

# STATE OF AGING IN CENTRAL INDIANA



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Produced by The Polis Center at IUPUI and SAVI in partnership with the IU Center for Aging Research, and the IU Public Policy Institute's Center for Research on Inclusion and Social Policy.

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# INTRODUCTION

Is Central Indiana a good place to grow old? Are the basic needs of older adults in Central Indiana being met? What are emerging trends and issues related to older adults in Central Indiana?

Older adults are the fastest growing demographic in Central Indiana, as approximately 24,000 adults turn 55 and 22,000 turn 60 each year.<sup>1</sup> By the year 2030, one in every five Hoosiers will be over the age of 65.<sup>2</sup> To enhance the ability of older adults to live and thrive in Central Indiana, it is important to understand the population trends, notable changes, and basic needs of this growing demographic.

It is also important to acknowledge that older adults in Central Indiana experience aging differently based on their race, ethnicity, income levels and other factors. Systemic inequity—which includes systemic racism and biases against gender, income, sexual orientation and others—exists across multiple systems.<sup>3</sup> These behaviors are difficult to overcome without the support and influence of external entities to call out the negative efforts and identify solutions to address those issues.

The Central Indiana Senior Fund (CISF) in collaboration with The Polis Center at IUPUI (Polis), IU Center for Aging Research (IUCAR), and IU Public Policy Institute's (PPI) Center for Research on Inclusion and Social Policy developed a suite of information tools about the State of Aging in Central Indiana (SoA), including an annual report, issue briefs on emerging topics, and an interactive information portal (<https://centralindiana.stateofaging.org>).

These resources provide community leaders, decision-makers, older adult-serving entities, and philanthropic organizations with access to place-based information to help identify needed programs, funding, and policies. The aim is to inform discussion and prompt solutions that address the unique and diverse needs of older adults in Central Indiana. The ultimate goal is to help older adults in Central Indiana have equal opportunity for a healthy, dignified and enjoyable life.

This report uses quantitative and qualitative data and analysis to understand the characteristics of and issues facing older adults in Central Indiana. It reveals lived experiences and some of the assets and opportunities encountered by older adults in Central Indiana, using an equity framework to interpret challenges that some older adults face as a part of their daily lives.

# EXECUTIVE SUMMARY

## PURPOSE OF REPORT:

Funded by the Central Indiana Senior Fund, the State of Aging in Central Indiana Report was developed to act as the premiere source of data related to growing older in Central Indiana. This report, along with the accompanying interactive online portal and issue briefs, is intended to function as a tool to inform policy on state and local levels, influence the distribution of funds addressing older adult needs, and guide organizations as they work with older adults in their communities.

## APPROACH:

The Polis Center at IUPUI compiled regional and local-level demographics data on older adults, as well as data related to their basic needs, continued living in their communities, and health and wellness. To supplement this work and validate the findings in the data, the IU Center on Aging Research and the IU Public Policy Institute Center for Research on Inclusion and Social Policy conducted key informant interviews of service providers and policy makers, as well as focus groups of older adults throughout Central Indiana. Throughout this report, we interpret equity issues related to age, race, ethnicity, gender identity, and other characteristics that result in some groups of older adults experiencing challenges that others do not. The ecological model of equity calls out these inequities beginning at the individual level and continuing all the way to the community and policy levels where decisions are made that impact older adults.

## FINDINGS:

### DEMOGRAPHICS

The older adult population (55 years and older) in Central Indiana is increasing in size at a rate six times greater than that of the younger population. The majority (83%) of older adults in Central Indiana are White, although as more adults grow older, the proportion of older adults of color will increase.

## BASIC NEEDS

In recent years, the poverty rate among older adults has decreased, although poverty rates among older adults of color are disproportionately greater than those of White older adults. Despite this improvement, many older adults still face challenges affording basic needs, with housing and healthcare being the costliest. One in 10 older adults faces food insecurity, and many experience diminished access to transportation as they age, which limits access to other resources. Older adults are also at greater risk of fraud and scams than the younger population.

## LIVING IN THE COMMUNITY

Older adults in Central Indiana reported that their communities are good places to grow older. However, some older adults reported facing challenges related to remaining in their own homes, and providers reported facing difficulties accessing some older adults who need assistance. Meanwhile, one in three older adults reports feelings of loneliness and isolation, despite more than half reporting knowledge of community activities in which to participate.

## HEALTH AND WELLNESS

Older adults face increasing health challenges as they grow older. Among adults age 55 to 84, cancer is the leading cause of death, while heart disease is the leading cause of death among adults 85 and older. While health care is generally accessible in Central Indiana, the rural areas suffer from a lack of providers with a geriatric specialty. Four in five older adults provide care for another person; two in five do so for another adult age 60 and older. One quarter of those who care for others report being burdened by those responsibilities.

# EQUITY

Older adults in Central Indiana experience aging differently based on their race, ethnicity, income levels and other factors. While this information is crucial for identifying trends and informing decisions, it is a preliminary step toward understanding the root causes of inequity.

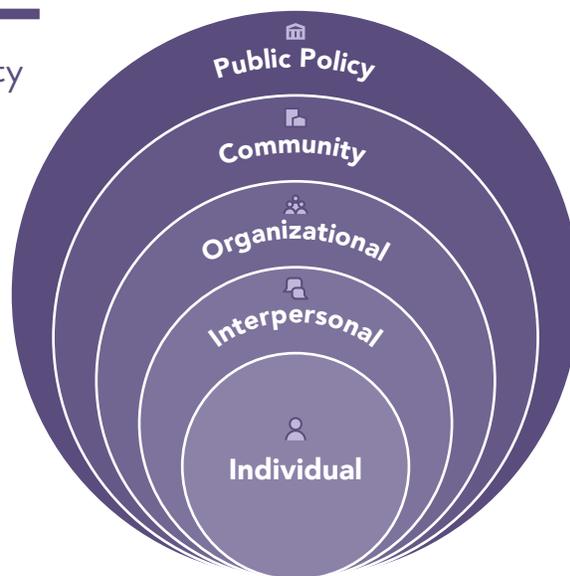
Systemic or institutional racism includes racist activities that move beyond individual-level actions and are embedded into organizational or societal practices. We focus on systemic inequity, which includes systemic racism, as well as biases against gender, income, sexual orientation and others that exist across multiple systems. These practices are difficult to overcome without the support and influence of external entities, funds and attention to call out the negative efforts and identify solutions to address those issues. For example, lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ+) older adults in Central Indiana report experiencing discrimination in group housing that does not fully consider sexual orientation and gender identity.<sup>4</sup> That situation is an example of systemic inequity when there is no systemic effort within or among these housing providers to recognize the identity of LGBTQ+ older adults in a way that makes them feel safe and that ensures their comfort.

The social ecological model is a common framework used to identify the influences on individuals' outcomes, and the fact that they occur at different levels of society. While this framework is commonly used in the public health arena, it is multidisciplinary in nature.<sup>5,6,7</sup> For the purpose of this report, the social ecological model has been adapted as a framework for examining inequitable outcomes for different communities of older adults, and for capturing the systemic nature of the inequities they face.

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## Social Ecological Model of Inequity

Source: Adapted from the University of Washington School of Medicine<sup>8</sup> and Heise et al.<sup>9</sup>



This diagram is an explanation of each level of the model and how it is contextualized within this report.

**Inequitable Trends:** These areas focus on general trends among each group that are influenced by systemic inequity, but largely reinforced at individual and group levels.

**Individual:** Most work focuses on this level. Specifically, this level can be discussed as the individual-level differences experienced within and compared to other groups. From an inequity perspective, these experiences include direct implicit bias or personal experiences. We discuss these issues by highlighting key trends across and within certain populations, as well as opportunities to acquire or practice skills, experiences or decisions that some groups of people may have access to while others do not.

**Interpersonal:** This level refers to the friends, family and social networks of older adults. Inequity may appear through interpersonal networks that present disproportionately complex decisions or experiences for certain populations (e.g., families of color are more likely to live in intergenerational households).

**Systems:** These levels engage gaps for which individuals or communities have substantially less agency, and where external support is crucial for creating meaningful, lasting change.

**Organizational:** Organizations, such as workplaces and service providers, can contribute to inequity by not providing services tailored to specific populations, especially if they are at risk of obtaining poor outcomes. When older adults rely on specific services or engagement with different organizations, these experiences can have negative effects that perpetuate inequitable outcomes.

**Community:** This level refers to how communities are designed, how older adults feel about their physical access to community spaces, facilities and resources, and older adult physical connectedness within their neighborhood, city or region. Older adults may experience systemic inequity here because they often lack individual control over the ability to access transportation, safe sidewalks or food, and which may vary by the racial/ethnic or income composition of one's community. These community-level experiences are often reinforced by organizational-level inequities and by public policies that actively or passively reinforce inequitable conditions in communities.

**Public Policy:** This final level frequently influences the others, as it refers to U.S., state, and local policies and laws that can guide community structures, organizational resources and individual and group-level experiences.

Each section in this report highlights quantitative and qualitative data trends that indicate not just inequities in outcomes for older adults, but inequities and gaps in services, policy decisions and community-wide resources. The goal of this framework is to inform opportunities for investment advocacy, and greater engagement with groups that may benefit from support to close gaps to more equitably serve older adults.

Where different, relevant levels of the model are highlighted within each chapter, a designation will be provided to easily identify the level of the model being discussed. We hope that this structure will not only illuminate the inequitable gaps in our systems, but also highlight opportunities to address and improve the experiences of older adults in more equitable ways.

# KEY FINDINGS



This annual report is divided into 11 stand-alone sections that taken together provide a snapshot of the state of aging in Central Indiana. Each section summarizes the notable trends and issues for a different topic related to aging. The contents and key findings of each section are outlined below.

## SECTION 1: DEMOGRAPHICS

A growing population of nearly half a million older adults (age 55 and older) live in Central Indiana. This section of the report emphasizes population trends and household characteristics, including socioeconomic indicators.

Key Findings:

- The older adult population in Central Indiana is increasing at six times the rate of the younger population.
- People of color comprise one in six older adults. A more diverse younger population will result in an increasingly diverse older adult population in the future.
- Four in ten older adults live alone.
- The poverty rate is three times higher among older adults of color.



## BASIC NEEDS

### SECTION 2: FINANCIAL STABILITY

Financial stability is crucial for older adults to maintain a decent quality of life, age in place and access key resources. Whether or not an older adult is financially stable is influenced by life experiences and other key characteristics. This section of the report assesses financial stability, including poverty levels, household income, basic expenses and the experiences of older adults in Central Indiana.

Key Findings:

- All three older adult age groups (young-old, middle-old and oldest-old) experienced significant increases in income between 2014 and 2019.
- Overall, one in 12 older adults experiences poverty, with the oldest-old age group experiencing higher poverty rates than the other age groups.
- Older adults experience both racial and gender disproportionalities with respect to poverty, as Black and Latinx older adults are more likely to experience poverty than White older adults, and older women are more likely to experience poverty than older men.
- Nearly one fifth of adults of traditional retirement age continue to work outside the home.
- Older adults face barriers attaining and maintaining a job, such as the ability to effectively use technology.
- Healthcare and housing are the costliest expenses of older adults in Central Indiana.
- One in three older adults reported recently experiencing at least some difficulty affording daily expenses or finding affordable health insurance.
- **Equity Highlight:** Black adults experience lower wages and less access to wealth-building opportunities throughout their lifetimes, which impacts their financial stability as older adults.

### SECTION 3: FOOD INSECURITY

Food insecurity is a challenge for many older adults with low incomes. Nationally, one in 10 households is food insecure, and the rate is even higher in Indiana. This section of the report discusses the breadth of food insecurity among Central Indiana’s older adults, including food access and barriers to food security.

#### Key Findings:

- One out of 10 adults age 50 and older in Indianapolis are food insecure.
- Indiana’s overall food insecurity rate is significantly higher than the national rate and has continued to increase over the past decade.
- According to older adults and service providers, the chief barriers to food access and security are transportation and money.





- The Federal Supplemental Nutrition Assistance Program (SNAP) provides necessary benefits to older adults experiencing poverty, yet only half of those age 60 or older experiencing poverty participate in the program.
- **Equity Highlight:** Neighborhoods with higher concentrations of people of color experiencing poverty are most likely to have low food access.

## SECTION 4: HOUSING

Housing is an important issue among older adults, as housing costs comprise a significant proportion of household expenses and can cause financial stress for those adults about to experience or already experiencing a decline in income. This section of the report discusses housing affordability, homeownership, housing instability and barriers to obtaining housing in Central Indiana.

Key Findings:

- More than half of older adults in Central Indiana who rent their homes spend at least 30% of their income on housing costs, a number that has not changed over the previous five years.
- One in five older adult homeowners spends at least 30% of their income on housing costs.
- The proportion of older adult homeowners who report not having sufficient income to pay property taxes declined from 2013 to 2017, though local focus group participants said that maintenance costs and gentrification were barriers to housing affordability.
- Three in four older adults are homeowners, one in three owns a home that they have paid for in full, and one in four rents a home.
- Adults age 62 and older experienced an increase in homelessness of one third between 2019 and 2020.
- **Equity Highlight:** In the United States, older adult veterans are three times more likely to experience homelessness compared to older adult non-veterans, due to a variety of systemic factors.



## SECTION 5: SAFETY AND ABUSE

Perceived personal safety may be crucial for older adults to age in place with a positive outlook; however, safety varies

based on location and the resources available to maintain social supports and effective caregiving. This section of the report emphasizes elder abuse and crime, including perceptions and experiences affecting the physical safety of older adults.

Key Findings:

- Nationally and in Indiana, one in 10 adults age 65 and older experiences abuse each year, a statistic that is likely underreported.
- Indiana’s Adult Protective Services has historically lacked sufficient resources and structure to provide social service-related support for endangered older adults in the state.
- Older adults report increases in fraud and scams, which make them feel less safe.
- Perceptions of community safety among older adults in Central Indiana have increased but vary among older adults living in high-crime neighborhoods.
- **Equity Highlight:** Older adults may be more vulnerable to being victims of fraud due to factors such as cognitive decline, financial illiteracy, social isolation and unclear avenues for fraud reporting.

## SECTION 6: TRANSPORTATION

Access to transportation is important because it empowers older adults to maintain their independence. Transportation opportunities for older adults may take different forms, including driving, public transportation, ride share services or shuttle buses. This section of the report discusses public transportation access and transportation barriers.

Key Findings:

- In Indianapolis, 7,800 older adults use public transportation for working, shopping and social trips.
- Only one in four older adults in Central Indiana positively rates the ease with which they can use public transportation in their communities.
- In Indianapolis, one in three older adults lives in neighborhoods with minimal or no public transportation service.



- Public transportation improvements in 2019 led to 15,000 more Central Indiana older adults living in neighborhoods with high level of transportation service.
- **Equity Highlight:** Older adults in rural areas have less access to transportation options, due to lack of resources for rural transportation systems, changing demography resulting from movement from rural to urban areas and limited Medicare support for transportation to medical appointments.



## LIVING IN THE COMMUNITY

### SECTION 7: AGING IN PLACE

Many people wish to grow older in their own homes rather than in an institutional setting. To accomplish this, it is important for older adults to have the means to maintain a home, perform activities of daily living and feel comfortable in their communities. This section of the report discusses aging in place in both homes and communities.

#### Key Findings:

- Three in five older adults report difficulty maintaining their homes, both inside and out.
- Two-thirds of older adults report not knowing about necessary services to assist them with remaining in their homes and communities as they age.
- Many older Hoosiers who receive publicly-funded services to assist them in their daily lives report that these services meet their needs and goals.
- Most older adults in Central Indiana believe their communities are a good place to live, and four in five intend to remain in them throughout retirement.
- **Equity Highlight:** Black and other older adults of color experience greater barriers to aging in place than do their White peers. This occurs because of higher prevalence in disabilities among people of color, greater likelihood of living with extended family, lower homeownership rates and lower resource availability in neighborhoods in which the majority of residents are Black.

## SECTION 8: 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:

- 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.
- Older adults may not receive the resources they need because of a deficit in bridging social capital, which connects them to people who have access to these resources.
- **Equity Highlight:** Older adults who experience poverty are more likely to experience social isolation, because of poor health that limits their mobility, fear of victimization, loss of or lack of a partner and limited social opportunities and resources in lower-income communities.



## HEALTH AND WELLNESS

### SECTION 9: HEALTH OUTCOMES

Increasing age brings a higher risk of chronic disease and deteriorating health. This section gives detail on the health status of the older population in Central Indiana with data and discussion on mortality rates and trends, rates of diseases, notable changes and disparities in their health outcomes.

Key Findings:

- Age-adjusted mortality rates for older adults have decreased significantly since 1999, but they have



stabilized since the mid-2000s. Mortality rates for Indiana and Central Indiana remain significantly higher than national rates. Mortality rates are significantly higher for Black than White older adults in Central Indiana.

- Cancer remains the leading cause of death for the younger- and middle-old. Heart disease is the leading cause of death for the oldest-old.
- Alzheimer’s disease has become the third leading cause of death of those 85 years and older.
- Ambulatory disability is the leading type of disability for older adults.
- Deaths from falls, drug overdose and suicide have increased in older adults over time, matching state and national trends.
- Compared to older women, older men are disproportionately affected by deaths from falls and suicide. Black older adults are disproportionately affected by deaths from drug overdose including those due to opioids, compared to White older adults.
- **Equity Highlight:** Black individuals and other people of color have higher rates of infection and serious illness due to COVID-19 compared to White people. Underlying disparities such as higher rates of health conditions, barriers to accessing health care, and lower incomes and financial challenges contribute to increased COVID-19 risk. For information about the relative COVID-19 rates in Indiana, see the State of Aging in Central Indiana COVID-19 Research Brief.



**Read more** about the impact of COVID-19 on older adults in this [research brief](#), or scan the QR code.



## SECTION 10: HEALTH CARE

Availability of specialized geriatric health care is of utmost importance for the well-being and good health of older adults. This section discusses the availability and use of health care and community-based services for older adults and the accessibility of these resources.

Key Findings:

- Older adults in Central Indiana feel health care is broadly available, but one in four has trouble affording or obtaining the health care they need.

- Providers identify falls and the fear of falling, mental health and emotional issues, dementia and fragmented care as issues that need more resources and attention.
- Six healthcare systems in Central Indiana have been recognized by the Institute for Healthcare Improvement as Age-Friendly Health Systems.
- Rural areas lack specialized geriatric healthcare services.
- Recipients of home- and community-based services report positive outcomes for hospital discharges and chronic conditions, but some who could benefit are unaware of or ineligible for those services.
- Low-income and other vulnerable Medicare recipients in Central Indiana visit hospitals and emergency rooms more frequently than other Medicare recipients
- **Equity Highlight:** The older LGBTQ+ population is disproportionately affected by the lack of healthcare access due to many factors.

## SECTION 11: CAREGIVING

This section of the report discusses caregiving by and for older adults, including its benefits and risks and associated resources.

Key findings:

- One in four older adults in Central Indiana is physically, emotionally or financially burdened by caregiving responsibilities, and most adults do not believe support services are available for caregivers.
- Four out of five older adults in Central Indiana provide care to a friend or loved one, and two in five provide care to someone over the age of 60.
- **Equity Highlight:** Latinx older adults are more likely to provide care for an older loved one. The lack of culturally and linguistically sensitive caregiving resources results in Latinx older adults and their caregivers being disproportionately affected by the challenges of caregiving.



## ENDNOTES

- 1 U.S. Census Bureau, "2015-2019 American Community Survey 5-Year Estimates," 2021.
- 2 Rachel Strange, "Indiana's Elderly Population Projected to Climb Sharply," August 2018, <http://www.incontext.indiana.edu/2018/july-aug/article2.asp>.
- 3 The Aspen Institute, "Glossary for Understanding the Dismantling Structural Racism/Promoting Racial Equity Analysis," n.d., <https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf>.
- 4 Nine focus groups with older adults were conducted during 2019 and 2020 to collect input on issues facing the older adult population in Central Indiana. The focus groups composed of older adults were assembled with the identification and recruitment assistance of community service providers. These focus groups were conducted by researchers, in person prior to the COVID-19 pandemic, and by Zoom after the pandemic began. The questions asked of the focus group participants were discussed and agreed upon by research faculty and staff.
- 5 Shelley D. Golden and Jo Anne L. Earp, "Social Ecological Approaches to Individuals and Their Contexts: Twenty Years of Health Education & Behavior Health Promotion Interventions," *Health Education & Behavior* 39, no. 3 (June 1, 2012): 364–72, <https://doi.org/10.1177/1090198111418634>.
- 6 Jennifer Gregson et al., "System, Environmental, and Policy Changes: Using the Social-Ecological Model as a Framework for Evaluating Nutrition Education and Social Marketing Programs with Low-Income Audiences," *Journal of Nutrition Education* 33 (September 1, 2001): S4–15, [https://doi.org/10.1016/S1499-4046\(06\)60065-1](https://doi.org/10.1016/S1499-4046(06)60065-1).
- 7 Centers for Disease Control and Prevention, "The Social-Ecological Model: A Framework for Prevention," January 29, 2021, <https://www.cdc.gov/violenceprevention/about/social-ecological-model.html>.
- 8 University of Washington School of Medicine, "Social Ecological Model | Ecology of Health and Medicine," August 12, 2017, <https://blogs.uw.edu/somehm/2017/08/12/social-ecological-model/>.
- 9 Lori Heise, Mary Ellsberg, and Megan Gottemoeller, "Ending Violence Against Women," *Population Reports* 27, no. 4 (December 1999).

# STATE OF AGING IN CENTRAL INDIANA



## SECTION 1 DEMOGRAPHICS

April 2021



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+

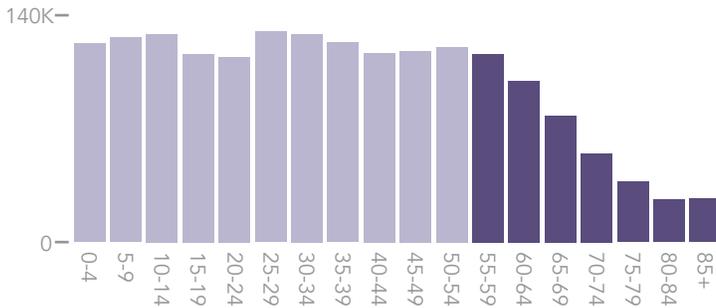
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# DEMOGRAPHICS

A growing population of nearly half a million adults age 55 and older live in Central Indiana. This older adult population is not a monolithic group, but rather varies by age group, race, ethnicity, household composition, socioeconomic status and other characteristics. This section of the report presents key population trends and demographics highlighting the diverse nature of older adults in Central Indiana. Key findings include:

- The older adult population is increasing at six times the rate of the younger population.
- People of color comprise one in six older adults. The older adult population will become increasingly diverse as the more heterogeneous younger population ages.
- Four in ten older adults lives alone.
- Older adults of color are three times more likely to experience poverty compared to White older adults.

## CURRENT POPULATION

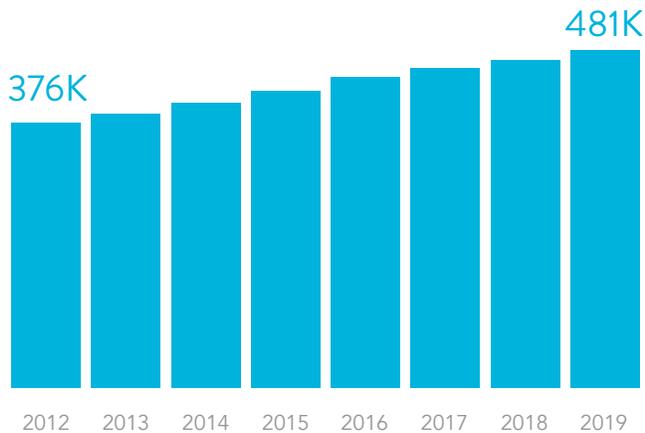


**481,000**

older adults in  
Central Indiana

25% OF TOTAL  
POPULATION

## POPULATION TRENDS

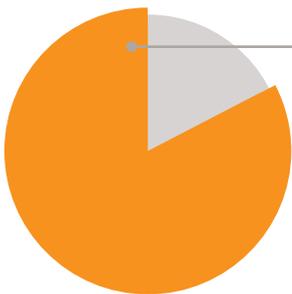


**+105,000**

more older adults since 2012

28% increase, compared to 5%  
increase in population under 55

## RACE AND ETHNICITY



**83%**

of older adults  
are White, compared to  
51% of population  
under 55

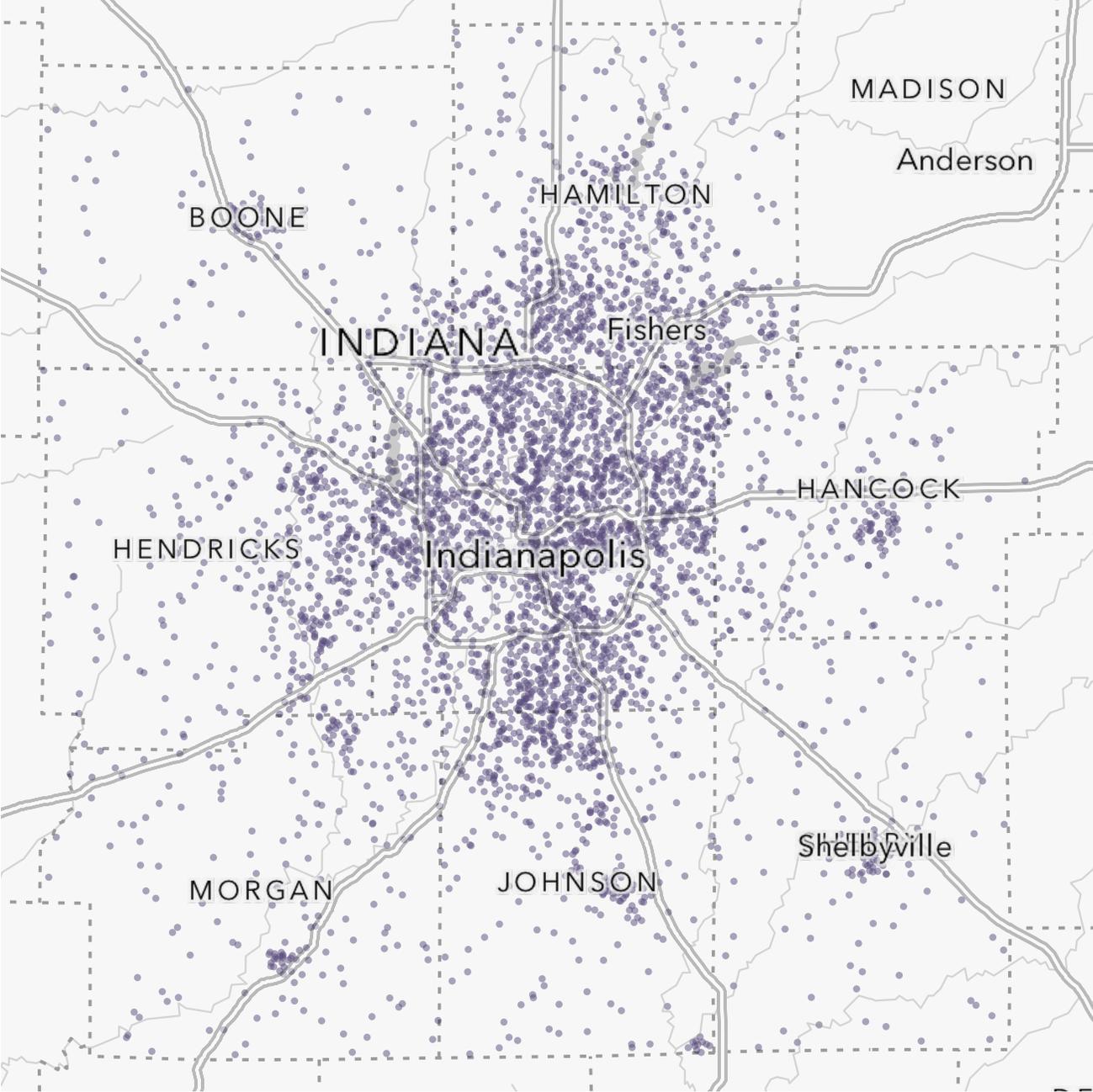
**82,800**

older people of color  
in Central Indiana



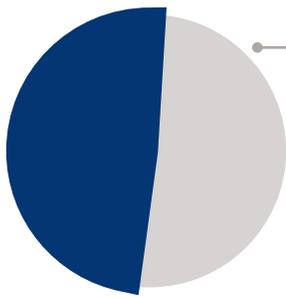
# LOCATION OF OLDER ADULTS IN CENTRAL INDIANA

• = 100 people age 55+



## HOUSEHOLDS AND FAMILIES

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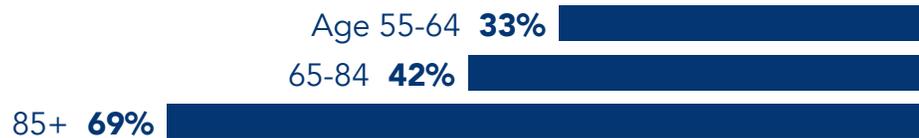


**47%**

of all older adults are married, but only 20% of those 85 and older are married

**39%**

of older adults live alone, which increases with age



**3.8%**

OF HOUSEHOLDS WITH AN ADULT 55+ LIVE WITH THEIR GRANDCHILDREN

3.3% WHITE HOUSEHOLDERS

5.9% BLACK HOUSEHOLDERS

12.3% LATINX HOUSEHOLDERS

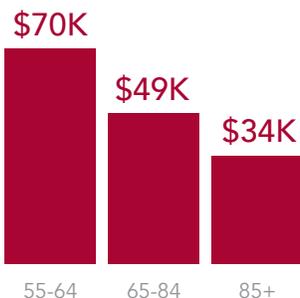
## INCOME AND POVERTY

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**8.1%**

OF OLDER ADULTS EXPERIENCE POVERTY

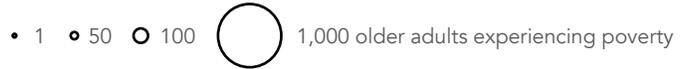
Black older adults are almost three times more likely to experience poverty than White older adults



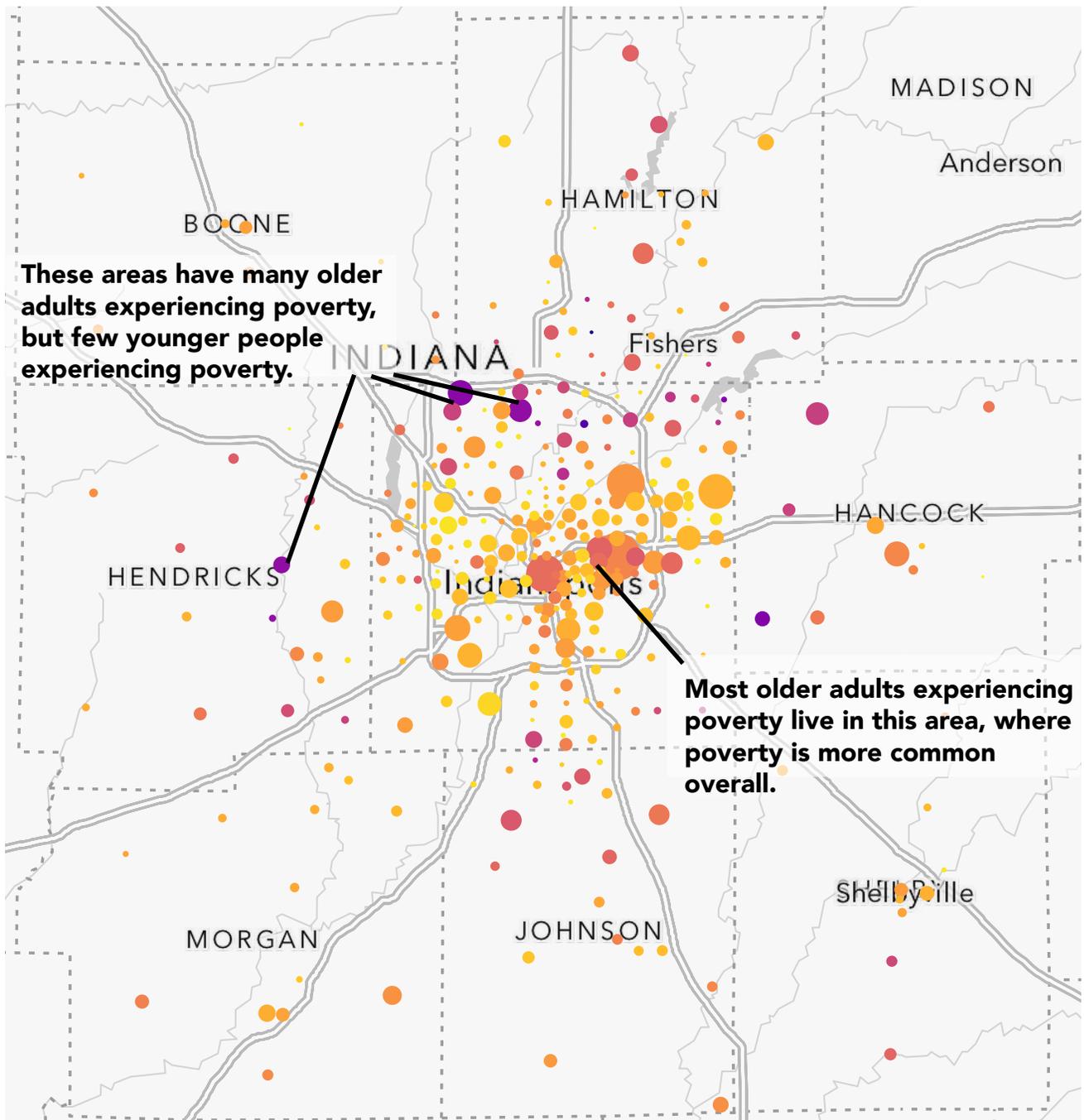
Median household income declines as households get older

# CONCENTRATION OF OLDER ADULTS EXPERIENCING POVERTY

Larger bubbles represent census tracts with more older adults experiencing poverty.



