# STATE OF AGING IN CENTRAL INDIANA

CENTRAL INDIANA SENIOR FUND
A CICF FUND

December 2022

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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.[1] By the year 2030, one in every five Hoosiers will be over the age of 65.[2] 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 age, gender, income, sexual orientation and others—exists across multiple systems.[3] 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).

SoA 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 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.

# 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 premier source of data related to aging in Central Indiana. This report, along with the accompanying interactive online portal and issue briefs, is intended to inform policy at 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 data about the older adult population, including their demographics, basic needs, health and wellness, and challenges to aging in place. To validate the secondary data findings, Polis engaged multiple research partners to conduct key informant interviews and focus groups with service providers and policymakers throughout Central Indiana. Throughout this report, equity issues are interpreted 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 social-ecological model was used to highlight inequities from the individual level to the community and policy levels.

## FINDINGS:

### DEMOGRAPHICS

The size of the older adult population (55 years and older) in Central Indiana is increasing at a rate six times greater than the population under 55. Older adults of color now make up 18% of the older adult population.

### BASIC NEEDS

During the pandemic, the poverty rate fell for all populations, including older adults, as government cash relief was provided to supplement household incomes. In 2021, poverty rates rose again for older adults as relief programs expired. Poverty is still lower than before the pandemic. Despite this improvement, many

older adults still face challenges affording basic needs, with housing and healthcare being the costliest. While food security has improved in recent years, one in 10 older adults still faces food insecurity.

## LIVING IN THE COMMUNITY

While older adults in Central Indiana generally report that their communities are good places to grow older, many face challenges related to remaining in their own homes. Providers face difficulties accessing older adults who need assistance. Additionally, one in three older adults feels lonely and isolated.

## HEALTH AND WELLNESS

COVID-19 was the third leading cause of death in Central Indiana in 2020. The pandemic led to increased mortality, contributed to excess deaths from other diseases, and increased the inequity between Black and White death rates. 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. 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 reports 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.

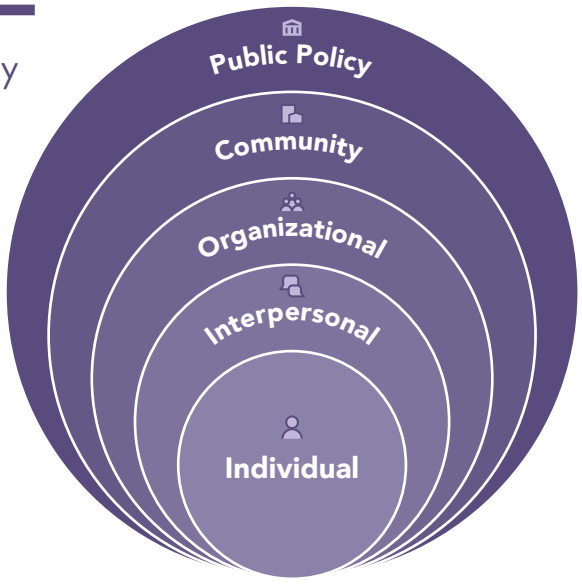
Systemic or institutional racism includes racist activities that move beyond individual-level actions and are embedded into organizational or societal practices. We focus on systemic inequity, which includes systemic racism, as well as biases against gender, income, sexual orientation, and others that exist across multiple systems. These practices are difficult to overcome without the support and influence of external entities, funds, and attention. 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.[4] 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.[5, 6, 7] 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.

Source: Adapted from the University of Washington School of Medicine[8] and Heise et al.[9]

## Social Ecological Model of Inequity

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**: This level engages 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 in communities because they often lack individual control over the ability to access transportation, safe sidewalks, or food. This 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 other levels, as it refers to 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 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:

- Our 2022 update shows long-term trends continue: The older adult population grew by 12,000 from the previous data year and became slightly more diverse. Older adults of color increased by 4,300 and now make up 18% of the older adult population.
- The older adult population is increasing at over five times the rate of the younger population.
- More than one third of older adults live alone.
- Older adults of color are almost three times more likely to experience poverty compared to White older adults.

# 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 experienced significant increases in income between 2015 and 2020.
- Overall, one in 12 older adults experiences poverty, with poverty rates similar between older adults in Central Indiana and Indiana as a whole.
- The supplemental poverty rate, an alternative measure of poverty, has previously shown similar poverty levels among older adults and children. Nationally in 2021, poverty rates fell dramatatically for children as the Child Tax Credit was expanded, while poverty rates rose for older adults as pandemic cash relief programs expired. National supplemental poverty rates are still lower than before the pandemic.
- In general, Central Indiana is similar to Indiana as a whole in many measures of financial stability, but there are some notable differences, such as a greater percent of older adults in Central Indiana paying over 30% of their income on housing costs.
- **Equity Highlight:** On average, 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:

- 12.9% of Central Indiana residents age 50-59 were food insecure in 2020. This remained steady even as the national rate declined since 2018.
- 8.6% of Central Indiana residents age 60 and older were food insecure in 2020. This declined since 2018.
- According to older adults and service providers, the chief barriers to food access and security are transportation and money.

- Ten percent of Central Indiana older adults live in a food desert. The rate is highest in Marion and Shelby Counties.
- **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 adult renters in Central Indiana are burdened by housing costs, paying more than 30% of their income toward housing.
- In Central Indiana, while 24% of White older adult households (owners and renters) are housing cost burdened, that rate is 43% among Black households.
- The housing cost burden rate for Latinx older adults improved from 36% in 2015 to 26% in 2020 in Central Indiana.
- Twenty-two percent of Central Indiana's older adult households rent. The other 78% own their home. Among those homeowners, 41% have paid off their mortgage.
- One third of Marion County adults experiencing homelessness are age 50 and older. This represents a six point decrease in the share of homeless individuals that are aged 50 or older since 2021.
- The number of Marion County residents aged 62 or older experiencing homelessness declined by 30% between 2021 and 2022, the largest drop in six years.
- **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, resources, and social supports. 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 ten adults age 65 and older experiences abuse each year, and this is likely underreported.
- Older adults report increases in fraud and scams, which make them feel less safe.
- Compared to 2017, more older adults are concerned about "being the victim of a crime," but also feel more positively about safety in their own community.
- In 2021, 2.9% of older adults in Central Indiana were victims of fraud, property crime, or violent crime.
- **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, approximately 76,000 people age 65 or older live too far away from an IndyGo stop to likely use transit. That represents nearly two thirds of people age 65 or older in Indianapolis.
- Less than one in five 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.
- IndyGo plans to improve service through its future service plan (2023-2027). This will likely help older adults who live along pre-existing routes.
- **Equity Highlight:** Older adults in rural areas have less access to transportation options, due to lack of resources for rural transportation systems, the inherent challenge of providing public transportation in rural 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:

- Many older adults report difficulty maintaining their homes, both inside and out.
- Only one quarter of older adults say information is available about services to assist them with remaining in their homes and communities as they age.
- Most older adults in Central Indiana believe their communities are a good place to live, but 16% do not. Older adults feel positively about ease of driving and travel, neutral about ease of walking and access to food, and negatively about built environment issues. Built environment issues include housing costs, availability, and accessibility, transit, public spaces, and their access to mixed-use neighborhoods.
- The Indiana Family and Social Services Administration (FSSA) is implementing reforms to the administration of long-term care under Medicaid with a goal to lower costs per person and deliver more care and services at home. Twenty-five other states have implemented

similar reforms, called managed long-term services and supports (mLTSS) programs.

