

**Transcript of SAVI Talks: Equity in Aging**

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Presented by The Polis Center and SAVI as part of the State of Aging Report

Sponsored by Central Indiana Senior Fund, IUPUI, United Way of Central Indiana, and WFYI

Speaker: Gail Thomas Strong

Good afternoon and welcome. My name is Gail Thomas Strong, Vice President for Community Engagement at WFYI Public Media and we are pleased that you have joined us for this SAVI Talk. This is a six-year partnership between the SAVI project at IUPUI at The Polis Center and WFYI public media. Our aim has always been to present data and to explore its implications through conversation.

This SAVI Talk on Equity and Aging will give us some insights we can act upon and provide a glimpse into the State of Aging and Central Indiana report. Most importantly, it's also part of a series of SAVI Talks that we are exploring with a very particular lens on equity.

As we welcome you today, we hope that you understand you are in for a great afternoon of learning and great information. I'd like to now take this opportunity to introduce Karen Frederickson Comer, Director of Collaborative Research and Health Geoinformatics for The Polis Center.

Speaker: Karen Comer

Thanks Gail, and good afternoon and welcome everyone. The Polis Center is very pleased to be partnering with WFYI and the Central Indiana Senior Fund to bring you today's SAVI Talks event, Equity and Aging. This is the first in a series of events that will focus on findings from the State of Aging in Central Indiana Report, which was commissioned by the Central Indiana Senior Fund to provide information about the growing older adult population in Central Indiana. Please mark your calendars for August 26th for the next State of Aging in Central Indiana event, which will be SAVI Talks Equity and Life Expectancy. The State of Aging in Central Indiana Report was developed by Polis in partnership with the Indiana University Center for Aging Research at Regenstrief Institute and the Center for Research on Inclusion and Social Policy at the IU Public Policy Institute. You can find the report on the [State of Aging in Central Indiana website](https://centralindiana.stateofaging.org/), which we will be providing you in the chat, and we encourage you to visit the website if you haven't already. In addition to finding the report on the website, you will also find individual population profiles that allow you to drill down into the data about the older adult population in Central Indiana.

All these wonderful State of Aging in Central Indiana resources were made possible by the Central Indiana Senior Fund. To explain the goals of providing these resources. I'm pleased to introduce Ellen Miller, who is a board member of the Central Indiana Senior Fund and Director of the University of Indianapolis Center for Aging and Community.

Speaker: Ellen Miller

Thanks Karen, I'm really pleased to have been invited today and to be here representing the Central Indiana Senior Fund for this important event about Equity and Aging. I'd like to start by telling everybody just a little bit about the Central Indiana Senior Fund. Hopefully you've heard of us before. We are a fund of the Central Indiana Community Foundation, and as I usually will in my remarks, I'll refer to us as the Senior Fund, as we are the only philanthropic fund focused exclusively on the needs of seniors in Central Indiana. And since the fund was started in 2005, it has awarded $11 million to 120 organizations that serve seniors age 55 and older. We provide responsive grant-making. But the fund also works strategically to think about and address the unique needs of and opportunities presented by the growing older adult population in Central Indiana. The release of the State of Aging Report by The Polis Center last week is really a milestone for the Senior Fund. During one of those strategy conversations that I referred to a minute ago, almost five years ago now, the Senior Fund Board, we began talking about how someone should design a data book filled with important indicators about older adults and their well-being that could help us, that could help the Fund Board with their grant-making decisions. Something similar to, for those of you who are familiar with the Kids Count book that Indiana Youth Institute puts out, similar to that, but with a focus on older adults instead, it turns out that someone who should do something about it turned out to be us. And so, we were able to vision and then fund and identify The Polis Center and partners, and fast-forwarding to now, we now have this first version of the State of Aging Report in our hands. So, it's very exciting, very exciting time for us. We hope that the State of Aging Report is going to become kind of the authoritative tool that will help drive public discussion in forums like today’s, as well as drive research questions, program direction, funding decisions not just for the Central Indiana Senior Fund, but funding decisions for CICF as a whole, and other philanthropic organizations. So, we can make more informed decisions about issues and opportunities pertaining to older adults, who, by the way, make up about 16 percent of the Central Indiana population right now. And that will grow close to almost 23 percent of the Central Indiana population in 2030. When for the first time there will be more people in Indiana over the age of 65 than under the age of 65. So that puts it into perspective in terms of the proportion of our population that will be considered older adults.

So that's the State of Aging Report, provides basic demographics about seniors, but it also contains sections on Basic Needs, Aging in Place, Health Outcomes, Caregiving, Social Well-being. And a whole host of other information. So, if you haven't had a chance to look at the report yet, I hope that you will take the opportunity to do so, after today's session, not during. One other thing that I want to mention though before I finish is I want to take a minute to share some thoughts about aging.

 So, in forums like today, we sometimes focus on the challenges created by an aging population. The oncoming people talk about the silver tsunami and present aging as a problem to be solved. The contrasting view of that is to think about our aging society as a golden opportunity instead of that silver tsunami. About how older adults can be assets to our families, to our communities, to our community organizations, entrepreneurs, volunteers, board members for our non-for-profit organizations, grandparents raising grandkids, pillars of our communities. So, the truth about older adults and aging is that just like younger adults, not under, there is a huge spectrum from living a very active, independent life to adults who will do require that highest level of care and perhaps a nursing home or another kind of facility and everything in between. So, while we're here today to talk about challenges encountered by older adults, specifically because of inequities in our societies. I want to remind us about that spectrum of older adults.

Aging is also a very unique part of the diversity conversation. So, we want all ever be the same gender. We won't ever all be the same race or religion or socioeconomic status. But we hope that we will all be old someday. And so that we will be able to live to that ripe old age that we talk about into do it successfully. So, this conversation about aging is really one that does affect all of us.