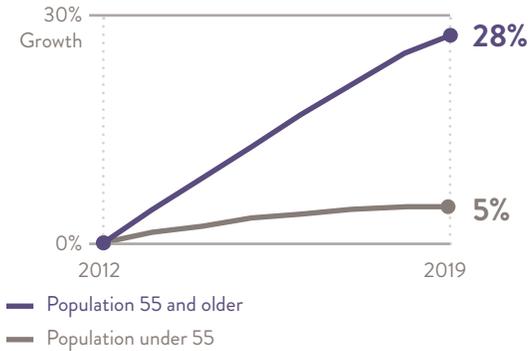
Darker bubbles represent census tracts where older adults make up a larger share of the population experiencing poverty.



## DEMOGRAPHICS

### Older adult population grew faster than younger population

Percent change in population since 2012



Because this shows population change since 2012, the chart for both groups begins at 0% in 2012. There are many more people under age 55, but the growth rate is greater among those 55 and older.

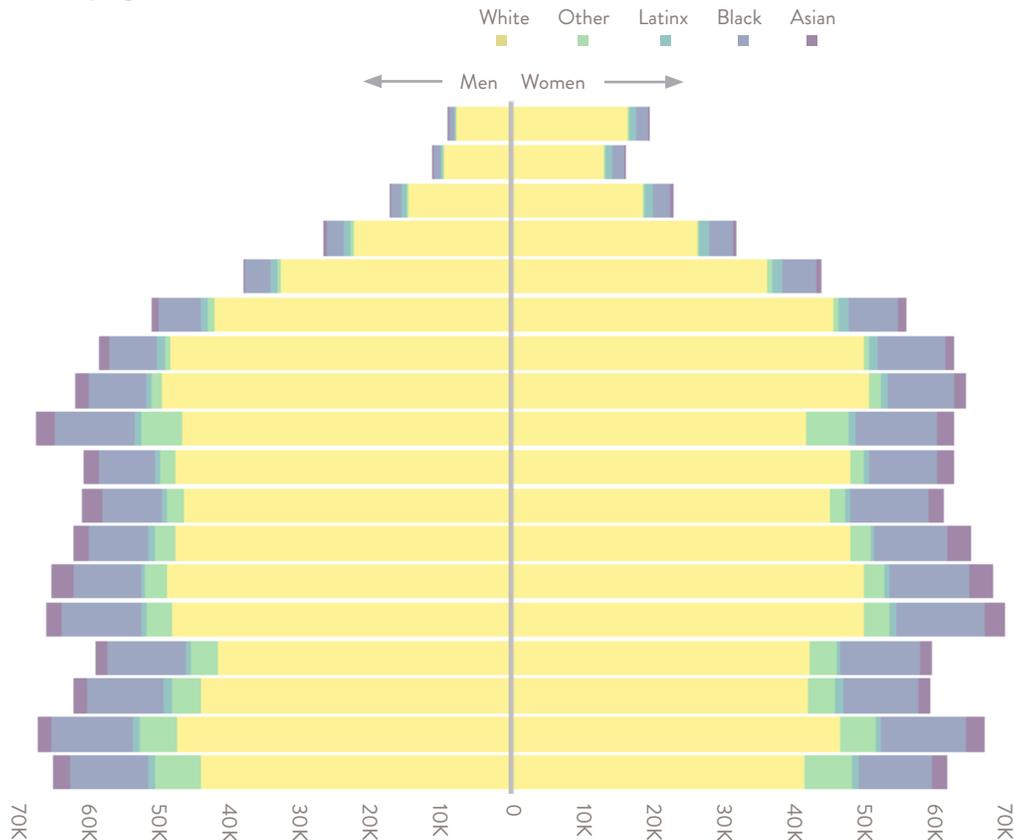
Source: PUMS, ACS 2008-2012 and 2015-2019 five-year estimates

As the Baby Boomer population continues to age, the older adult population in Central Indiana increased by 28% between 2012 and 2019. In contrast, the total population under age 55 increased by 5%. As of 2019, older adults composed one quarter (25.3%) of the Central Indiana population, which is slightly lower than for the state as a whole (28%). The oldest-old age group, those age 85 and older, consists of 1.6% of the population in Central Indiana. The younger-old (ages 55 to 64) and the middle-old (ages 65 to 84) age groups are 12.3% and 11.5% of the total Central Indiana population respectively.

While the older adult population in Central Indiana is more diverse than the rest of the state, the majority (83%) of older adults age 55 and older in Central Indiana are White. The older adult population is less diverse than subsequent generations. One third of those under age 55 (33%) are people of color. The racial makeup of older adults will change as this younger, more diverse cohort grows older.

### As younger cohorts age, the older adult population will become more diverse

Population distribution by age and race

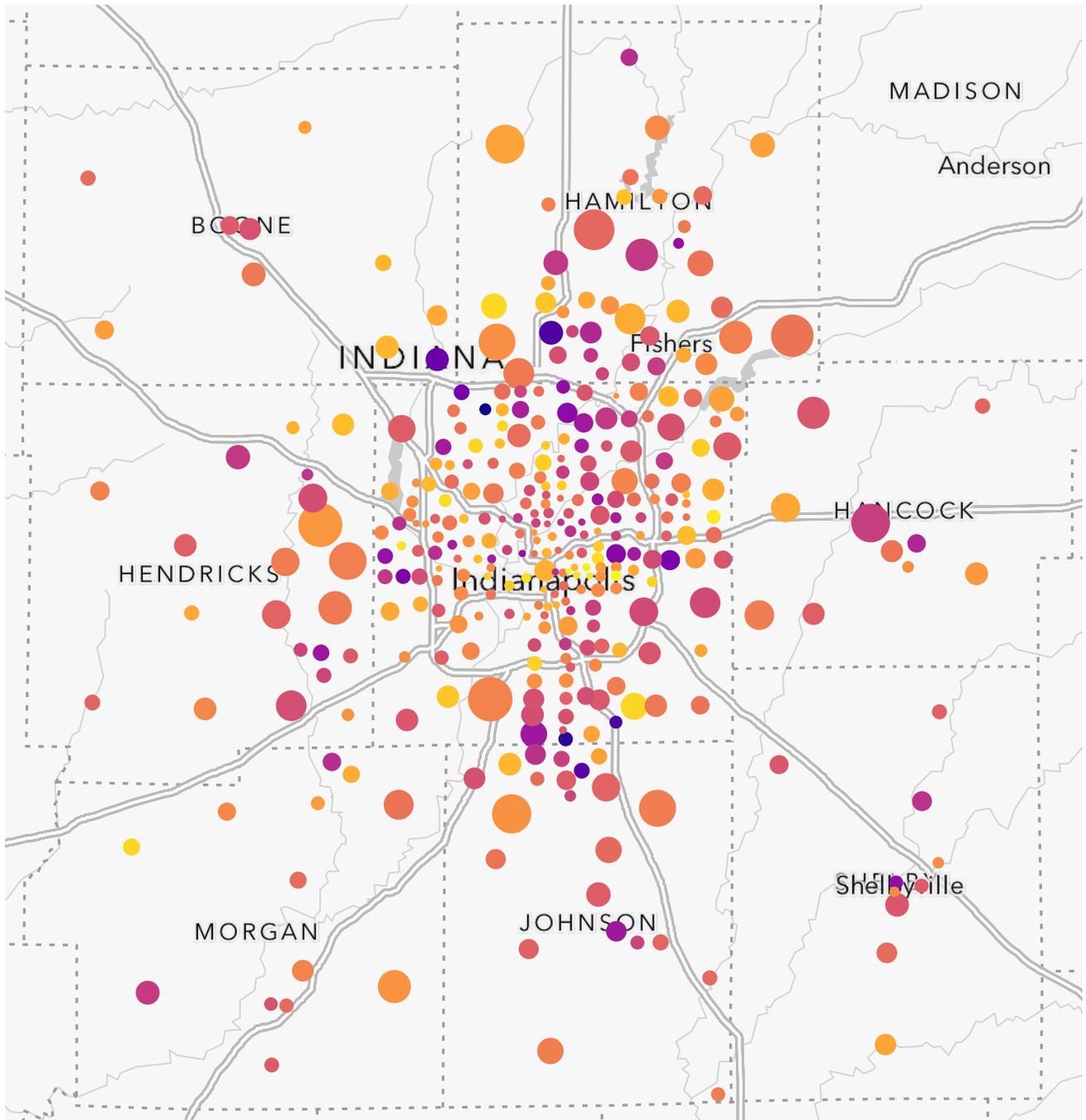


# DISTRIBUTION OF OLDER ADULTS BY POPULATION SIZE AND AGE

Larger bubbles represent census tracts with more older adults.



Darker bubbles represent census tracts where people age 85 or older make up a high share of older adults.



## OLDER ADULT HOUSEHOLDS

Age, race and ethnicity relate strongly to the kinds of households and families in which older adults live. As householders grow older, they are more likely to become widowed, less likely to be married and more likely to live alone. Latinx older adults are more likely than older Black adults and older White adults to live in households where more than one generation lives together, and are more likely to be married, making them less likely to live alone.

Four in ten (39%) older adult households in Central Indiana consist of individuals living alone. The oldest-old (those age 85 and older) are much more likely to be living alone (69%) compared to the middle-old (42%) and younger-old (33%). Black older adult households are more likely to consist of those living alone (50%) compared to Latinx older adult households (30%) and White older adult households (38%).

The younger-old and middle-old are much more likely to be currently married (51% and 46% respectively), compared to the oldest-old, of which only 20% are married. Black older adults are the least likely to be married (27%), compared to Latinx older adults (48%) and White older adults (49%). Among all older adults in Central Indiana, over one third (34%) are divorced, separated or widowed.

Nearly 4% of older adults live in households with their grandchildren. This rate is highest for the younger-old (4.7%) and lowest for the oldest-old (1.2%). A larger share of Latinx older adults live with their grandchildren (12.3%), while this rate is 5.9% and 3.3% for Black and White older adults, respectively.

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### Latinx older adults frequently live with their grandchildren.

Percent of adults age 55+ who live in the same household as their grandchildren

Latinx households

12.3%

Black households

5.9%

White households

3.3%

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

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### Living with grandchildren is most common among those age 55-64.

Percent of adults in each age group living with their grandchildren

Age 55-64

4.7%

Age 65-84

3.3%

Age 85+

1.2%

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

## Download the data used in this chapter.

Download spreadsheets containing our source data  
by [clicking here](#) or scanning the QR code below.





# STATE OF AGING IN CENTRAL INDIANA



## SECTION 2 FINANCIAL STABILITY



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# FINANCIAL STABILITY

Financial stability is crucial for older adults to maintain a decent quality of life, age in place and access key resources. Whether or not an older adult is financially stable is influenced by life experiences and other key characteristics. This section of the report assesses financial stability, including poverty levels, household income, basic expenses and the experiences of older adults in Central Indiana.

- All three older adult age groups experienced significant increases in income between 2014 and 2019.
- Overall, one in 12 older adults experiences poverty, with the oldest-old age group experiencing higher poverty than the other age groups.
- Older adults experience both racial and gender disproportionalities with respect to poverty, as Black and Latinx older adults are more likely to experience poverty than White older adults, and older women are more likely to experience poverty than older men.
- Nearly one fifth of adults of traditional retirement age continue to work outside the home.
- Older adults face barriers attaining and maintaining a job, such as the ability to effectively use technology.
- Healthcare and housing are the costliest expenses of older adults in Central Indiana.
- One in three older adults reported recently experiencing at least some difficulty affording daily expenses or finding affordable health insurance.

## Income typically falls as households age.

Median household income for each age group (Central Indiana)

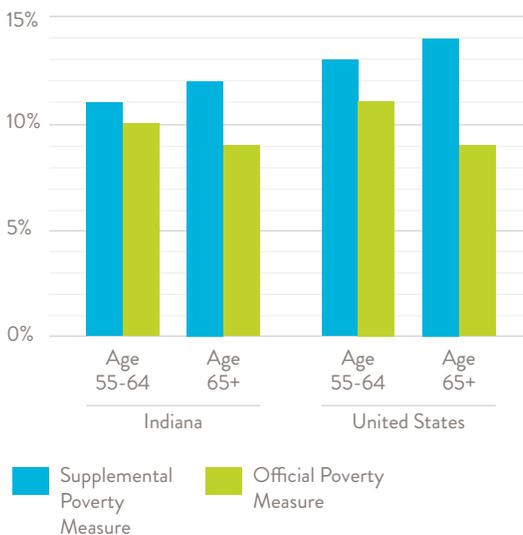


Source: PUMS, ACS 2010-2014 and 2015-2019 five-year estimates

## Incomes have risen for all age groups since 2014

## The official poverty measure underestimates the poverty rate among older adults

Poverty among older adults



Source: Current Population Survey, Annual Social and Economic Supplement 2015-2019 five-year estimates

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+

## MEDIAN HOUSEHOLD INCOME AND POVERTY

Household income includes sources such as wages from employment, retirement income, Social Security income Supplemental Security Income, and other public assistance payments.<sup>1,2</sup> Among older adults in Central Indiana, median household income varies by age group – as age increases, income generally decreases. In 2019, the median household income of younger-old adults was \$70,000.<sup>3</sup> Upon retirement age, that income declines to \$49,000 for the middle-old. A further decrease occurs when the older adult population reaches age 85 and older, when median household income declines to \$34,000.<sup>4,5</sup>

Overall, between 2014 and 2019, the median household income of older adults in Central Indiana increased, from \$47,000 to nearly \$55,000. All three age groups experienced significant gains in median household income between 2014 and 2019, marking economic recovery following the Great Recession in 2008. Not all populations are equally impacted by these gains, however; while White older adult households achieved increases in income over this five-year time period, neither Black nor Latinx older adult households experienced statistically significant gains.<sup>6,7</sup>

Poverty and financial insecurity are a challenge for older adults on a fixed income. According to the U.S. Census official poverty measure, Central Indiana has lower poverty among older adults than both Indiana and the

nation. However, the official poverty measure significantly underestimates poverty among older adults. Additionally, it does not consider public assistance programs that are not accessible to all Americans, e.g., younger-old adults have fewer resources available to them until they are eligible for benefits like Medicare and in most cases, social security.<sup>8</sup> While there is not a significant difference between the official poverty measure rates of younger-old adults and adults who are of retirement age (65 and older), the supplemental poverty measure reveals a significant, slightly higher poverty rate among retirement-age adults in Indiana.<sup>9</sup>

Focus groups of older adults reported experiencing poverty throughout their lives and continuing to lack financial stability, despite years of employment.<sup>10</sup> Key informant service providers discussed difficulty and low success rates employing those who continue to experience poverty.<sup>11</sup> This suggests that if poverty rates are high among younger-old adults while many are still employed, they may not be able to improve their incomes when or if they retire.

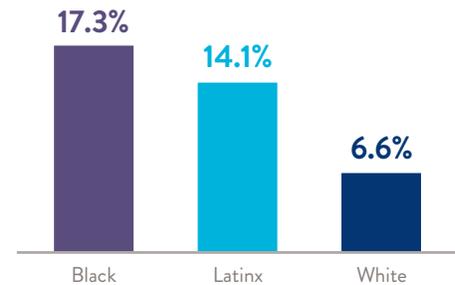
In Central Indiana, according to the traditional Census poverty measure, gender disproportionalities also exist among older adults experiencing poverty. Older women experience higher poverty rates than older men, at 8.9% versus 7.1%, respectively.<sup>12</sup>

There also are stark racial disproportionalities among older adults experiencing poverty. According to the traditional Census poverty measure, between 2015 and 2019, the poverty rate among all older adults was 8.1%.<sup>13</sup> However, Black older adults (17.3%) and Latinx older adults (14.1%) experienced significantly greater poverty rates than White older adults (6.6%). Additionally, Black and Latinx older adults are significantly more likely to be housing-cost burdened than White older adults. Households are housing-cost burdened when they spend more than 30% of their income on housing-related costs.<sup>14</sup> For more on housing and housing costs, please see the Housing section of this report.

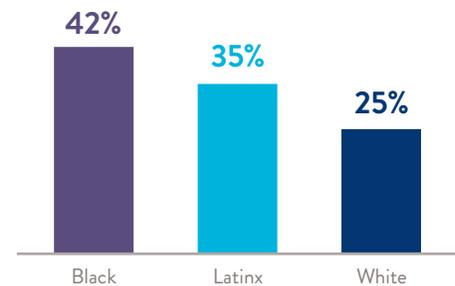
To learn more about some of the factors that influence higher poverty rates among Black older adults, please read “Highlighting Equity” below.

## Poverty rate is 11 percentage points higher for Black older adults than for White.

Poverty rate for individuals age 55 or older by race (Central Indiana)



Share of households with those age 55 and older paying more than 30% of income toward housing (Central Indiana)



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



### DISPARITIES IN INCOMES AND WEALTH



#### ORGANIZATIONAL FACTORS

##### *Black workers are paid less than their White counterparts*

The 2017-2019 Current Population Survey (CPS) found that Black workers in Indiana earned 79 cents for every dollar earned by White workers in the state.<sup>15</sup> Additionally, a national sample of 1.8 million employees between 2017 and 2019 found that Black workers continue to have lower earnings than White workers even when possessing the same level of education and experience.<sup>16</sup> Because of this disparity in pay and discretionary income, it is difficult for Black adults to save and accumulate wealth over their lifetimes.<sup>17</sup>

##### *Social Security benefit amounts are lower for Black Americans due to lower lifetime earnings*

Because Social Security benefits are based on income, and Black workers earn less than their White counterparts, Black older adults tend to receive less income through Social Security when they reach retirement age.<sup>18</sup> Social Security is the only source of income for roughly one third of American Black older adults, compared to 18% of White older adults.<sup>19</sup>



#### COMMUNITY FACTORS: BLACK ADULTS ARE LESS LIKELY TO OWN THEIR HOMES

In the United States, homeownership is an important avenue for building wealth.<sup>20</sup> However, in response to the Federal Home Loan Bank Board in the 1930s, mortgage lenders and banks started to deny access to credit to purchase a house in majority-Black and low-income immigrant neighborhoods, as these areas were deemed to be “Hazardous” for investment processes.<sup>21</sup> As a result of these practices and other financial inequalities, Black adults are 40% less likely to own their own homes, and thus have less equity and wealth to pass on to their heirs.<sup>22</sup> In 2019, the median net worth of a U.S. White family with a head of household 55 and older was \$315,000, nearly six times greater than that of the median Black family in the same age group (\$53,800).<sup>23</sup>



#### POLICY FACTORS: FEDERAL POLICIES LIMITED BLACK WORKERS' OPPORTUNITIES

The National Labor Relations Act of 1935 allowed the federal government to endorse union groups that excluded Black workers from membership. This policy affected the ability of Black workers to obtain blue-collar jobs, further exacerbating the income and wealth gap.<sup>24</sup>

## INCOME SOURCES

### EMPLOYMENT

Employment opportunities are crucial to the financial stability of many older adults—19% of adults in Central Indiana participate in the labor force beyond the traditional retirement age of 65.<sup>25</sup> Adults age 55 and older make up 21.6% of the total workforce in the area, an increase of 2.2 percentage points since 2012.<sup>26</sup>

Although Marion County has the largest number of working older adults in Central Indiana (95,000), it has the lowest proportion of its older adult population in its own work force (21%). Conversely, Shelby County is home to the fewest working adults (5,600), but at 25%, has the greatest proportion of older adults in the working population.

While some older adults continue to work after retirement because they need the income, according to focus group participants, some continue to work because they enjoy their jobs or do not know what they would do after retirement. Others maintain employment because of the benefits, including health insurance coverage. Private health insurance enables access to health care providers who do not accept Medicare.

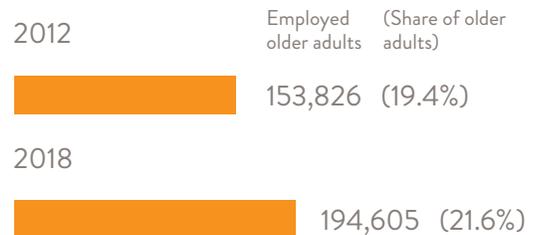
At nearly three-quarters, Marion County has the greatest proportion of older adults who work in the same county where they live, while less than one quarter of older adults who live in Morgan County also work there.<sup>27</sup>

### SOCIAL SECURITY AND SUPPLEMENTAL SECURITY INCOME

Many older adults of retirement age depend on social security benefits to survive when they are no longer working or are earning limited amounts. In 2019, 52% of older adults in Central Indiana received social security benefits, four percentage points fewer than the state.<sup>28</sup> Among the younger-old in Central Indiana, 16% are receiving social security benefits; this number increases to 86% for the middle-old, and 93% for the oldest-old.

Adults age 65 and older or have a disability and especially limited incomes may be eligible to receive an additional federal benefit – Supplemental Security Income (SSI) cash benefits to assist them with affording their basic needs.<sup>29</sup> Like the state of Indiana, in 2019, 3.6% of older adults

## One fifth of workers are older adults.



Source: Origin Destination Employment Statistics, U.S. Census

## Social Security uptake is slightly lower in Central Indiana than in Indiana overall.

Adults in **Central Indiana** and **Indiana** receiving social security benefits



Adults in **Central Indiana** and **Indiana** receiving supplemental security benefits



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

in Central Indiana received SSI benefits, in comparison to 4.0% statewide.<sup>30</sup> The proportion of younger-old who receive SSI (4.1%) is slightly higher than the middle-old and the oldest-old (3.1% and 3.3%, respectively). Once older adults begin receiving social security benefits, a portion of the value of these benefits are subtracted from the standard monthly SSI payment of \$794 per individual and \$1,191 per couple, which has the effect of eliminating the SSI benefits for some retirement-age adults.<sup>31</sup>

ALICE survival budgets range from \$2,000 to \$3,800 per month for older adult households.

#### ALICE Survival Budget for Older Adult Households

County	One adult 65+	Two adults 65+
Boone	\$2,311	\$3,530
Hamilton	\$2,526	\$3,814
Hancock	\$2,185	\$3,363
Hendricks	\$2,374	\$3,589
Johnson	\$2,202	\$3,369
Marion	\$2,224	\$3,463
Morgan	\$2,113	\$3,282
Shelby	\$2,074	\$3,234
Indiana	\$2,002	\$3,122

Source: United for ALICE 2020

#### What is ALICE?

The United for ALICE project produces county-level estimates of households that are Asset-Limited, Income-Constrained, and Employed, known as ALICE households. ALICE households have incomes that are higher than the federal poverty level, but too low to afford more than the most basic needs.

The percent of older adults living below the ALICE threshold in Central Indiana is four times higher than the poverty rate.

Percent of older adults with incomes below the the ALICE threshold and the poverty threshold

	Central Indiana	Counties							
		Boone	Hamilton	Hancock	Hendricks	Johnson	Marion	Morgan	Shelby
ALICE Rate	37%	36%	34%	36%	33%	36%	39%	32%	38%
Poverty Rate	9%	4%	6%	6%	5%	7%	11%	7%	9%

Source: United for ALICE 2020

## NAVIGATING POVERTY AND FINANCIAL INSTABILITY

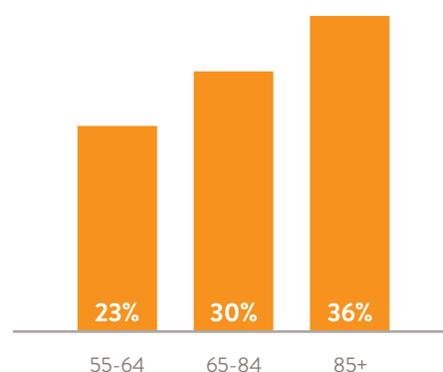
Insufficient income or poverty are not the only concerns facing older adults in Central Indiana; managing that income considering household and other important expenses is also a consideration. The United for ALICE project produces county-level estimates of households that are Asset-Limited, Income-Constrained, and Employed, known as ALICE households. ALICE households have incomes that are higher than the federal poverty level, but too low to afford more than the most basic needs. In Central Indiana, there are an estimated 13,000 adults (9%) age 65 and older who experience poverty, and more than 55,000 (37%) whose incomes fall below the ALICE threshold.<sup>32</sup>

The “survival” or most basic budget of an older adult ALICE household depends on whether it is a household consisting of an older adult living alone, or two older adults (both without children). In both cases, the budget is based upon county-specific expenses for housing, food, transportation, health care, technology, taxes and miscellaneous items. In Central Indiana, Hamilton County has the highest ALICE monthly survival budget for older adults, at \$2,526 for single-adult and \$3,814 for two-adult households. Meanwhile, Shelby County has the lowest ALICE survival budget for older adults, at \$2,074 and \$3,234. These budgets are both higher than the Indiana budget, which is \$2,002 for a single older adult, and \$3,122 for two older adults. Every Central Indiana county has a higher monthly ALICE survival budget than the state of Indiana overall.

The largest expenses for older adult households are housing and health care. Monthly ALICE housing costs are greatest in Hamilton County at \$881 and \$1,024 for one- and two-adult households, respectively, while they are the lowest in Shelby County, at \$599 and \$696. Monthly health care costs are greatest in Marion County, at \$528 and \$1,055 for one- and two-adult households, respectively, while they are lowest in Johnson County, at \$459 and \$917. More detail on county-specific expenses may be found in the data appendix, located [here](#).

The middle-old are more likely than the younger-old to be burdened by housing costs.

Percent of **Central Indiana** residents in each age group paying more than 30% of their income in housing costs



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

## IMPACT OF HOUSING COSTS ON FINANCIAL STABILITY

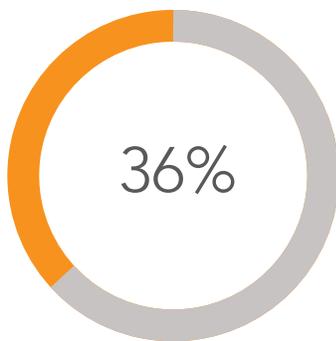
Because of a relatively high cost proportional to the typical household budget, housing and related costs can place a great deal of financial stress on older adult households. When 30% or more of its income is spent on housing costs, a household is considered housing-cost burdened. When 50% or more of its income is spent on housing costs, a household is considered severely housing-cost burdened.<sup>33</sup> In 2019, 23% of the younger-old were housing cost-burdened, as were 30% of the middle-old and 36% of the oldest-old.<sup>34</sup> This represents a modest decline among all housing cost-burdened older adult households since 2014, dropping from 29% to 27%. During the same time period, 10% of the younger-old were severely housing-cost burdened, as were 13% of the middle-old and 23% of the oldest-old. The overall proportion of older adult households who are severely housing-cost burdened changed little from 2014 to 2019. For more on housing costs and challenges affecting older adults, please refer to the Housing section of this report.

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One third of older adults have some difficulty having enough money to pay for basic needs.

Percent of older adults who report they have at least a minor problem having enough money to meet daily expenses.

Source: CASOA 2017



## NEEDS FACED BY OLDER ADULTS

In Central Indiana, one third (32%) of respondents to the Community Assessment Survey for Older Adults age 60 and older (CASOA™) reported that finding affordable health insurance was at least a minor problem for them over the past year, an improvement of six percentage points since 2013.<sup>35,36</sup> Older adults participating in focus groups across the Central Indiana region also voiced concern about their ability to afford healthcare. To qualify for Medicare, an individual must be 65 years old, unless they are a dialysis patient or have a qualifying disability.<sup>37</sup> The younger-old may try to access Medicaid but may not qualify based on income. Adults from this age group express frustration that qualification for Medicaid is based on gross income rather than net income, resulting in disqualification for some patients who would otherwise qualify.<sup>38</sup>

Though all older adults who participated in focus groups alluded to finances, those with lower incomes most consistently identified healthcare coverage as an issue. In addition to healthcare, specific financial management concerns involved balancing expenses such as housing, transportation and food. Some older adults, particularly

those with lower incomes, rely on monthly trips to nearby food pantries to bridge the gap between their monthly incomes and expenses. Most housing and transportation expenses are due to the cost of maintenance beyond monthly payments. These trends were especially true for older adults living in lower-income neighborhoods in Indianapolis. Survey data of Central Indiana adults age 60 and older reveals that more than one third (36%) report that having enough money to meet daily expenses was at least a minor problem during the previous year, like older adults statewide.<sup>39, 40</sup> For further discussion of housing, transportation, and food issues for older adults in Central Indiana, see those respective sections of this report.

### **INSUFFICIENT SUPPLEMENTAL SECURITY INCOME**

Key informants identified that changes in Medicaid and Supplemental Security Income (SSI) policies have increased decreased the financial instability for older adults relying heavily on fixed income and government assistance programs. According to the Social Security Administration, SSI monthly payments of \$794 only increased by 1.3% from 2020 to 2021, which is consistent with the December 2019 to 2020 inflation rate of 1.4%.<sup>41, 42</sup> The difference between the year-to-year change in inflation and SSI benefits is greater during years when the U.S. economy performs well, which was not the case in 2020. During years of economic growth, older adults depending on fixed incomes and government assistance programs are at risk of a notable housing-cost burden and other restrictions on finances.

### **EMPLOYMENT**

Access to technology is often crucial in today's job market as technology may be required to secure a job, perform job responsibilities, or both. For older adults, particularly those under the age of 85 who have yet to retire or are re-entering the workforce after retirement, gaps in technology skills create a substantial barrier to finding employment, especially for those who previously worked blue-collar jobs. One key informant service provider described the sense of fear that overcomes many older adults when confronted with technology, and their resistance to learning computer skills. This provider estimated that 90% of the program's primarily working-class participants possess few to no computer skills. They may also lack the skills necessary to perform well in jobs.

Most 2-1-1 income support needs are related to applications for assistance like SNAP and Medicaid.