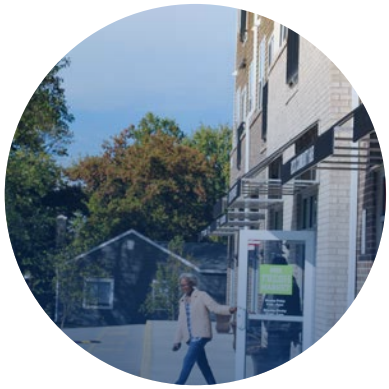
- **Equity Highlight:** Black and other older adults of color experience greater barriers to aging in place than do their White peers. This occurs because of higher prevalence in disabilities among people of color, greater likelihood of living with extended family, lower homeownership rates and lower 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:

- Using an index, we estimate social isolation among older adults is highest in Indianapolis neighborhoods on the Eastside, Riverside, and Haughville. In suburban counties, the Social Isolation Index is highest near the center of towns and cities.
- About half of older adults report having opportunities to participate in community matters, while 14% report having used a senior center in their community.
- More older adults in Central Indiana report feelings of loneliness or social isolation—39% in 2021 compared to 33% in 2017
- 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.
- **Equity Highlight**: Older adults who experience poverty are more likely to experience social isolation. This is often due to 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, and notable changes and disparities in their health outcomes.

Key Findings:

- COVID-19 was the third leading cause of death in Central Indiana in 2020. The pandemic led to increased mortality, contributed to excess deaths from other diseases, and increased the inequity between Black and White death rates.
- 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 is the fourth leading cause of death among those age 85 and older. COVID-19 is the second leading cause of death for this group.
- 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. Blacks older adults are disproportionately affected by deaths from drug overdose 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.

## 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:

- Most older adults in Central Indiana feel preventative and physical health care is broadly available, but the share who have problems affording health care is on the rise, according to a 2021 survey.
- Providers identify falls, mental health, 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. Medicaid reforms in Indiana could expand access to these services.
- Low-income and other vulnerable Medicare recipients in Central Indiana visit hospitals and emergency rooms more frequently than other Medicare recipients.
- Indiana's ratio of residents to physicians improved by 20% between 2016 and 2021, but rural areas are still lacking health care providers.
- **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, risks, and associated resources.

Key findings:

- Four out of five older adults in Central Indiana report assisting a friend, relative, or neighbor.
- One third of older adults provide care to someone age 55 or older.
- As many as one fifth of older adults in Central Indiana are physically, emotionally or financially burdened by caregiving responsibilities, but this has fallen slightly

since 2017. Most adults do not believe support services are available for caregivers.

- Between 2017 and 2021, there was a decline in the share of adults reporting caregiving for other adults in the past week and feeling burdened by caregiving responsibilities.
- A national survey found that caregivers' mental health took a significant toll during the pandemic. Among respondents, at least half reported adverse mental health conditions such as anxiety, depression, or PTSD. Furthermore, around 30% of caregivers considered suicide.
- **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.

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# STATE OF AGING IN CENTRAL INDIANA

CENTRAL INDIANA SENIOR FUND
A CICF FUND

## SECTION 1
# DEMOGRAPHICS

June 2022

The Polis Center
We bring things into perspective.™

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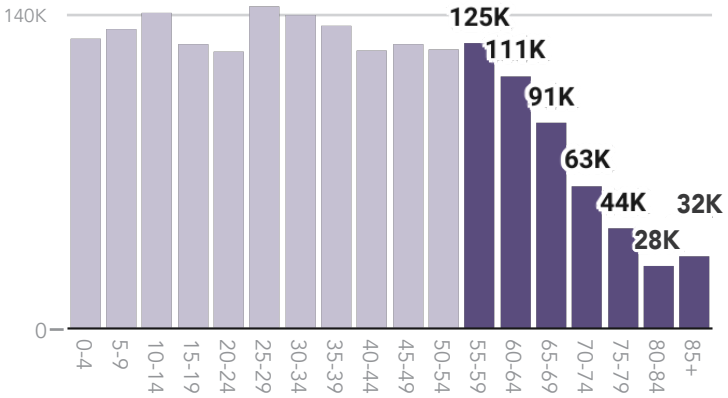
In this report, we refer to three subsets of older adults.
Younger-old: age 55-64
Middle-old: age 65-84
Oldest-old: age 85+

# 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:

- Our 2022 update shows long-term trends continue: The older adult population grew by 12,000 from the previous data year and became slightly more diverse. Older adults of color increased by 4,300 and now make up 18% of the older adult population.
- The older adult population is increasing at over five 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.
- More than one third of older adults live alone.
- Older adults of color are almost three times more likely to experience poverty compared to White older adults.