In conclusion, on the Central Indiana Senior Fund is fully supportive of the Community Foundation’s commitment to promoting and advancing equity across grant-making. And we're so pleased that the State of Aging Report is able to continue to our discussion today about equity and aging. So, without further delay. Thank you for the opportunity to make a few remarks. And I would like to introduce our next presenters who will be discussing equity and aging using data from the State of Aging Report. Katie Rukes, who is an Analyst with the IU Public Policy Institute, and Rebecca Nannery, the Senior Analyst with The Polis Center. So, I am going to turn it over to those ladies that this point. And again, thanks very much and thanks for being here today.

Speaker: Rebecca Nannery

Thank you, Ellen. Thank you to everyone for joining us today to discuss equity and aging in Central Indiana. Today we will discuss some basic demographics of the older adult population in Central Indiana, and then we will describe an equity framework developed to help us interpret disparities impacting older adults. We will then apply this framework to two topics, financial stability and the COVID-19 pandemic.

The State of Aging Report and portal developed for the Central Indiana Senior Fund included service area defined as Marion County and seven surrounding counties. Boone, Hamilton, Hancock, Hendricks, Johnson, Morgan, and Shelby counties. Nearly half a million older adults, defined as those aged 55 and older, live in Central Indiana, representing one-quarter of its total population.

The map on the screen shows the distribution of older adults by population size and age. The larger bubbles represent census tracts with more older adults. And the darker bubbles represent census tracts where people aged 85 or older makeup a greater share of older adults. Higher concentrations of older adults reside on the Northeast side of Marion County. And those parts of Hamilton, Hendricks, and Johnson County near Marion County. So, the cities of Fishers, Carmel, Avon and Greenwood.

The older adult population is growing faster than the younger adult population in Central Indiana. There are 105,000 more adults aged 55 and older in 2019 than there were in 2012, representing population growth of nearly one-third. Meanwhile, the younger than 55 population grew only 5% over the same time period. As the more racially and ethnically diverse younger cohorts age, the older adult population will become increasingly diverse, which if not addressed now could make racial and ethnic inequities worse among older adults in the future. With this in mind, we will now discuss inequities experienced by sub-populations of older adults using an equity framework adapted for this project, which Katie will now explain.

Speaker: Katie Rukes

Great. Thank you, Rebecca. Right, so when we talk about equity, what do we mean by that? Equity means ensuring that everyone has access to the resources and opportunities they need to reach their full and healthy potential and making changes when unfair differences in access exist. Unfortunately, older adults in Central Indiana experienced aging differently based on their race, ethnicity, income levels, and other factors. So, understanding the root causes that create these differences in inequities can help identify where changes, resources and attention are needed.

One way we can look at and talk about the root causes of inequities for older adults in Central Indiana is by using a framework called the social ecological model. And older adults’ outcomes, whether it's around their health, their financial stability, or their social well-being can be influenced by different levels of society. So, I'm going to briefly describe what each of these levels means and how it can impact an individual.

So, the first is the individual level itself. So, this refers to personal skills, experiences, or decisions. Inequities can occur here when some individuals have opportunities to acquire experiences and skills when others do not.

Next is the interpersonal level. This refers to the friends, family, and social networks of older adults. These networks can create inequities when they present complex decisions or experiences for certain populations. An example of this is that families of color are more likely to live in intergenerational households, which can have an impact on health or financial resources.

And then the other three levels are considered systems levels. At these levels, individuals tend to have less power or say in decisions that are being made. Inequities that are embedded into these levels are what we refer to as systemic inequities. And support for older adults in these levels is crucial for creating meaningful and lasting change.

So, these systems levels, the first is organizational, refers to organizations like workplaces and service providers that can contribute to inequity by not providing services tailored to specific populations. Next, is community, which this really refers to how communities are designed and physical access to community spaces and resources. Older adults may experience inequity here if they aren't able to access things like adequate transportation, safe sidewalks, or healthy food.

And finally, is the public policy level. And this level frequently influences all the others. It refers to national, state, and local policies and laws that can impact the structure of communities. Resources that organizations have and individual experiences.

So, I share all of this because as Rebecca mentioned, we’re going to be discussing a few of the inequities that certain older adult populations in Central Indiana face. What the data says about these inequities and some of the individual and systems level factors that may be contributing to these inequities. And so, the goal of using this framework is to identify where there may be opportunities for greater support, investment and advocacy, in an effort to close gaps and more equitably serve older adults. So, with that, I'm going to turn it over to Rebecca to talk about our first topic around financial stability.

Speaker: Rebecca Nannery

Thank you, Katie. The financial stability of older adults is important because not only does it impact your ability to access the essentials needed for everyday life, but it also has the potential to continue to impact those who are retired and on a fixed income. We will discuss financial stability of older adults in terms of the equity framework that Katie described. The median income of households with an older adult in Central Indiana increased between 2014 and 2019. However, median income decreased as adults aged. Adults between the ages of 55 and 64 earn $70,000 per year, those 65 to 84, reported on median income of $50,000, and those aged 85 and older reported a median income of only $35,000.

Older adults of color in Central Indiana experienced disproportionately lower median household income by race and ethnicity. White, older adults report incomes of $70,000. Latinx older adults report median incomes of $53,000. And Black older adults report median household incomes of only $36,000. These disparities and median income are also reflected in the poverty rate.

 In Central Indiana the poverty rate among White adults aged 55 and older is seven percent. However, this rate is much higher among Latinx and Black older adults at 14 percent, 17 percent, respectively. Across all races and ethnicities, eight percent of older adults experienced poverty. While most older adults experiencing poverty live on the east side of Indianapolis, it is important to note that in areas of Northwestern Marion County, older adults are a greater share of all people experiencing poverty.

Because the official poverty measure does not take into account the impact and some benefits that the poverty rate, the supplemental poverty measure was developed to create a clear representation of the impact of poverty on people nationwide. In Indiana, the supplemental poverty measure is very similar to the overall, the official poverty measure. Although it unmasks higher poverty levels among adults of traditional retirement age.