Top Ten 2-1-1 Income Support Needs of Older Adults in 2019

Need	Count of calls	Percent of income support calls
Food Stamps/SNAP Applications	577	51.2%
Undesignated Temporary Financial Assistance	115	10.2%
Medicaid Applications	89	7.9%
Job Search/Placement	81	7.2%
State/Local Health Insurance Programs	61	5.4%
Senior Community Service Employment Programs	56	5.0%
Social Security Disability Insurance	41	3.6%
Medicare	33	2.9%
Comprehensive Job Assistance Centers	25	2.2%
State Medicaid Waiver Programs	19	1.7%

Source: Indiana 2-1-1 via SAVI, 2019

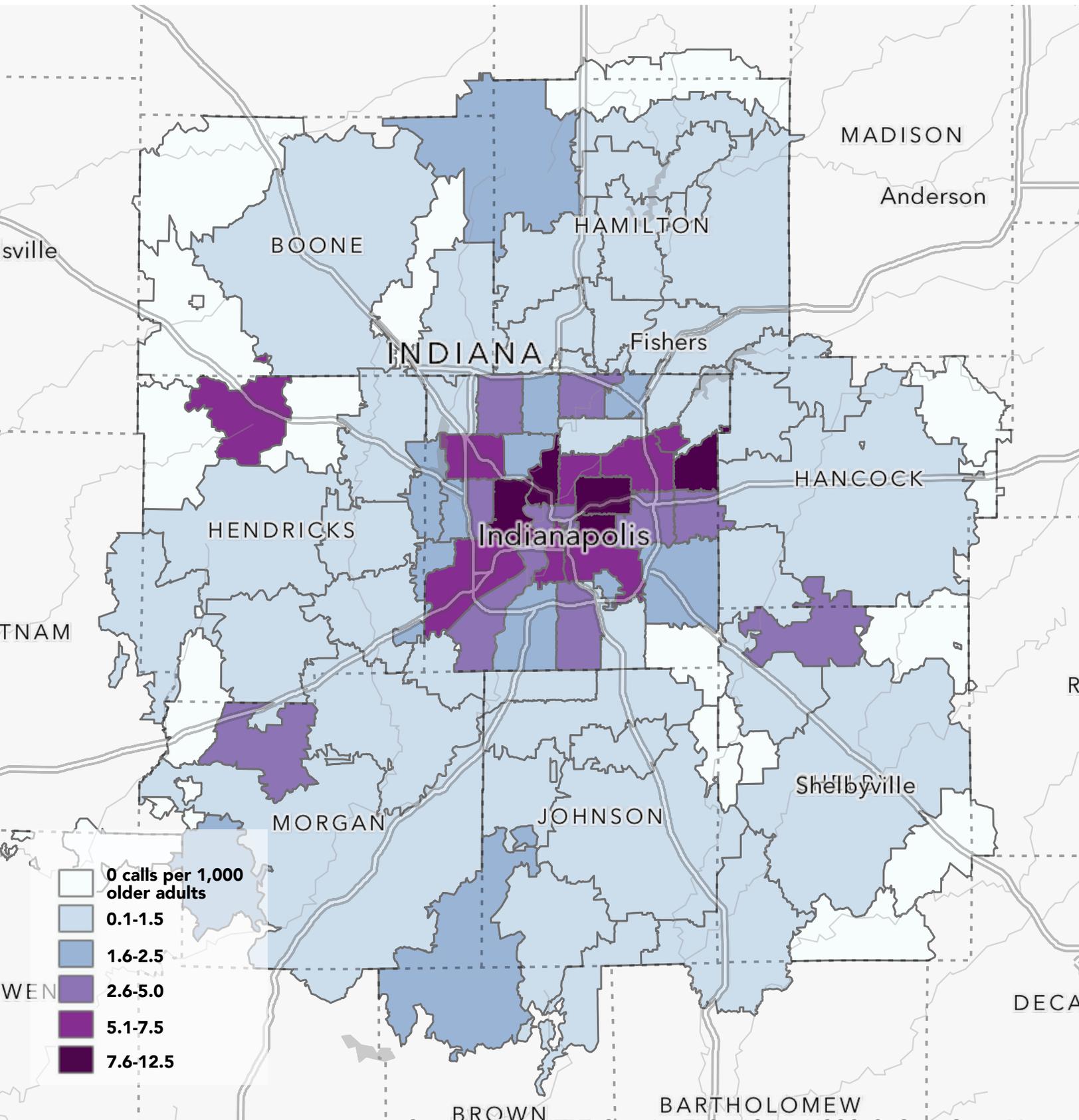
This creates a situation in which older adults increasingly struggle to access employment opportunities which assist with affording basic needs. A survey of Central Indiana adults age 60 and older revealed that in 2017, 30% had at least some difficulty finding work while retired, a similar proportion to that of older adults across the state.<sup>43, 44</sup>

**2-1-1 CALLS FOR ASSISTANCE**

2-1-1 is a helpline service providing information and referral to health, human, and social service organizations. In 2019, there were 1,126 calls to 2-1-1 from Central Indiana adults age 55 and older requesting assistance with income support.<sup>45</sup> The ten most frequently requested types of assistance included two that specifically target the needs of older adults—senior community service employment and Medicare. These requests for senior services represented a relatively small percentage of calls, 5% and 2.9%, respectively. In contrast, over half of all requests from older adults were for assistance with application for the Federal Supplemental Nutrition Assistance Program (SNAP), indicating that food insecurity is of great concern to older adults experiencing financial instability.

Income support needs are most common in urban areas, but pockets of need exist in Hendricks, Shelby, and Morgan counties.

2-1-1 income support calls from older adults in 2019, per 1,000 older adults



The map below represents the number of income support calls per 1,000 older adults across Central Indiana. The ZIP codes with the greatest rate of support calls are in Marion County, in neighborhoods with larger populations of people of color and higher poverty rates.<sup>46</sup> These include Indianapolis neighborhoods such as the Near Northwest, Martindale-Brightwood, the Near Eastside, and the Far Eastside.

## ENDNOTES

- 1 According to the American Community Survey (2019), “total income” includes “wage or salary income; net self-employment income; interest, dividends or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income.”
- 2 An older adult household is defined as a household in which at least one older adult age 55 or older lives.
- 3 Unless otherwise specified, all PUMS data discussed in this report section are five-year estimates, ending in the year mentioned in the text, unless otherwise specified (e.g., “2019” refers to 2015-2019 estimates).
- 4 PUMS data is released at the geographic level of PUMA (Public-Use Microdata Area). PUMAs must contain a minimum of 100,000 people and thus vary in geographic size. As a result, when using PUMS data, the Central Indiana region contains Putnam and Brown counties in addition to the eight Central Indiana Community Foundation (CISF) Central Indiana counties of Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, and Shelby.
- 5 U.S. Census Bureau, “2015-2019 American Community Survey Five-Year Public Use Microdata Samples [SAS Data File].,” 2020, <https://www.census.gov/programs-surveys/acs/microdata/access.html>.
- 6 U.S. Census Bureau, “2009-2013 American Community Survey Five-Year Public Use Microdata Samples [SAS Data File].,” 2014, <https://www.census.gov/programs-surveys/acs/microdata/access.html>.
- 7 U.S. Census Bureau, “2015-2019 American Community Survey Five-Year Public Use Microdata Samples [SAS Data File].”
- 8 Anthony Damico and 2018, “How Many Seniors Live in Poverty? - Issue Brief,” KFF (blog), November 19, 2018, <https://www.kff.org/report-section/how-many-seniors-live-in-poverty-issue-brief/>.
- 9 U.S. Census Bureau, “Current Population Survey, Annual Social and Economic Supplement 2015-2019 five-year estimates.”
- 10 Nine focus groups with older adults were conducted during 2019 and 2020 to collect input on issues facing the older adult population in Central Indiana. The focus groups composed of older adults were assembled with the identification and recruitment assistance of community service providers. These focus groups were conducted by researchers, in person prior to the COVID-19 pandemic, and by Zoom after the pandemic began. The questions asked of the focus group participants were discussed and agreed upon by research faculty and staff.
- 11 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.
- 12 U.S. Census Bureau, “2015-2019 American Community Survey Five-Year Public Use Microdata Samples [SAS Data File].”
- 13 U.S. Census Bureau.
- 14 U.S. Department of Housing and Urban Development, “Housing Cost Burden Among Housing Choice Voucher Participants | HUD USER,” accessed January 14, 2021, <https://www.huduser.gov/portal/pdredge/pdr-edge-research-110617.html>.

- 15 U.S. Census Bureau, "2017-2019 Current Population Survey."
- 16 Stephen Miller CEBS and Stephen Miller CEBS, "Black Workers Still Earn Less than Their White Counterparts," SHRM, June 11, 2020, <https://www.shrm.org/resourcesandtools/hr-topics/compensation/pages/racial-wage-gaps-persistence-poses-challenge.aspx>.
- 17 "The Retirement Crisis Facing Black Americans | Aging | US News," accessed January 28, 2021, <https://money.usnews.com/money/retirement/aging/articles/the-retirement-crisis-facing-black-americans>.
- 18 "The Retirement Crisis Facing Black Americans | Aging | US News."
- 19 "Social Security and People of Color | National Academy of Social Insurance," accessed January 28, 2021, <https://www.nasi.org/learn/socialsecurity/people-of-color>.
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# STATE OF AGING IN CENTRAL INDIANA



## SECTION 3 FOOD INSECURITY



SEASONINGS/  
SPICES

PASTA

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+

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# FOOD INSECURITY

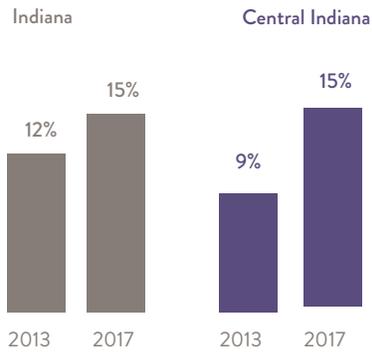
Food insecurity is a challenge for many older adults with low incomes. Nationally, one in ten households are food insecure, and the rate is even higher in Indiana. This section of the report discusses the breadth of food insecurity among Central Indiana's older adults, including food access and barriers to food security. Key findings include:

- One out of 10 adults age 50 and older in Indianapolis are food insecure.
- Indiana's overall food insecurity rate is significantly higher than the national rate and has continued to increase over the past decade.
- According to older adults and service providers, the chief barriers to food access and security are transportation and money.
- The Federal Supplemental Nutrition Assistance Program (SNAP) provides necessary benefits to older adults experiencing poverty, yet only half of eligible adults age 60 and older participate in the program.

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## An increasing number of older adults have a hard time getting enough to eat.

Percent of older adults who report at least a minor problem having enough to eat

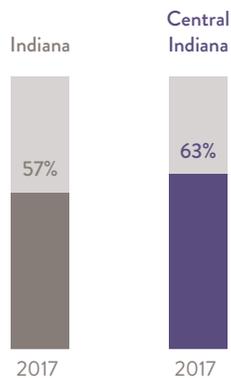


Source: CASOA

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## One in three older adults is challenged to find available and affordable food

Percent of older adults who report the availability of affordable food in their community as good or excellent



Source: CASOA

The U.S. Department of Agriculture (USDA) defines food insecurity as households not having the resources for enough food at some point during the year. In 2019, 10.5% (13.7 million) of U.S. households were food insecure, a significant decline from 2018 (11.1%).<sup>1</sup> This is the second year in a row the food insecurity rate dropped below the 2007, pre-recession level, peaking at 15% in 2011.<sup>2</sup> Nationwide, while adults ages 50-59 and age 60 and older experience lower rates of food insecurity (10.6% and 7.3% respectively) than the general public, their food insecurity rates are still greater than in 2007.<sup>3, 4</sup>

One out of 10 older adults age 50 and older in Indianapolis are food insecure.<sup>5, 6</sup> The rate of food insecurity in Indianapolis is 12.9% for adults age 50 to 59 and 9.9% for those age 60 and older. Both are significantly higher than for the state of Indiana (11.8% and 7.9% respectively), and the Midwest (9.7% and 6.4% respectively).<sup>7, 8</sup> Of the 51 national metro areas compared by Feeding America, the Indianapolis food insecurity rate for adults 60 and older ranks as the sixth highest, and 18th highest for adults age 50 to 59.

Within the Central Indiana region, finding affordable, quality food is a challenge for some. Both older adults and service providers in Central Indiana report that lack of transportation and money are barriers to food security among this population. For a discussion of transportation issues, see the Transportation section of this report.

## FOOD SECURITY AND FOOD ACCESS

In 2020, America's Health Rankings Senior Report ranked Indiana as 43rd in the nation for SNAP reach – only half of adults age 60 and older experiencing poverty participate in the program.<sup>9</sup> According to the Administration for Community Living, 7,313 older adults in Indiana who are at a high nutrition risk received a home-delivered meal in 2018, representing almost 3% of the eligible population. During that same year, 6% received a congregate meal, which is an on-site meal paired with the opportunity to socialize with other older adults.<sup>10</sup>

Survey responses related to food and nutrition are mixed. In 2017, two-thirds (60%) of households responding to the Community Assessment Survey for Older Adults™ (CASOA) in the Central Indiana region rated the availability of affordable, quality food in their communities as excellent or good. A minority (15%) stated that having enough food to eat was at least a minor problem, marking

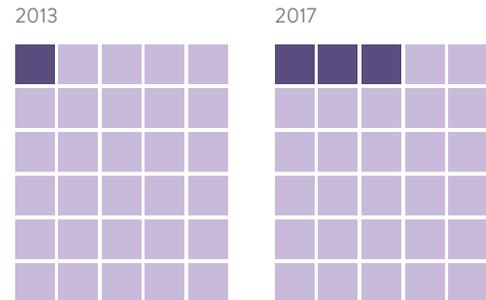
a six percentage point increase since 2013. When asked if they had visited a nutrition or meal site during the past 12 months, only 9% of households had done so at least once, also a six percentage point increase since 2013.<sup>11</sup>

## NEEDS OF OLDER ADULTS

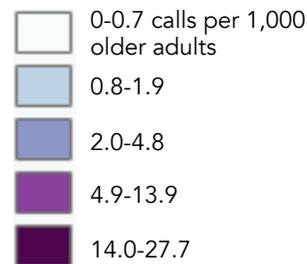
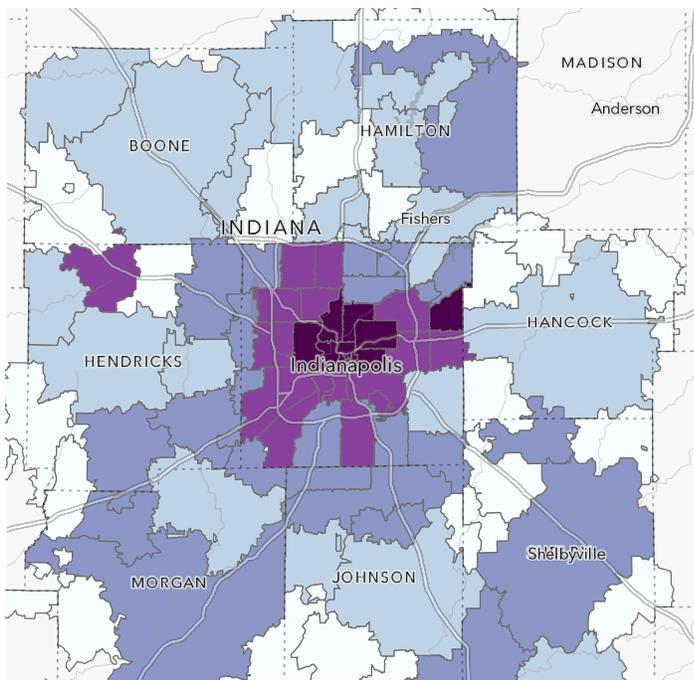
Indiana households experiencing hunger have the option of dialing 2-1-1 to connect with needed services. In 2019, there were 1,768 calls to 2-1-1 from Central Indiana adults age 55 and older requesting assistance obtaining food or a meal.<sup>12</sup> There is a marked difference between age groups—the young-old were two-and-a-half times more likely to contact 2-1-1 to address food insecurity than the middle-old, while the rate of food assistance requests was lowest for the oldest-old.

A small but growing share (9%) of older adult households in Central Indiana visited a nutritional or meal site.

Source: CASOA



## Calls related to food in each ZIP code



The ZIP codes with the greatest number of support calls per 1,000 older adults are in Marion County, with the highest rates originating from downtown Indianapolis, and on the Near Northwest, the Near Northeast, and the Near East sides of the city. The following ZIP codes all have more than 20 calls for help with food needs per 1,000 older adults, which means that at least 2% of older adults

### Top Food-related Older Adult 2-1-1 Inquiries (n=1,768)

Request	Calls	Percent of food-related calls
Food Pantries	1,532	87%
Home Delivered Meals	115	6.5%
Grocery Ordering/Delivery	75	4.2%
Soup Kitchens	73	4.1%
Food Vouchers	30	1.7%

Source: Indiana 2-1-1 via SAVI, 2019

“I don’t need to go to the [food] pantry. I just need to go to the store.”

Focus group participant

Several focus group participants noted that they had the means to purchase food, but lack of transportation is the barrier to accessing it.

in that area called 2-1-1 for help: 46201, 46202, 46204, 46208 and 46218.<sup>13</sup>

The overall state trend of worsening food insecurity over the past decade and the significant increase in older adults in Central Indiana without enough food to eat is counter to the national trend of improved food security.

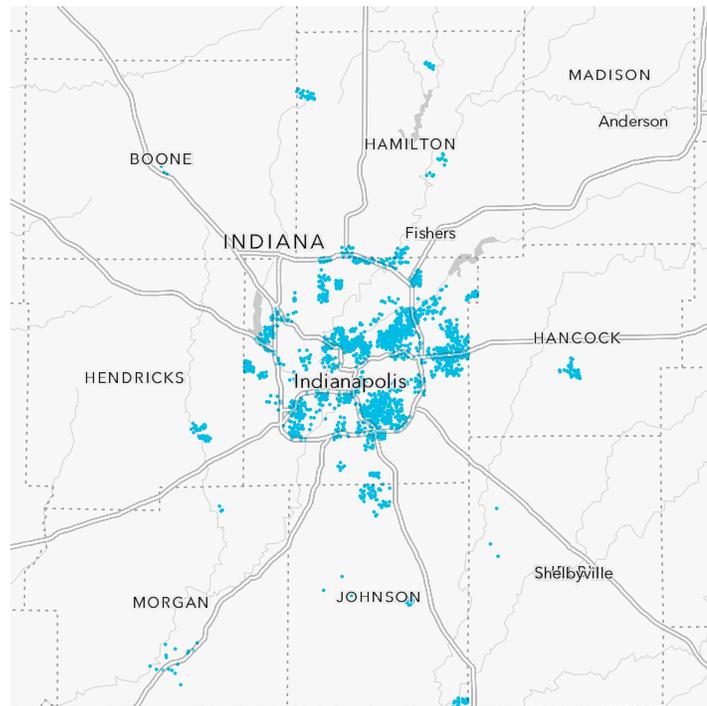
According to the USDA Food Access Research Atlas, areas with low food access tend to be in urban areas.<sup>14</sup> Nationally, food deserts tend to be located primarily in urban areas. Consistent with this trend, most food-insecure older adults in Central Indiana live in Marion County. Over 48,000 (10.6%) older adults live in food deserts in Central Indiana. Of these, 99.1% are in urban areas.

In 2016, the number of residents living in food deserts in

### In Central Indiana, 48,000 older adults live in food deserts

Older Adults Living in Food Deserts

County	Number	Percent of older adults
Boone	63	0.4%
Hamilton	1,669	2.3%
Hancock	730	3.4%
Hendricks	869	2.1%
Johnson	1,892	4.8%
Marion	42,362	18.7%
Morgan	381	1.8%
Shelby	63	0.5%
Central Indiana	48,029	10.6%



the City of Indianapolis increased because of the closure of the Marsh Grocery store chain. By 2019, there was a net increase in grocery stores, but because few of the new stores replaced locations vacated by Marsh, the result was a net increase in those living in food deserts. The number of grocery stores in Indianapolis continued to increase in 2020, reducing the number of individuals living in food deserts to similar levels as 2016.

While food access improved for those near downtown Indianapolis, it diminished for those in Indianapolis who live farther away from downtown and are also affected by limited public transportation to nearby stores. The latter makes it even more difficult for older adults already living in food deserts to obtain the food they need to survive. In addition to local not-for-profit efforts to increase food access, Indianapolis Mayor Joe Hogsett's administration introduced new programs in 2019. One of these is the Neighborhood Food Champion program, which funds proposals to address food access problems.<sup>15</sup> Another recent program is the Lyft Indy Grocery Access program, which provides households living in low food access areas on the city's Far East and Near Northwest sides with low-cost Lyft rides to grocery stores.<sup>16</sup> This program has provided over 17,400 rides since its inception.<sup>17</sup>



## HIGHLIGHTING EQUITY

### FACTORS THAT INFLUENCE URBAN FOOD DESERTS

A variety of factors influence the prevalence of food deserts, particularly in urban areas.



#### ORGANIZATIONAL FACTORS

##### *Food quality at grocery stores and supermarkets*

Large supermarkets, which are more likely to be found outside city centers and on thoroughfare roads, have been shown to stock greater amounts of fresh, healthy foods at lower costs. In contrast, smaller grocery stores and convenience stores that are more common in urban areas typically stock a larger proportion of processed, high-fat foods.<sup>18</sup>

##### *Supermarket growth in suburban locations*

As more people settled outside the city limits at the end of the 20th century, supermarkets began to primarily build new stores in suburban areas.<sup>19</sup> The resulting lack of new supermarket development in urban areas may also be a result of the demographic and socio-economic composition of the neighborhoods most in need of healthy food options. Neighborhoods with higher concentrations of people of color or people experiencing poverty are most likely to have low food access. Because these populations already face other barriers such as low incomes and high unemployment rates, supermarkets and grocery stores may find that these neighborhoods cannot economically sustain new locations.<sup>20</sup> Some food policy experts believe that negative

stereotypes of crime and poverty in Black neighborhoods, as well as perceived challenges in hiring and retaining employees, may cause supermarkets to avoid opening stores in these neighborhoods.<sup>21</sup> In fact, analyses have shown that at equal levels of poverty, majority-Black census tracts have the fewest number of supermarkets compared to majority-White, majority-Latinx, or integrated neighborhoods.<sup>22</sup> This lack of access to healthier food options further exacerbates health disparities among Black older adults and other older adults of color.



### *COMMUNITY FACTORS: ACCESS TO TRANSPORTATION*

Another factor contributing to inability to access food among urban residents is a lack of transportation to grocery stores. As larger supermarkets are built outside the city and smaller neighborhood grocers close, affordable, healthy food is only available to those who have access to a car or public transportation.<sup>23</sup> In urban food deserts, the percentage of households without access to vehicles is significantly higher than in other urban areas.<sup>24</sup> This need for transportation presents specific challenges for older residents in food deserts, as they may face physical limitations when driving, walking or using public transportation. Additionally, they may not be able to afford the travel expenses associated with going to a grocery store.<sup>25</sup> Older adults in urban food deserts who do not own a vehicle were 12 percentage points more likely to report food insufficiency than older adults in the same areas that did own a car.



### *POLICY FACTORS: SNAP BENEFITS MAY BE FALLING SHORT, PARTICULARLY FOR OLDER ADULTS*

Although many older adults experience food insecurity while living on fixed incomes, they are less likely to participate in the Supplemental Nutrition Assistance Program (SNAP) than younger adults. One explanation is that limited access to and affordability of transportation to grocery stores and supermarkets diminishes uptake of SNAP benefits among this age group. As a result, older adults are more likely to rely on meal delivery programs like Meals-On-Wheels.<sup>26</sup>

## FOOD ACCESS AND SECURITY BARRIERS

Both service providers and older adult focus group participants indicated that hunger is a function of both money and access to transportation. An important barrier to obtaining enough food is transportation.<sup>27</sup> In more than one focus group, participants indicated that they have the means to purchase food, but they are sometimes unable to access it due to lack of transportation: “I don’t need to go to the [food] pantry. I just need to go to the store.” One focus group mentioned that the senior center bus that takes them to the grocery store only does so sporadically,

due to lack of funding. Older adults clearly see the linkage between lack of transportation and food insecurity in their lives.

## RESPONDING TO FOOD INSECURITY

According to service providers, many older adults use food pantries as an additional source of food to avoid going hungry between social security payments. There are 311 organizations providing emergency food programs all throughout Central Indiana. These programs include food pantries (190 programs), food vouchers (107 programs) and packed lunches (8 programs). There are also over 100 programs assisting with meals in Central Indiana. These include congregational meals, soup kitchens, meal vouchers and home delivery of meals. CICOA Aging and In-Home Solutions (CICOA), the area agency on aging serving the SoAR geographic area, is the largest organization providing meal assistance for older adults. CICOA assists seniors through multiple programs, including: 1) frozen meal delivery for home-bound individuals 60 and over; 2) neighborhood congregational meals at over 20 locations; and 3) a voucher program that allows individuals 60 and over to purchase discounted meals at 11 hospital cafeterias and restaurants. All these programs have a suggested contribution of \$3.00 per meal.

When asked if they are impacted by food insecurity, focus group participants conveyed different experiences. Some said this was not a problem, while others indicated they can always use extra food when it is available. A variety of opportunities to access additional food were mentioned. These include food pantries and hot prepared meals at senior centers or through Meals on Wheels. Other focus group participants communicated they were unaware of food assistance programs.

Food insecurity and low food access among older adults are influenced not only by cost and availability of healthy food, but by their ability to access it. Access is affected not only by availability of transportation to stores and food pantries, but also by whether the individuals in need are aware of the services that are available. The recent efforts to improve food access among some of the most food insecure neighborhoods in Marion County may help reduce this problem, if used by those in need.

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# STATE OF AGING IN CENTRAL INDIANA



## SECTION 4 HOUSING

April 2021



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+

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# HOUSING

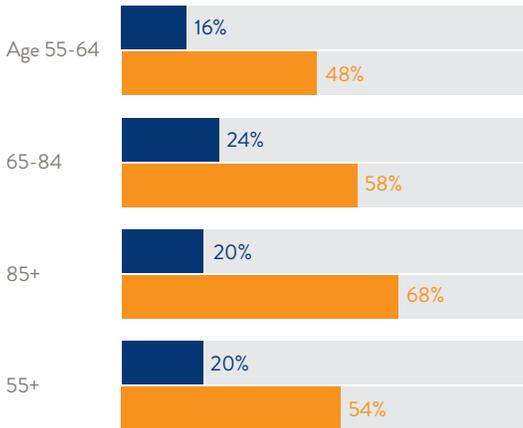
Housing is an important issue among older adults, as housing costs comprise a significant proportion of household expenses and can cause financial stress for adults about to experience or already experiencing a decline in income. This section of the report discusses housing affordability, homeownership, housing instability and barriers to obtaining housing in Central Indiana. Key findings include:

- Three in four older adults are homeowners, one in three owns homes that they have paid for in full and one in five rents their homes.
- More than half of older adults in Central Indiana who rent their homes spent at least 30% of their income on housing costs, putting them in the category of housing cost-burdened. This number has not changed over the previous five years.
- One in five older adult homeowners spent at least 30% of their income on housing costs.
- The proportion of older adult homeowners who report not having sufficient income to pay property taxes declined from 2013 to 2017, though local focus group participants said that maintenance costs and gentrification were barriers to housing affordability.
- Three in four older adults are homeowners, one in three owns homes that they have paid for in full, and one in four rents their homes.
- Homelessness in adults age 62 and older increased by 33% between 2019 and 2020.

## THE BURDEN OF HOUSING COSTS

### Half of older adult renters are burdened with housing costs.

Percent of **owners** and **renters** who pay more than 30% of their income in housing costs

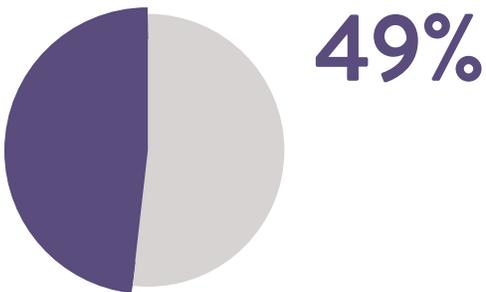


Source: PUMS, ACS 2015-2019 five-year estimates

### Half of older adults feel housing is available and affordable.

Percent of older adults in Central Indiana who say availability and affordability of housing in their community is good or excellent

Source: CASOA, 2017



Housing affordability affects the ability of older adults to live stably and age in place across a variety of living quarters. Housing affordability affects older adults, from those who own their own homes to those who rent or experience housing instability. Because housing and housing-related costs represent a large proportion of the typical household budget, these costs can place a great deal of financial stress on older adult households. See the Financial Stability section of this report to learn more about older adult household expenses.

A household is considered *housing cost-burdened* when 30% or more of its income is spent on housing costs, and *severely cost-burdened* when 50% or more of its income is spent on housing costs.<sup>1,2</sup> In 2015-2019, 27% of older adults in Central Indiana were housing cost-burdened, and 12% were severely cost-burdened.<sup>3,4</sup> As noted in the chart, the rate for older adult renters was nearly triple the rate for older adult homeowners.

In 2019, 54% of older adult *renters* were housing cost-burdened and 27% were severely housing cost-burdened, proportions that have not changed significantly since 2014.<sup>5</sup> While there are few significant differences between renters of different age groups, a smaller proportion of younger-old renters are housing cost-burdened than are middle-old and oldest-old renters (half versus three-fifths and two-thirds). Similarly, renters age 85 years and older are more likely to be severely housing cost-burdened than both younger-old and middle-old renters.<sup>6</sup> This is pattern is consistent with decreases in income and increases in poverty when moving from younger to older age groups, as discussed in the Financial Stability section of this report.

Meanwhile, one in five Central Indiana *homeowners* age 55 and older was housing cost-burdened in 2019, a 2.2% decrease since 2014. Eight percent of older adult homeowners were severely housing cost-burdened in 2019, which did not change significantly from 2014. Younger-old adults were significantly less likely than middle-old adults to be housing cost-burdened (16% versus 24%) or severely housing cost-burdened (6.2% versus 9.8%). Oldest-old adults were also less likely to be housing cost burdened than middle-old adults (20% versus 24%).<sup>7,8</sup> Older adults who already experience housing cost burden are experiencing the financial impact of the COVID-19 pandemic. Those who rely on earned income

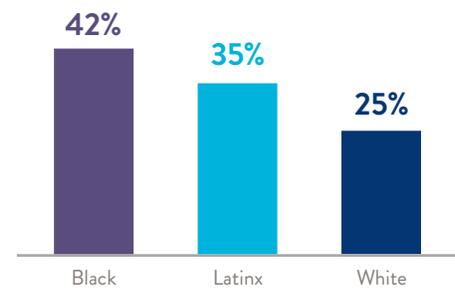
or the income of others in their households to pay the rent may face housing instability in the wake of income loss, which disproportionately impacts households with lower incomes.<sup>9,10</sup>

Older adults of color in Central Indiana are disproportionately more likely to be housing cost-burdened. According to 2019 data, Black and Latinx older adults are significantly more likely to be housing cost-burdened than White older adults.<sup>11</sup> People of color are also disproportionately experiencing the impact of COVID-19 on their finances, putting them at higher risk for increased housing cost burden or housing instability as the pandemic continues.<sup>12</sup>

The cost of housing maintenance also affects the affordability of housing. Older adults in focus groups reported not being able to maintain their homes or properties and may not be able to afford to hire someone to do this maintenance for them. Some feel uncomfortable continually asking children or relatives for help cleaning gutters, mowing lawns, trimming trees or making other repairs. Finding home and property maintenance businesses that are trustworthy also affects access to these services. Those with Internet access use resources such as the Better Business Bureau to ascertain the trustworthiness of a company. One woman noted that she asks people from church to help her, because if they do a good job at these tasks at church, they will do so at her home.

## Older adult households of color are more likely than White households to be burdened by housing costs.

Share of householders age 55 or older paying more than 30% of income toward housing (Central Indiana)



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

## HUD Affordable Housing Units for Adults Age 62 and Older

County	Total number of units	Units per 1,000 eligible older adults
Boone	226	117
Hamilton	238	40
Hancock	194	68
Hendricks	408	104
Johnson	708	136
Marion	3,962	107
Morgan	216	89
Shelby	252	99
Central Indiana Total	6,204	100

Sources: National Housing Preservation Database and ACS 2015-2019 five-year estimates

To help offset housing costs, older adults reported using programs like the Low-Income Energy Assistance Program (LIHEAP), but this program has experienced federal budget cuts. It is also a one-time benefit that will not cover the costs of all energy bills, and LIHEAP and similar programs require substantial documentation that some older adults may lack. An average of 11,000 older adults are served by this program annually in Central Indiana.<sup>13, 14</sup> A limited amount of weatherization assistance is available to Central Indiana residents through the state government. Between 2012 and 2019, there were 93 older households per year that completed weatherization repairs.<sup>15</sup> Lastly, older adults in focus groups reported using services to make their homes more accessible, which is important to supporting aging in place.