## CURRENT POPULATION

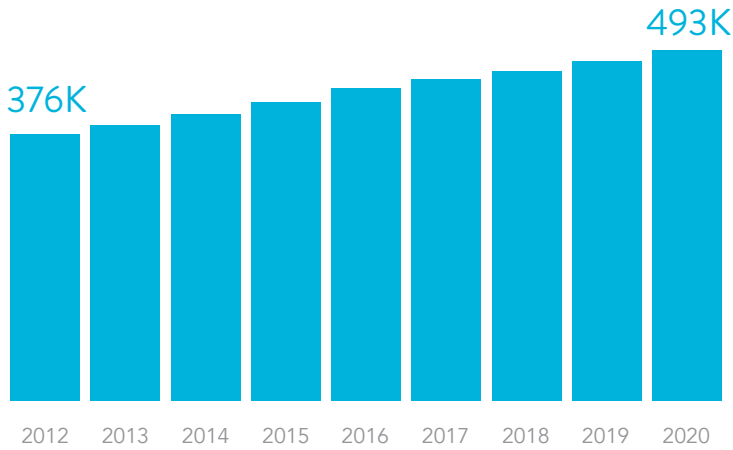



**493,360**

older adults in Central Indiana

26% OF TOTAL POPULATION

## POPULATION TRENDS

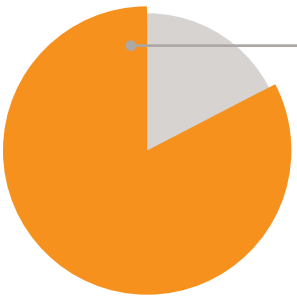



**+117,000**

more older adults since 2012

31% increase, compared to 6% increase in population under 55

## RACE AND ETHNICITY



**82%**

of older adults are White, compared to 67% of population under 55

**87,100**

older adults of color in Central Indiana

Latinx **11,100**

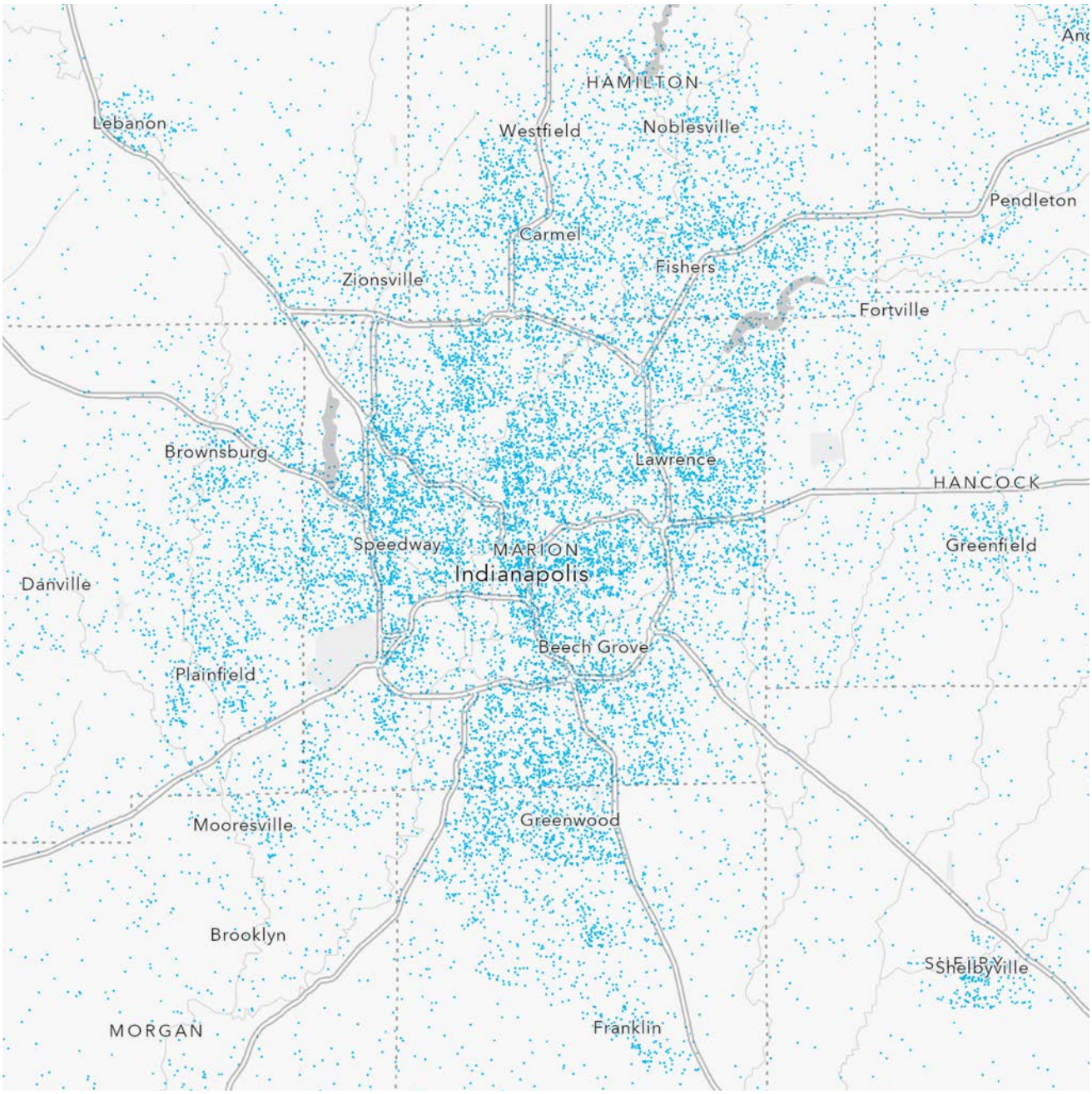
Other or multiple races **15,500**

Black **60,400**

Sources: PUMS, American Community Survey, 2016-2020

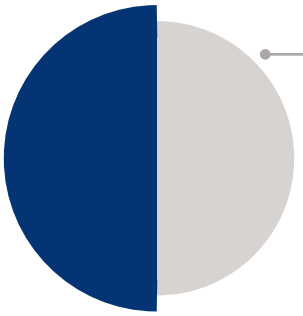
# LOCATION OF OLDER ADULTS IN CENTRAL INDIANA

▪ = 100 people age 55+




Source: American Community Survey 2016-2020 5-Year Average

## HOUSEHOLDS AND FAMILIES

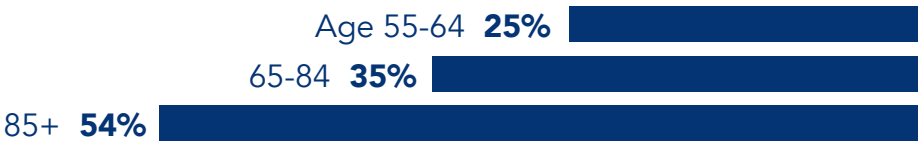


**50%**

of households with older adults are married, but only 24% of those 85 and older are married

**36%**

of older adults live alone, which increases with age




**5.0%**

OF HOUSEHOLDS WITH AN ADULT 55+ LIVE WITH THEIR GRANDCHILDREN

3.9% WHITE HOUSEHOLDERS LIVE WITH GRANDCHILDREN

8.6% BLACK HOUSEHOLDERS LIVE WITH GRANDCHILDREN

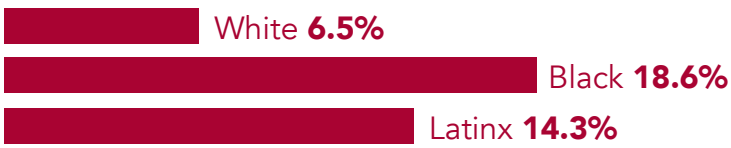
15.0% LATINX HOUSEHOLDERS LIVE WITH GRANDCHILDREN

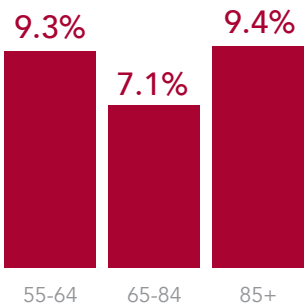
## INCOME AND POVERTY

**8.3%**

OF OLDER ADULTS EXPERIENCE POVERTY

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




The poverty rate is lowest for middle-old age groups.