We will now discuss a variety of factors that influence wealth accumulation among people of color and the long-term implications of these. The first factor is the unemployment rate. While adults 55 and older have lower unemployment rates than those younger than 55, Black and Latinx, older adults and Central Indiana face higher unemployment rates than White older adults. Additionally, people of all ages but of different races and ethnicities experienced wage discrimination that impacts how much money they earn over a lifetime.

The median weekly earnings of full-time salaried and hourly workers in Central Indiana are $984. White adults earn nearly $250 weekly more than lucky next adults, and nearly $200 more than Black adults. Additionally, women consistently earn less than men across final racial and ethnic groups.

Speaker: Katie Rukes

So, using the equity framework, why do what adults typically earn more than Black and Latinx adults? On an organizational level, there are few things that may contribute to this disparity. Some are regarding an opportunity gap in the workforce. International analysis of nearly two million US workers found that Black and Latino workers are less likely to hold management roles than White workers, which can result in lower wages. However, that does not tell the whole story because even with the same levels of education, experience, and job roles, Black and Latino individuals still earn less than White workers on average.

Another potential factor that can lead to lower wages for Black workers is the idea of occupational segregation. Meaning the Black workers tend to work in lower paying occupations than White workers. Black women make up a disproportionate percentage of what's called the low-wage workforce, which typically refers to wages that are less than 11 dollars an hour. And Black women make up about six percent of the US workforce yet make up 10 percent of the low-wage workforce. And Black men are more likely to work in industries that pay less than White men.

So why is this? One potential reason why Black workers are more likely to work in lower paying occupations and thus have lower incomes could be due to policy factors that have shaped the workforce. Um, one example is 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 and opportunity of Black workers to obtain blue collar jobs, further exacerbating the income and wealth gap.

So overall, these disparate disparities and occupational opportunities and wages make it more difficult for Black and Latinx adults to save and accumulate wealth over their lifetimes, so that by the time they reach retirement, they tend to have less financial resources than White older adults.

Speaker: Rebecca Nannery

Homeownership rates and Central Indiana are also disproportionate by race and ethnicity. White adults aged 55 and older are much more likely to own their own homes than Latinx and Black older adults and are more likely to have paid off their mortgages than people of color.

Speaker: Katie Rukes

Homeownership speaks to another factor that can influence the financial stability of older adults of color. Homeownership is an important avenue for building wealth. However, as Rebecca shared, older adults of color and substituting Indiana are less likely to own their homes. One reason for this disparity is due to redlining. In the 1930s, mortgage lenders and banks started to deny home financing and many communities of color, as these areas were deemed hazardous for investment. And this map on this slide is Homeowner's Loan Corporation neighborhood appraisal map of Indianapolis from 1937, where neighborhoods were color-coded by their mortgage lending risk. And those neighborhoods in red are considered the hazardous risk categories, many of which were communities of color or neighborhoods with many lower income and immigrant residents. And so, these hazardous designations created barriers for adults of color to finance and own a home, thus reducing the ability to build equity and pass wealth to future generations.

Speaker: Rebecca Nannery

In Central Indiana, Latinx adults aged 55 and older receive Social Security benefits at half the rate of non-Latinx older adults. One-fifth of Black older adults receive Supplemental Security Income a portion that is far higher than other racial or ethnic groups.

Speaker: Katie Rukes

So, talking about social security is also an important consideration when we're looking at the financial disparities among older adults. Nationally, Social Security is the only source of income for 40 percent of Latinx older adults, roughly one-third of Black older adults compared to 18 percent of White older adults. However, Social Security benefits are based on income earned during working years, meaning that on average these benefit amounts are lower for Black and Latinx older adults due to their lower lifetime earnings in comparison to White older adults. What all this means is that the income disparities that occur during their working years is often continued into retirement years for older adults of color.

Speaker: Rebecca Nannery

We will now discuss the disproportionate impact of COVID-19 on future older adults. This research is from a brief released this week, which we are interpreting in light of the equity framework. Data collected between spring of 2020 and the end of the year reveal that while people under age 60 account for the majority of COVID-19 cases in Indiana, older adults account for the majority of hospitalizations and 93 percent of deaths. Additionally, people in nursing homes accounted for half of all COVID-19 deaths, only consisting of four percent of all confirmed cases.

Between March and December of 2020 Black Hoosiers of any age were two-and-a-half times more likely to be hospitalized from COVID-19 than White Hoosiers, and were nearly one-and-a-half times more likely to die with COVID-19. Additionally, mortality rates were higher among Black than White users of any age during the first six months of the pandemic. The shift toward higher White mortality rates in September was a result of COVID-19 becoming more widespread in rural areas in Indiana. It is also imperative to understand how age and racial disparities interact. While we do not yet have local data on this phenomenon, the Kaiser Health News Analysis of national level data from the Centers for Disease Control and Prevention underscores the disparate health outcomes by age and race. It found that between February and August of 2020, Black adults aged 65 to 74 died of COVID-19 five times as often as White adults of the same age. The death rate for Black adults aged 75 to 84 years old was three-and-a-half times greater than that of White older adults. Among those 85 and older Black older adults died twice as often. Among all three age groups, the death rates from the Latinx older adults were higher than for White older adults, but lower than for Black older adults.

Speaker: Katie Rukes

So, using the equity framework again, there are many factors that can influence why Black older adults are disproportionately impacted by COVID-19. One individual factor is that on average, Black older adults have higher rates of health conditions such as hypertension, diabetes, and obesity, which can increase the likelihood of severe COVID-19 illness. Additionally, Black Americans are more likely to be employed as essential workers than White Americans. Essential occupations can include jobs such as bus drivers, grocery store clerks, and nursing homes assistance, which often require daily travel and interaction with others outside the home, thus increasing their risk for virus exposure.

Another factor that influences Black older adults’ risk of COVID-19, hospitalization and death is the fact that they're more likely than White older adults to reside in multi-generational households, which can include children, grandchildren, or other extended family members. This can increase spike older adults’ risk of contracting COVID-19 from family members who live in the home. This risk is especially magnified, but by what I mentioned on the previous slide about Black Americans being more likely to be employed as essential workers, as they may be more likely to contract, COVID at work and then transmit it to other members of their household.