## AVAILABILITY OF AFFORDABILITY, QUALITY HOUSING

The Community Assessment Survey for Older Adults (CASOA™) identifies the strengths and needs of Indiana adults age 60 and older, including in the Central Indiana region. In 2017, only half (49%) of Central Indiana respondents indicated that the availability of affordable quality housing in their communities was either excellent or good for those in their age group.<sup>16, 17</sup> While this does not represent a significant decrease since 2013, the state of Indiana experienced a two percentage point decline in reported affordability since 2013, with only 42% of respondents reporting excellent or good availability of affordable quality housing in 2017.<sup>18, 19</sup>

One means of ensuring a quality supply of affordable housing earmarked for older adults is by using federal and local resources to leverage or directly finance the construction of affordable housing, typically multifamily rental housing. Federal programs related to these are often funded or guaranteed by the U.S. Department of Housing and Urban Development (HUD), along with funding through programs such as the Low-Income Housing Tax Credit (LIHTC) program, the Community Development Block Grant HOME program, bond financing guaranteed by municipalities, states or the federal government.<sup>20</sup>

Federally subsidized affordable rental housing for older adults is typically limited to those age 62 and older, and is sometimes also available for people with disabilities, regardless of age. To qualify for an affordable unit, a household must fall at or below a specific income level

based on household composition.<sup>21</sup> Central Indiana is home to a total of 95 HUD-funded or financed affordable housing developments, totaling 6,204 units.<sup>22</sup> Marion County is home to the largest number of units, 3,962, while Johnson County has the highest concentration of units, at 136 units per 1,000 eligible older adults. Hancock County is home to the fewest number of affordable housing units (194 units), while Hamilton has the least number of units per 1,000 eligible older adults, at 40 units.<sup>23, 24</sup>

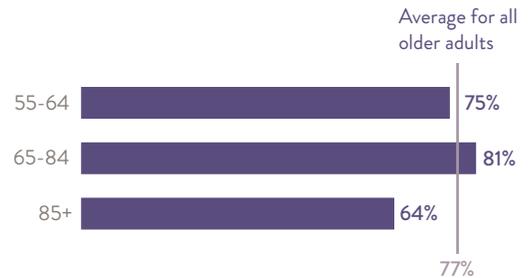
Although most older adults in Central Indiana own their homes, renters comprised 22% of older adult households in 2015-2019.<sup>25</sup> Twenty-four percent of younger-old households live in rental units, compared to 19% of middle-old and 34% of oldest-old adults. A focus group at a low-income housing community for older adults indicated that their experiences were quite different from older adults who own homes. They reported substantially more financial instability and limits in housing options. Additionally, they expressed greater reliance on resources provided through the housing community for transportation, recreation, and food than other older adults. Rental units for older adults can be subsidized through federal funding mechanisms, such as Section 42 housing, but key informants report these have long waiting lists.<sup>26</sup> Additionally, many older adults must be at least 62 years old to be eligible for certain types of affordable housing units. A lack of eligibility creates a gap in services, particularly for the younger-old, which one key informant reported as “living in filth and squalor” because of the low quality of the units that they can afford.

## HOUSING AFFORDABILITY AND NEIGHBORHOOD INEQUITIES

The socioeconomic status of a neighborhood is related to residents’ health and social outcomes. Adults living in high-poverty neighborhoods are more likely to experience chronic illness, mobility issues, cognitive impairment and accelerated aging, regardless of income level. Because both Latinx and Black older adults are more than twice as likely as White older adults to live in high-poverty neighborhoods regardless of income, the former face increased poverty-related risk of chronic illness, limited mobility, cognitive impairment and accelerated aging.<sup>27</sup>

### Homeownership rates are high among older adults, but fall for those 85 and older.

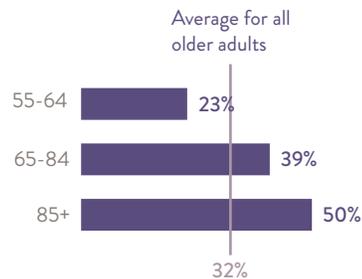
Percent of older adults in Central Indiana who own their home



Source: PUMS, American Community Survey 2015-2019 five-year estimates

### Adults are more likely to have paid off their mortgages as they grow older.

Percent of older adults in Central Indiana who own their homes outright

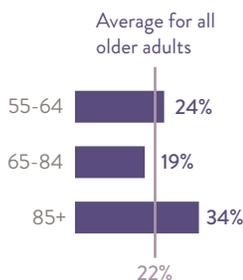


Source: PUMS, American Community Survey 2015-2019 five-year estimates

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## One sixth of older adults rent their homes.

Percent of older adults in Central Indiana who rent their homes

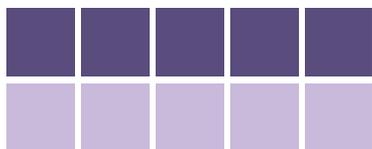


Source: PUMS, American Community Survey 2015-2019 five-year estimates

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## Half of people experiencing homelessness are Black.

Percent of people experiencing homelessness who identify as Black



Source: Indiana University Public Policy Institute, 2020 Point-In-Time Count

Older adults participating in focus groups reported that in some Indianapolis neighborhoods, changing demographics over time led to a reduction in property values, while others reported that gentrification and subsequent rising property values led to unaffordable property taxes.<sup>28</sup> According to the older adults, both phenomena resulted in many long-term residents moving away from these neighborhoods. In 2017, 20% of older adults surveyed in Central Indiana reported that having enough money to pay their property taxes was at least a minor problem during the past year, representing a 6 percentage point improvement since 2013.<sup>29, 30</sup> In comparison, a quarter (25%) of older adults statewide faced the same challenge.<sup>31, 32</sup>

## HOMEOWNERSHIP

In 2019, the homeownership rate among older adults in Central Indiana was 77%. This rate varied among different age ranges. The younger-old age group had a homeownership rate of 75%, the middle-old age group had a homeownership rate of 81% and the oldest-old age group had a much lower homeownership rate of 64%.<sup>33</sup> Housing costs for older adult households are lower when they own their own homes and do not have a monthly mortgage payment. Among older adults in the Central Indiana region, the proportion of homeowners without a mortgage is 32%. This proportion increases as age increases: 23% of the younger-old, 39% of the middle-old and 50% of the oldest-old own their homes outright.

Not all Central Indiana households are equally likely to own their homes. While 81% of White older adults are homeowners, only 52% of Black older adults and 62% of Latinx older adults own their own homes.<sup>34</sup> These proportions explain why Black and Latinx older adult households are more likely to experience housing cost-burden than White older adults.

## HOUSING INSTABILITY AND HOMELESSNESS

According to the 2020 Point-In-Time Count of persons experiencing homelessness, 39% of Marion County adults experiencing homelessness were age 50 and older. Additionally, the number of adults age 62 and older experiencing homelessness increased by 34% from 2019

to 2020.<sup>35</sup> Ninety percent of older adults are sheltered rather than unsheltered (e.g., living on the streets).

Recognizing multiple poverty- and health-related disparities is crucial to preventing homelessness and to housing older adults who currently experience homelessness. In both the United States and Indiana, disparities in homelessness exist across race and veteran status.<sup>36</sup> For instance, older adult veterans are three times as likely to experience homelessness compared to older adult non-veterans.<sup>37</sup> Additionally, Black veterans are disproportionately represented within the veteran population experiencing homelessness.<sup>38</sup> Locally, Black adults are disproportionately likely to experience homelessness, comprising 53% of people experiencing homelessness in Marion County but fewer than 30% of its residents. Veterans also make up a disproportionate number of older adults experiencing homelessness, at 27% of this population, versus 6% of all county residents.<sup>39</sup> To learn more about some of the systemic factors that lead to disparities in homelessness among older adult veterans, please read 'Highlighting Equity' on the following page.

## BARRIERS TO AFFORDABLE HOUSING

Key informants interviewed for this report noted that older adults with criminal histories find it particularly difficult to find rental housing that will accept them. Specifically, the U.S. Fair Housing Act does not include formerly incarcerated people as a protected class, including those who have been arrested but not convicted.<sup>40</sup> Landlords may perceive a criminal history as a risk to a rental community's safety, which is a permitted form of discrimination. This is particularly problematic because not having an address makes it difficult for formerly incarcerated people to maintain consistent employment and income, and older adults with criminal histories tend to be disproportionately Black, Latinx, or have disabilities, adding to existing housing inequities. Nationally, transgender older adults also experience barriers to housing. According to the National Center for Transgender Equality, 19% of transgender older adults have been denied housing because of their gender identity and 11% have been evicted due to transgender discrimination.<sup>41</sup>

Lastly, older adult focus group participants across multiple income groups do not believe most assisted living communities are affordable, and do not anticipate being able to live in one. Most of these participants live in their own homes or in rental units. Key informants note that the inability to purchase a new home and relocate forces lower-income older adults to remain in their existing neighborhoods.



## HIGHLIGHTING EQUITY

### HOMELESSNESS AMONG OLDER ADULT VETERANS

In the United States, older adult veterans are three times as likely to experience homelessness compared to older adult non-veterans. Below are some systemic factors that can lead to high levels of homelessness among this population.



#### INDIVIDUAL FACTORS:

##### *Race and ethnicity*

Forty-three percent of U.S. veterans experiencing homelessness are people of color, although they only make up 18 percent of the general veteran population. This large proportion of veterans of color experiencing homelessness is likely due in part to structural inequities in housing and income that more acutely impact people of color.<sup>42</sup>

##### *Higher prevalence of traumatic brain injuries (TBI), Post-Traumatic Stress Disorder (PTSD), and opioid use*

Due to their military service, veterans have a higher risk of both TBIs and PTSD, which are considered some of the most substantial risk factors for homelessness. One study found that veterans with opioid use disorder are ten times more likely to be homeless as the general veteran population.<sup>43</sup>



## *ORGANIZATIONAL FACTORS: INADEQUATE TRANSITIONAL TRAINING*

In 1991, the U.S. military began the Transition Assistance Program (TAP), to assist service members with understanding U.S. Department of Veterans Affairs (VA) benefits and how their military-related skills could be transferred to civilian employment.<sup>44</sup> However, a survey of U.S. veterans found that nearly half of respondents felt that the military did not prepare them well for transition to civilian life, on either a financial, emotional or professional level.<sup>45</sup> Older adult veterans who left the military prior to TAP's creation may have received less transitional support than those who did complete the program.



## *COMMUNITY FACTORS: CHALLENGES WITH SUPPORTING THE UNIQUE NEEDS OF OLDER ADULT VETERANS*

A report by the Government Accountability Office found that VA services are not often specifically targeted at older veterans experiencing homelessness. These individuals often have more complex health issues, such as ambulatory challenges or cognitive issues, which VA programs cannot fully address. For example, some older veterans experiencing homelessness may need care provided by assisted living services, but the VA does not cover veterans' rent at these facilities, making this type of care unattainable for older veterans who may need it.<sup>46,47,48,49</sup>



## *POLICY FACTORS: SOME VETERANS ARE BARRED FROM RECEIVING VA BENEFITS*

Veterans who receive a punitive discharge from the military (such as a bad conduct or dishonorable discharge), are often ineligible for federal benefits through the VA, including compensation, pension, education or home loan benefits.<sup>50</sup> Veterans not receiving a punitive discharge, but an 'other than honorable' discharge, may also be excluded from some benefits, such as the HUD-VASH program, which combines a HUD Housing Choice voucher with VA Medical Center case management.<sup>51</sup> For example, a service member who tests positive on a drug test may receive an other-than-honorable discharge, meaning they may be barred from receiving the support and services they need once they leave the military. Overall, the refusal of benefits to certain veterans based on their discharge status can create significant barriers in obtaining proper housing, health care and employment necessary to prevent and end homelessness.<sup>52</sup>

Top Ten 2-1-1 Requests for Housing Support by Older Adult in 2019

Need	Number of calls	Percent of income housing calls
Electric Service Payment Assistance	3,645	47.9%
Gas Service Payment Assistance	1,679	22.1%
Housing Search and Information	582	7.6%
Rent Payment Assistance	547	7.2%
Senior Housing Information and Referral	433	5.7%
Homeless Shelter	398	5.2%
Home Rehabilitation Programs	219	2.9%
Weatherization Programs	186	2.4%
Water Service Payment Assistance	176	2.3%
Public Housing	94	1.2%

Source: Indiana 211 via the SAVI Community Information System

Most 2-1-1 calls for housing support are related to assistance with gas and electric utilities.

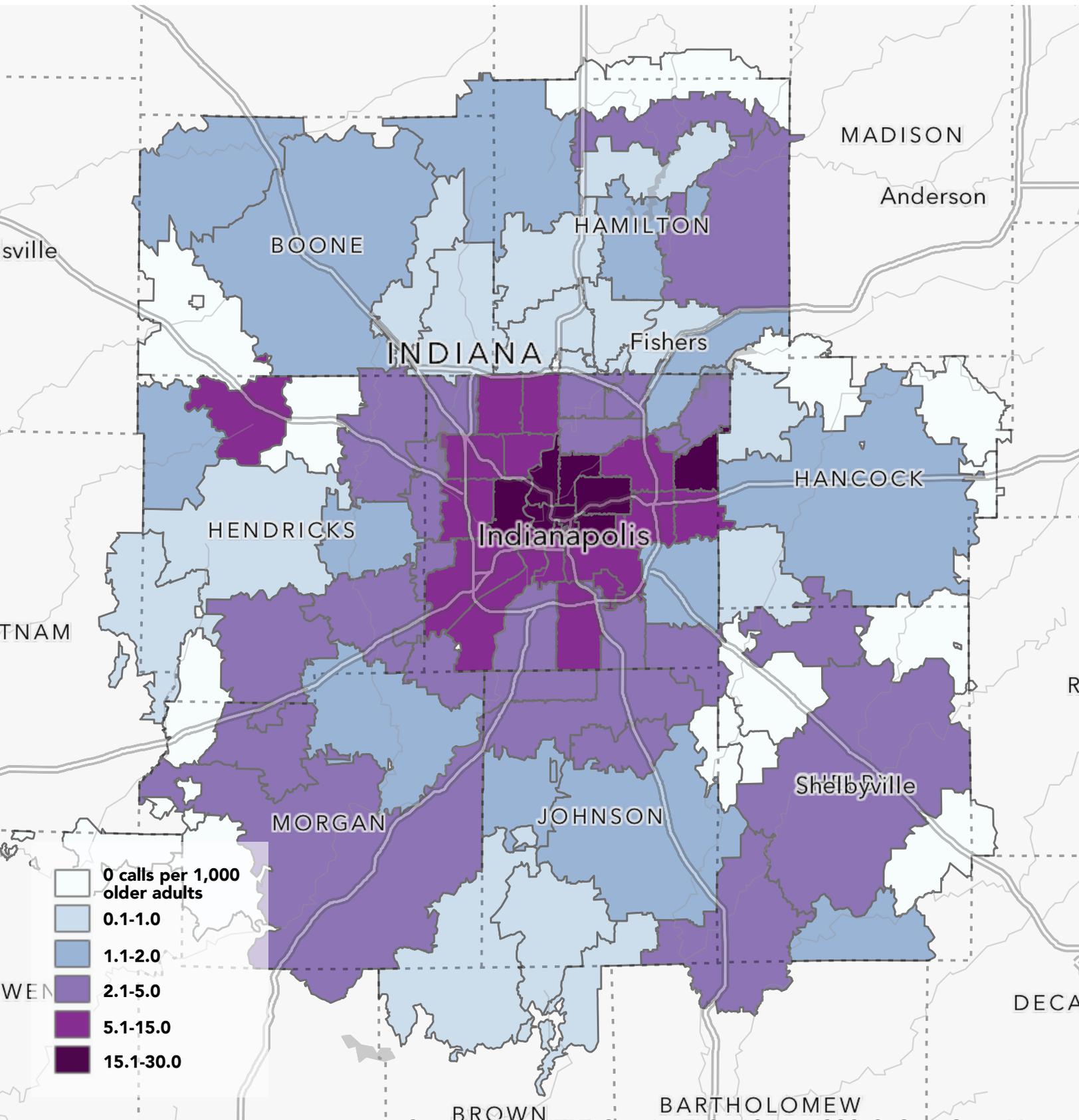
2-1-1 CALLS FOR HOUSING ASSISTANCE

2-1-1 is a helpline service providing information and referral to health, human, and social service organizations. In 2019, there were 7,610 calls to 2-1-1 from Central Indiana adults age 55 and older requesting assistance with finding affordable housing, paying for housing or paying for utilities. Of these calls, 2,563 were associated with at least one housing-related need, and 5,395 with at least one utility-related need. Senior housing information and referral was one of the 10 types of assistance most requested by or for older adults. Almost half of the calls requested electric service payment assistance, and nearly one quarter requested gas service payment assistance.

The map below represents the number of housing-related calls per 1,000 older adults across Central Indiana. The ZIP codes with the greatest rate of calls are in Marion County, in neighborhoods with larger populations of color and higher poverty rates or in areas with recent gentrification.<sup>53</sup> These include Indianapolis neighborhoods to the Near East, West, and North of downtown, and the Far Eastside of Indianapolis.

Requests related to housing needs are most common in Marion County, particularly Center Township and the Far Eastside.

2-1-1 housing calls from older adults in 2019, per 1,000 older adults



## ENDNOTES

- 1 U.S. Department of Housing and Urban Development, "Housing Cost Burden Among Housing Choice Voucher Participants | HUD USER."
- 2 An older adult household is defined as a household in which at least one older adult age 55 or older lives.
- 3 PUMS data is released at the geographic level of PUMA (Public-Use Microdata Area). PUMAs must contain a minimum of 100,000 people and thus vary in geographic size. As a result, when using PUMS data, the Central Indiana region contains Putnam and Brown counties in addition to the eight Central Indiana Community Foundation counties of Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, and Shelby.
- 4 U.S. Census Bureau, "2015-2019 American Community Survey Five-Year Public Use Microdata Samples [SAS Data File]."
- 5 U.S. Census Bureau, "2010-2014 American Community Survey Five-Year Public Use Microdata Samples [SAS Data File]."
- 6 U.S. Census Bureau, "2015-2019 American Community Survey Five-Year Public Use Microdata Samples [SAS Data File]."
- 7 U.S. Census Bureau, "2009-2013 American Community Survey Five-Year Public Use Microdata Samples [SAS Data File]."
- 8 U.S. Census Bureau, "2015-2019 American Community Survey Five-Year Public Use Microdata Samples [SAS Data File]."
- 9 Harvard University Joint Center for Housing Studies, "The State of the Nation's Housing 2020."
- 10 Kandris et. al, The Polis Center at IUPUI. "Health and Economic Impact of COVID-19 on Neighborhoods," 2020. [https://www.savi.org/feature\\_report/health-and-economic-impact-of-covid-19-on-neighborhoods/](https://www.savi.org/feature_report/health-and-economic-impact-of-covid-19-on-neighborhoods/)
- 11 U.S. Census Bureau, "2015-2019 American Community Survey Five-Year Public Use Microdata Samples [SAS Data File]."
- 12 Harvard University Joint Center for Housing Studies, "The State of the Nation's Housing 2020."
- 13 Indiana Housing and Community Development Authority, "Low-Income Home Energy Assistance Program Data."
- 14 LIHEAP data for 2018 are unavailable because of an information system change during that year.
- 15 Indiana Housing and Community Development Authority, "Weatherization Program Data."
- 16 National Research Center, "CICOA Aging and In-Home Solutions Full Report," 2013.
- 17 National Research Center, "CICOA Aging and In-Home Solutions Full Report," 2017.
- 18 National Research Center, "State of Indiana Full Report," 2013.
- 19 National Research Center, "State of Indiana Full Report," 2017.
- 20 Abt Associates and NYU Furman Center, "Federal Funding for Affordable Housing."
- 21 U.S. Department of Housing and Urban Development, "Multifamily Tax Subsidy Income Limits | HUD USER."
- 22 National Housing Preservation Database, "Data Sources."
- 23 U.S. Census Bureau, "2015-2019 American Community Survey Five-Year Estimates."
- 24 Because data about household income for adults age 62 and older is not readily available through the U.S. Census Bureau, we approximated the number of adult households age 62 and older with income at or below 50% of area median income using the number of older adults ages 60 to 64 and those 65 and older at or below this income level.

- 25 U.S. Census Bureau.
- 26 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.
- 27 Ailshire and García, "Unequal Places."
- 28 Nine focus groups with older adults were conducted during 2019 and 2020 to collect input on issues facing the older adult population in Central Indiana. The focus groups composed of older adults were assembled with the identification and recruitment assistance of community service providers. These focus groups were conducted by researchers, in person prior to the COVID-19 pandemic, and by Zoom after the pandemic began. The questions asked of the focus group participants were discussed and agreed upon by research faculty and staff.
- 29 National Research Center, "CICOA Aging and In-Home Solutions Full Report," 2017.
- 30 National Research Center, "CICOA Aging and In-Home Solutions Full Report," 2013.
- 31 National Research Center, "State of Indiana Full Report," 2013.
- 32 National Research Center, "State of Indiana Full Report," 2017.
- 33 U.S. Census Bureau, "2015-2019 American Community Survey Five-Year Public Use Microdata Samples [SAS Data File]."
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- 42 National Alliance to End Homelessness, "People of Color Make Up a Disproportionate Share of the Homeless Veteran Population."
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- 45 U.S. Government Accountability Office. 2020. "Homeless Veterans: Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures." <https://www.gao.gov/assets/710/706957.pdf>.
- 46 US Department of Veterans Affairs. "Assisted Living Facilities - Geriatrics and Extended Care." Accessed January 21, 2021. [https://www.va.gov/GERIATRICS/pages/Assisted\\_Living.asp](https://www.va.gov/GERIATRICS/pages/Assisted_Living.asp).
- 47 Pew Research Center, "Views of Post-9/11 Military Veterans."
- 48 U.S. Government Accountability Office, "Homeless Veterans: Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures."
- 49 "Assisted Living Facilities - Geriatrics and Extended Care."
- 50 "Assisted Living Facilities - Geriatrics and Extended Care."

- 51 National Alliance to End Homelessness, “Expanding Eligibility for HUD-VASH to Other-Than-Honorably Discharged Veterans (H.R. 2398 and S. 2061).”
- 52 USC Suzanne Dworak-Peck School of Social Work, “Why Do Veterans Become Homeless?”
- 53 Indiana 2-1-1 data analysis is provided by the SAVI Community Information System. 2-1-1 is a free and confidential service that helps Hoosiers across Indiana find the local resources they need. When a client calls 2-1-1 for help, this is referred to as an interaction. During each interaction, a client may communicate one or more needs, related to a single problem or multiple problems. When a call is received by 2-1-1, it is placed in one or more categories, depending on the nature of the need(s) expressed by the caller. For example, if a caller requests a referral for a food pantry, a referral for transportation to help get to that pantry, a referral for donated clothing, and a referral for a soup kitchen, the call is identified as a single, unique call related to food needs, transportation needs and material assistance needs. Even though there are two different food-related needs expressed, the call is only counted as a single call for food-related help. In the 2019 dataset, 75% of caller data specified client age, while the remainder did not. In this report, only data with the age of the client (between 55 and 105 years old) was used.

## Download the data used in this chapter.

Download spreadsheets containing our source data by [clicking here](#) or scanning the QR code below.



# STATE OF AGING IN CENTRAL INDIANA



## SECTION 5 SAFETY AND ABUSE

April 2021



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+

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# SAFETY AND ABUSE

Perceived personal safety may be crucial for older adults to age in place with a positive outlook; however, safety varies based on where one lives and the resources one has for maintaining social supports and effective caregiving.

This section of the report describes elder abuse and crime, including perceptions and experiences affecting the physical safety of older adults.

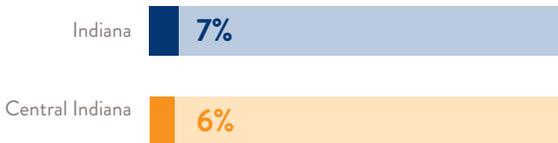
Key findings include:

- Nationally and in Indiana, one in ten adults age 65 and older experiences abuse each year, and this is likely underreported.
- Indiana's Adult Protective Services has historically lacked sufficient resources and structure to provide social service-related support for endangered older adults in the state.
- Older adults report increases in fraud and scams, which make them feel less safe.
- Perceptions of community safety among older adults in Central Indiana have improved but vary among older adults living in high-crime neighborhoods.

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## One in fifteen older adults reports being physically or emotionally abused.

Percent who report having at least a minor problem with physical or emotional abuse in 2017



Source: CASOA, 2017

## ELDER ABUSE

According to the National Center on Elder Abuse, elder abuse includes “any knowing, intentional or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to an older adult.”<sup>1</sup> Most definitions of elder abuse include physical, sexual, emotional and financial abuse, as well as neglect and self-neglect.

According to the U.S. Department of Justice, nationally at least 10% of adults age 65 and older will experience some form of elder abuse each year.<sup>2</sup> However, elder abuse is often unreported, suggesting these rates could be higher.<sup>3</sup> Family members are the most common perpetrators of abuse.<sup>4,5</sup>

A study of a national sample of adults age 60 and older found that over the course of a year, 4.6% experienced emotional mistreatment, 1.6% experienced physical mistreatment and 0.6% experienced sexual mistreatment. The majority of these experiences were not reported to the authorities.<sup>6</sup> The 2017 Community Assessment Survey for Older Adults (CASOA™) age 60 and older found that 6% of respondents in Central Indiana reported being physically or emotionally abused during the past year.<sup>7</sup> This is similar to the state, across which 7% of respondents reported experiencing these types of abuse.<sup>8</sup>

Older adults who experience social isolation, cognitive disabilities (including dementia and Alzheimer’s), or physical disabilities are at an increased risk for abuse.<sup>9,10</sup> According to key informants, older adults in Central Indiana may experience multiple forms of elder abuse concurrently, such as neglect and other forms of abuse from a perpetrator.<sup>11</sup>

## PROVIDER CONCERNS INCLUDE LACK OF SUPPORT TO PREVENT ABUSE

According to an interview with Indiana’s Adult Protective Services (APS), Indiana is unique in its lack of a public guardianship program and lack of regulation around who is eligible to become a guardian. The interviewee also noted underfunding of APS as a challenge—in 2019, a total of 42 investigators served the entire state of Indiana. Even though this number is an increase from the 30 full-time investigators in 2016, this understaffing makes it difficult to effectively address the needs of a large population of older adults. Indiana’s APS is also the only such service nationally

that does not operate as a social service agency, instead serving as a justice system to resolve disputes between abusers and partnering with county prosecutors.<sup>12</sup> This means that APS investigators do not have direct access to social services such as emergency placement for adults in life-threatening situations. Instead, they must refer to outside agencies, which often have waiting lists for permanent placement options.<sup>13</sup>

The present-day social service system is limited in its ability to assist the growing older adult population amid increasing financial abuse.<sup>14</sup> While there are some volunteer-based guardianship services available for older adults in the state, only half of the counties in Central Indiana are served by one of these entities.<sup>15</sup> In Marion County, the Center for At-Risk Elders (CARE), provides emergency guardianship services to those who need a guardian and lack alternatives. However, according to interviews with service providers, the demand for services is rising at an almost unmanageable rate. In addition to service gaps for guardianship, national research also notes a lack of multicultural frameworks to prevent elder abuse in communities of color, as much research has focused on older adults who are White and middle class.<sup>16</sup>

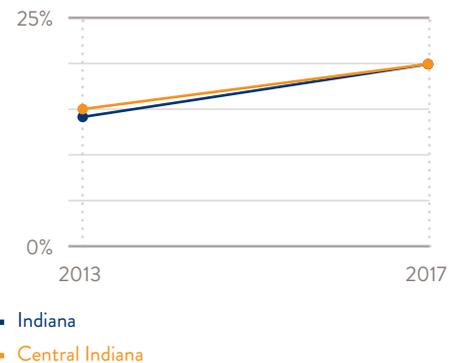
## INCREASES IN FRAUD AND SCAMS MAKE OLDER ADULTS FEEL LESS SAFE

Between 2013 and 2020, the Office of the Indiana Attorney General received 40,839 consumer calls that included complaints of fraud or scams from adults age 60 and older. Roughly one third of these originated from Central Indiana counties.<sup>17</sup> This is likely a gross underestimation, as a large proportion of complainants did not report age data.<sup>18</sup> According to 2017 CASOA data, across both the state and Central Indiana, one fifth (20%) of older adults reported that being a victim of a fraud or a scam was a least a minor problem during the past year. This represents a statewide increase of six percentage points between 2013 and 2017.<sup>19, 20</sup> To learn more about factors that can put older adults at a higher risk of being victims of fraud or scams, please read 'Highlighting Equity' on page 5.9.

Older adults participating in focus groups reported feeling targeted and preyed upon through mailings, robo-calls, telephone scams, identity theft and fraud.<sup>21</sup> Some experienced a large volume of mailings and phone calls designed to defraud them of their resources. Specifically,

## Fraud and scams are a problem for an increasing share of older adults.

Percent who report having at least a minor problem with being a victim of a fraud or a scam



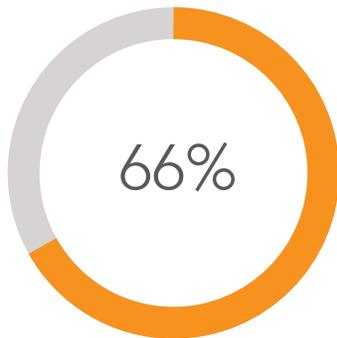
Source: CASOA, 2013 and 2017

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## Most older adults in Central Indiana feel that their community is safe.

Percent of older adults who report the overall feeling of safety in their community is excellent or good.

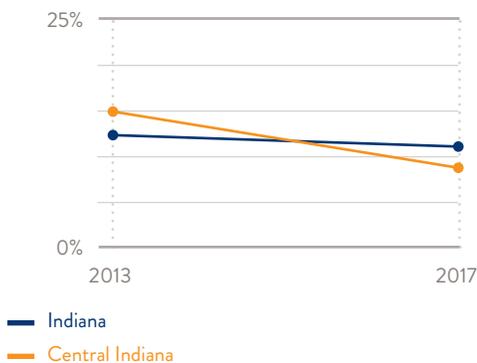
Source: CASOA, 2017



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## Fewer older adults report being a victim of a crime in 2017 than in 2013.

Percent who report having at least a minor problem with being a victim of a crime



Source: CASOA, 2013 and 2017

they discussed concerns about being targeted for financial scams in which they are asked to provide personal information and cash.

Focus group participants, especially those with lower incomes, were concerned about who would continue to help them manage their finances, as some trusted their children, while others either lacked supportive family members or did not have anyone they could trust.

