https://www.astho.org/StatePublicHealth/Older-Adults-in-Poverty-Face-Compounded-Health-Inequities/8-25-15/.

12   Snedeker, Lauren. (2017). "Aging & Isolation — Causes and Impacts." Social Work Today. https://www.socialworktoday.com/archive/011917p24.shtml.

13   Wedmedyk. (2015).

14   Miyawaki, C. (2015). "Association of Social Isolation and Health across Different Racial and Ethnic Groups of Older Americans." Ageing and Society 35: 2201–28. https://doi.org/10.1017/S0144686X14000890.

15   Perissinotto, C.M., Irena S.C., Covinsky, K. (2012). "Loneliness in Older Persons: A Predictor of Functional Decline and Death." Archives of Internal Medicine 172: 1078–83. https://doi.org/10.1001/archinternmed.2012.1993.

16   Harris, B.H. Harris and Kearney, M.S. (2014). "The Unequal Burden of Crime and Incarceration on America's Poor." Brookings (blog). https://www.brookings.edu/blog/up-front/2014/04/28/the-unequal-burden-of-crime-and-incarceration-on-americas-poor/.

17   Rankin, B.H., Quane, J. (2000). "Neighborhood Poverty and the Social Isolation of Inner-City African American Families." Social Forces 79: 139–64. https://doi.org/10.2307/2675567.

18   U.S. Social Security Administration. "Population Profile: Marital Status and Poverty." Accessed January 21, 2021. https://www.ssa.gov/policy/docs/population-profiles/marital-status-poverty.html.

19   Thayer, C., Anderson, O. (2018). "Loneliness and Social Connections: A National Survey of Adults 45 and Older." AARP Research. https://doi.org/10.26419/res.00246.001.

20   Miyawaki, C. (2015). "Association of Social Isolation and Health across Different Racial and Ethnic Groups of Older Americans." Ageing and Society 35: 2201–28. https://doi.org/10.1017/

S0144686X14000890.

21 Snedeker, Lauren. (2017). "Aging & Isolation — Causes and Impacts." Social Work Today. https://www.socialworktoday.com/archive/011917p24.shtml.

22 Thirty-five key informant interviews with caregivers and service providers were conducted during 2019 and 2020 to collect input on issues facing the older adult population in Central Indiana. Public and not-for-profit sector leaders and service providers who are knowledgeable about service systems and issues pertaining to older adults in Central Indiana were identified and interviewed as key informants during report preparation.

23 It is important to note that people who participate in focus groups, such as the ones conducted for this report, often seek socialization and have the resources to participate. Some participants noted they were participating in the focus group for the socialization. The needs and concerns of more isolated older adults may differ from those of the focus group participants.

24 Carlson, M.C., Kuo, J.H., Chuang, Y.F.,Varma, V., Harris, G., Albert, M., Erickson, K., Kramer, A., Parisi, J., Xue, Q., Tan, E., Tanner, E., Gross, A., Seeman, T., Gruenewald, T., McGill, S., Rebok, G., Fried, L. (2015). Impact of the Baltimore Experience Corps Trial on cortical and hippocampal volumes. Alzheimer's Dement.11(11):1340-1348.

25 Poder, T. (2011). What is really social capital? A critical review. The American Sociologist 42: 341-367.

26 Browne-Yung, K., Ziersch, A., Baum, F. 2013. 'Faking til you make it': Social capital accumulation of individuals on low incomes living in contrasting neighborhoods and its implications for health and wellbeing. Social Science & Medicine 85: 9-17.
Buck-McFadyen, E, Akhtar-Danesh, N., Isaacs, S., Leipert, B., Strachan, P., Valaitis, R. (2019). Social capital and self-rated health. Health and Social Care in the Community 27: 424-436.
Carpiano, R. 2006. Neighborhood social capital and adult health: An empirical test of a Bourdieu-based model. Health and Place 13: 639-655.
Pinxten, W., Lievens, J. (2014). The importance of economic, social and cultural capital in understanding health inequalities. Sociology of Health& Illness 36: 1095-1110.
Smiley, K. 2020. Social capital and industrial air pollution in metropolitan America. Sociological Quarterly doi=10.1080/00380253.2019.1711252 (pre-print publication online)
Villalonga-Olives, E., Almansa, J., Knott, C., Ransome, Y. (2020). Social capital and health status: Longitudinal race and ethnicity differences in older adults from 2006-2014. International Journal of Public Health 65: 291-302.

27 Osborne, C., Baldwin, C., Thomsen, D. 2016. Contributions of social capital to best practice urban planning outcomes. Urban Policy and Research 34: 212-224.

28 Kim, H.Y. (2018). Effects of social capital on collective action for community development. Social Behavior and Personality 46: 1011-1028.
Pabayo, R., Grinshteyn, E., Avila, O.; Azrael, D., Molnar. (2020). Relation between neighborhood socio-economic characteristics and social cohesion, social control, and collective efficacy. SSM-Population Health 10: 1-8.

29 Daly, M., Silver, H. (2008). Social exclusion and social capital. Theory and Society 37: 537-566.

30 Lukasiewicz, K., Bahar, O., Ali, S., et al. (2019). Getting by in New York City: Bonding, bridging and linking capital in poverty-impacted neighborhoods. City and Community 18: 280-301.

31 The Bridging Social Capital Index is composed of 4 measures: per capita employees of non-religious organizations that facilitate civil participation (NAICS 813, minus religious organizations), segregation (Black-White dissimilarity index), income inequality, and per capita mainline Protestants & Catholics. These two religious groups are cited as being more prone to work with secular community organizations, generating bridging capital, while Evangelicals are more likely to invest deeply in their own congregation, generating bonding capital.

Beyerlein, K., Hipp, J. (2005). Social capital, too much of a good thing? Social Forces 84: 995-1013.

Clark, J., Stroope, S. (2018). Intergenerational social mobility and religious ecology. Social Science Research 70: 242-253.

Nisanci, Z. (2017). Close social ties, socioeconomic diversity, and social capital in US congregations. Review of Religious Research 59: 419-439

Wuthnow, R. (2002). Religious involvement and status-bridging social capital. Journal for the Scientific Study of Religion 41: 669-684.

32 The Linking Social Capital Index is composed of 4 measures: Voter turnout (2016-2018 average), Census response rates (2010), per capita employees at establishments that provide services to the elderly & disabled (NAICS 624120), and per capita service professionals (legal, healthcare, education, public administration).

Download the data used in this chapter.

Download spreadsheets containing our source data
by clicking here or scanning the QR code below.