Source: PUMS, American Community Survey, 2016-2020

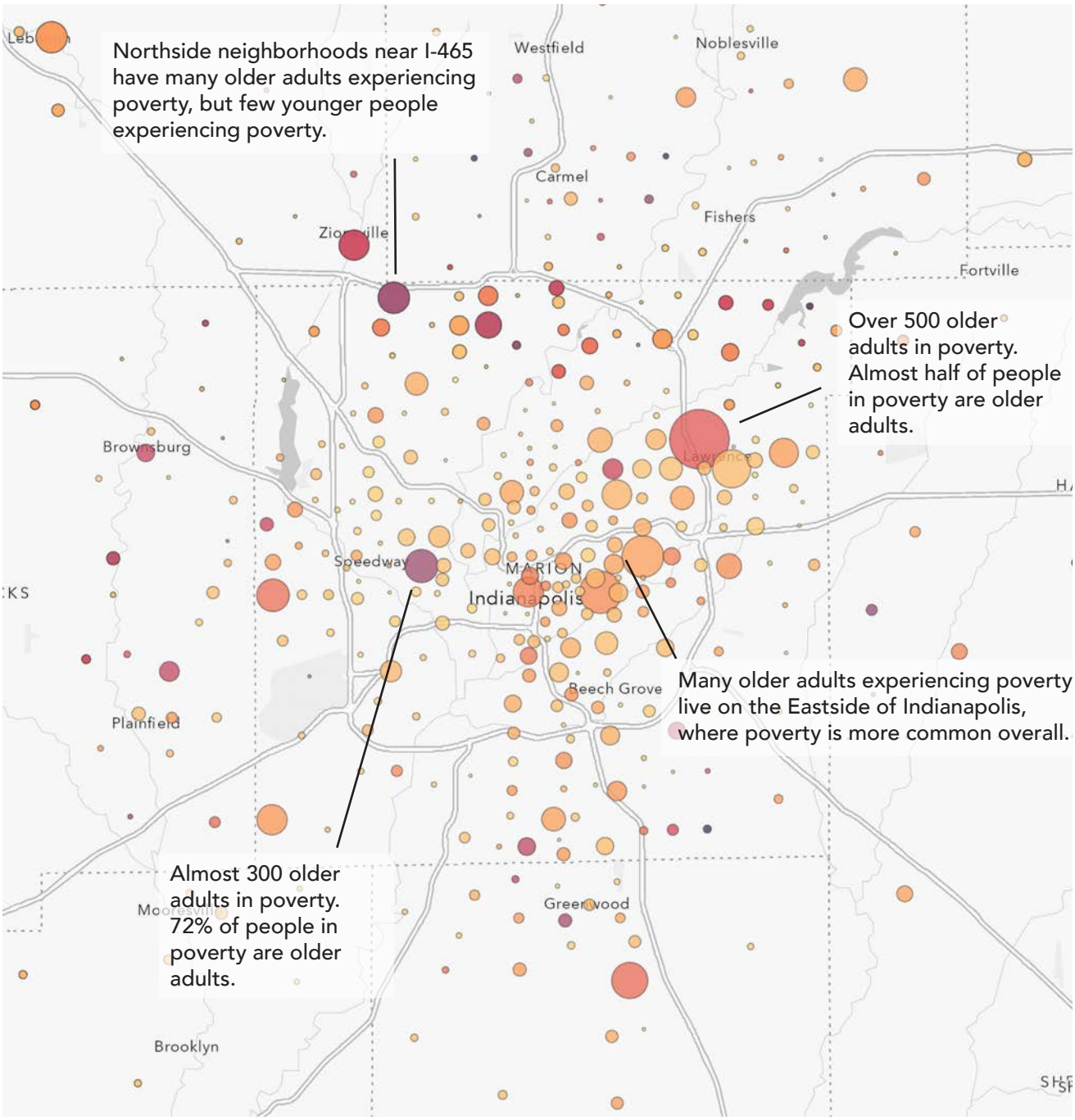
## CONCENTRATION OF OLDER ADULTS EXPERIENCING POVERTY

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

• 1 ○ 100 ◯ 250 ◯ 500 older adults experiencing poverty

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

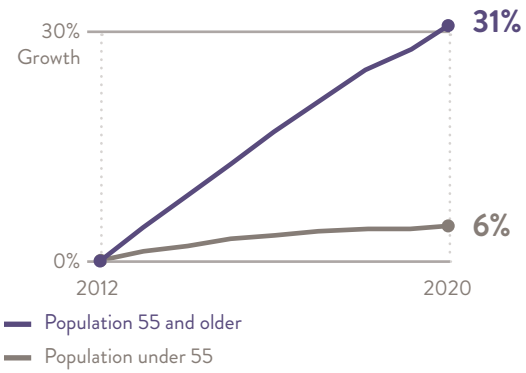
0% of people in poverty are age 60+ | 50% | 100%