There are also several barriers on a community level that could impact Black older adults’ access to health care services related to COVID. One of these barriers is around access to COVID-19 testing and majority Black neighborhoods. And analysis in June of last year found that most COVID testing sites in Indianapolis were located in neighborhoods with majority White residents. Conversely, neighborhoods with the highest percentage of Black residents in Indiana had only 3 of the 30 testing sites that were in the county. Additionally, if a Black older adult needs treatment related to COVID-19 infection, those who are aged 55 to 64 and who do not yet qualify for Medicare, are less likely to have health insurance than why older adults the same age. Meaning they may be less likely to seek out needed treatment and health care.

 Additionally, there may be some technology barriers that Black older adults face disproportionately to others when registering for the COVID vaccine. Although 211 has been set up as an avenue to register for the vaccine over the phone in Indiana, there may be barriers and ability for Black older adults to register online. As studies have shown that these individuals are less likely to own a computer or have Internet access compared to White older adults. And these are just a few of the factors that may influence why Black older adults are disproportionately affected by COVID 19.

Speaker: Rebecca Nannery

While the ongoing impact of the pandemic from the financial stability of older adults is still unfolding, recent survey results recorded by Pew Research Center nearly a year after the onset of the pandemic, reveal that it has had negative effect on the financial stability of many older adults nationwide.

According to the results of this survey, which was conducted in January of 2021. Since a year previously prior to the pandemic, the financial situation of older adults has changed in the following ways. Twenty-seven percent of 50 to 64 year olds reported that their finances have improved over the past year. While 22 percent per quarter that these had worsened, and half reported no change. Meanwhile, 21 percent of those 65 and older reported that their finances haven't been approved. While 13 percent reported that these had worse than two and two-thirds reported no change. In general, across all age groups Black, Latinx and lower income populations were disproportionately financially impacted by the pandemic.

 Among those still working adults 50 and older recorded that the pandemic has delayed or may delay their retirement. These adults were less likely than adults younger than 50 to report losing their job or taking a pay cut since the beginning of the pandemic. However, they were disproportionately more likely not to have recovered from a pay cut at the beginning of the pandemic and were less likely than younger workers to have experience getting a raise, a higher paying job, or overtime hours. This trend worsens from the 50 to 64 age group to the 65 and older age group. Despite these results, the survey found half or 50 to 64 year olds and two-thirds of adults 65 and older reported that their personal finances were in good or excellent shape.

We will continue to track the data discussed in this report in addition to newly emerging sources to share in the future through the Central Indiana State on Aging portal, including the trends that older adults in Central Indiana experience as we recover from the COVID-19 pandemic. Our goal in part is to continue to inform the discussion around equity among older adults in Central Indiana communities. As populations that face financial and health disparities will continue to need targeted support in the future. Thank you so much for listening to our presentation. I will now hand it over to Brittani for a question and answer period.

Speaker: Brittani Howell

Thank you. Katie and Rebecca, it doesn't appear that we have too many questions just yet. So, if anybody has any, please drop them in the Q& A there on your screen. While I've got you now, I will go ahead and ask. We've covered a lot of ground over the presentation. I was just wondering if there were any trends that really leaped out to you that you'd like to spend some more time in the future examining or talking about or that you think we as the audience should be thinking or talking about.

Speaker: Rebecca Nannery

I think that those related to financial stability among older adults during the ongoing pandemic are important. We know that many families have been impacted financially by the pandemic, especially workers in the restaurant industry, or workers who work in essential jobs. Health care workers who may be more likely to be exposed to COVID-19 and who may not have sick time or other resources to support them if they must take the expected time off. So, this is something that we will continue to watch. I anticipate that the financial stability of older adults will improve as we move out of the pandemic. A similar thing happened after the Great Recession of 2008. Incomes did increase, although disproportionately, by race and ethnicity. And also, poverty rates dropped.

Speaker: Brittani

Great, Thank you. Yes, that's something we definitely want to keep an eye on going forward. Katie, do you want to weigh in?

Speaker: Katie Rukes

I think Rebecca has covered most of it, but I think the only other thing is, especially when it comes to COVID and vaccination. I think additional research and looking at disparities that it can occur in vaccination rates. And what are some of the factors that are leading to that?

Speaker Brittani

Thank you. We do have a couple questions coming in. Dan is asking, does your research indicate different rates of feelings of isolation by race or income level and do those disparities affect the experience of isolation among different demographics?

Speaker: Rebecca

There is a report that does discuss isolation among older adults in Central Indiana. We find that social isolation is a serious factor in terms of the health and the mental health of older adults in Central Indiana. That is something by race or by income level people may be less likely to have the resources to be able to travel or engage with other people that may cause them to feel more isolated by race or by income level. However, some racial groups like Black older adults, and ethnic groups like Latinx older adults are more likely to live in multi-generational families. And this may act as a support for them, as opposed to older adults that may live alone.

Speaker: Brittani Howell

I think it's about time to shift over to the panel discussion and our panelists might be able to take a crack at some of the questions coming in. I'd like to invite again everyone in the audience. If you have questions for the people I'm about to introduce, please drop them right into the chat. And without further ado, I would like to welcome Tauhric Brown. He is the Chief Executive Officer of CICOA Aging and In-Home Solutions.

Speaker: Taurhic Brown

Good afternoon.

Speaker: Britanni Howell

I'd like to welcome Annie Smith, Community Ambassador for the Central Indiana Community Foundation.

Speaker: Annie Smith

Good afternoon, everyone.

Speaker: Brittani Howell

I’d like to introduce Breanca Merritt PhD, Chief Health and Equity and ADA officer for FSSA.

Speaker: Breanca Merritt, PhD

Afternoon everyone.