## CRIME

In 2016, there were 32 property crimes per 1,000 residents in Central Indiana, although crime rates vary from county to county across the region. Marion County had the greatest number of property crimes, at 48 per 1,000 residents, a rate to which no other area county comes close. Boone County had the fewest property crimes, with 4.3 crimes per 1,000 residents.<sup>22</sup>

County-level violent crime rates are much lower than the property crime rates. In 2016, there were 7.8 violent crimes per 1,000 residents in the region. Once again, Marion County had the greatest number of violent crimes per 1,000 residents, at 13 crimes. Hamilton County had the fewest, at 0.3 per 1,000 residents.<sup>23</sup>

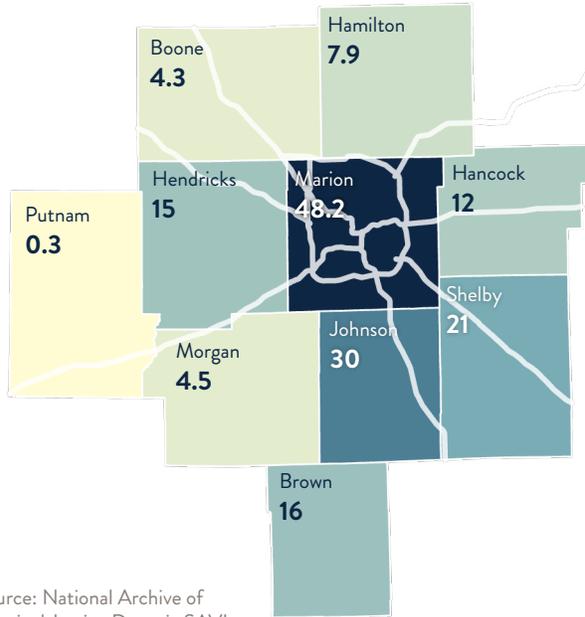
In a 2017 survey, two-thirds (66%) of older adults in Central Indiana reported that the overall feeling of safety in their communities was excellent or good.<sup>24</sup> Similarly, across the state, 64% felt safe in their communities, a two percentage point increase since 2013.<sup>25, 26</sup> However, some survey respondents reported that being a victim of a crime, regardless of the location where the crime took place, was at least a minor problem for them in the previous year. While 9% of older adults in Central Indiana reported this as a problem in 2017, this represents a six percentage point decrease since 2013.<sup>27, 28</sup> Similarly, 11% of older adults statewide reported that being a victim of a crime was at least a minor problem, a two percentage point decrease since 2013.<sup>29, 30</sup>

Data from Marion County also suggests that crime impacts older adults, although these rates may diminish by age. Between 2015 and 2019, the Indianapolis Metropolitan Police Department's (IMPD) Victim Assistance Unit served 48,882 victims of crime. Of these victims, 6,521 (13%) were between 41 and 60 years of age, while 1,313 (3%) were over the age of 60.<sup>31</sup>

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## Property Crime Rates

Property crimes per 1,000 residents, 2016

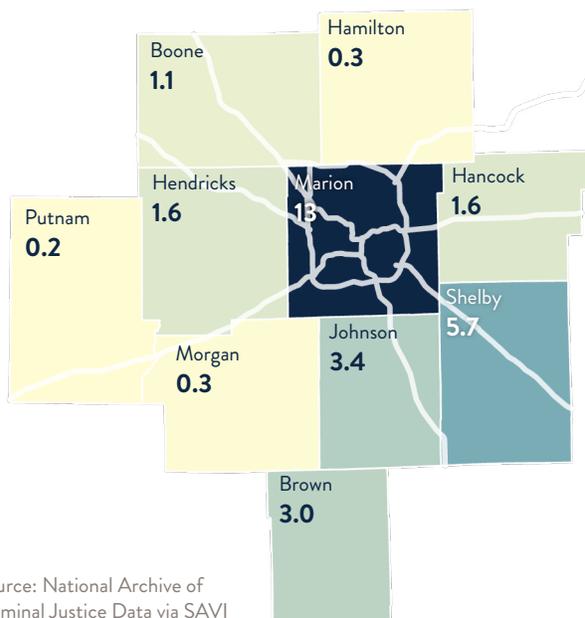


Source: National Archive of Criminal Justice Data via SAVI

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## Violent Crime Rates

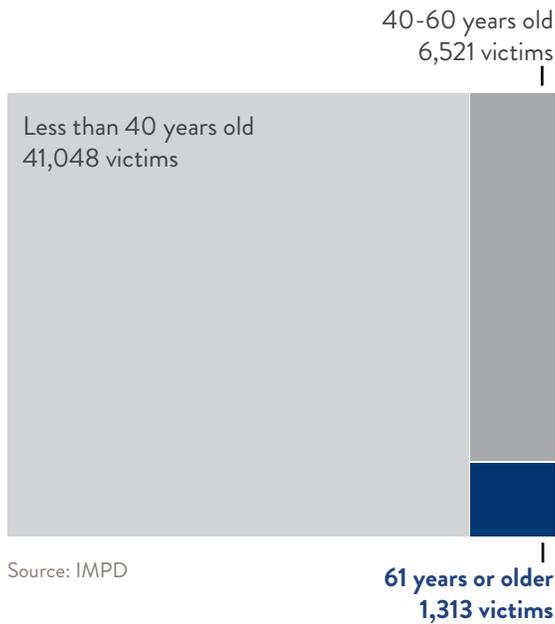
Violent crimes per 1,000 residents, 2016



Source: National Archive of Criminal Justice Data via SAVI

## Three percent of victims served by IMPD Victim Assistance Unit are over 60 years old

Age of victims served by IMPD Victim Assistance Unit between 2015 and 2019



Source: IMPD

Even when older adults are not direct victims of crime, neighborhood crime around them can have a negative effect on older adults, who may not feel safe or may be fearful of leaving their homes. One key informant shared that older adults in her community have a fear of telling others that they are home alone, out of fear of their homes being robbed. Additionally, fear of crime is associated with lower social participation among older adults.<sup>32</sup>

Neighborhoods with greater socioeconomic inequities have greater levels of violent crime. The socioeconomic characteristics of a neighborhood can lead to crime; however, this relationship is reciprocal, as crime can negatively impact the socioeconomic characteristics of a neighborhood.<sup>33</sup> In areas with violent crime, experiences of violence are a cause of psychological distress among residents.<sup>34</sup>

During several focus groups conducted to inform this report, older adults living in Marion County noted that crime in their neighborhoods and around their homes prevents them from conducting regular business or enjoying where they live. Specific crimes mentioned include robberies, drugs and gun violence. One individual who lived near a running path opted to run laps around her block instead, out of fear of being robbed or attacked. Another person who relied on walking and the bus for transportation mentioned carrying mace and a knife for protection. Another participant reported her grandson was murdered in September 2019 during a robbery. Addressing crime is important to the sense of security and quality of life of older adults living in an area, and it disproportionately affects different Indianapolis neighborhoods.



## HIGHLIGHTING EQUITY

### WHAT FACTORS PUT OLDER ADULTS AT A HIGHER RISK FOR FRAUD VICTIMIZATION?

Conflicting data exists about whether certain older adult populations are at a higher risk for fraud victimization. However, research has shown that older adults in general are more vulnerable to fraud and scams.



#### INDIVIDUAL FACTORS:

##### *Declines in cognitive functioning*

Older adults with mild cognitive impairment or dementia are more likely to make impaired financial decisions and are less able to discern when fraudulent activities are occurring.<sup>35</sup>

##### *Low income and low financial literacy*

Older adults with lower income and low financial literacy have a higher susceptibility to fraudulent schemes.<sup>36</sup> This is of particular concern for older adults, who have been found to have high levels of financial illiteracy. This can impact their ability to recognize scams. In one study, over two-thirds of older telemarketing fraud victims said it was difficult to identify fraud when they encountered it.<sup>37</sup>



#### INTERPERSONAL FACTORS: SOCIAL ISOLATION

Older adults who are socially isolated are at higher risk for being victims of fraud. These individuals often have strong urges to connect with others, which can make them easy targets for financial abusers. Fraudsters may build “friendships” with these older adults in a ploy to win their trust and exploit them financially. Additionally, older adults who live alone are often easy targets due to less contact with family members.<sup>38</sup>



#### POLICY FACTORS: UNCLEAR AVENUES FOR FRAUD REPORTING

Many older adults who are fraud victims do not report it, due in part to a lack of knowledge on where or how to report.<sup>39</sup> Even when there is information available on reporting, there may be a lack of clarity or ease in the process. For example, the Indiana Attorney General’s website lists four different organizations and contact numbers for reporting financial exploitation, depending on the type of scam and individuals involved.<sup>40</sup> Similarly, even when elder fraud is reported, there are not always adequate resources to investigate or solve these cases. A 2016 IndyStar investigation found that elder financial abuse cases reported to APS were often the lowest priority to investigate due to the organization’s limited resources. One APS official shared that as a result, they did not open some financial exploitation cases until up to seven years after the exploitation had occurred.<sup>41</sup> Low levels of reporting and prosecution can further embolden scammers to continue targeting older adults, as there are often few consequences.

## ENDNOTES

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- 28 National Research Center, "CICOA Aging and In-Home Solutions Full Report," 2017.
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- 30 National Research Center, "State of Indiana Full Report," 2017.
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- 38 Shao et al.
- 39 Clifton B. Parker, "Stanford Study Urges More Accurate Estimates of Financial Fraud," Stanford University, December 16, 2013, <http://news.stanford.edu/news/2013/december/elder-fraud->

study-121613.html.

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## Download the data used in this chapter.

Download spreadsheets containing our source data  
by [clicking here](#) or scanning the QR code below.



# STATE OF AGING IN CENTRAL INDIANA



## SECTION 6 TRANSPORTATION

April 2021



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+

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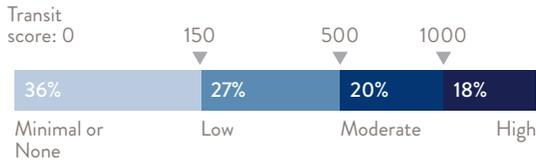
# TRANSPORTATION

Access to transportation is important because it empowers older adults to maintain their independence. Transportation opportunities for older adults may take different forms, including driving, public transportation, ride share service or shuttle buses. This section of the report discusses public transportation access and perceived transportation barriers. Key findings include:

- In Indianapolis, 7,800 older adults use public transportation for working, shopping, and social trips.
- Only one in four older adults in Central Indiana positively rates the ease with which they can use public transportation in their communities.
- In Indianapolis, one in three older adults lives in a neighborhood with minimal or no public transportation service.
- Public transportation improvements in 2019 led to 15,000 more Central Indiana older adults living in neighborhoods with high level of transportation service.

One third of older adults in Indianapolis live in neighborhoods with little or no transit service.

Percent of older adults by transit service level in their census tract



The number of Indianapolis older adults living in areas with high transit access increased by 15,000 between 2018 and 2019.

Number of adults age 55 or older living in census tracts where transit service score is at least 1,000



Increased transit service benefited many Indianapolis neighborhoods, not just those with high transit service.

Average transit service score of home census tract for an older adult in Indianapolis



98,000 older adults have improved transit access.

Neighborhood transit service increased at least 10% for 98,000 older adults

Source for above charts: The Polis Center analysis of data from American Community Survey 2015-2019 five-year, SAVI, IndyGo

INADEQUATE PUBLIC TRANSPORTATION

According to the U.S. Department of Transportation, "Transportation is essential to many areas of life such as employment, staying connected with family and friends, and access to healthcare."<sup>1</sup> However, many older adults do not have good transportation options beyond driving.

In Central Indiana, older adults find travel by car much more accessible than walking or public transportation. Three out of four older adults report that the ease of car travel is good or excellent in their communities, while only 56% say the same about walking and 25% about public transportation.<sup>2</sup>

This is an issue because the 2019 five-year American Community Survey (ACS) estimates that one in 10 households with a householder older than 65 has no vehicles in the household. Furthermore, access to vehicles varies by housing tenure with one third of householders age 65 and older living in a rental property without a vehicle in their household, versus only 4% of those living in an owner-occupied household.

PUBLIC TRANSPORTATION USE BY OLDER ADULTS

Indianapolis has a substantial public transportation system and in 2019, its fixed-route ridership was 9,244,855.<sup>3</sup> Analysis of the 2017 IndyGo On-board survey data shows that one quarter of bus riders are adults age 50 and older. Some of these riders use public transportation for commuting, but others also depend on it for shopping, social visits, and other quality of life destinations. For people age 50 to 64, 46.4% of public transportation trips starting from home were for work, 11.8% were for shopping, and 28.7% were for social, religious or personal business. People age 65 and over make 21.1% of their home-based transportation trips to work, but 45.9% are for social, religious or personal purposes and 20.1% are for shopping. Medical appointments are not a common trip destination, according to IndyGo ridership data, but keeping medical appointments is important to an older adult's health. Although only a small share (6.7%) of home-based trips had a doctor or health-related destination, the usage of IndyGo for this purpose increases with age. More than one in 10 (11.8%) older adults age 50 and over whose transportation trips started from home traveled to a doctor's office or other health-related location.

Older public transportation riders do not use the bus as frequently as daily commuters but still take the bus at least once a week. One sixth of riders age 65 and older use public transportation one to two times per week, and over one third use it three to five times per week. Many riders age 50 to 64 use it almost daily, as 62.4% take the bus between three and seven times each week. However, these options are only available to those who live near public transportation service. Unfortunately, while some older adults live in neighborhood with good public transportation service, most do not. A transit service density score (shown in the map below) is a way of quantifying transit service available to a neighborhood. It is calculated as weekly revenue miles per square mile and ranges from zero (no transportation services) to over 1,000 (high transportation service).<sup>4</sup>

In 2019, the City of Indianapolis invested in significant public transportation improvements, which led to increased service, including for older adults who live in Marion County. Twenty more census tracts had improved service in October 2019, compared to 2018. As a result, 15,000 additional older adults now live in high public transportation service neighborhoods. Increased public transportation service broadly affects adjoining neighborhoods, not just those with high levels of service.

## Older adults find car travel easy, but only one in four finds transit easy to use in their community.

Percent of older adults in Central Indiana who say they have good or excellent ease of travel by...

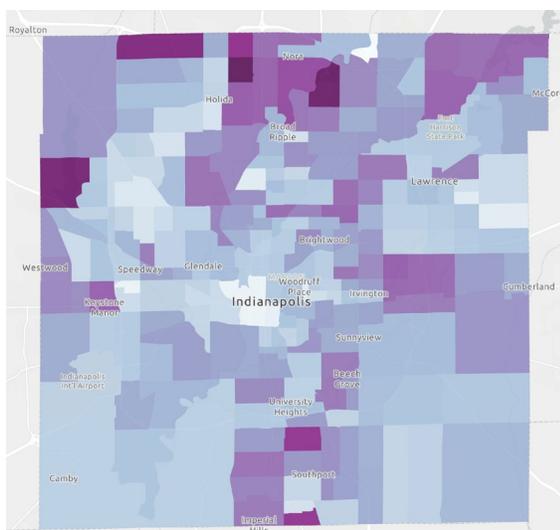


Source: CASOA, 2017

## Most transit service is concentrated in the city center, but most people, including most older adults, live outside this area.

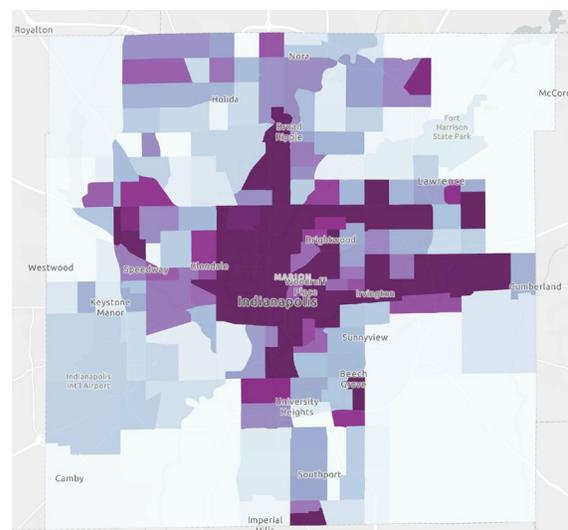
Percent of population age 55+  
Marion County census tracts

0% 50%



Transit Service Density Score  
Marion County census tracts

0 1,000+



## IndyGo Ridership has fallen sharply during the pandemic.



Source: IndyGo

## Rides with transit services, rideshare apps and non-emergency medical transportation are the most common transportation needs among older 2-1-1 callers.

### 2-1-1 Transportation Needs of Older Adults in 2019

Need	Number of calls	Percent of transportation calls
Transportation Network Company Rides/ Ride App	270	35.7%
Non-Emergency Medical Transportation	179	23.7%
Senior Ride Program	145	19.2%
Disability Related Transportation	78	10.3%
Transportation Expense Assistance	57	7.5%

Source: Indiana 211 via SAVI Community Information System

Nearly 98,000 older adults now reside in census tracts where service increased 10% or more. In Marion County, the average older adult experienced a 26% improvement in service. This was accomplished by increasing the frequency and operating hours of local routes, as well as adding bus rapid transit via the newly constructed IndyGo's Red Line. As IndyGo continues to increase local bus service and add rapid transportation lines, transportation service levels will increase further.

However, because of the COVID-19 pandemic, IndyGo experienced a decline in ridership of more than 50% between February 2020 and February 2021.<sup>5</sup> This ridership reduction negatively impacted IndyGo's revenue, leading to a reduction in service frequency. In turn, the reduction in service frequency impacts older adults dependent on public transportation, causing longer travel times and reducing freedom of movement to complete multiple tasks in a single trip.

## COMMUNITY NEEDS

Central Indiana households having trouble acquiring transportation have the option of dialing 2-1-1 to connect with needed services. In 2019, there were 756 calls to 2-1-1 from older adults requesting transportation assistance.<sup>6</sup> There is a marked difference between age groups. Twice as many younger-old adults contacted 2-1-1 to obtain transportation assistance than middle-old adults. Even fewer oldest-old adults sought transportation assistance over the same time period.

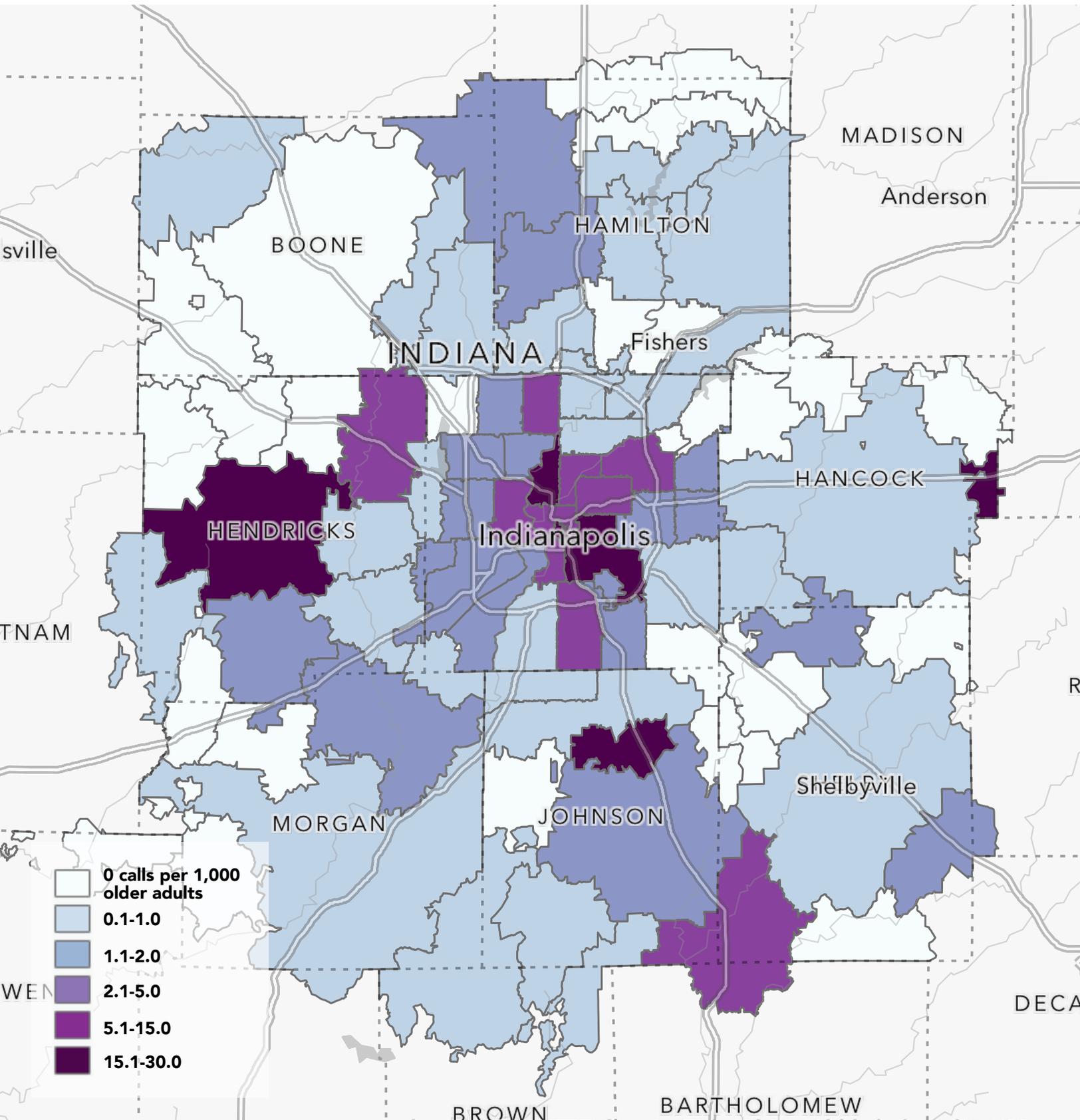
The ZIP codes with the greatest number of support calls per 1,000 older adults are in Hendricks, Johnson, and Marion counties.<sup>7</sup> This suggests that there are disparities in transportation access for older adults in these counties.

## COMMUNITY PERSPECTIVE

According to focus group participants across Central Indiana, transportation is important for maintaining independence.<sup>8</sup> Those who can access it enjoy the activities it allows them to do, while those who cannot felt their independence was curtailed. Across the Central Indiana region, participants report utilizing various means of transport. Some drive themselves or are driven by others, some utilize rideshare or shuttle bus programs, some who live in Indianapolis ride public transportation and others walk. The type of transportation used and the

The urban core has a high density of 2-1-1 calls about transportation needs, but so do suburban areas like Danville, Brownsburg, Whiteland, Edinburg, and eastern Hancock County.

Indiana 211 transportation calls from older adults in 2019, per 1,000 older adults



frequency with which it is used depends on affordability, accessibility and a variety of other factors. One participant drives himself and other older adults out to eat, while another who owns her own vehicle found that paying for its ongoing maintenance problems was challenging and stressful. As a part of the aging process, driving at night is no longer safe for some and lack of accessible parking is a deterrent for others when driving to locations they frequented in the past. The roundabouts in Carmel were mentioned as confusing and difficult to navigate by one participant. Other older adults relied on family or friends to drive them, which is helpful but does not always allow these older adults to be as independent as they wish.

While rideshare programs permit focus group participants to go anywhere they wish, these programs are expensive, rely on technology that some do not know how to use and are viewed as potentially unsafe by others. Shuttle bus programs, such as those through medical providers, senior centers, CICOA Aging and In-Home Solutions (CICOA) and IndyGo's Open Door program, are options that are affordable to many participants and are useful for going to medical appointments and sometimes grocery shopping. A few participants indicated that the nominal fees charged for some of these services are not within financial reach for them, and hoped for more affordable, free options. Most of the services mentioned by older adults do not operate outside Marion County, making it difficult for older adults who must travel to the suburbs for medical, personal, or social reasons. Those transit options that do cross county lines often require reservations in advance. Depending on where they live, participants had different opinions on how accessible public transportation was. Some find it convenient, while others had difficulty accessing it. One participant mentioned how much she enjoys the new transit center downtown, while another one noted that it is difficult to navigate the stairs on the bus. Walking is also enjoyed by some as exercise or transportation; however, poor weather can make this prohibitive, particularly as ice and lack of snow clearance make sidewalks, bus stops and curbs dangerous to navigate.

## FILLING THE GAP

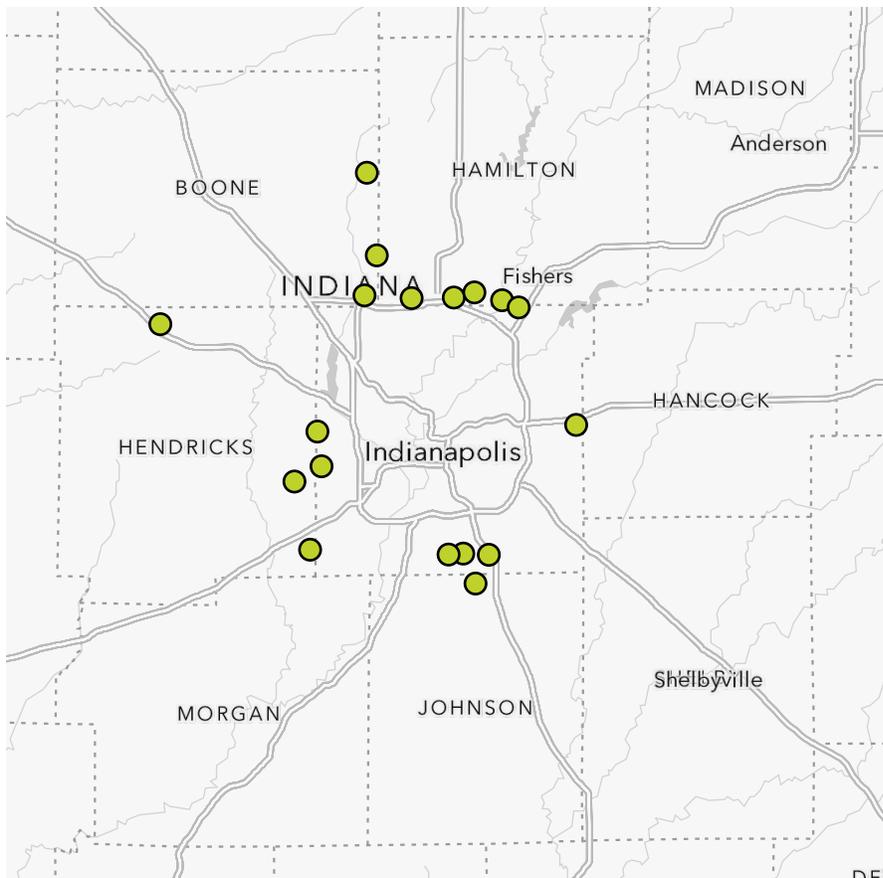
The Americans with Disabilities Act (ADA) requires public transportation providers to provide paratransit to eligible individuals.<sup>9</sup> Paratransit is a publicly-funded, low-cost ridesharing service available by request. IndyGo's

paratransit service, Open Door, operates seven days a week throughout Marion County. According to IndyGo, eligibility is based, "...on the effect the disability has on the applicant's functional ability to board, ride and disembark independently from a fully-accessible local transit vehicle. The accessibility of the regular local transit service and the environmental and architectural barriers within the service area are also considered."<sup>10</sup> IndyGo conducted an evaluation of its paratransit services in 2020 and found that one in five trips are made by individuals whose start or finish location has the following characteristics: is in the outlying parts of the county, is outside the ADA required zone and has an average trip distance of 12.5 miles. This average trip distance is three miles longer than the average distance of peer paratransit agencies.<sup>11</sup>

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## Transfer points between door-to-door services are located near the borders between counties.

Locations where riders can transfer from one door-to-door service to another



Source: Central Indiana Regional Transit Authority

All eight Central Indiana counties have paratransit/door-to-door service, operated by either a public transportation authority or a senior services agency. Each of these programs provides transportation within the boundaries of their respective counties. Older adults who are dependent on these services but require inter-county transportation must transfer from one county service to another at one of 19 possible transfer points across Central Indiana. Fourteen of those transfer points are between IndyGo and one of the surrounding door-to-door services.

CICOA's Way2Go service provides scheduled rides within Marion County for a fee of \$5.00 per ride. Medicaid may cover the cost of this ride service when the trip is to a medical appointment. CICOA also provides shuttle services from certain apartment complexes to major destinations such as banks, grocery stores, and shopping centers. My Freedom is a voucher program available across the whole region that allows persons with disabilities to purchase up to 15 vouchers per month for \$6.00 each and use them as a payment in any of the door-to-door providers in Central Indiana. These services were typically described as affordable by focus group participants, but because service is usually restricted to within county boundaries, these services are rarely used for regional trips. Key informants mentioned the main downturn of these services not going outside of county boundaries was their restriction of participants being able to use them to attend medical appointments.<sup>12</sup> Similarly, IndyGo has minimal service outside Marion County. The public and nonprofit transportation services available to older adults in Central Indiana still leave a gap in navigating the region at large. To learn more about some of the factors that lead to gaps in transportation service for rural older adults, please read "Highlighting Equity" below.



## HIGHLIGHTING EQUITY

### RURAL OLDER ADULTS HAVE LESS ACCESS TO TRANSPORTATION SERVICES

Across the U.S., public transportation is generally less available for rural residents than urban residents. One third of rural areas have access to public transportation, compared to nearly three-quarters of metro areas.<sup>13</sup> Because one in five (21%) older adults in Central Indiana lives in rural areas, this can cause disparities in access to transportation for these older adults, which can affect their overall health and well-being. Below are factors that can influence the lack of access in transportation for rural older adults.



#### *ORGANIZATIONAL FACTORS: LACK OF VEHICLES AND RESOURCES FOR RURAL TRANSPORTATION SERVICES*

One study that interviewed key informants in all 50 states about rural transportation challenges found that the lack of vehicles and personnel was the most cited barrier to providing sufficient services.<sup>14</sup> One senior center in Hamilton County states in their senior transportation guide that the Hamilton County Express, which is the only public transportation service to serve the general public in the county, is unable to serve roughly 800 ride requests per month due to a shortage of available vehicles.<sup>15</sup>



#### *COMMUNITY FACTORS: CHANGING DEMOGRAPHY IN RURAL AREAS IMPACTS SERVICES*

Due to migration of younger people to urban areas for more educational or career opportunities, older adults are beginning to make up a larger proportion of the population in rural areas. Because of decreased economic opportunities and fewer working-age residents, rural communities tend to have smaller tax bases. Reduced tax revenue means that the local government has fewer financial resources available to support or expand public transportation programs.<sup>16</sup>



#### *POLICY FACTORS: MEDICAID REIMBURSEMENT DOESN'T FULLY REIMBURSE THE EXPENSES OF TRANSPORTATION PROVIDERS*

Medicaid is an important source of transportation for qualified older adults in need of medical transportation. However, Medicaid only reimburses travel that occurs when the patient is in the vehicle. This policy can hurt the overall operating costs of rural transportation providers, as they often must drive more unreimbursed miles to pick up a passenger due to larger distances between businesses and residences in rural areas.<sup>17</sup>

## ENDNOTES

- 1 U.S. Department of Transportation, "Accessibility," 2020, accessed February 5, 2021, <https://www.transportation.gov/accessibility>.
- 2 National Research Center, "CICOA Aging and In-Home Solutions Full Report," Community Assessment Survey for Older Adults (TM) (Boulder, CO: National Research Center, 2017).
- 3 IndyGo, "About Us," IndyGo, accessed February 5, 2021, <https://www.indygo.net/about-indygo/>.
- 4 Transit service density scores are calculated for each census tract by finding the total mileage of bus service available (including multiple trips on the same route) and dividing that by the area of the census tract. This score rises if trips are more frequent, if operating hours are extended or if more routes are added.
- 5 IndyGo, "Transit Planning, Policy, and Performance," IndyGo, accessed March 12, 2021, <https://www.indygo.net/about-indygo/transit-planning>.
- 6 Polis Center analysis of data provided by Indiana 2-1-1
- 7 Indiana 2-1-1 data analysis is provided by the SAVI Community Information System. 2-1-1 is a free and confidential service that helps Hoosiers across Indiana find the local resources they need. When a client calls 2-1-1 for help, this is referred to as an interaction. During each interaction, a client may communicate one or more needs, related to a single problem or multiple problems. When a call is received by 2-1-1, it is placed in one or more categories, depending on the nature of the need(s) expressed by the caller. For example, if a caller requests a referral for a food pantry, a referral for transportation to help get to that pantry, a referral for donated clothing and a referral for a soup kitchen, the call is identified as a single, unique call related to food needs, transportation needs and material assistance needs. Even though there are two different food-related needs expressed, the call is only counted as a single call for food-related help. In the 2019 dataset, 75% of caller data specified client age, while the remainder did not. In this report, only data with the age of the client (between 55 and 105 years old) was used.
- 8 Nine focus groups with older adults were conducted during 2019 and 2020 to collect input on issues facing the older adult population in Central Indiana. The focus groups composed of older adults were assembled with the identification and recruitment assistance of community service providers. These focus groups were conducted by researchers, in person prior to the COVID-19 pandemic, and by Zoom after the pandemic began. The questions asked of the focus group participants were discussed and agreed upon by research faculty and staff.
- 9 IndyGo, "Open Door," IndyGo, accessed February 5, 2021, <https://www.indygo.net/open-door/>.
- 10 IndyGo, "Open Door."
- 11 KFH Group Inc., Palo Consulting Group, and The McCormick Group, "IndyGo Paratransit Operational Analysis Study Final Report," June 2020, <http://www.indygo.net/wp-content/uploads/2020/06/IndyGo-Final-Report-June-2020.pdf>.
- 12 Public and nonprofit sector leaders and service providers who are knowledgeable about service systems and issues pertaining to older adults in Central Indiana were identified and interviewed during report preparation.
- 13 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.
- 14 Carrie Henning-Smith et al., "Rural Transportation: Challenges and Opportunities" (Minneapolis,

MN: University of Minnesota Rural Health Research Center, November 2017), [http://rhrc.umn.edu/wp-content/files\\_mf/1518734252UMRHRCTransportationChallenges.pdf](http://rhrc.umn.edu/wp-content/files_mf/1518734252UMRHRCTransportationChallenges.pdf).

- 15 Melissa Gafford, "Transportation for Seniors in Hamilton County: The Definitive Guide," Shepherd's Center of Hamilton County (blog), January 14, 2019, <http://shepherdscenterofhamilton-county.org/transportation-for-seniors-in-hamilton-county-the-definitive-guide/>.
- 16 James Wood et al., "Older Adult Transportation in Rural Communities: Results of an Agency Survey," *Journal of Public Transportation* 19, no. 2 (June 1, 2016), <https://doi.org/10.5038/2375-0901.19.2.9>.
- 17 Carrie Henning-Smith et al., "Rural Transportation: Challenges and Opportunities."

# Download the data used in this chapter.

Download spreadsheets containing our source data  
by [clicking here](#) or scanning the QR code below.



# STATE OF AGING IN CENTRAL INDIANA



## SECTION 7 AGING IN PLACE



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+

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# AGING IN PLACE

Many people wish to grow older in their own homes rather than in an institutional setting. To accomplish this, it is important for older adults to have the means to maintain a home, perform activities of daily living, and feel comfortable in their communities. This section of the report discusses aging in place in both homes and communities. Key findings include:

- Many older adults (three in five) report difficulty maintaining their homes, both inside and out.
- Two-thirds of older adults report not knowing about necessary services to assist them with remaining in their homes and communities as they age.
- The majority of older adults in Central Indiana who receive publicly funded services to assist them in their daily lives report that these services meet their needs and goals.
- Most older adults in Central Indiana believe their communities are a good place to live, and four in five intend to remain in them throughout retirement.