Source: American Community Survey 2016-2020 5-Year Average

## 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 2016-2020 five-year estimates

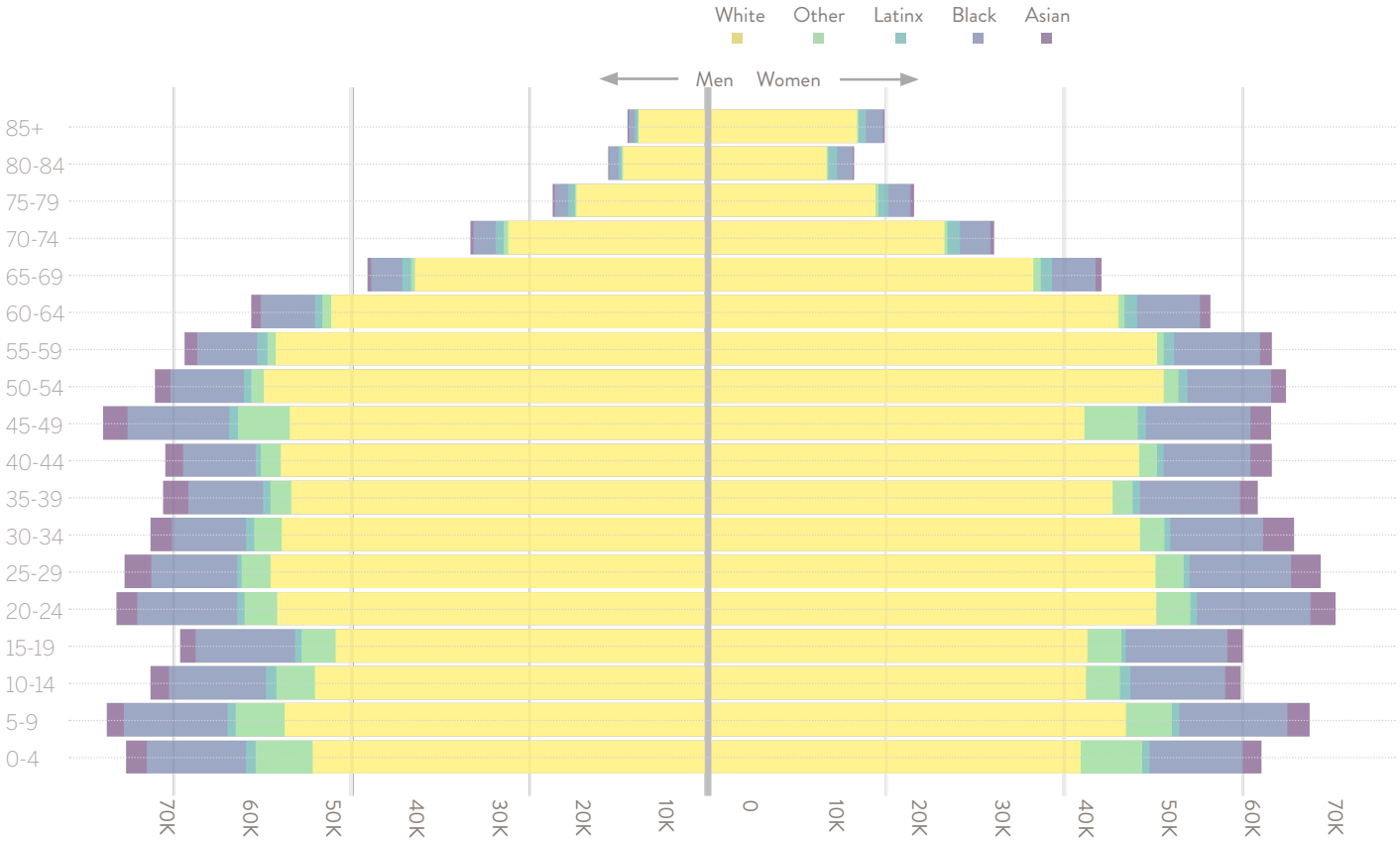
# DEMOGRAPHICS

As the Baby Boomer's age, the older adult population in Central Indiana increased by 31% between 2012 and 2020. In contrast, the population under age 55 increased by 6%. Population increases were significant for all age groups. This is typical in decennial census year, as results from the census inform estimates in the American Community Survey. As of 2020, older adults were one quarter (26%) of the Central Indiana population, which is slightly lower than for the state as a whole (29%). The oldest-old age group, those age 85 and older, are 2% of the population in Central Indiana. The younger-old (55 to 64 years) and the middle-old (65 to 84 years) age groups each make up 12% of the population.

While older adults in Central Indiana are more diverse than the rest of the state, the majority (82%) 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



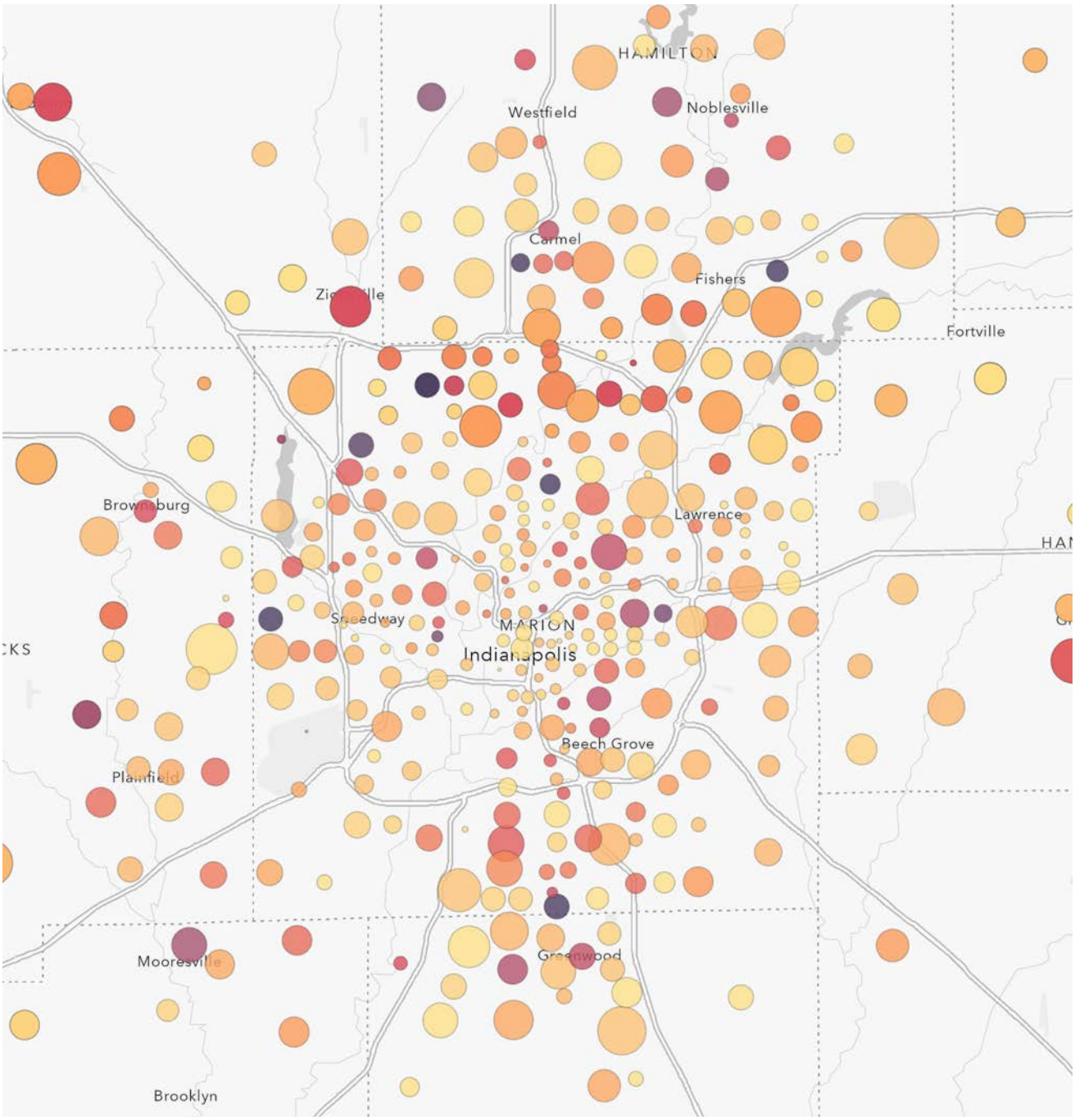
## DISTRIBUTION OF OLDER ADULTS BY POPULATION SIZE AND AGE

Larger bubbles represent census tracts with more older adults.