Speaker: Brittani Howell

Also, Carolyn Watts. She is a retired social worker and a committee member at the State of Aging of Central Indiana Advisory Committee.

Speaker: Carolyn Watts

Good afternoon.

Speaker: Britanni Howell

Thank you all so much for joining me today. I'm excited to be here as the moderator for this event. Really quick. I'm Brittani Howell. I am the Community Engagement Specialist for WFYI Side Effects Media. Equity and aging and health topics are really important to our team. I'm excited to get into what we've learned today. And to kick us off, Dr. Merritt, I'd like to start with you. I'm going to ask you the same thing I'd ask Rebecca and Katie. We've covered a lot of ground with the report that we've seen today. I was just wondering, are there any trends among the aging population that you would like to point to get us started with this conversation?

Speaker: Dr. Breanca Merritt

I do think that Ellen, in her introduction really did a great job of centering the diverse experiences of older adults. And so, one is that even though This report is pretty comprehensive across a variety of experiences. I think we have to really think about the wide array of folks who are aging and just how broad that category is with respect to age as well as experience as our state diversifies and a variety of ways and especially related to race and ethnicity, that those are things we have to think about is our conception of who is an older adult and what that looks like. I think secondly, really accounting for not just diversity in experience as it relates to different types of populations, but how we can serve people throughout the life course. Because I think a lot of the trends that there were talks about are issues that really should be addressed much earlier than before someone turns 55 or 60. So how we can also orient solutions and strategies toward some of the trends highlighted in the report across housing, across income, across transportation, et cetera. To really think about how we can support people well before they're reaching this population that we're talking about. So that by the time they're, at that point in life, that we have some things already worked out locally.

Speaker: Britanni Howell

With this particular age demographic growing so quickly in getting so much more diverse, what kind of interventions do you think we could put in place to sort of intercept the outcomes that we're seeing right now?

Speaker: Dr. Breanca Merritt

I think there are a few ways to look at, and I think the equity framework talks a little bit about that. One from a policy level as someone who works in that space, that a lot of the issues that were identified in the report are a direct result of a lot of frankly, federal policies that are very intransient and difficult to change. I think one step is kind of having to wait in some cases at the federal level so that they can also develop more equitable strategies to addressing older adults. And we've seen that across specific policy areas such as housing with things like homeless veterans and other unhoused populations who happen to be older adults. And we also see it across other areas of policy as well. However, I think a lot of the strongest interventions and opportunity for change comes from the communities in which older adults are living. And so to the extent that we can target a specific efforts toward Spanish-speaking older adults, toward African-American older adults on the Northeast side of Indianapolis, that the strength really wise in the community organizations that have those networks and relationships best kind of communicate and advocate on their behalf rather than always kind of, you know, resorting to some kind of strategy that works somewhere else as much as kind of really getting on the ground here and engaging with our adult, older adult population to tailor things. And we've seen some evidence of that a locally just with folks were able to get in on the ground and work with our community, more specifically,

Speaker: Brittani Howell

Taurhic, Annie, and Carolyn, as people who work in the community through organizations and through other means, do you have anything to add?

Speaker: Taurhic Brown

I would just say, Dr. Merritt hit it on the head. It really is finding ways to enhance awareness and education much earlier. Typically, at CICOA, you know, our mission forever has been to empower our older adults and those of any age with disabilities to provide them the opportunity to have that dream of aging in home, a reality as often as possible. And what we find is our intervention really does come many times when a medical event or a trigger has occurred. And so, we would really like to do some things more community driven to help raise that up, to help bring that education and awareness along sooner. And some of the things that had been in my mind, some of our staff have kind of been talking about this. We've got some wonderful intern opportunities with some of the schools here in Indianapolis that is helping that effort, right? So, as they comment in turn, here, in CICOA, they’re learning about our organization. What are the types of services and interventions that we have available for our older adults and people living with disabilities? How might they be able to activate their voices and their networks to help folks gain more knowledge and awareness of when it's appropriate to reach out to an organization like ours. I'll also add that it takes more than one organization to make the kinds of changes that were all year. Hoping at some point we get to write, and it does start really in that organizational and community space. And so, I would say, you know, we're always interested in partnering with high schools, right when I first got here, I remember talking to a few of our staff about north-central highs right close to our office. What if we were to maybe try and do something with them to help teach the high school students about the aging population, the aging services and resources that are available. Because I believe you can never start that work too early. I find that earlier we began that education, that awareness, that's the start perhaps to some of these changes that we really need to see on a community as well as a federal kind of level.

Speaker: Carolyn Watts

I also agree with what Mr. Brown was saying because the work we done, I've worked in my community for quite a while. But when we had to do the Quality of Life plan, that was part of the city. We did surveys within the neighborhoods. And some of our participants, they helped us were students from Marion College. And IUPUI were stakeholders. So, they also had students that maybe because of a class or something that will go out with us. It'll be like two or three individuals. We will go to individual houses trying to not just the seniors, anyone that might need assistance, or just getting their opinion of what was needed in the area. And sometimes, because of the Privacy Act, I know I've called organizations, but because of my background, I've been able to talk to people. You can't get any information, but you can relay it to which you could do to have that particular individual.