## AGING IN PLACE AT HOME

The majority (78%) of older adults in the United States wish to stay in their current residence for as long as possible as they age, which is known as “aging in place.”<sup>1</sup> To accomplish this goal, home modifications and assistance with performing routine daily activities are necessary to address limitations imposed by chronic disease and disability.

While financial assistance through grants or home equity products can pay for home modifications for some low-income homeowners, renters are unlikely to have these opportunities. Without government incentives or mandates, property owners of existing rental housing are unlikely to make these changes.<sup>2</sup> People of color are more likely to be affected by challenges related to aging in place, as they are less likely to own their own homes than White households.<sup>3</sup>

Long-term services and supports (LTSS) are a broad range of supportive services provided formally by professionals or informally by unpaid family and friends. LTSS can be provided in a person’s home, or in community-based or institutional settings, if necessary. Such services and support are funded through the Older Americans Act, the Program of All-Inclusive Care for the Elderly (PACE), the Medicaid Home and Community Based Services (HCBS) Waiver, and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) programs. See the Healthcare chapter of this report for more details about these programs.

### AVAILABILITY OF SUPPORT SYSTEMS

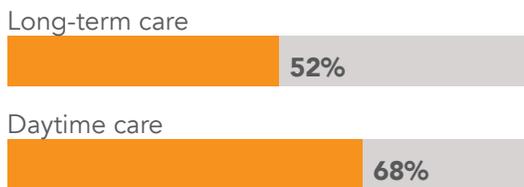
While the American Association of Retired Persons (AARP) ranks Indiana 44th in the nation for its LTSS system, survey data related to the ability of older adults in Central Indiana to age in place is more positive.<sup>4,5</sup> The Community Assessment Survey for Older Adults (CASOA™) identifies the strengths and needs of older adults in Indiana, including the Central Indiana region.<sup>6</sup> Compared to the state as a whole, Central Indiana performs similarly with respect to indicators related to the ability of the age 60 and older population to age in place. Nearly half of older adults in Central Indiana report that maintaining their homes (45%) or yards (49%) is at least a minor problem.

Activities of daily living are also a challenge for some. Nearly two-thirds (61%) report that doing heavy or intense

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### Most older adults think quality long-term and daytime care options are limited in their community.

Percent of older adults who report the quality of each of these services in their community as fair or poor



Source: CASOA, 2017

housework is at least a minor problem, while 38% report that performing regular activities, such as walking, eating and preparing meals is at least a minor problem for them.

These challenges can result in injury—27% of older adults surveyed in Central Indiana report falling or injuring themselves in their homes during the past year. See the Health Outcomes chapter for the older adult death rate due to falls.

Survey respondents indicate they need more information about the services and resources available to help older adults. Only one in three (32%) believe that the availability of daytime care options for older adults in their communities is excellent or good, and less than half (48%) believe the availability of long-term care options is excellent or good. These low numbers may be related to a perceived lack of availability of information about resources for older adults, rated as excellent or good by only one third (36%) of respondents. Despite this, more than half (54%) of those surveyed reports that the services provided to older adults in their communities are excellent or good, a more favorable rating than across the state.

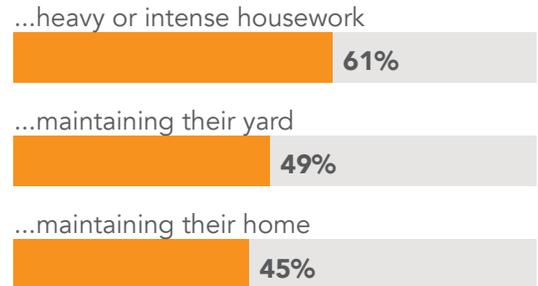
### COMMUNITY PERSPECTIVE

Key informants, including direct service providers, believe many older adults do not receive needed assistance because they are unaware of its availability.<sup>7</sup> Even when they are aware that services exist, distrust or pride on the part of an older adult or their caregiver can act as a barrier to receiving these services. Fear is another factor identified by key informants as an element that keeps older adults from seeking services or help. Key informants describe many reasons for their fear, but often involve fear of being removed from their home if seen as being incapable of living alone, fear of a victim of a burglary or other type of crime or fear of the current world at large, including pandemic fears. See the Safety and Abuse chapter for related discussion.

Key informants suggested that a solution to this problem could include provision of information and outreach through faith communities, senior centers, congregate meal sites, meal delivery providers, senior housing units, rotary clubs, family caregivers, health care providers and case managers. Establishing a “clearinghouse” of information for community resources was mentioned, demonstrating that some older adults may not be aware

## Chores and home maintenance are a challenge for many older adults.

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

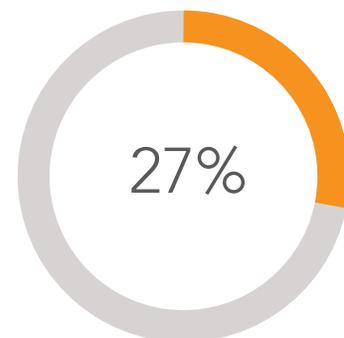


Source: CASOA, 2017

## These challenges can result in injury.

Percent of older adults who report falling or injuring themselves in their homes in the past year.

Source: CASOA, 2017



“Just because you can  
[do something], doesn’t mean  
you should.”  
Focus group participant

that CICOA Aging & In-Home Solutions (CICOA) exists to connect older adults in Central Indiana to community resources, including through the Solutions Guide.

It was noted that when an individual is eligible for and enrolled in either Medicaid HCBS Waiver or CHOICE, the assistance provided under these programs is especially helpful. Concern was voiced about the aging population and if resources would be available to meet the growing need for LTSS as Baby Boomers continue to age. Information about services offered through CICOA are available in the appendix of the Caregiving chapter of this report.

Older adult focus group participants who still live in their communities view maintaining their independence as important to their happiness. Some can depend on a spouse, other family members, or neighbors when they need assistance with day-to-day living. Common issues of concern are challenges maintaining a household (e.g., keeping sidewalks and driveways clear of snow), obtaining home modifications (e.g., grab bars in the bathroom) and accessing transportation. One participant commented that it is important to know when to ask for help with activities such as cleaning the gutters. Some participants expressed a desire for information about eligibility for supportive services.

Some participants expressed a desire for information about eligibility for supportive services.

### WHAT IS BEING DONE?

A No Wrong Door (NWD) System is being developed in Indiana, through which older Hoosiers will be empowered to make informed decisions, exercise control over their LTSS needs and achieve their personal goals and preferences.<sup>8</sup> A NWD System is a person-centered, one-stop coordinated system that seamlessly connects individuals to the full range of LTSS options, expanding access to services and supports in an unbiased manner.

The backbone of the Indiana NWD System is the Aging and Disability Resource Center (ADRC) service delivery model. Currently, ADRC services are provided through the existing network of Area Agencies on Aging (AAA). As Central Indiana’s AAA (and thus ADRC), CICOA provides person-centered counseling, information and referral services, and functional and eligibility assessments for LTSS. CICOA also functions as the intake mechanism for

older adults in Central Indiana accessing services through the Older Americans Act (OAA), Medicaid HCBS Waiver and CHOICE programs.

Other organizations that assist older adults in Indiana communities to stay in their homes include the Fair Housing Center for Central Indiana, which advocates for universal design requirements to facilitate aging in place, and accessABILITY, formerly known as the Indianapolis Resource Center for Independent Living (IRCIL).

Central Indiana is making progress toward facilitating aging in place through opportunities like LTSS. Opportunities exist to expand information and outreach activities resulting in increased awareness and access to services for those who need and desire support.

## AGING IN PLACE IN COMMUNITIES: SENSE OF PLACE

“Sense of place” is a multidisciplinary concept that can include elements such as a person’s physical and emotional connection to the environment around them.<sup>9</sup> When older adults live in a neighborhood that is familiar to them, it increases their satisfaction with that area, because it improves their ability to navigate their surroundings in those environments and reduces the anxiety related to activities within them.<sup>10</sup> In unfamiliar environments, older adults can feel more connected and comfortable when aesthetics are appealing and when usability and accessibility are sufficient to facilitate independence. Thus, how they experience “place” becomes very important.<sup>11</sup> Changes to the physical environment can lead to a sense of loss for older adults.<sup>12</sup> Indeed, place attachment is related to social well-being. A change in place can lead to a reduction in social well-being among older adults.<sup>13</sup> This is particularly true for lower-income households that live in areas of gentrification, where sense of place can be lost as the surrounding physical environment changes.<sup>14</sup>

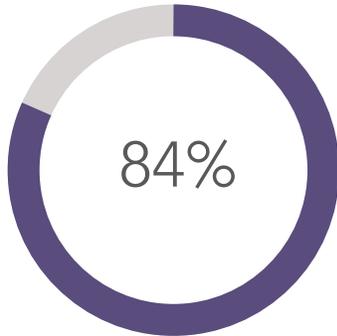
See the Social Well-being section of this report for further discussion of the factors that impact the social well-being of older adults.

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The vast majority of older adults rate their communities as good places to live.

Percent of older adults in Central Indiana who report their community is an excellent or good or place to live.

Source: CASOA, 2017



## CENTRAL INDIANA COMMUNITIES ARE GOOD PLACES TO LIVE

Data from the Community Assessment Survey for Older Adults (CASOA™) reveal that the majority of older adults in Central Indiana have reasonably high satisfaction with their communities as places to live and retire. Eighty-four percent of respondents rate their communities as excellent or good places to live, and more than three out of four (78%) report they are very or somewhat likely to recommend living in their communities to other older adults.

Although a large majority indicate they are very or somewhat likely to remain in their communities throughout retirement (84%), a smaller majority (68%) rate their communities as excellent or good places to retire. The difference between these responses suggests that some older adults may prefer to retire elsewhere but do not think they have the option to do so.

Of concern are the one in three (32%) older adults who rate their communities as only fair or poor places to retire. Multiple factors influence whether older adults consider their community a good place to live and retire. As discussed in other sections of this report, physical factors such as safety, transportation, access to high quality food, housing and health and social services influence the perceptions of older adults about their communities. Social well-being also plays a role. Just under half (48%) of survey respondents indicate that the sense of community where they live is excellent or good (48%) and only 52% report the neighborliness of the community where they live is excellent or good.

For related discussions, see the Financial Stability, Food Insecurity, Housing, Safety, Health Care, Transportation and Social Well-being sections of this report.

## COMMUNITY PERSPECTIVE

According to service providers and other key informants, location-related aspects limit opportunities for older adults to interact within their communities. For instance, distance from senior centers and community events prevents some from visiting. Additionally, a decline in neighborhood safety limits entertainment opportunities in some areas – older adults may not sit outside as frequently as in the past, especially if they perceive it is not safe to do so. This could be because their surroundings have changed and they are not as familiar with their neighbors as they once were.

Focus groups of older adults discussed changes they see in their neighborhoods. Several participants in both Hamilton and Marion counties discussed the impact of gentrification on their neighborhoods. One noted that developers want to raze her home and build expensive homes in its place. Another enjoyed living in her neighborhood when it was more racially diverse; however, as home values increased, diversity diminished and many older adults in the area fear being displaced because they cannot afford increased property taxes. This participant mentioned that she misses the way her neighborhood was, particularly her neighbors, who have since left. To learn more about the challenges residents of color, particularly Black older adults, face when aging in place, please see 'Highlighting Equity' on the following page.

In another focus group, participants believe their neighborhoods are in decline, with a decrease in homeowners and an increase in renters and abandoned homes resulting in disinvestment in the area by its residents. One person noted that an increase in traffic by her home resulted in property damage and trash, and she is searching for programs to assist with repairs. A sense of place from their neighborhood is impactful to older adults in Central Indiana, who rely on this to maintain a good quality of life and to remain in their communities for as long as they wish.



## HIGHLIGHTING EQUITY

### BARRIERS TO SUCCESSFUL AGING IN PLACE BY BLACK AND OTHER OLDER ADULTS OF COLOR

Black and other older adults of color face challenges with aging in place due to a variety of individual, interpersonal and community factors:

#### *INDIVIDUAL FACTORS: HIGH PREVALENCE OF DISABILITIES*



Research has shown that one of the barriers to successfully aging in place is poor health. Because of lower socioeconomic status, people of color experience more barriers to services and have a higher prevalence of disability, meaning they may be less likely to continue living on their own as they age.<sup>15</sup>

#### *INTERPERSONAL FACTORS: BLACK OLDER ADULTS ARE MORE LIKELY TO LIVE WITH EXTENDED FAMILY MEMBERS*



One study found that Black older adults are less likely to live with a spouse and more likely to live with extended family members such as children, grandchildren or other relatives when compared to other older adult households. These multigenerational households may not have the ability to pay for age-friendly home modifications for their elderly family member, as there can be other competing demands for financial resources, such as saving for a child's education.<sup>16</sup>

#### *COMMUNITY FACTORS: HOUSING CHALLENGES*



Black older adults face several housing-related challenges to aging in place. First, Black Americans are less likely to own their homes than White adults.<sup>17</sup> One analysis found that nearly one in three Black older adults lived in apartments between 2011 and 2015, meaning they were most likely to be renters. This presents challenges for older adults who may need home modifications, as landlords are only required to make modifications to comply with the Americans with Disability Act, and are often unlikely to voluntarily make other modifications due to the costs involved.

Black older adults who own their home also face barriers to successful aging in place. This population was more likely than all other older adults to live in houses built before 1970, which can present health and safety risks such as exposure to lead-based paint, mold and structural deficiencies which can be costly to repair.<sup>18</sup> Gentrification can also be a major problem for homeowners of color, as rising property taxes and cost of living increases can force these older adults to move out of their homes and neighborhoods.<sup>19</sup>

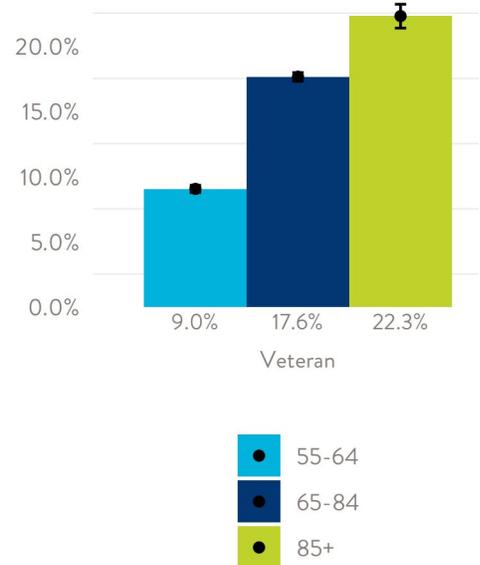
## AGING IN PLACE: SPECIAL POPULATIONS

### VETERANS

In Central Indiana there are just over 66,000 older adults who are veterans, almost 14% of that age group (age 55 and older). The majority of these are middle-old, although the oldest-old are the most likely to be veterans compared to other age groups. While the majority of older veterans are White, Latinx and Black residents have higher rates of veteran status. In some domains, veterans have fewer vulnerabilities. For example, older veterans in Central Indiana are less likely to experience poverty than non-veterans (6.2% vs 8.4%; ACS 2015-2019 five-year estimates), and veterans over age 75 have lower rates of suicide than civilians in the same age group.<sup>20</sup>

On the other hand, veterans have higher rates of disability than non-veterans (38.6% vs 26.2%). Veteran status does not eliminate the poverty gap between Blacks and Whites – Black older veterans are twice as likely to experience poverty than other veterans of color, and almost three times as likely to experience poverty compared to White older veterans.

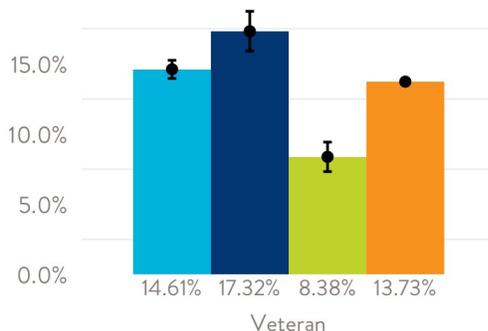
Veterans 55+ as percent of people Central Indiana, 2019  
Total Sample = 481,287



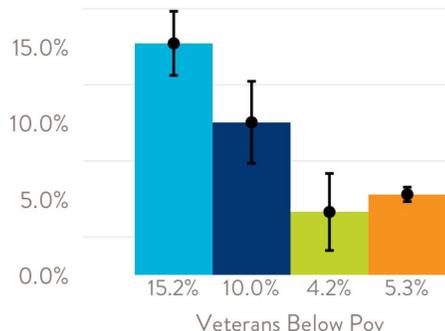
Black and Latino older adults are slightly more likely to be veterans than White older adults.

Poverty rates are higher for veterans of color than for White veterans.

Veterans 55+ as percent of each race Central Indiana, 2019  
Total Sample = 481,287



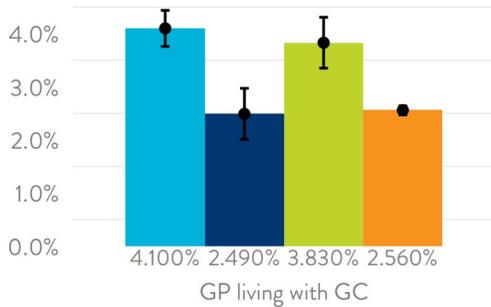
Poverty rate for older veterans Central Indiana, 2019  
Total Sample = 65,109



Source for all charts: PUMS, American Community Survey, 2015-2019

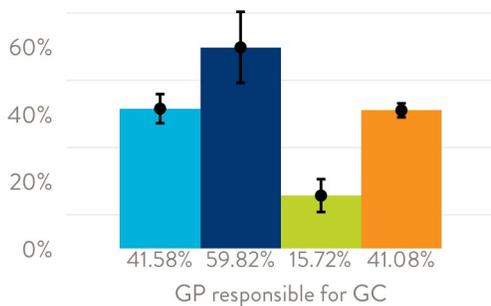
## GRANDPARENTS LIVING WITH AND RESPONSIBLE FOR GRANDCHILDREN

Grandparents living with grandchildren as percent of households Central Indiana, 2019  
Total Sample = 725,603



In Central Indiana there are almost 21,000 households where grandparents are living with their grandchildren (about 2.9% of households). There is a greater poverty rate among households with these kinds of multigenerational families than those without (15.2% vs 11.2%; PUMS, 2019 five-year averages). The racial ethnic composition of many of these households is similar (Latinx, White, and other), although Black families are significantly more likely to be living in these multigenerational households. Of households where older grandparents are living with grandchildren, almost 40% have direct responsibility for those grandchildren. While Black and Latinx grandparents have similar rates of responsibility for their grandchildren, Black grandparents have slightly higher rates than White grandparents.

Grandparents responsible for grandchildren as percent of people Central Indiana, 2019  
Total Sample = 22,146



A review of national data found that the number of grandparents raising their grandchildren has risen significantly since 2010, describing several reasons for this trend, such as parental “substance abuse, child abuse and neglect, intimate partner violence and parental incarceration.”<sup>21</sup> These grandparents often feel socially isolated from their peers and have less time to spend with their intimate partners, though the presence of social support systems mitigated these effects. Further, they found that these families faced financial instability, as well as negative physical and mental health outcomes. However, interventions can help develop coping mechanisms to build grandparent resiliency, decreasing these negative outcomes.<sup>22</sup>



## LGBTQ+ OLDER ADULTS

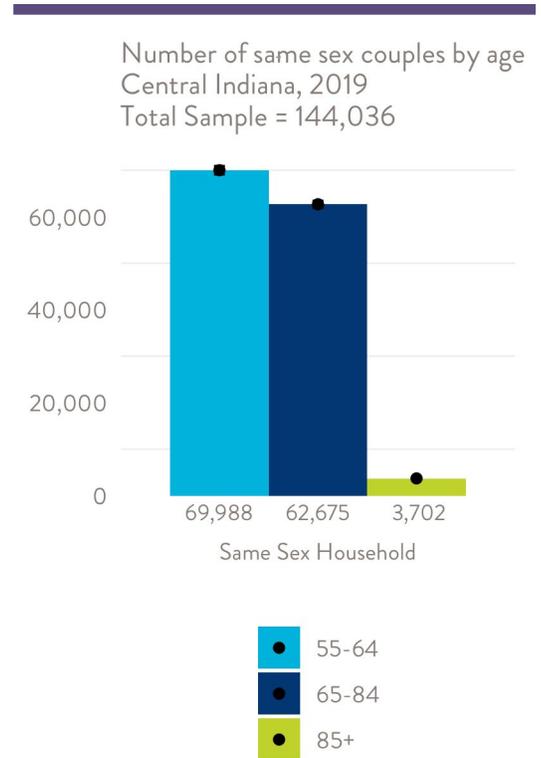
While state counts of members of the LGBTQ+ community are difficult to get, there are an estimated 229,000 LGBTQ+ people in Indiana (those who identify as lesbian, gay, bisexual, or transgender) and 8% of those are older adults (approximately 18,320 who are age 65 and older). About 0.5% identify as transgender. According to a 2020 study, there are no state laws in Indiana protecting the LGBTQ+ populations in the categories of employment, education, public accommodations, housing or credit.<sup>23</sup> This puts all members of LGBTQ+ communities, including older adults, at greater risk, as they often fear they have to hide their sex or gender status to prevent discrimination.<sup>24</sup> The American Psychological Association reports that

Source: PUMS, American Community Survey, 2015-2019 five-year estimates

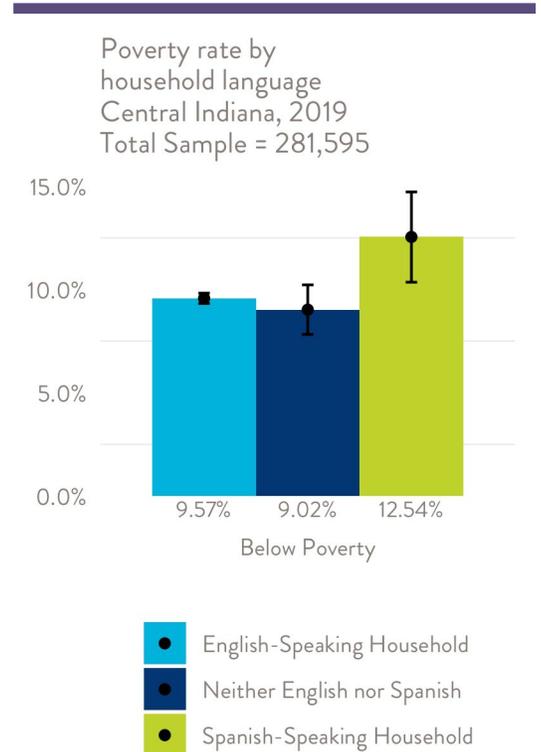
“Generational differences and lack of legal protection may cause older LGBTQ+ adults to be less open about their sexuality. Social isolation is also a concern because LGBTQ+ older adults are more likely to live alone, more likely to be single and less likely to have children than their heterosexual counterparts.”<sup>25</sup>

### NON-ENGLISH-SPEAKING HOUSEHOLDS

English is not the primary language in about 5% of Central Indiana households. Spanish is the primary language for 2.0% of households and some other language for 3.5%. Households where Spanish is the primary language have a higher chance of experiencing poverty than English-speaking households or some other language. Ponce, et al (2006), found that older adults with limited English proficiency were four times more likely to report feeling sad all or most of the time.<sup>26</sup> The Urban Institute (2018) found that limited English proficiency is the dominant predictor of low rates of homeownership, even when controlling for other factors.<sup>27</sup>



Source: PUMS, American Community Survey, 2015-2019 five-year estimates



Source: PUMS, American Community Survey, 2015-2019 five-year estimates

## ENDNOTES

- 1 Barrett, L. (2017). "Home and Community Preferences of the 45+ Population, 2014," Washington, DC: AARP Research Center. <https://doi.org/10.26419/res.00105.001>.
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- 3 Bucknell, A. (2019). "Aging in Place: For America's older adults, access to housing is a question of race and class," Harvard Joint Center for Housing Studies, October 24.. <https://www.gsd.harvard.edu/2019/10/aging-in-place-for-americas-older-adults-access-to-housing-is-a-question-of-race-and-class/>.
- 4 Indiana is 51st in the nation, a number that includes Washington D.C.
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# Download the data used in this chapter.

Download spreadsheets containing our source data  
by [clicking here](#) or scanning the QR code below.



# STATE OF AGING IN CENTRAL INDIANA



## SECTION 8 SOCIAL WELL-BEING

April 2021



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+

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# 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:

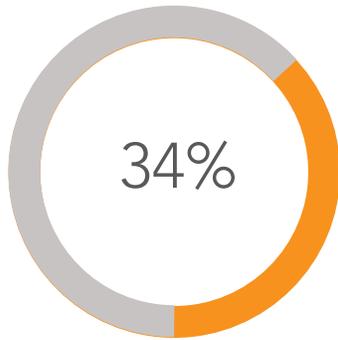
- Approximately three in five Central Indiana households with older adults report access to community activities, but fewer than one in five reports participation in community activities, suggesting low inclusion.
- About one in three older adults in Central Indiana reports feelings of loneliness or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

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## 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.

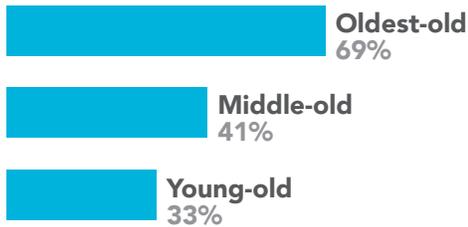
Source: CASOA, 2017



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## 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.



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.<sup>1,2</sup>

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.<sup>3,4</sup>

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.<sup>5</sup> Similarly, the Community Assessment Survey for Older Adults (CASOA™) found that 34% of older adults of Central Indiana report feelings of loneliness or isolation.<sup>6</sup>

“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

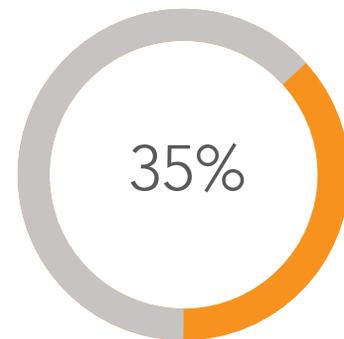
While living alone is a risk factor for loneliness, it is important to note that living alone is not the same as loneliness or social exclusion.

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.

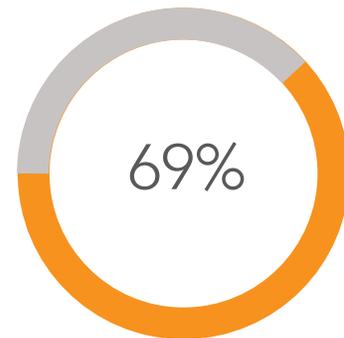
## Older adults who have lost a spouse through any means or live alone are more likely to be socially isolated

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



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.

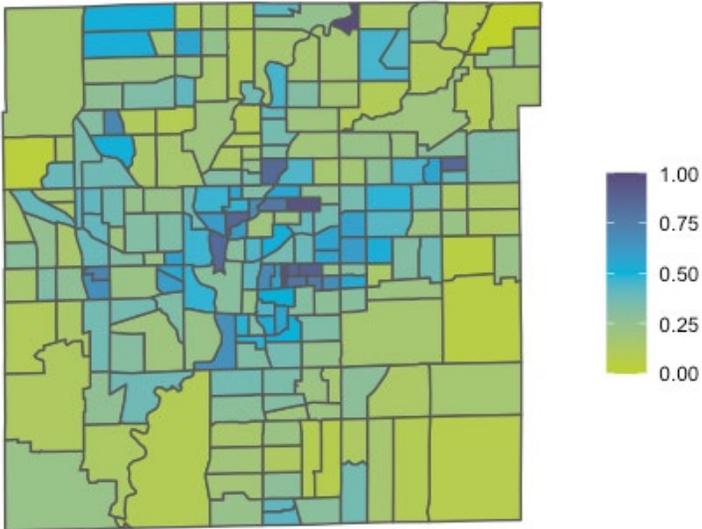


Source: PUMS, ACS 2015-2019 five-year estimates

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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



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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.<sup>7</sup> 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.<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup> Due to their economic constraints, these

individuals are less likely to be insured, afford prescriptions or access healthcare services.<sup>11</sup> 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.<sup>12</sup> These challenges caused by poorer health can leave older adults more likely to be socially isolated.<sup>13</sup> 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.<sup>14</sup> 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.<sup>15</sup>

### *Fear of crime*

Individuals living in low-income households are more likely to be impacted by crimes than their higher-income peers.<sup>16</sup> 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.<sup>17</sup> 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.<sup>18</sup> Roughly half of unmarried older adults report loneliness, which is a higher rate than their married counterparts.<sup>19</sup> 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.<sup>20</sup>



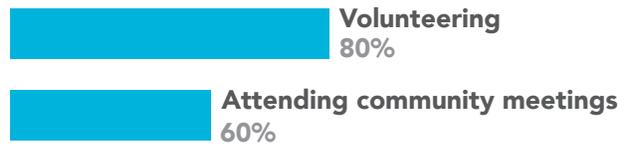
### **COMMUNITY FACTORS: FEWER ORGANIZATIONS AND RESOURCES IN LOW-INCOME COMMUNITIES**

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.<sup>21</sup>

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Older adults in Central Indiana report that there are opportunities for community activities and volunteering.

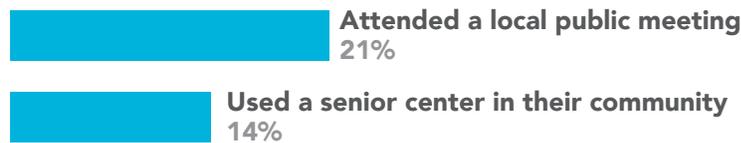
Percent of older adults who reported excellent or good opportunities for...



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

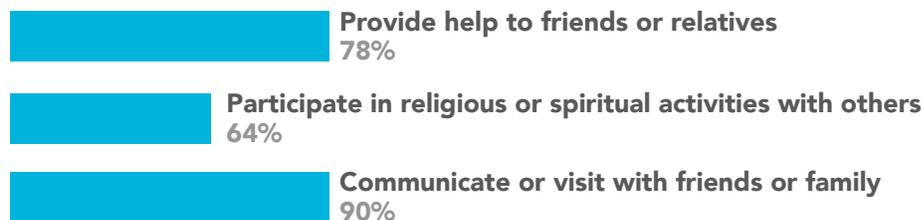
Percent of older adults who, in the last 12 months...



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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...



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.<sup>22</sup> 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.<sup>23</sup>

#### 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.<sup>24</sup> 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.<sup>25</sup> It is important for older adults, as social capital is connected to social, physical, and emotional well-being.<sup>26</sup> 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.<sup>27</sup> 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.<sup>28</sup> 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.<sup>29</sup> 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

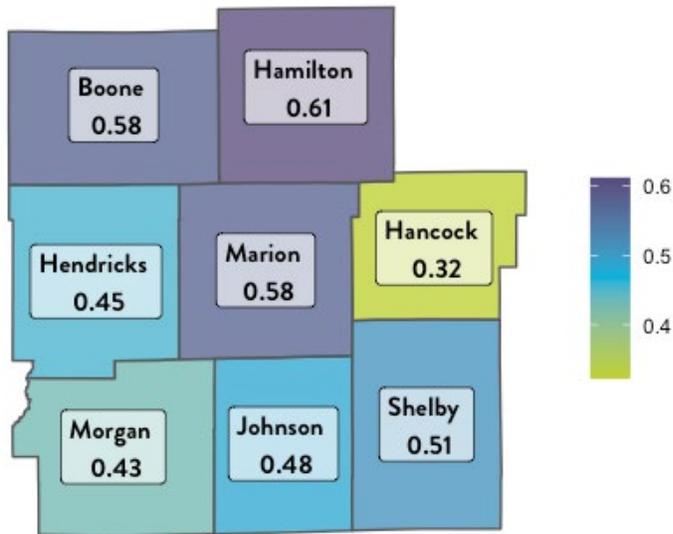
is sometimes referred to as a 'getting by' measure.<sup>30</sup> In contrast, the 'getting ahead' measures, bridging and linking capital, have stronger evidence of being related to communities that see economic improvements, and health outcomes for members. There are no established measures for bridging 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.<sup>31</sup> 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.<sup>32</sup> A high score implies strong connections between communities and centers of authority, or access to higher-level resources.