500 1,000 2,000 older adults

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

0% of older adults are 85+ 10% 20%




Source: American Community Survey 2016-2020 5-Year Average

## OLDER ADULT HOUSEHOLDS

Age, race, and ethnicity relate strongly to the kinds of households and families in which older adults live. As householders age, 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.

More than one third (36%) 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 (54%) compared to the middle-old (35%) and younger-old (25%). Black older adult households are more likely to consist of those living alone (45%) compared to Latinx older adult households (28%) and White older adult households (34%).

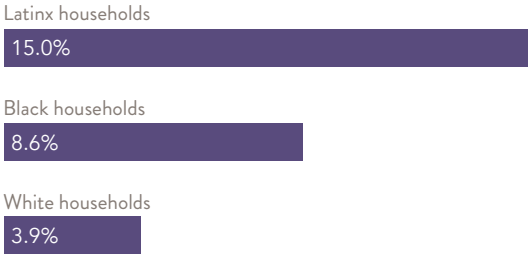
Younger-old and middle-old households are much more likely to be currently married (43% and 36% respectively), compared to the oldest-old, of which only 19% are married. Black older adults are the least likely to be married (23%), compared to Latinx older adults (40%) and White older adults (35%). Among all older adults in Central Indiana, over one third (32%) are divorced, separated or widowed.

Five percent of older adults live in households with their grandchildren. This rate is highest for the younger-old (5.7%) and lowest for the oldest-old (2.6%). A larger share of Latinx older adults live with their grandchildren (15.0%), while this rate is 8.6% and 3.9% for Black and White older adults, respectively.

Differences between these rates and the 2021 State of Aging Report are attributable to methodology changes. The 2021 and 2022 reports are not comparable for statistics about marriage rates, living alone, or living with grandchildren.

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

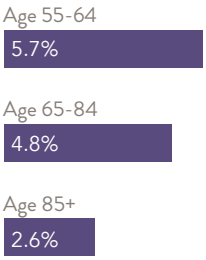
Percent of adults age 55+ who live in the same household as their grandchildren




Source: PUMS, ACS 2016-2020 five-year estimates

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

Percent of adults in each age group living with their grandchildren




Source: PUMS, ACS 2016-2020 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

CENTRAL INDIANA SENIOR FUND
A CICF FUND

## SECTION 2

# FINANCIAL STABILITY

November 2022

The Polis Center
We bring things into perspective.

INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE

SAVI

Regenstrief Institute
Center for Aging Research

Persona

## PATRICIA

68 years old

Works at local library branch

Retired office manager

Patricia is a single, 68-year-old Latina woman living on the west side of Indianapolis. The majority of her income comes from Social Security benefits, which she supplements with part-time work as a checkout assistant at a neighborhood library—a job she found after retiring from her position as the office manager at her church two years ago. Her total annual income is $31,000. Her rent is $800 a month for the apartment that she moved into after her husband of 40 years died several years ago—which means that housing costs consume about 31 percent of her income (or slightly more than the recommended limit of 30 percent). Patricia has about $75,000 in retirement savings, and her car is 10-years old. The car is paid off, but increasingly frequent and unpredictable repair costs are a financial burden and a significant source of stress. Selling it, however, would mean relying on public transit, rides from friends, and walking.

In addition to housing, transportation, and food, Patricia's major expenses include utilities, clothing, and household upkeep. She also believes in tithing (i.e., giving a percentage of her income) to her church. She is in relatively good health and receives Medicare benefits, but she covers some of the cost of the prescription drug she takes for high blood pressure. Although Patricia's income is more than $4,000 above the ALICE "survival budget" of $26,700—i.e., the estimated income needed to meet basic needs for a person in her demographic group—she struggles to make ends meet and feels the pinch especially

Personas are sketches of fictional people that represent real challenges and circumstances highlighted in this report. They are a useful way to imagine how these statistics impact the lives of individuals and families.

during the holiday season. She likes to splurge on gifts for her children and grandchildren at Christmas. But two new tires for her car depleted all the money she had budgeted for gifts last year, which forced her to reduce her spending and dip into savings. Given her relatively low retirement nest egg—and the fact that she usually has little to no money left over to add to it—she worries about how she will make ends meet if her car repair, healthcare, and other costs increase. An added worry is that her current spending levels depend on her part-time job as a library assistant. If and when she can no longer earn that supplemental income, it will likely mean significant lifestyle adjustments—giving up her car, most likely, as well as finding lower-cost housing.

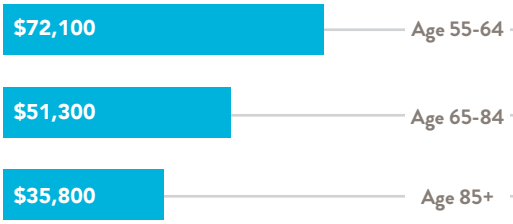
# FINANCIAL STABILITY

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

- All three older adult age groups experienced significant increases in income between 2015 and 2020.
- Overall, one in 12 older adults experiences poverty, with poverty rates similar between older adults in Central Indiana and Indiana as a whole.
- 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.
- Healthcare and housing are the costliest expenses for older adults in Central Indiana.
- Over two in five older adults reported recently experiencing at least some difficulty affording daily expenses or finding affordable health insurance.
- In general, Central Indiana is similar to Indiana as a whole in many measures of financial stability, but there are some notable differences, such as a greater percent of older adults in Central Indiana paying over 30% of their income on housing costs.
- Among older adults (age 55+) in Central Indiana, as age increases, income generally decreases.

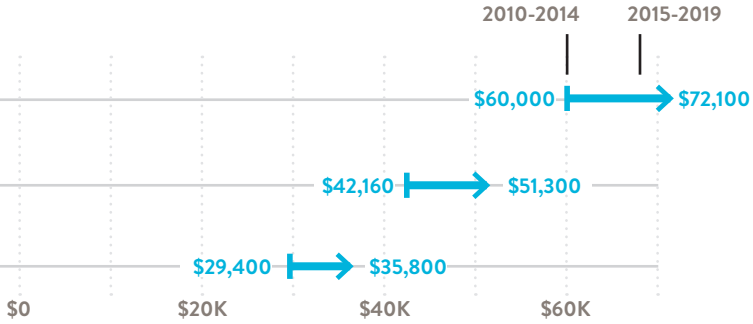
## Income typically decreases as households age.