Speaker: Annie Smith

In addition to a lot of our established organizations and institutions that are working with the older adult population, I've had the joy of working alongside older adults who see needs in the community. And they just take their own initiative to do something and engage with others. And I'll give me an example. Brother David and his wife, who live on the Far Eastside live in my neighborhood and I live on the Eastside. But he had a long history with food pantries and how they operate. And he eventually, he's 79 years old and he and his wife, they own a box or white box truck. It's got over 300,000 miles on it. And they go to Gleaners, they go to Midwest Food Bank. And they are addressing one of the areas highlighted in the report where it relates to food and security. They pick up these boxes., they don't literally pick the boxes, but they have books at Gleaners and Midwest Food Bank and others that will low. They're big truck with all these boxes of fresh produce and canned goods and bread and milk. And they bring this back to their home. And they park it in their driveway. They have a sign in their yard that says free food. People line up, drive up in their cars, get out and pick up a box. And a couple of weeks ago when I was over there, it was even a Sherriff’s band in the line to pick up boxes of food they would want to take to older residents who did not have access to get out. And he's not associated with an institution. And I think when we looked at solutions, I'm a big believer in mobile food markets and addressing and getting into neighborhoods. But here he is seeing a need. And when you talk to him, he'll just say, I was given this to do, and so I'm doing it. I just think that he is resilient, and he uses his team they help unload that big truck and they put all these boxes on a table in their driveway. It's just amazing to see how older adults are still using those gifts and talents that they have. And I think we need to begin to ask, not everybody doesn't like being older. But there are lots of gifts, and the talents that we need that to continue to have conversations with older adults about what brings them joy and what makes them happy so we can continue to keep them engaged, those that are able to. So, I thought I'd share that.

Speaker: Brittani Howell

I think that's the third time I've heard that story from you, Annie, and I love it so much. Brother David sounds amazing. I was wondering about your thoughts for people who are kind of stepping up to fill these gaps in their community, what policies or improvements could be put in place to sort of make it easier for people who want to do that, to do that and to take care of each other in that way?

Speaker: Annie Smith

I don't know about policies, but I tell you improvements can be to help provide them with resources that helps me. This big white box truck has over 300,000 miles and is barely running. And I know that it needs some repairs. And just this week, for the first time, one of our neighbors, a resident who has power connected Brother David with Summit School. And for the first time, the school now has a pantry located to serve families where those boxes are being distributed. So, let's look at how can we support that effort. And in bring alongside of brother David and his wife Tikka to make that more accessible for others. And I just imagine there are probably other Brother Davids in our community that are doing things that are just stepping out there because they see a need. So yeah, let us do some more research and find out and highlight those individuals that are doing that. I thought I had when it came to looking at financial stability. And I'll share this because my mother's a prime example of not knowing the technology today. She had never had a computer, could not begin to know how to fill out an online application for anything. And she was 65 by when we as a family, put a computer in her house because she wanted to learn. And at that time, the Flanner House had a library. And they had young people over there teaching computer classes and working with the older adult population to help them learn how to utilize a computer. Well, in a few years, she was making her own greeting cards. Her greeting cards and back almost it made especially by Margaret. And I mean, she just started and is a novice at using the computer. Now I do work a lot with seniors who do not you care about using or getting to learn how to use a computer. You just have to work; I process applications for assistance when older seniors don't know how to do it. But there are some that, hey, they are savvy, and they want to learn. You can teach them. So, when you look at solutions again, how can our libraries be more open and provide classes for our older adult population to work alongside those that can have access to get there and have that passion to want to learn how to do it.

Speaker: Carolyn Watts

Well, one of the things I wanted to say is when we started our Quality of Life program, and even in the past, we had individuals who will come from like the Health Department and various others like the Prosecutor’s office. They would come to our neighborhood meetings. Some are combined, neighborhood meetings, others or meetings that are held by individuals. Like Riverside is one, Northwest Planners. We have Northwest Civic, and then we have our community meetings based on Quality of Life. But when those individuals will come, a lot of times, they would have information of people who had received notice that there was dumping on their property. A lot of seniors, even though they live in the house, they are unable to go outside or even view what's going on that property. So, we as a group try to encounter them because a lot of times, if they didn't open that envelope, they didn't realize they had a date that they had to eventually go to court or clean up that property. So, we would try to help them out with that situation, make sure that they were able to get those things taken care of before they were fined. And some of those fines are kind of hefty because if the city comes out and clean it is like $300 or so sometimes that is attached to their property.

Speaker: Brittani Howell

I'd like to continue if you don't mind continuing to talk for just a minute. Something Annie said about the financial side of things, and its importance to you. I was just wondering in your work, how the findings of the report sort of added up with what you've observed and experienced among the families you serve?

Speaker: Carolyn Watts

I've worked a lot of direct service programs, public assistance, that was a lot of times a lot of younger people. But also, when public assistance programs, you encountered grandparents that end up being the caregivers or guardians of their younger relatives, sometimes grandchildren or nieces and nephews that have come into the system a lot of times through Child Protective Services. But also, the money that they receive, a lot of times for that, is not enough to care for those children. So, they have another additional stress with the financial part. We spoke about the inequities that a lot of people have in the beginning. But we're now at this point. And so, there's things that we cannot do to raise their income, but what we can do is to assist them in finding services or things that could help them improve their situations. I've dealt with people in our community, and they did not know. If you had not. I think Ms. Smith mentioned about technology. A lot of people are not hooked up technologically to be able to apply for certain things. And I've spent a lot of time, even after I have retired from my job, helping people complete the applications and they don't know how to answer the questions. So, we used to have the library at Flanner House, but that was moved up to Crooked Creek. So, a lot of people in our community, not just the seniors, no longer have the ability to go to use a computer free or have the Wi-Fi. And phones that they have are limited in the amount of Wi-Fi or ability. I attend a church in my community. We have community outings and have people come over. And when they found out our Wi-Fi number, our Wi-Fi address, and they put it in their phone. We would then have students sitting outside church during a weekday so they could use the Wi-Fi. So, these are things that financially are a burden. I think something else I was talking about is they have financial needs, but they do not know how to get the assistance that they need. And so, as a result this I think everybody needs a case manager. That's one of my things. So, we just need we try to find seniors that are not connected. Some people don't have family or children to help them out. And some people that do come into their lives, they sometimes are not always the best person to assist. That's one of the things that gets into the area, scamming and trying to relieve some of the seniors what resources that they do have.

Speaker: Brittani Howell

Thinking about those connections we know that the challenges that seniors face are often like the intersection or the culmination of a couple of different systems. And those systems don't always necessarily talk very well to each other. Tauhric, you have some experience with this and with a solution that you implemented at then Kalamazoo. I was wondering if you could talk a little bit about your experiences and trying to make a network of support.