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

Bridging Social Capital Index

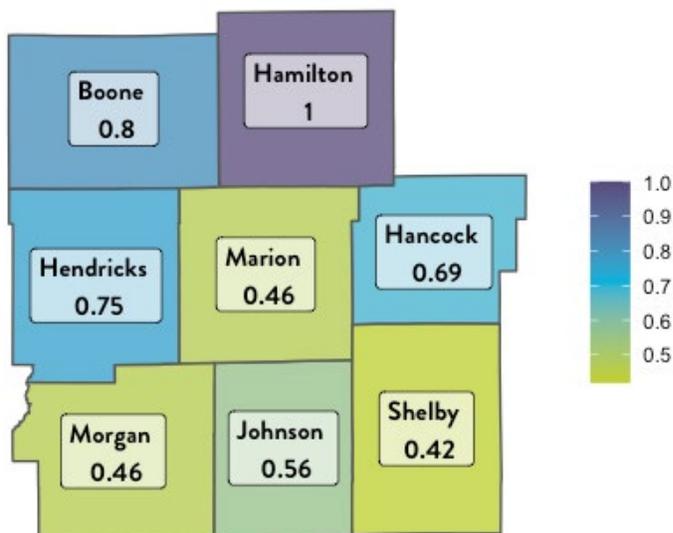


Source: Analysis by The Polis Center

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

Linking Social Capital Index



Source: Analysis by The Polis Center

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## Download the data used in this chapter.

Download spreadsheets containing our source data  
by [clicking here](#) or scanning the QR code below.



# STATE OF AGING IN CENTRAL INDIANA



## SECTION 9 HEALTH OUTCOMES



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+

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# HEALTH OUTCOMES

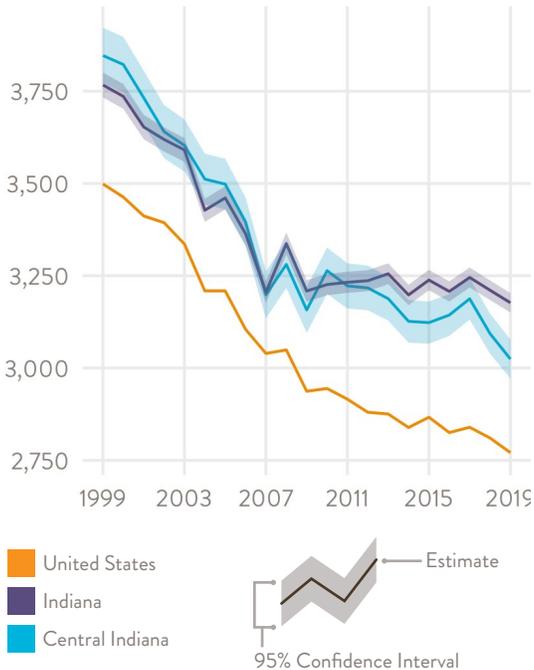
Many older adults deal with chronic diseases, like cancer and cardiovascular-related issues, increased disability, and increased susceptibility to lower-respiratory problems. These conditions can be exaggerated by social stressors and lifestyle factors. This section of the report discusses mortality rates, rates of disease, notable changes and disparities in the health of Central Indiana older populations. Key findings include:

- Age-adjusted mortality rates for older adults have decreased significantly since 1999, but for Indiana and Central Indiana remain much higher than national rates. Mortality rates are significantly higher for Blacks in Central Indiana compared to Whites.
- Cancer remains the leading cause of death for the younger- and middle-old. Heart disease is the leading cause of death for the oldest-old.
- Alzheimer's disease has become the third leading cause of death of those age 85 and older.
- Ambulatory disability is the leading type of disability for older adults in Central Indiana.
- Deaths from falls, drug overdose, and suicide have increased in older adults in Central Indiana over time, matching state and national trends. Older men are disproportionately affected by deaths from falls and suicide compared to women. Older Blacks are disproportionately affected by deaths from drug overdose compared to Whites.

## MORTALITY

Mortality in Central Indiana has fallen since 1999 but leveled off in the mid-2000s.

Age-adjusted mortality rates, age 55+ per 100,000



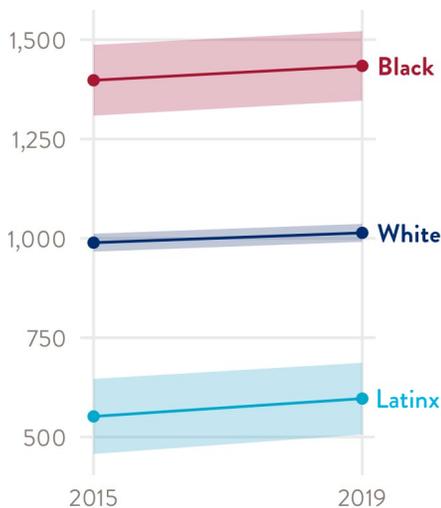
Since 1999, mortality rates for those age 55 and older have substantially decreased in the United States, as well as in Indiana and Central Indiana. However, mortality rates for older adults are still significantly higher in both Indiana and Central Indiana than they are nationally. Further, while national mortality rates have continued a downward trend, Indiana and Central Indiana mortality rates for this age group levelled off in the mid-2000s.<sup>1</sup>

Similar downward trends are seen across the younger-old (age 55-64), middle-old (age 65-84) and oldest-old (age 85 and older) age groups. Blacks in Central Indiana have the highest mortality rates in each age group, with the exception of the oldest-old (age 85 and older), where Whites have the highest mortality rates. Latinx older adults have the lowest mortality rates across all age groups.<sup>2</sup> The racial/ethnic disparities seen in Central Indiana mirror those in the state and nation.<sup>3</sup>

**How to read this chart.** These statistics are only estimates. The estimate itself is shown as a dark line. The shaded area around that line represents the confidence interval. We are 95% sure the true value lies in that shaded area.

In Indiana, mortality is rising slightly for all people age 55-64 of all races.

Indiana mortality rate for age 55-64 by race

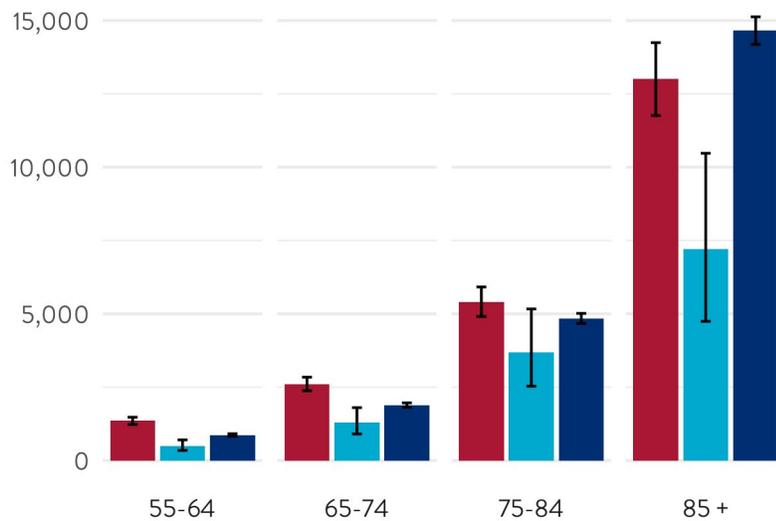


Source: CDC Wonder

## CAUSES OF DEATH

Nationally, the top six causes of death in the age 55 and older population are cancer, diseases of the heart, chronic lower respiratory diseases, cerebrovascular diseases, Alzheimer's disease and accidents.<sup>4</sup> Although these are consistently the top causes of death for older adults, the order of prominence changes across age groups. For example, cancer is the primary cause of death for the younger-old, whereas diseases of the heart are the primary cause of death in the oldest-old.<sup>5</sup> Similarly, while Alzheimer's disease is the sixth leading cause of death for the younger-old, it is the third leading cause of death for the oldest-old.

Rates of death from accidents have been steadily increasing for the younger-old in the last decade, such that for both Indiana and the nation, they now constitute



## Racial and ethnic disparities persist across most age groups.

Central Indiana mortality rates by age and race, 2017

Latinx  
Black  
White

Source: CDC Wonder

95% Confidence Interval  
Estimate

the fourth and third leading causes of death, respectively. Accidental injury deaths and suicide rank seventh and fifteenth respectively.

In Central Indiana, the rates for the top causes of death are relatively consistent with national averages according to age-adjusted rates from the Centers of Disease Control and Prevention (CDC). However, cancer, the dominant cause of death for those under age 75, has higher rates of mortality in Central Indiana and Indiana compared to national rates. Similarly, deaths from chronic respiratory disease for those under age 75 are higher in Central Indiana and Indiana, compared to national rates.

The order of leading causes of death are similar between Blacks and Whites across all older adult age groups. In both cases, rates of death from cancer, the leading cause of death for those under age 75, have steadily declined since 1999, and in all cases, are overtaken by heart disease as the leading cause of death for those age 85 and older.

Because of the decline in chronic disease deaths, there has been an overall decline in the early death rate in Indiana over the past two decades.

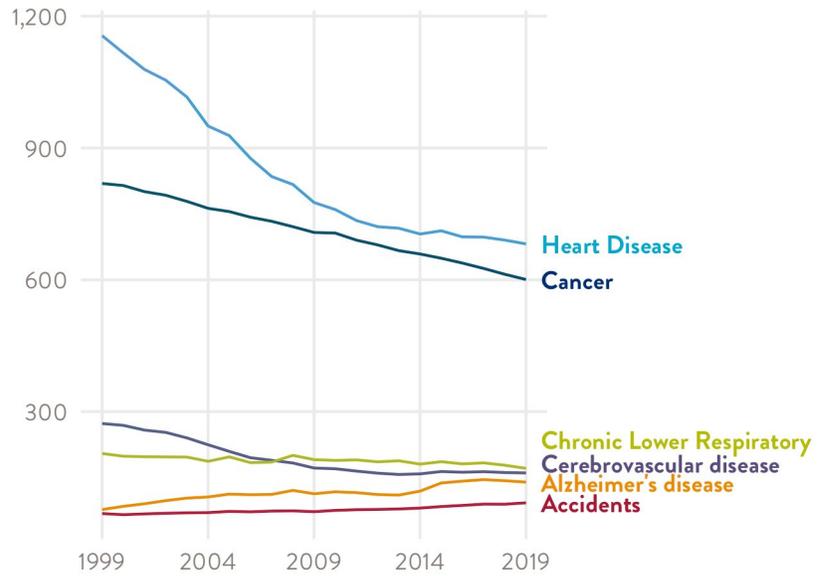
The order of leading causes of death are similar between Blacks and Whites across all older adult age groups and the decline in the early death rate occurred across both the Black and White older adult populations.<sup>6</sup> There is not sufficient data about other races to make similar statements.<sup>7</sup>

Declining mortality rates for cancer and heart disease have driven the early death rate down.

Mortality rates per 100,000 by cause of death



Source: CDC Wonder



## DISABILITY

According to the CDC, disability is defined as any condition of the body and mind (impairment) that make it more difficult for a person to do certain activities and interact with the world around them.<sup>8</sup> The types of disabilities include vision, movement, thinking, remembering, learning, communicating, hearing, mental health and social relationships.<sup>9</sup> The prevalence of disabilities in the older adult population provides a measure of the impact of chronic conditions on quality of life, including whether living a longer life necessarily translates into living an active and independent life.<sup>10</sup>

In Indiana in 2018, the prevalence of disability for those age 65 to 74 and those age 75 and older was 26% and 48%, respectively.<sup>11</sup> Ambulatory disability is the most common type of disability in the older adult population in Central Indiana, followed by hearing disability. No rate of disability appears to have significantly changed between 2013-2018.

Disability can be conceived as a gap between individuals' capacities (physical, cognitive and sensory ability) and their performance in daily activities and participation in social life. These physical and social barriers result in loss or limitation of opportunities to participate in normal life of the community on an equal level.<sup>12</sup> This functional disability

in older adults is routinely measured through their ability to perform activities of daily living (ADL).<sup>13, 14</sup>

According to the Community Assessment Survey for older adults, nearly half of older adults in Central Indiana report that maintaining their homes (45%) or yards (49%) is at least a minor problem.<sup>15</sup> Activities of daily living are a challenge for some. Nearly two-thirds (61%) report that doing heavy or intense housework is at least a minor problem, although at 38%, fewer report that performing regular activities, such as walking, eating and preparing meals is at least a minor problem for them.

## NOTABLE HEALTH CHANGES IN CENTRAL INDIANA

The health needs of older adults are much different than those of younger age groups. Common chronic conditions affecting older adults are often accompanied by functional disability, making it more difficult to participate in typical daily activities and interactions and potentially reducing their quality of life. Despite some improvement in self-management of symptoms, treatments and lifestyle choices, the rates of some chronic diseases still are trending in the wrong direction.

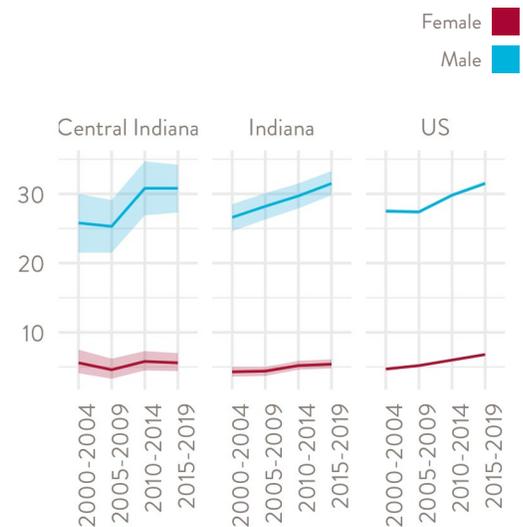
### DEPRESSION

Clinical depression is a common and serious mood disorder. It causes severe symptoms that affect how one feels, thinks and handles daily activities, such as sleeping, eating or working. Statewide, rates of depression for Hoosiers age 55 and older remained relatively stable from 2011-2019, the rates for age 55-64 were consistently higher than that of age 65 and older. For 2019 these rates were 22% and 15% for age 55-64 and age 65 and older respectively.<sup>16</sup> The rates are higher for women as compared to men (29% and 15% respectively 2019).<sup>17</sup>

These numbers likely underrepresent the magnitude of clinical depression among the older adult population due to underreporting. Proper diagnosis of depression in the elderly is of utmost importance. Undiagnosed or misdiagnosed depression can eventually culminate in other mental health and social problems, such as decreased cognitive and social functioning and increased suicide rates. Although women are more likely to be diagnosed

## Suicide rates are rising, especially among men.

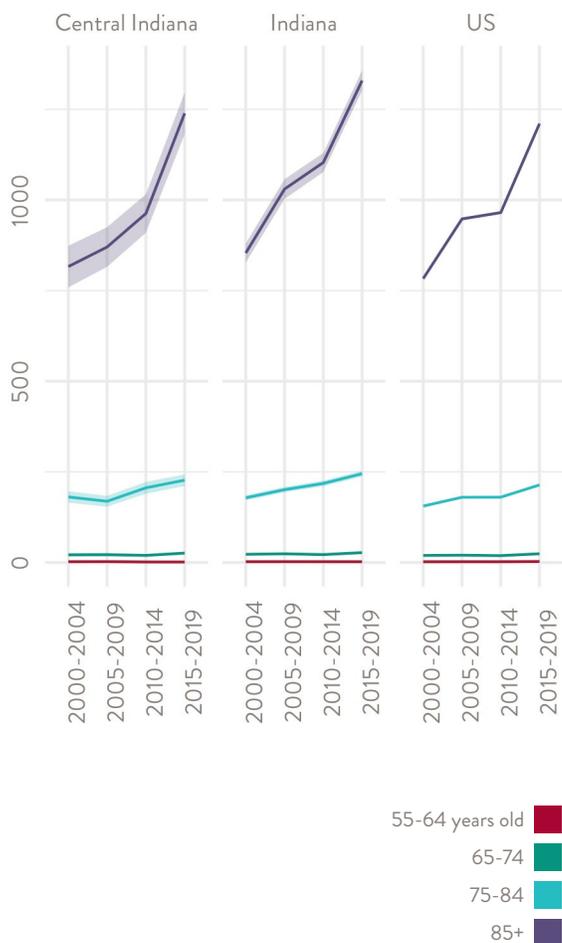
Suicide rates per 100,000, age 55+ by gender



Source: CDC Wonder

## Alzheimer's death rates are increasing quickly among those 85 or older.

Alzheimer's deaths per 100,000



Source: CDC Wonder

with depression,<sup>18</sup> men are more likely to commit suicide and are less likely to seek mental health help as compared to women<sup>19</sup> and are less likely to be appropriately diagnosed.<sup>20</sup> Men over age 55 commit suicide at five to six times the rate of women. Nationally and in Indiana, since 1999, suicide rates have been increasing for both men and women, although the rate of increase for women is lower.<sup>21</sup>

In the presence of proper diagnosis of depression and depressive symptoms, many antidepressant medications are safe and well tolerated in older populations<sup>22</sup> and considered first line of treatment.<sup>23</sup> Older individuals also benefit from receiving therapy from a mental health professional (psychiatrist, psychologist or a counselor) as an effective method of treating depression.<sup>24</sup> However, a growing body of evidence suggests widespread undertreatment of depressive disorders in the older population.<sup>25</sup> Treatment approaches that actively elicit and consider the preferences of the older adult may help to address this.<sup>26</sup> While screening, diagnosis, and treatment of depression is critical, the treatment in the older adult populations comes with its own risks. Polypharmacy, the prescription of multiple drugs to an individual, can lead to increased risk of adverse drug events, drug-interactions, medication non-adherence and reduced functional capacity.

## ALZHEIMER'S DISEASE

"Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and, eventually, the ability to carry out the simplest tasks."<sup>27</sup> It is the most common cause of dementia<sup>28</sup> among older adults, but it is not a normal part of aging.<sup>29</sup>

The prevalence of Alzheimer's disease in the U.S. is increasing. An estimated 5.8 million Americans age 65 and older are living with Alzheimer's disease. By 2050, the number of Americans age 65 and older with Alzheimer's dementia is projected to reach 13.8 million, an almost 137% increase from 2020. While death due to other chronic conditions that impact the older adult population has either decreased or remained steady, death due to Alzheimer's disease has increased notably becoming the sixth leading cause of death in 2019.<sup>30</sup>

## DRUG OVERDOSE DEATHS

For those age 55 and older in the U.S., drug overdose deaths increased five-fold between 1999 and 2019.

Racial and ethnic disparities in drug overdose deaths persist.<sup>31</sup> Since 2012, the rates of drug overdose deaths in Indiana have generally been higher for Blacks than for Whites. To learn more about factors that influence higher rates of opioid-related deaths among Black older adults, please read 'Highlighting Equity' below.

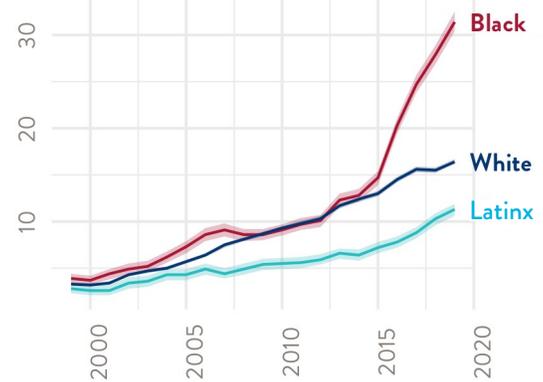
## OPIOID USE DISORDER DEATHS

Opioid use disorder (OUD) is defined as a problematic pattern of opioid use that leads to serious impairment or distress. The use of prescription opioids is considerably higher in older age groups due to multiple chronic conditions leading to chronic pain. As such, this age group is at a higher risk of developing OUD due to availability of prescription opioids and increased vulnerability due to overall health conditions. While deaths due to prescription opioids contributed to 32% of all the opioid overdose deaths, this was a decrease of 14% from 2017 to 2018.

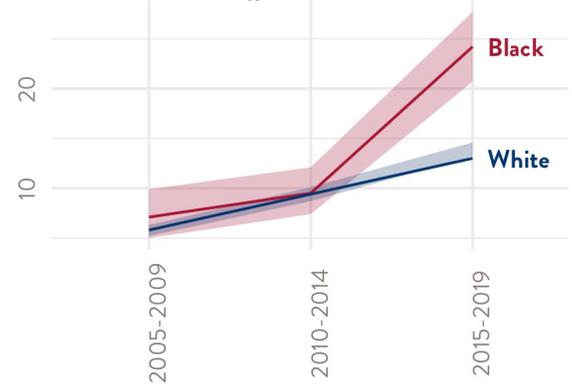
In Central Indiana, opioid overdose has resulted in increasing death rates in age 55 and older across all races from 2009 to 2018. However, the death rates are consistently higher for Blacks when compared with Whites. These racial disparities were also observed throughout the state.

Drug overdose deaths among older adults are increasing dramatically, especially among Black individuals.

Drug overdose deaths in **U.S.** per 100,000 adults age 55+



Drug overdose deaths in **Indiana** per 100,000 adults age 55+



Source: CDC Wonder



## HIGHLIGHTING EQUITY

### BLACK OPIOID DEATH RATES HIGHER THAN WHITES

Between 2015 and 2017, the opioid death rate for Black adults age 55 to 64 nearly doubled in large metro areas.<sup>32</sup> Below are some factors that have influenced this increase in opioid use and death rates among this population:



## *INTERPERSONAL FACTORS: FEAR OF LEGAL CONSEQUENCES*

The “War on Drugs” movement that began in the 1980s created severe penalties for nonviolent drug offenses, which resulted in disproportionate rates of incarceration for people of color in comparison to Whites. This, as well as other numerous historical events, have sown mistrust within Black communities toward the healthcare and criminal justice systems and created fear that seeking treatment for opioid use will result in arrest or incarceration.<sup>33</sup>



## *COMMUNITY FACTORS: LESS ACCESS TO PRESCRIBED OPIOIDS*

Studies have shown that Black older adults who experience chronic pain may be untreated or under-treated for their pain,<sup>34</sup> and are significantly less likely to be prescribed opioid medications for pain compared to White patients. This disparity may be attributed to underestimating Black patients’ self-reported pain, as well as stereotyping and discrimination by providers.<sup>35</sup> Although this lack of access to prescription opioids created somewhat of a protective effect for Black patients against prescription-opioid misuse, it also led to an increase in people of color accessing illegal versions of these drugs, which are often laced with synthetic opioids such as fentanyl.<sup>36</sup> An analysis of opioid deaths in large metro areas found that 70 percent of opioid-related deaths among middle-age Blacks were tied to synthetic opioids, compared to only 54 percent of White and 56 percent of Latinx opioid-related deaths. Between 2014 and 2017, synthetic opioid-related deaths rates increased by over 800 percent among Blacks, the sharpest increase among all races and ethnicities.<sup>37</sup>



## *POLICY FACTORS: DISPARITIES IN ACCESS TO TREATMENT*

Black individuals with opioid use disorder often have less access to the full range of medication-assisted treatment options available in comparison to Whites. While both buprenorphine and methadone are effective treatments, buprenorphine is often considered a less stigmatizing and disruptive option. Methadone treatments require daily visits to methadone clinics, mandatory counseling and regular and random drug testing. In contrast, buprenorphine is an office-based treatment that can be administered by a primary care physician. However, studies have shown that methadone clinics are most common in low-income areas with greater proportions of people of color, while buprenorphine treatment is most accessible in residential areas with more White, higher-income patients.<sup>38</sup> Buprenorphine treatments are most often paid for either out-of-pocket (40 percent) or by private insurance (34 percent), while Medicare and Medicaid only accounted for 19 percent of visits.<sup>39</sup> Although most Medicare Part D plans included buprenorphine treatments, as of 2018, 65 percent of these plans have some sort of restricted coverage for this medication.<sup>40</sup> This further creates disparities in access for Black older adults who rely on Medicare for health coverage. Even though both Blacks and Whites experience similar rates of opioid use disorder, White patients were 35 times more likely to receive a buprenorphine prescription than Black patients.<sup>41</sup>

## FALLS

Falls are the leading cause for fatal and non-fatal injuries for older Americans.<sup>42</sup> According to Community Assessment Survey for Older Adults (CASOA) survey results, in 2017, 28% of Central Indiana seniors reported falling or injuring themselves in their own homes, highlighting the need for fall prevention programs targeting interventions for risk factors. While deaths from falls for older adults have risen nationally, we cannot reliably say the same for Indiana based on the available data. See the Aging in Place chapter for further detail.

## OBESITY

Obesity is a complex health condition with several causes and contributing factors. These include behavioral factors like eating habits, inactivity, medication use and other environmental exposures (social media, pollution, chemicals etc.) In Central Indiana, across all racial and ethnic groups, Blacks and Whites have the highest rates (25% and 21% respectively) among the CMS beneficiaries.

## DIABETES

Diabetes is a chronic condition that requires careful management and continuous support to avoid complications such as heart disease, eye and vision problems, kidney disease and nerve damage. Although the burden of diabetes is often described in terms of its impact on working-age adults, diabetes in older adults is linked to higher mortality, reduced functional status and increased risk of institutionalization.<sup>43</sup> In Central Indiana, diabetes rates in older adults remained stable from 2013 to 2018 among CMS beneficiaries, though rates for people of color have been persistently higher.

## SOCIOECONOMIC AND LIFESTYLE RISK FACTORS

It is important to note that socioeconomic and lifestyle factors both have a large influence on chronic disease and disability trends. Risk factors include smoking, obesity, diabetes, hypertension and mental health conditions (depression, Alzheimer's disease, anxiety). Socioeconomic factors, such as employment rate, available jobs, increasing earning inequities and rises in full retirement age, can each explain some of the fluctuation in reported disability and chronic disease incidence rates.

## ENDNOTES

- 1 The data for mortality trends is obtained from CDC WONDER.
- 2 Rates for Latinx are considerably lower, under-reporting of ethnicity on the death certificate is a factor that should be considered while interpreting these data.
- 3 CDC Wonder data allows for separation of non-Latinx Black and non-Latinx Whites. The data for Latinx in this report includes Latinx Whites as data for Latinx Blacks for all categories was suppressed or unreliable.
- 4 The leading cause of deaths for ten-year age groups are obtained from CDC WONDER data using the ICD-10 cause list.
- 5 SoAR age groups
- 6 There are competing definitions of 'early death,' or 'premature mortality.' A 2018 study in *The Lancet* defines it as "deaths of individuals aged 25-64," while the United Health Foundation's Senior Report 2019, defines it as "mortality from all causes in seniors aged 65-74." Ana Best, et al. Premature mortality projections in the USA through 2030: a modelling study. 2018. *The Lancet Public Health* 3 (8): PE374-84. & United Health Foundation. America's Health Rankings. Senior Report 2019. <https://www.americashealthrankings.org/learn/reports/2019-senior-report>.
- 7 Rates of many causes of death for Latinx in Central Indiana were mostly unreliable, so are omitted from this report.
- 8 CDC, "Disability and Health Overview | CDC," Centers for Disease Control and Prevention, September 15, 2020, <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>.
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- 10 In 1980, Dr. James Fries, Professor of Medicine, Stanford University introduced the compression of morbidity theory. This theory states that "most illness was chronic and occurred in later life and postulated that the lifetime burden of illness could be reduced if the onset of chronic illness could be postponed and if this postponement could be greater than increases in life expectancy." Stanford School of Medicine. Compression of Morbidity Theory. <https://palliative.stanford.edu/overview-of-palliative-care/compression-of-morbidity-theory/>
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- 13 The activities of daily living (ADLs) is a term used to collectively describe fundamental skills that are required to independently care for oneself such as eating, bathing, and mobility
- 14 Instrumental activities of daily living (IADL) are those activities that allow an individual to live independently in a community. The major domains of IADLs include cooking, cleaning, transportation, laundry, and managing finances.
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- 22 Muhammad M. Mamdani et al., "Use of Antidepressants Among Elderly Subjects: Trends and Contributing Factors," *American Journal of Psychiatry* 157, no. 3 (March 1, 2000): 360–67, <https://doi.org/10.1176/appi.ajp.157.3.360>.
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- 26 "The Treatment of Depression in Older Adults: Practitioner's Guide for Working with Older Adults with Depression," *The Treatment*, n.d., 36.
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- 29 Peter T. Nelson et al., "Alzheimer's Disease Is Not 'Brain Aging': Neuropathological, Genetic, and Epidemiological Human Studies," *Acta Neuropathologica* 121, no. 5 (May 2011): 571–87, <https://doi.org/10.1007/s00401-011-0826-y>.
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- 31 "Overdose Death Maps | Drug Overdose | CDC Injury Center," November 20, 2020, <https://www.cdc.gov/drugoverdose/data/prescribing/overdose-death-maps.html>.
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## Download the data used in this chapter.

Download spreadsheets containing our source data  
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# STATE OF AGING IN CENTRAL INDIANA



## SECTION 10 HEALTH CARE

April 2021



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+

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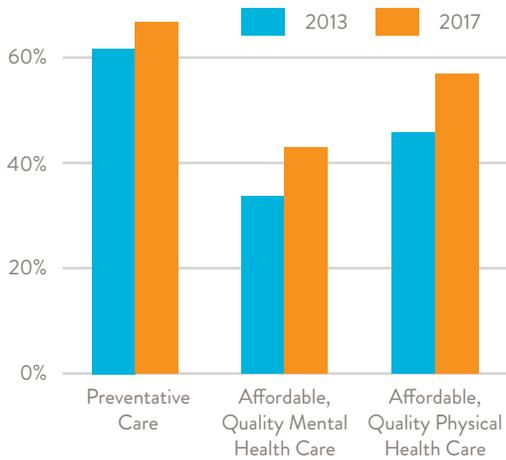
# HEALTH CARE

The health-related needs of older adults are often more complex because of advanced chronic disease and associated disability and require additional attention to care coordination. This section of the report discusses availability and use of health care and of home- and community-based services. Key findings include:

- Older adults in Central Indiana feel health care is broadly available, but one in four have trouble affording or getting the health care they need.
- Providers identify falls and the fear of falling, mental health and emotional issues, dementia and fragmented care as issues that need more resources and attention.
- Recipients of home- and community-based services report positive outcomes for hospital discharges and chronic conditions, but many who could benefit are unaware of or ineligible for those services.
- Low-income and other vulnerable Medicare recipients in Central Indiana visit hospitals and emergency rooms more frequently than other Medicare recipients.

## Older adults in Central Indiana feel health care is broadly available, and mental health services are somewhat available.

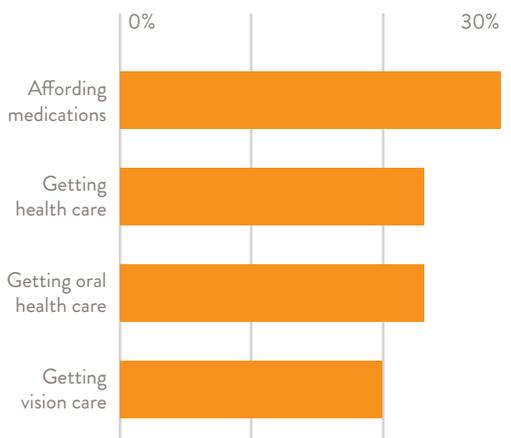
Percent of CASOA respondents who say availability is good or excellent for...



Source: CASOA, 2017

## Still, some older adults in Central Indiana have trouble getting the health care they need.

Percent of CASOA respondents who report at least a “minor” problem with the following



Source: CASOA, 2017

Chronic disease in older adults is often accompanied by disability, high health care utilization and high health care costs.<sup>1</sup> A significant issue that arises with aging and advances in medical capabilities is how to balance the goals of maximizing quantity of life versus quality of life.

## AVAILABILITY OF HEALTH CARE

Central Indiana is fortunate to have an abundance of health care professionals and health care organizations, and more geriatric specialists relative to other areas of the state. (See Data Appendix.) The majority of Central Indiana respondents to the Community Assessment Survey for Older Adults (CASOA™) age 60 and older reported feeling that health care is broadly available.<sup>2</sup>

However, as with the rest of the country, the number of health care professionals and health care organizations specializing in the care of older adults is not adequate for the aging population.<sup>3</sup> In Indiana, the ratio of residents per physician in rural areas is 1331:1 as compared to urban i.e., 566:1.<sup>4</sup> These disproportionalities adversely affect the access to care in rural counties where the point of care for most older residents is their primary care practitioner. The availability of specialized geriatric services in these primary health care provider shortage areas coupled with other socio-economic factors like low income further deteriorates the possibility of geriatric healthcare access. Shelby County, for example, has only one healthcare system serving its entire population and it does not have any geriatric services available. (See Data Appendix.)