Median household income for each age group (Central Indiana)




Source: PUMS, ACS 2011-2015 and 2016-2020 five-year estimates

## Income has increased across all older adult age groups in Central Indiana since 2015

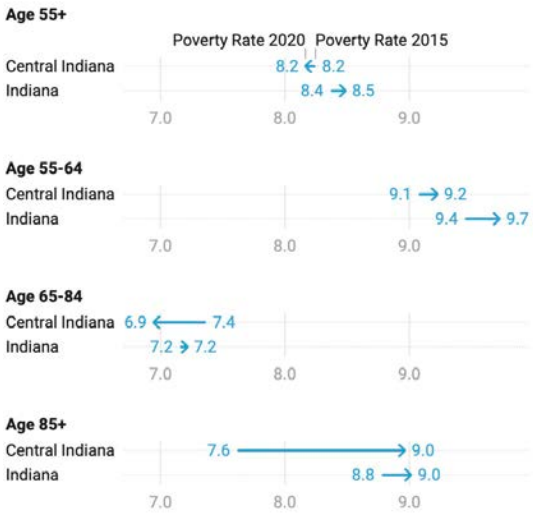



*Are increase in income keeping up with inflation?*

The latest income data we have is from surveys taken between 2016 and 2020, well before inflation reached high levels. We will have to wait until the end of 2023 to see this data about 2022.

## Poverty in Central Indiana older adults is similar to that in Indiana, and has changed little since 2015—largely within margin of error.

Changes in poverty rate from 2015-2020




Source: ACS 5YR Survey 2015, 2020 • Get the data • Created with Datawrapper

## 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.[1] [2] Among older adults in Central Indiana, median household income varies by age group – as age increases, income generally decreases. In 2020, the median household income of younger-old adults was $72,100.[3] Upon approximate retirement age, that income declines to $51,300 for the middle-old. A further decrease occurs when the older adult population reaches age 85 and older, when median household income declines to $35,800.[4] [5]

Overall, between 2015 and 2020, the median household income of older adults (55+) in Central Indiana increased, from about $47,000 to $57,000. All three age groups experienced significant gains in median household income between 2015 and 2020. However, not all populations were equally impacted by these gains. For example, while White older adult households achieved significant increases in median income from 2015-2020, the income gains experienced in Black and Latinx households were not statistically significant. Thus, while Black and Latinx older adults had greater median incomes in 2020, it is difficult to discern how real the actual increases in income were.

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 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.[6] The supplemental poverty measure has been consistently higher than the official poverty measure for older adults (age 65 and older) across the U.S. Until 2020, there was almost a four point gap between the supplemental and official poverty measures. In 2020 and 2021, that difference shrank to less than one percentage point, due in part to federally-enacted pandemic relief policies.

Specifically, nationwide, the supplemental poverty rate fell significantly for all ages in 2020. Households were supported by cash assistance during the pandemic, and this reduced poverty levels. In 2021, the expanded Child Tax Credit in the American Recovery Plan Act reduced child poverty by about half. Working age adults also benefitted from the Child Tax Credit payments. The poverty rate among older adults rose, however, as their pandemic benefits expired. Still, poverty levels were lower for older adults in 2021 compared to pre-pandemic levels.

Focus groups of older adults reported experiencing poverty throughout their lives and continuing to lack financial stability, despite years of employment.[7]

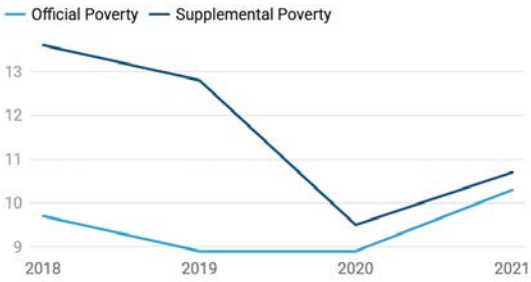
Key informant service providers discussed difficulty and low success rates employing those who continue to experience poverty.[8] This suggests that if poverty rates are high among younger-old adults while many are still employed, they may not be able to improve their incomes when or if they retire.

In Central Indiana, according to the official poverty measure, gender disparities also exist among older adults experiencing poverty. Older women (55+) experienced higher poverty rates than older men in 2020, at 8.8% versus 7.4%, respectively. This disparity exists throughout Indiana as well, where the poverty rate is 9.4% for older women and 7.4% for older men.

There also are stark racial disproportionalities among older adults experiencing poverty. According to the official

## Supplemental Poverty in older adults is greater than the official poverty measure.

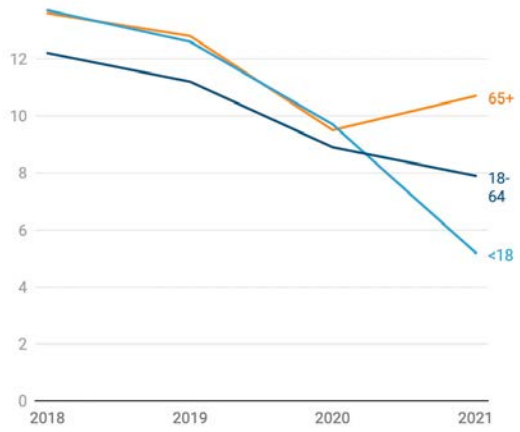
Older adults (65+) in poverty within the U.S.




Source: ACS • Get the data • Created with Datawrapper

## Nationally, supplementary poverty rates increased among people age 65+ between 2020 and 2021.

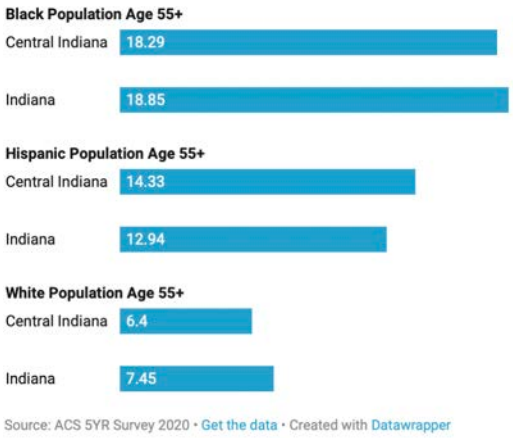
Supplementary Poverty Measure, in percent, within the U.S.




Source: ACS • Get the data • Created with Datawrapper

## Poverty rate is 12% higher among the Black older adult population in Central Indiana, and 11% higher than the Black older adult population in Indiana.

Poverty rate for individuals age 55 or older by race, 2020




poverty measure, between 2016 and 2020, the poverty rate among all older adults (55+) in Central Indiana was 8.2%. However, Black older adults (18.3%) and Latinx older adults (14.3%) experienced significantly greater poverty rates than White older adults (6.4%). These trends were persistent across all of Indiana as well, with Hispanic older adults experiencing a greater estimated poverty rate in Central Indiana than Indiana, but within margin of error of the estimation. Additionally, Black and Latinx older adults are more likely to be housing-cost burdened than White older adults, although the gap is much narrower between Latinx and White older adults, within margin of error. These trends also hold true throughout Indiana as a whole. Households are housing-cost burdened when they spend more than 30% of their income on housing-related costs.[9] 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.