Speaker: Tauhric Brown

Thank you, Brittani. In my work, before I came here to CICOA, I was with a similar organization and one of the things that we saw often, and then right, we see it here in Central Indiana as well is those gaps. It's those older adults and people with disabilities possibly falling through the cracks because of where they are in their journey at that particular time, they're not either frail enough to go into a program or maybe have too many assets to go into another program. And so, we spun up a concept that was called senior health partners. And it was a collaborative of five different organizations. A very small hospital out of Battle Creek, Michigan, a YMCA out of Battle Creek, Michigan, a PACE organization that had two locations, Senior Services, which was the organization that I was working at the time. And then we had a couple of transportation providers that were part of it. And the goal was to try and make sure that as people were preparing for their next placement. The example that I'll give is a really good one. With the PACE program, which is the Program of All-inclusive Care for the Elderly. It is a dual model, the model of care for dual eligible individuals that are 60 years of age or older. The way that PACE works is if all of the enrollment information for that participant coming into the program isn't received by the 21st of the current month, they're not able to enter that program the first of the following month, they literally would have to wait an additional 30-day period. And so, we knew that having a gap like that was not going to at least minimally maintain the quality of life that they had. In fact, we knew that their quality of life would probably go down and get worse. And so, these organizations paid an annual fee due amount of $25,000 to be able to address those gaps, service needs, put them in place so that as that individual was awaiting their time to enroll in Ace, that their home care needs were met and paid for, that their nutrition needs were met and paid for, that their transportation needs, that their wellness needs were met and paid for. And so that's just one example of several organizations building a continuum as a community, if you will, to address those gap needs that exist. And again, the same opportunities exist here for us in Central Indiana. It gets to that organizational and community level of the, the social ecological model of inequity, right? It's States leveraging organizations have that courage to say, let's put something together like this that does address many of the gaps that we've seen from this study, right? I mean, we've got the data, we can see where the gaps are. Food insecurity, transportation, awareness of services was a big one for me when I looked through the information. And so again, this is something on the periphery of our regular day-to-day operations in our businesses and organizations. It moves things to a different place, if you will. And really thinking about how we might be able to spend something like that up here in Central Indiana.

Speaker: Brittani Howell

Yeah, I love that. Thank you very much. Talking about gap services, Dr. Merritt, this is probably a question that's more up your alley. Part of the report talks about people who sort of fall into this gap between Medicaid and Medicare coverage. They're too young for one and technically too wealthy for the other, even though they might not be experiencing that. And buried in household expenses. I think the report refer to them as ALICE households. I was just wondering if you could talk a bit about that demographic, whether it falls disproportionately on some people groups more than others and what possible solutions there might be to that. I am so sorry; I just gave you four questions in one?

Speaker: Dr. Breanca Merritt

That's okay, I'll try to address as many parts of that as I can for sure. Now, I think, you know, I think there's a great point in their report about kind of that gap in coverage because, you know, you talk about Medicare, Medicaid specifically, but we also see it with housing programs started 62. I'm in many other types of opportunities where it's not just in the healthcare field, but also many other areas where you might have an opportunity. Same with retirement. You know, your retirement experiences look very different. Depending on what age you want to retire, time, when your job might play out in different time. So, all of that collectively, it's not just one factor related to a social service, but numerous ones that affect your eligibility. And so, I think someone else mentioned earlier just kind of the complex nature of having to navigate those different programs or different policies when technology gets involved, which increasingly is how complicated that is, how when transportation plays a role in getting to a physical location, how complicated that is though, in addition to kind of having those policy gaps, you also have so many other individual level experiences that further complicate that. So, to your point, no, we obviously see a lot of this more with our lower income older adults because you're not only talking about gaps and resources, but gaps and opportunity. Because again, we really kind of relegate our older adults to a certain part of society where we're kind of like, alright, great, you've lived your time. And so much of that focus tends to be on engaging them your populations, which again is valid when we think about longer term, that these folks will be older adults at some point, but also really shortsighted in terms of how we are not really helping older adults navigate that space. I mentioned earlier a little bit about federal policy and how that plays a role and eligibility and other opportunities. But also thinking about what we can really do locally in kind of like I just alluded to, I do think that older adults get a bit of the shaft when we talk about local policy decisions in particular and the fact that a lot of our really innovative funding efforts or toward kids or toward traditional families or single-parent household without considering things like grandparents raising grandchildren, or even, you know, what it means to be a socially isolated individual, older adult. And so, I do think the greatest opportunity could happen at the local level. And especially thinking about local government. Because again, thinking level, the state level, it's very complicated, very fast when you're trying to not just address a broadly defined population, like in this report, 65 and older, but I think a lot of folks 65 and older, creating those gaps and reinforcing them. But especially when we talk about trying to target particular populations within the older adult spectrum. Because then it gets a lot more political in a lot more complicated, I think to really say, yeah, let's do something for older adults who might be immigrants or older adults who might be LGBTQ or Black, et cetera. And so, it gets a lot more complex, whereas at the local level you can get a lot more buy-in, a lot more advocacy and a lot more support. Folks who are on this panel who can really speak and garner a little more engagement on direct change in a way that you can't otherwise.

Speaker: Brittani Howell

We have a question in the chat that is about one of those more federal level solutions. Shannon is asking, how do you see some version of universal medical coverage impacting equity specifically for older adults, current and future?

Speaker: Dr. Breanca Merritt

I mean, I think just like every other policy decision, it really comes down to the implementation of it, right? So, we have something on paper. What does it take? What types of resources are we providing for older adults to navigate that as well as other folks in the population? So, for sure we do know them were universal programs tend to benefit wider segments of the population. But then you also have the question of how we are enabling people to access those systems in a way that's equitable as well. So, I do think that there's definitely the opportunity to be thoughtful on the gap and really fulfilling those services more broadly. But then when making sure that we do that beyond areas of health care, I'm really thinking about how we're supporting people on the ground in addition to legislatively,

Speaker: Brittani Howell

We are winding down on time. So, I would like to end this on a more positive note. Looking at the report, there are a lot of shortfalls that need to be filled. Gaps that need to be met, means that can be addressed. But overall, older people do say that Central Indiana is a good place to grow old. I was just wondering to any of you have any insight as to what makes it a good place to grow old. Why might people be saying this?