In interviews, professionals providing health care and social services to older adults in Central Indiana communicated the need for additional resources and attention to address several issues, including:<sup>5</sup>

- Falls and the fear of falling (See Health Outcomes section for associated statistics)
- Mental health and emotional issues in older adults, including depression and schizophrenia (See Health Outcomes section for associated statistics)
- The need for memory care programs and better treatment and support for persons living with dementia and their caregivers who are friends or loved ones
- Fragmented care and the lack of coordination between hospital discharge planners and community-based case managers

These shortcomings in health care for older adults have been recognized nationally and have led to the Age Friendly Health Systems initiative of the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) which aims to build a social movement so all care with older adults is age-friendly.<sup>6</sup> Becoming an Age-Friendly Health System entails reliably providing evidence-based elements of high-quality care. These are knowing and acting on what matters to the older person, along with critical geriatric care concepts related to medication, mentation and mobility. Several hospitals and clinics in Central Indiana have been recognized by the Institute for Healthcare Improvement as an Age-Friendly Health System. (See Data Appendix.)

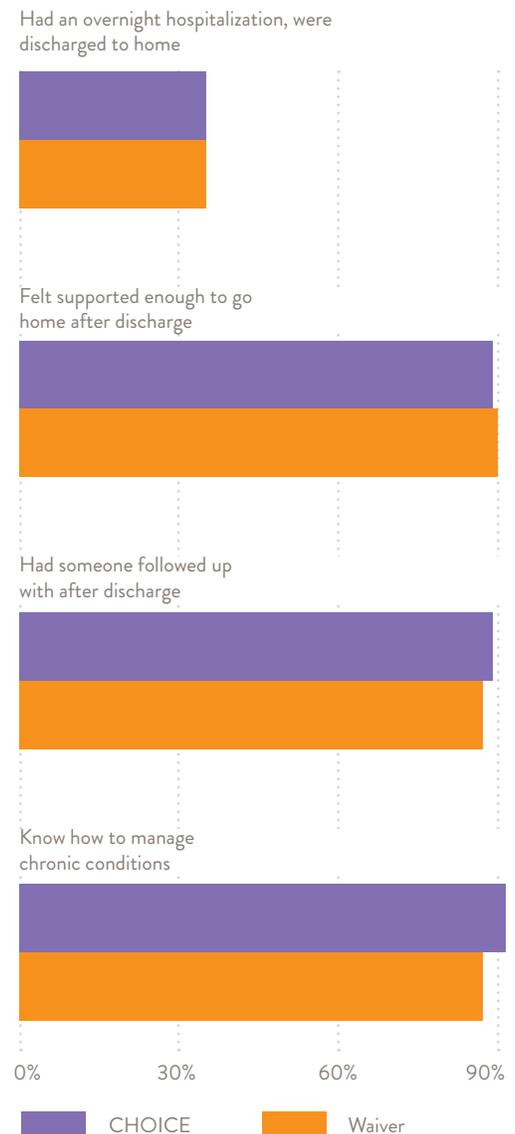
In addition, several of the larger health systems in Central Indiana have established specialized geriatric services proven to result in better outcomes for older adults with complex needs. These services typically involve a team of health care professionals such as a physician, nurse and social worker; and include geriatric emergency department programs, Acute Care for Elders (ACE) hospital consultation, hospital-to-home care transitions programs, outpatient consultation for falls and memory assessment and office and in-home primary care. Details about the availability of these services in the healthcare systems in Central Indiana are provided in the appendix.

As adults age, integration of health care and social services becomes more important for achieving optimal health outcomes, yet fragmentation of care remains a problem (and an opportunity). In response to the need for more integrated care, CICOA Aging & In-Home Solutions is working closely with an increasing number of hospitals to embed social services staff. In two hospitals, CICOA staff are collaborating with hospital discharge planning teams to improve care transitions and prevent hospital readmissions. CICOA also has taken the lead in Central Indiana to increase awareness and provide education about dementia through the Dementia Friends Indiana program.

Several hospitals in Central Indiana are working with CICOA to become a Dementia Friends Indiana Hospital and requiring staff to become more familiar with how to appropriately care for persons with dementia. (See Appendix.) The number of geriatrics health care professionals and services has grown over the years in Central Indiana which has helped to address these issues. However, there is still limited capacity compared to the

## Most home- and community-based service recipients experience positive outcomes related to hospital discharges and chronic conditions.

Percent of Indiana statewide HCBS waiver recipients who...



Source: 2018-2019 National Core Indicators for Aging and Disabilities © (NCI-AD)

need that exists. For example, a geriatrician is a physician who is specially trained to evaluate and manage the unique health care needs and treatment preferences of older adults. In 2018, there were only 87 board certified geriatricians in practice across all of Indiana.<sup>7</sup> Both Indiana University School of Medicine (IUSM) and St. Vincent Hospital offer training programs for physicians desiring to specialize in geriatric medicine. IUSM also hosts a U.S. Health Resources and Services Administration funded Geriatrics Workforce Enhancement Program that aims to provide education and training in geriatric care principles to medical, nursing and social work trainees as well as staff of local primary care practices.

## LONG-TERM SERVICES AND SUPPORTS

Long-term services and supports (LTSS) consist of a broad range of health and social services needed by people with functional limitations due to physical, cognitive conditions or disabilities. The likelihood of needing LTSS grows as people age.<sup>8</sup> Older adults with chronic illnesses and significant disabilities needing assistance in performing activities of daily living may receive help from family members, friends, or paid helpers; or community organizations or government programs. The two main models of LTSS are home and community-based services (HCBS) and institutional care such as provided in nursing homes.<sup>9</sup> HCBS include assistance at home and in other community settings such as an assisted living facility or adult day program.<sup>10</sup>

## HOME- AND COMMUNITY-BASED SERVICES

Many older adults in Central Indiana have problems maintaining their home and/or performing daily activities and require support from home- and community-based services, such as Indiana's Community and Home Options to Institutional Care for the Elderly and Disabled program (CHOICE)<sup>11</sup> and the Medicaid Aged and Disabled Waiver (Waiver) program.<sup>12</sup> The Waiver program provides home and community-based services (HCBS) to supplement informal supports for people who would require care in a nursing facility. Services offered under the CHOICE and Waiver programs include transportation, congregate and home-delivered meals, personal care assistance with activities of daily living, home modifications, personal emergency response system, caregiver support, respite care, adult day services and assisted living including

memory care (Waiver only). In 2017-2018, individuals in Indiana receiving home- and community-based services under the publicly funded CHOICE or Waiver program experienced positive outcomes.

Assisted living is for people who need help with activities of daily living, but not as much help as a nursing home provides. Assisted living residents usually live in their own apartments or rooms and share common areas. They have access to many services, including up to three meals a day; assistance with personal care; help with medications, housekeeping and laundry; and social and recreational activities. There are numerous opportunities for assisted living in Central Indiana, including several facilities covered under the Waiver program and some that have a secure memory care unit for persons living with dementia.

The Program of All-Inclusive Care for the Elderly (PACE) model, also offered by Indiana Medicaid, serves individuals ages 55 or older certified by the state to need nursing home care, able to live safely in the community with supports, and live in a PACE service area. PACE is responsible for delivering all needed medical and supportive services and coordinating the enrollee's care under Medicare and Medicaid to help them maintain their independence in their home as long as possible. Central Indiana has one PACE program serving residents of Johnson County and parts of Marion County.

Although these home- and community-based service programs help to meet the needs of enrolled participants, functional and financial eligibility criteria along with limited acceptance of social services by older adults limit access to just a proportion of those who might benefit.<sup>13</sup>

## NURSING HOME CARE

Most nursing home care is custodial care such as help performing activities of daily living (like bathing, dressing, using the bathroom and eating). Many nursing homes are certified as a skilled nursing facility and thereby also provide medically necessary skilled nursing care (like changing sterile dressings). Nursing homes that participate in Medicare or Medicaid are included in the Centers for Medicare & Medicaid Services (CMS) Nursing Home Compare Five-Star Quality Rating System that provides residents and their families with an easy-to-understand summary of three dimensions of nursing home quality: health inspection results, staffing data and quality measure

data. The goal of the rating system is to help consumers make meaningful distinctions among high- and low-performing nursing homes. Among the many nursing homes in Central Indiana, approximately one of every four facilities currently has a five-star overall rating.

### LTSS STATE SCORECARD

The AARP Public Policy Institute recently published the 2020 LTSS State Scorecard to empower state and federal policy makers and consumers with information they need to assess their state's performance across multiple dimensions and indicators, learn from other states, and improve the lives of older adults, people with disabilities and their families.<sup>14</sup> Compared to the 2017 LTSS State Scorecard, Indiana's overall ranking in 2020 was up to 44 from 51, and Indiana improved on indicators under two of the five dimensions: Affordability and Access and Quality of Life and Quality of Care. Compared with the other states and the District of Columbia, Indiana ranks highest (19) in Quality of Life and Quality of Care and lowest (51) in Support for Family Caregivers. For the dimension of Choice of Setting and Provider, Indiana ranks in the bottom quartile (48) receiving particularly low scores for a) the percentage of Medicaid and state LTSS spending for HCBS vs. nursing home care, b) the percentage of Medicaid LTSS users receiving HCBS vs. nursing home care and c) adult day services supply.

### LOW-INCOME AND OTHER VULNERABLE OLDER ADULTS

Older adults in Central Indiana have concerns about the expense associated with health care access, eligibility for Medicaid (e.g., "making too much money" to be eligible), inadequate health care coverage by Medicaid and Medicare and cost of medications.<sup>15</sup> See the Financial Stability section of the report for additional discussion.

Medicare and Medicaid are separate government-run health insurance programs serving two different populations. While Medicare provides health coverage to 65 years and older or disabled individuals, Medicaid provides health coverage to low- or very low-income individuals. Individuals who are eligible for both Medicare and Medicaid benefits, referred to as "dually eligible," make up about 17% of total Medicare enrollment.<sup>16</sup>

Dually eligible individuals tend to have more chronic medical conditions and greater levels of physical disabilities and mental illness than persons with Medicare only.<sup>17,18</sup> In addition, those who are dually eligible visit the emergency department (ED) and are hospitalized at more than twice the rate of those that have Medicare only. Nationally, the proportion of dually eligible beneficiaries of color increased from 41% in 2006 to 48% percent in 2018.<sup>19</sup> In Indiana, approximately 80% of those dual eligible in Indiana are White while 15% are Black, which is disproportionate to the total White and Black population.<sup>20</sup>

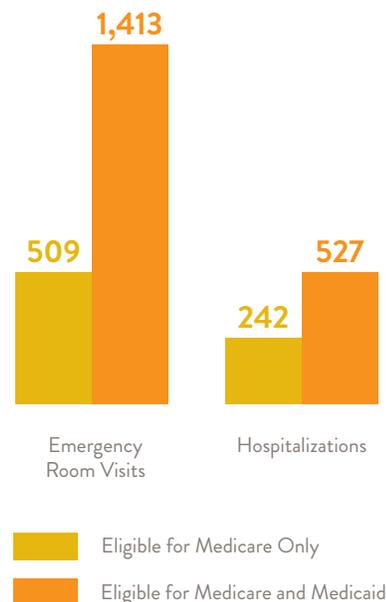
Hospital readmissions are often avoidable and may indicate a lack of coordination of medical care or inadequate follow-up after patients leave the hospital. In 2019, the 30-day all-cause readmission rate for the 65 to 74-year-olds in Indiana was 14%.<sup>21</sup>

Older adults with dementia<sup>22</sup> are also known to have higher hospitalization rates than those without dementia. A study at Eskenazi Health, a health care system in Indianapolis, demonstrated that older adults with dementia had more than twice the number of hospital admissions and care transitions compared to older adults without dementia.<sup>23</sup>

Local providers also expressed concern about the barriers experienced by the older adult LGBTQ+ population. Older LGBTQ+ adults experience difficulties finding and accessing basic health care in Indiana for a variety of reasons. First, there is a limited presence of health care providers who specialize in LGBTQ+ specific health care. This is particularly the case for transgender people who struggle to find health care practitioners with knowledge regarding medical transition. Furthermore, one LGBTQ+ informant expressed concern regarding accessibility of general health care needs<sup>24</sup> because of visible discomfort on the part of the health care provider. To learn more, see “Highlighting Equity” on disparities in health care access and quality for LGBTQ+ older adults.

## Low-income Medicare recipients visit hospitals and emergency rooms twice as frequently as those who are not low-income.

Incidence of ED visits and hospitalizations in Central Indiana per 1,000 people per year



Source: CMS



## HIGHLIGHTING EQUITY

### HEALTH CARE ACCESS AND QUALITY CONSIDERATIONS FOR LGBTQ+ OLDER ADULTS

Compared to their non-LGBTQ+ peers, LGBTQ+ older adults experience higher rates of disability, poor physical health, and psychological distress.<sup>25</sup> Using the social-ecological framework, we highlight some factors that can influence LGBTQ+ healthcare access and outcomes in Central Indiana.



#### INTERPERSONAL FACTORS:

##### *Fear of disclosing sexual orientation or gender identity:*

Many LGBTQ+ older adults experience fear or bias when disclosing their LGBTQ+ status to healthcare providers. One national study found that fifteen percent of LGBTQ+ older adults were fearful about accessing health care services outside of the LGBTQ+ community, and nearly one quarter had not revealed their sexual orientation or gender identity to their primary care provider.<sup>26</sup> Many LGBTQ+ older adults grew up in a time where non-heteronormative behavior could result in imprisonment, violence or loss of freedom, which led many to hide their sexual orientation or gender identity from others, including health providers.

##### *Provider bias:*

Providers can also demonstrate negative behaviors toward LGBTQ+ older adults, further demotivating these individuals to self-disclose their sexual orientation or gender identity. These negative behaviors of healthcare providers can either be intentional, such as refusing care or joking about the patient with other staff members, or unconscious, such as assuming that the patient's married partner is of the opposite sex. LGBTQ+ older adults' non-disclosure of their sexual orientation or gender identity may cause adverse health outcomes, such as a delay in diagnosing a significant medical issue.<sup>27</sup>



#### ORGANIZATIONAL FACTORS:

##### *Lack of LGBTQ+-inclusive health services:*

Another factor that influences LGBTQ+ older adults' health care in Central Indiana is the lack of guidelines or services for LGBTQ+ care in health care systems. The Human Rights Campaign's Healthcare Equality Index 2020, which evaluates healthcare facilities' policies and practices on LGBTQ+ patient inclusion and equity, only designated two Central Indiana healthcare facilities, Eskenazi Health and the VA Richard L. Roudebush Medical Center, as "LGBTQ+ Healthcare Equality Leaders". This designation means that these facilities have LGBTQ+-inclusive policies around patient and employee non-discrimination and family visitation, provide LGBTQ+- specific patient services

and support, and engage with the LGBTQ+ community through initiatives, events, or marketing.<sup>28</sup> In contrast, three healthcare facilities in Central Indiana do not have an LGBTQ+-inclusive patient nondiscrimination policy, and one does not have an equal visitation policy for family members.<sup>29</sup>

#### *Limited LGBTQ+-inclusive medical education:*

Another organizational concern is the lack of LGBT- inclusive education that is provided in U.S. medical schools. A 2018 report from the Association of American Medical Colleges found that while three quarters of medical schools included some LGBTQ+ health themes in their curriculum, roughly half said that this education consisted of three or fewer lectures, group discussions or other learning activities.<sup>30</sup> This lack of comprehensive medical education leaves many providers feeling inadequately trained to care for their LGBT patients. A 2018 survey of over 600 medical students found that 80 percent of respondents felt “not competent” or “somewhat not competent” in treating LGBTQ+ patients.<sup>31</sup>



#### **POLICY FACTORS:**

##### *Lack of explicit LGBT-inclusive healthcare policies:*

The lack of explicit local, state, or national policies around LGBT-inclusive health care also can have negative effects on this population. For example, Indiana’s Medicaid program has no explicit policy around transgender health coverage and care, which can create barriers to health care for transgender people receiving Medicaid in the state. In contrast, 22 states currently have an explicit policy for transgender health coverage and care in their Medicaid programs.<sup>32</sup>

# DATA APPENDIX

## Specialized Geriatric Services Offered by Health Systems in Central Indiana

Health System and County	Geriatric Emergency Department	Acute Care For Elders(ACE) Inpatient Consultation	Geriatric Psychiatry Inpatient Unit and/or Consultation	HELP Program (Hospital Elder Life Program)	NICHE (Nurses Improving Care for Health System Elders)	Care Transitions Program (Hospital-to-Home)	Nursing Facility Program
Ascension St. Vincent (Marion, Hamilton County)	✓	✓	✓		✓	✓	
Community Health (Marion, Hamilton, Johnson County)	✓	✓	✓	✓	✓	✓	✓
Eskenazi Health (Marion County)		✓		✓	✓		✓
Franciscan Health (Marion, Johnson County)							
Hancock Regional Hospital (Hancock County)							
Hendricks Regional Health (Hendricks County)							
Indiana University Health (Marion, Boone, Hamilton County)		✓				✓	✓
Johnson Memorial (Johnson County)							
Major Hospital (Shelby County)							
Riverview Hospital (Hamilton County)							
Witham Health Services (Boone County)			✓				
Richard L. Roudebush VA Medical Center (Marion County)		✓				✓	

Age-friendly hospitals are defined by Institute for Healthcare Improvement. Dementia-friendly hospitals are defined by CICOA. All other parameters were sourced from key informant interviews.

Health System and County	Geriatrics Outpatient Consultation	Geriatrics Outpatient Primary Care	Geriatrics Home-Based Primary Care	GRACE Team Care (Geriatric Resources for Assessment & Care of Elders)	PACE (Program for All-Inclusive Care of the Elderly)	Dementia Friends Indiana Certified hospital/ clinic	Age-Friendly Health System
Ascension St. Vincent (Marion, Hamilton County)	✓	✓				✓	✓
Community Health (Marion, Hamilton, Johnson County)	✓		✓				✓
Eskenazi Health (Marion County)	✓	✓	✓			✓	✓
Franciscan Health (Marion, Johnson County)					✓		
Hancock Regional Hospital (Hancock County)						✓	
Hendricks Regional Health (Hendricks County)							✓
Indiana University Health (Marion, Boone, Hamilton County)	✓			✓			✓
Johnson Memorial (Johnson County)							
Major Hospital (Shelby County)							
Riverview Hospital (Hamilton County)							
Witham Health Services (Boone County)						✓	✓
Richard L. Roudebush VA Medical Center (Marion County)	✓	✓	✓	✓			

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## ENDNOTES

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- 5 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.
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providers. These focus groups were conducted by researchers, in person prior to the COVID-19 pandemic, and by Zoom after the pandemic began. The questions asked of the focus group participants were discussed and agreed upon by research faculty and staff.

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# STATE OF AGING IN CENTRAL INDIANA



## SECTION 11 CAREGIVING

April 2021



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+

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# CAREGIVING

Caregiving by and for friends and loved ones is an important part of most older adults' lives. Caregiving impacts the well-being of both those being cared for and those providing care. This section of the report discusses caregiving by and for older adults, including the benefits, risks and associated resources. Key findings include:

- Four out of five older adults in Central Indiana provide care to a friend or loved one.
- Two in five older adults provide care to someone over 60.
- One in four older adults in Central Indiana is physically, emotionally or financially burdened by caregiving responsibilities, and most adults do not believe support services are available for caregivers.

---

A large majority of older adults provide care to a friend or loved one.

Percent of Central Indiana CASOA respondents who provide care to...

Someone under 18

27%

Someone age 18-59

27%

Someone 60 years or older

41%

A friend or loved one

78%

Source: CASOA, 2017

## CAREGIVING OF FRIENDS AND LOVED ONES

Caregiving of friends and loved ones encompasses a variety of activities and levels of assistance depending on the condition of the friend or loved one needing care. Administering care (e.g., assisting with dressing, showering and medication adherence) can become challenging for an individual to manage alone when such assistance is required on a continuous basis. Most Central Indiana respondents to the Community Assessment Survey for Older Adults (CASOA) reported providing care to a loved one.<sup>1</sup>

“Who these older adults with dementia are today is not going to be who they are next year. It is very hard to slow this down. These people are not the same person. They think we have more effective medicines than we do. We can’t change the progression of the disease.

The medicines are not that great. It is better to have help in place. It is about staying active and engaged...”

Diane and Pat Healey, Indianapolis Geriatricians

Older adults often care for other older adults, such as a spouse, friend or family member, with a cognitive disorder, physical disability, comorbidities or other health problems that arise through the aging process. Mild cognitive impairment, dementia or Alzheimer’s disease are common cognitive disorders that require a caregiver and often 24-hour-a-day care when the impairment is more severe. Caring for someone with an impairment can be a demanding and unrelenting job for the caregiver depending on caregiver’s knowledge of the illness, acceptance of the outcome of the illness, available resources and ability to accept assistance in caring for the friend or loved one with the impairment. Aid in caring for an individual with cognitive impairment may be provided from other family members, friends or outside agencies

structured to provide services to those in need. The support received can benefit the caregiver in numerous ways including emotional respite, financial planning and management, health care system navigation and other social services.

Similarly, older adults can also provide care for other older adults with physical impairments. Physical impairments are typically due to chronic illness (such as arthritis or a stroke) and can have varying degrees of impact on the day-to-day life of the older adult and the caregiver. Activities of daily living that may be influenced by disability include general hygiene activities, dressing, preparing meals or transferring to bed or to a chair. Assisting friends or loved ones with physical impairments with daily activities also may place a tremendous burden on friends or loved ones over time. Community support is available for caregivers in the form of transportation, home renovations to increase accessibility (e.g., building a ramp or widening a doorway), assistive devices (e.g., cane, walker, or shower chair) for rent or loan and in-home care (e.g., cooking, cleaning, snow shoveling or yard work) from a service agency.

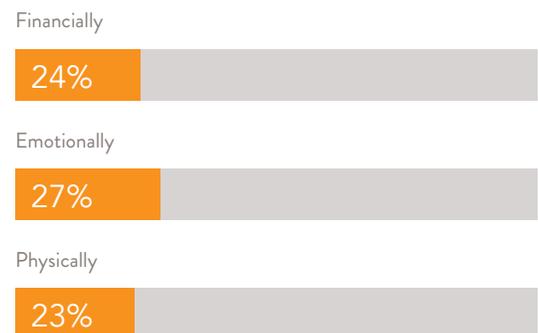
## IMPACT ON CAREGIVER

The impact of caregiving on the caregiver is significant, and informants<sup>2</sup> to this report say that it is not unusual for the caregiver to suffer along with their friend or loved one. The physical and psychological strain of providing care may become increasingly burdensome and can impact family relationships, friendships, and the caregiver's ability to participate in activities outside the home. In addition to the negative impact of caregiving, older adults can experience some benefit from caring for friends or loved ones including positive emotions such as compassion, satisfaction, and confidence.

Older adult caregivers who were interviewed for this report indicated positive benefits most frequently when caregiving was a newer or short-term experience or when the individual was not the sole caregiver. Caregivers reported positive self-esteem and the ability to build additional skills in order to better care for their friends or loved ones. Additionally, the need to provide care for a friend or loved one resulted in joining support groups and making new friends who had similar experiences. Support groups could not only provide emotional help but also offer the opportunity for the caregiver to help others. Those who had larger families experienced their families

## One in four older adults in Central Indiana are physically, emotionally, or financially burdened by their caregiving responsibilities.

Percent of Central Indiana CASOA respondents who are burdened by caregiving in the following ways



Source: CASOA, 2017

“They are very prideful, but not in a negative way. They are prideful of heritage, families, and they take a lot of pride in what they do. They are prideful as Senior Companions and let people know why they do it. The women are very prideful of what they have accomplished in their life...Pride is part of the way of coping and gets them through hard stuff. Pride and spirituality keep them going every morning.”

Joyce Bleven, Senior Companions

frequently coming together to offer support for a friend or loved one, which provided the opportunity to create new family memories and positive experiences. Finally, informants reported that providing care for a friend or loved one gave caregivers the opportunity to feel more optimistic about their own physical and cognitive abilities.

While caregiving for friends or loved ones in smaller doses can be rewarding and purposeful, ongoing demands can have negative effects for the caregiver. The burdens of 24-hour-a-day care may result in feelings of frustration, irritability, isolation, despair and exhaustion. Informants reported that older adults caring for spouses often found it often difficult to seek external assistance or support. Informants reported viewing the caregiver role as solely their responsibility and not wishing to burden others. Another reason a caregiver may decline to accept outside assistance is a general lack of trust in asking a stranger to care for a vulnerable friend or loved one. Informants also reported that the caregiver’s sense of pride left them feeling that they could manage their caregiving responsibilities alone and may prevent caregivers from seeking outside assistance.

Positive Impact
A sense of purpose
Social inclusion
Feeling a part of something greater than themselves
Strong family cohesion
An appreciation for their own cognitive and physical abilities

Negative Impact
Social isolation with spouse/ person they are caring for if needs are too great
Feelings of guilt
Emotional distress
Poor sleep quality
Poor dietary habits
Financial burden

## IMPACT ON PERSON BEING CARED FOR

Caregiving demands impact the caregiver and may also influence the person receiving care in both positive and negative ways.

Informants reported that “aging in place” is a well-understood concept. People want to stay in their own homes and as independent as possible for as long as possible. Caregivers help older adults remain in their familiar surroundings.

This is especially helpful for an older adult with cognitive impairments that may find a new living environment disorienting. For further discussion on aging in place see the associated section in this report. Informants also report that caregiver support likely increases the longevity of the older adults receiving care and the likelihood that those older adults will remain active not only in their homes but in their communities. Being physically and socially active improves health outcomes.

Positive Impact	Negative Impact
Aging in place	Neglect
Increased longevity	Abuse

“Being alone is as detrimental to health as cigarette smoking.”

Daniel O. Clark, Indiana University Center for Aging Research

When cognitive impairment is present in the older adult receiving care, neglect and abuse are more likely to occur.<sup>3</sup> Mistreatment happens as the situation becomes increasingly intolerable to the caregiver. This creates a harmful environment for the older adult receiving care that may include living in isolation with unmet needs or physical trauma and violence.<sup>4</sup> Informants also report financial abuse where money or property belonging to the older adult receiving care is stolen. Older adults who are the recipients of abuse or neglect typically do not seek external help due to shame or fear that the caregiver will learn of the complaint and retaliate.<sup>5</sup> To address this problem, services are available to both the victim and the caregiver. For further discussion of safety and abuse, see the associated section in this report.

## Senior Care

Caring Place

Shepherd Center

Continuing Care Retirement  
Communities

CICOA Flourish Care Management (in-  
home care)

## Community Centers

PrimeLife

Flanner House

Jewish Community Center

John H. Boner Neighborhood Center

Hendricks County Senior Center

## Education, Advocacy, and Support Groups

CareAware

Alzheimer's Association

Joy's House

## Other Resources

Meals and More (home-delivered meals)

Safe at Home (home modifications)

Way2Go (transportation)

## RESOURCES AVAILABLE TO CAREGIVERS

While caregiving can be a rewarding experience, it can also create a stressful, difficult and exhausting environment for both the caregiver and their friend or loved one. In Central Indiana, there are resources available that offer support, many of which are provided or coordinated by CICOA. The list at left is not exhaustive but provides examples of services available to caregivers and their friends or loved ones.

All informants for the current report agreed that a clearinghouse of services for caregivers and their friends or loved ones would be quite useful but were not all aware that local information and referral organizations exist, such as CICOA Aging & In Home Solutions (CICOA)<sup>6</sup> and Indiana 211.<sup>7</sup> Informants also reported the need for better coordination of services and for agencies to better understand gaps in services and unmet needs. In early 2021, CICOA launched a technology solution, called Duett, to match older adults and people with disabilities who need in-home care with providers who offer the services.<sup>8</sup>

*"We are so fragmented in everything we do. When we look at the continuum of care, you can have a discharge planner and they don't know they have a case manager... We need to make better use of the Health Information Exchange and better communication, so we are not operating in silos. If policymakers made it so we're all talking together for betterment of the patient, it would be better."*

Donata Duffy, CICOA



## HIGHLIGHTING EQUITY

### LATINX POPULATIONS FACE GREATER CAREGIVING BURDENS

Latinx individuals are more likely to provide care for an older adult loved one than any other racial or ethnic group.<sup>9</sup> Although Latinx caregivers report higher levels of caregiving satisfaction than White caregivers, forty-four percent report feeling stressed and overwhelmed by their caregiving responsibilities.<sup>10</sup> Additionally, these individuals on average spend more time and money caring for their loved ones than the rest of the population.<sup>11</sup> Several factors can lead to high rates of caregiving and caregiving burden among Latinx adults, as described below:



#### *INDIVIDUAL FACTORS: HIGH RATES OF DEMENTIA*

Compared to non-Latinx Whites, Latinx individuals are at greater risk of developing Alzheimer's and other dementias. This is due to longer life expectancies and higher rates of chronic disease such as diabetes and heart disease.<sup>12</sup> Studies have shown that caregivers of loved ones with dementia experience greater caregiver burden, with roughly 25 percent providing at least 40 hours of care per week to their loved one, compared to only 16 percent of nondementia caregivers.<sup>13</sup>



#### *INTERPERSONAL: EMPHASIS ON FAMILY*

A value common among Latinx individuals of various national origins is familism, or the emphasis on and importance of family. Priority is often placed on the interdependence between family members, and support is most often sought within the family system rather than from more formal or institutional supports.<sup>14</sup> As a result, one study found that Mexican-American caregivers were the least likely to use formal care for their loved one compared to Whites, Blacks and Asian Americans.<sup>15</sup> It should also be noted that familial care is most often provided by women due to cultural expectations of women as natural caregivers who prioritize the needs of the family first.<sup>16</sup>



#### *ORGANIZATIONAL: LACK OF CULTURALLY-SENSITIVE AND SPANISH-SPEAKING RESOURCES*

Only around half of Latinx older adults are proficient in English,<sup>17</sup> and 57 percent of Latinx adults have reported encountering language or cultural barriers when interacting with healthcare providers. Less than half of Latinx adults who participated in a long-term care survey felt that they could easily find nursing homes, assisted living facilities or home health aides that spoke their language, while less than 30 percent felt that these services would provide the food that they were used to eating.<sup>18</sup> Additionally, Latinx caregivers felt that they had a lack of understanding of topics around caregiving, with 41 percent stating that they did not understand government programs such as Medicare and SSI, and 27 percent sharing that they encountered issues with finding educational resources. When asked what Spanish-language resources would be helpful for Latinx caregivers, roughly half mentioned trainings on stress management, government programs and caregiving techniques.<sup>19</sup>

## ENDNOTES

- 1 National Research Center Inc., "Community Assessment Survey for Older Adults: 2017 Report Results for Central Indiana" (Boulder: CICOA Aging and In-Home Solutions, 2017), <https://cicoa.org/news-events/research/>.
- 2 Thirty-five key informant interviews with caregivers and service providers and nine focus groups with older adults 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. Focus groups composed of older adults were assembled with the identification and recruitment assistance of community service providers. These focus groups were conducted by researchers, in person prior to the COVID-19 pandemic, and by Zoom after the pandemic began. The questions asked of the focus group participants were discussed and agreed upon by research faculty and staff.
- 3 Mark S. Lachs et al., "Risk Factors for Reported Elder Abuse and Neglect: A Nine-Year Observational Cohort Study<sup>1</sup>," *The Gerontologist* 37, no. 4 (August 1, 1997): 469–74, <https://doi.org/10.1093/geront/37.4.469>.
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- 5 Toshio Tatara et al., "The National Elder Abuse Incidence Study," n.d., 136
- 6 "CICOA Aging & In-Home Solutions | Indianapolis, IN," accessed February 16, 2021, <https://cicoa.org/>.
- 7 FSSA, "Indiana 211," accessed February 16, 2021, [www.in211.org](http://www.in211.org).
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- 11 "Status of Hispanic Older Adults: Insights from the Field," 2018, 28.
- 12 "Status of Hispanic Older Adults: Insights from the Field."
- 13 Henry Brodaty and Marika Donkin, "Family Caregivers of People with Dementia," *Dialogues in Clinical Neuroscience* 11, no. 2 (June 2009): 217–28.
- 14 Yvette G. Flores et al., "Beyond Familism: Ethics of Care of Latina Caregivers of Elderly Parents With Dementia," *Health Care for Women International* 30, no. 12 (December 2009): 1055–72, <https://doi.org/10.1080/07399330903141252>.
- 15 Rote et al., "Caregiving Across Diverse Populations."
- 16 Flores et al., "Beyond Familism."
- 17 "Status of Hispanic Older Adults: Insights from the Field."

- 18 Tomas Okal, "Communication and Long-Term Care: Technology Use and Cultural Barriers among Hispanics – The Long-Term Care Poll," accessed January 26, 2021, <https://www.longtermcarepoll.org/project/communication-and-long-term-care-technology-use-and-cultural-barriers-among-hispanics/>.
- 19 "Status of Hispanic Older Adults: Insights from the Field."

# Download the data used in this chapter.

Download spreadsheets containing our source data  
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