Speaker: Annie Smith

What I can share, what my mom or we say in her oldest day. But she always said, "I want the rest of my days to be the best of my days.” And with her saying that, I mean, she made every effort to just live life to the fullest on the days that she had. And I believe with Central Indiana, most adults kind of embrace that. And I know as a senior, I don't classify myself as an older adult. Even though I am an older adult, I like to say I'm seasoned, you know, I've been through layers of, you know, family members and friends and colleagues and It's a great place I think, to raise kids and it's a great place to grow old. And I love that I am 71 and I'm proud to say that. And I love embracing life each day to the fullest.

Speaker: Tauhric Brown

 And Brittani, from, from my perspective here at CICOA. When I arrived here, the thing that became very obvious to me is the spirit of collaboration is at a very high level here. And that's something that we all need. And so, I could see based on many organizations working together thoughtfully with that servant leadership heart, I could see were older adults would say generally an overall, we think that the, the services and access to them here instead central in Central Indiana are relatively good. But but that tells us we can't pause and can't stop, right? We've got to continue to work towards making tomorrow, the next day and the day after better for them. Where we do a lot of things with Indy 100 Network as a member of that collaborative. And it's just been really warm and welcoming to have other CEOs, other COOs and thought leaders reach out to me and say, “Hey Tarik, here's an opportunity.” For us to maybe do something together that does have an impact in the community, in neighborhoods that you all serve. I'm all for that. And so, I would say for those other thought leaders here in Central Indiana that might want to do something, please reach out to us. We definitely have an interest in it.

Speaker: Carolyn Watts

One of the things that will say about the living in Central Indiana, I have lived on the west coast in the Bay Area. And talk about being expensive. I could not wait to get back to Indiana so that I could, you know, my bill to live comfortably on a social service income was a lot better. So those are one of the things that even though I live in a community, why I see people struggling with, I live in a near know what we could citizen near northwest area. Now, it makes a difference in helping people. Making sure if you see something going on, I tell people out, become the old lady I used to talk about when I was younger. But with that, you must if you see people struggling, you need to be able to assist them wherever that cell and connect them to the social service agencies. And I know that's one of the questions someone has. It's been a little difficult and things have gotten behind. But I'll let the FSSA lady I think a name with oh, Miss Merritt, she could address that. I know people had an issue trying to make sure that they continued to receive their services.

Speaker: Dr. Breanca Merritt

I can't speak to individual level experiences. Why do you think that it's something that you're seeing continuously? I'm happy to follow up a little bit more about what that could look like and what is happening at the state level. Also add to that, I think one thing that does make Central Indiana a little different is that we're having forums like this. We were talking about how to actively do something. I think Tauhric mentioned kind of the collaborative nature of what happens here. And I do think that when you have so many stakeholders who are willing to address different issues and folks who maybe didn't know anything about older adult experiences who were on this presentation today, it is a great chance for folks to dig into and figure out how to work to improve opportunities. But I do think and other cities in locations. That really doesn't happen in this way. I do think we have a unique opportunity here to really kind of support CICF and think through more holistically. Who else should be at the table to help get things done?

Speaker: Brittani Howell

Thank you. This is the part of the conversation where I would turn to an audience and said, please give our panelists the hand, but we can't do that over Zoom. I'm just going to have to make up the enthusiasm for everyone else. Thank you all so much for being here and for sharing your expertise. It was such a pleasure to spend some time with you and learning from you today. I'm going to go ahead and turn things over to Tamara Winfrey-Harris, Vice President of Community Leadership and Effective Philanthropy for the Central Indiana Community Foundation. Tamara, you would like to close this out.

Speaker: Tamara Winfrey-Harris

Hello. Thank you so much to the panelists and for everyone for joining us today for this presentation and this really rich discussion about equity and aging in Central Indiana. Seniors are an invaluable resource to our society. They provide wisdom and guidance and are often the first people to step up to help their neighbors. As the population ages, our community must be committed to providing our elder neighbors with the support they need to thrive and continue to contribute there are numerous gifts. So Central Indiana Community Foundation’s mission is to mobilize people, ideas and investments to make this a community where all individuals have equitable opportunity to reach their full potential, no matter their place, race, or identity. And the State of Aging Report and its focus on equity is part of that mission which extends not only to Central Indiana Senior Fund, but to our affiliates including the Indianapolis Foundation, Hamilton County Community Foundation, and funds including the Women's Fund of Central Indiana. I want to congratulate Central Indiana Senior Fund for being the impetus behind the State of Aging Report and for committing to using this critical knowledge to make impactful grants for seniors. And I want you to know that the information in this report will be shared with CICF, affiliates, funds, partners, stakeholders and organizations, agencies, and funders throughout the region. So, we can all make better and more equitable decisions, including and about our senior neighbors. You should know Central Indiana SR funds 2021 grant-making process is now open through June 30th. And lookout for an information session coming up on May 20th. And you can find out more at CICF.org. And thank you very much and I'll turn it back over to Gail.

Speaker: Gail Thomas Strong

Thank you so much, camera and thank you to everyone who helped us learn today. I especially want to echo Brittani's thanks to Taurhic, Breanca, Annie and Carolyn, for the insights that you've provided, you've gotten a glimpse and we encourage you to dig deeper. Read the report, be in conversation about what you've learned with neighbors, colleagues, boards, congregations, and program planners. Recall the generational effects of inequity, find and create connections to strengthen policy and practice for older adults. And lastly, make plans for you to join us on August 25th. We thank you so very much for your time today. We'll see you August 25th where we'll explore life expectancy. But in the meantime, you have lots of great reports and lots of great resources to explore. Our thanks.