## DISPARITIES IN INCOMES AND WEALTH

### *ORGANIZATIONAL FACTORS*

*Black workers are paid less than their White counterparts*

The 2021 American Community Survey (one-year average) found that Black workers in Indiana earned 69 cents for every dollar earned by White workers in the state.[10] 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.[11] Because of this disparity in pay and discretionary income, it is difficult for Black adults to save and accumulate wealth over their lifetimes.[12]

*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.[13] Social Security is the only source of income for roughly one third of American Black older adults, compared to 18% of White older adults.[14]

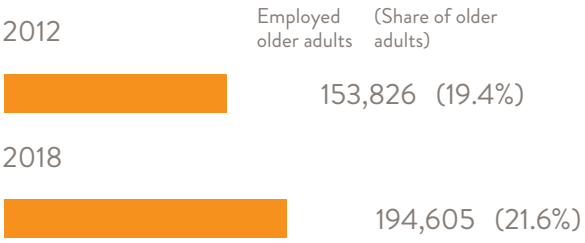
### *COMMUNITY FACTORS: BLACK ADULTS ARE LESS LIKELY TO OWN THEIR HOMES*

In the United States, homeownership is an important avenue for building wealth.[15] 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.[16] 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.[17] 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).[18]

### *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.[19]

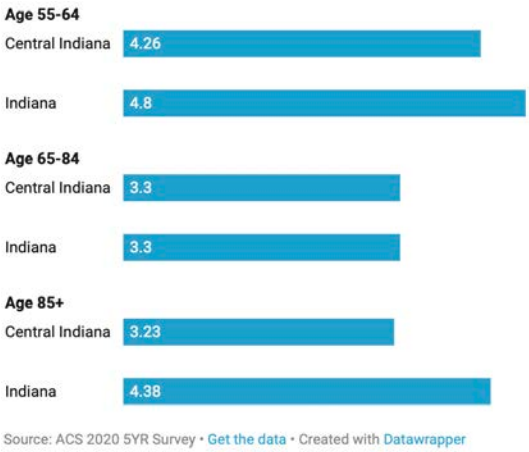
## One fifth of workers are older adults.




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

## The percentage of the population in Central Indiana receiving social security benefits is similar to Indiana as a whole, with some subtle differences in several age groups

Percent of the population receiving supplemental security Income (SSI) as a % of the age group population




Source: ACS 2020 5YR Survey • Get the data • Created with Datawrapper

# 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.[20] 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.[21]

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.[22]

## *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 2020, 52% of older adults in Central Indiana received social security benefits, four percentage points fewer than the state.[23] Among the younger-old in Central Indiana, 15% are receiving social security benefits; this number increases to 86% for the middle-old, and 92% 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.[24] Like the state of Indiana, in 2020, 3.8% of older adults

in Central Indiana received SSI benefits, in comparison to 4.1% statewide.[25] The proportion of younger-old who receive SSI (4.3%) in Central Indiana is slightly higher than the middle-old and the oldest-old (3.3% and 3.2%, 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 $841 per individual and $1,261 per couple in 2022, which has the effect of eliminating the SSI benefits for some retirement-age adults.[26]

## 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

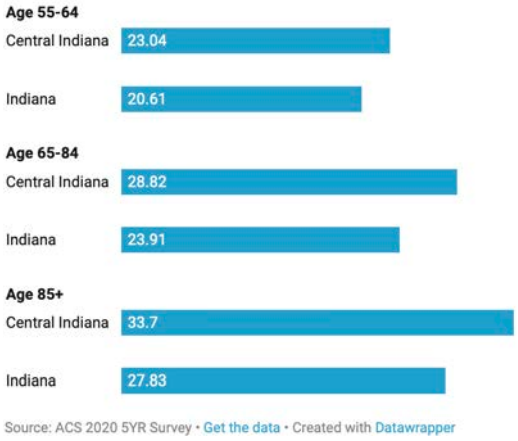
| | Central Indiana | Counties | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Boone | Hamilton | Hancock | Hendricks | Johnson | Marion | Morgan | Shelby |
| ALICE Rate | 37% | 36% | 34% | 36% | 33% | 36% | 39% | 32% | 38% |
| Poverty Rate | 9% | 4% | 6% | 6% | 5% | 7% | 11% | 7% | 9%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

Source: United for ALICE 2020

In Central Indiana, a greater proportion of older adults pay more than 30% of their income on housing costs compared to the rest of Indiana.

The oldest old (85+) are most likely to be paying more than 30% of their income towards housing.

Percent of total households spending more than 30% of income on housing costs, by age group




## 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.[27]

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.

## 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.[28] In 2020, 23% of the younger-old were housing cost-burdened, as were 29% of the middle-old and 34% of the oldest-old.[29] For older adults overall, this represents a modest decline since 2014, dropping from 29% to 27% in Central Indiana. Eleven percent of the younger-old were severely housing-cost burdened, as were 12% of the middle-old and 34% of the oldest-old. The overall proportion of older adult households who are severely housing-cost burdened changed little from 2015 to 2020. For more on housing costs and challenges affecting older adults, please refer to the Housing section of this report.

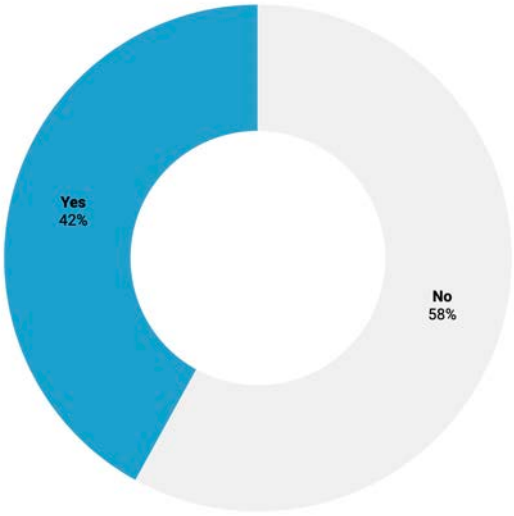
## NEEDS FACED BY OLDER ADULTS

In Central Indiana, over two in five (41%) 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 nine percentage points since 2017.[30, 31] 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.[32] 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.[33]

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

### Four out of ten older adults (aged 60+) in Central Indiana report some sort of difficulty with meeting daily financial needs.

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




Source: CASOA, 2021 • Get the data • Created with Datawrapper

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 two-fifths (42%) report that having enough money to meet daily expenses was at least a minor problem during the previous year, up 6% from 2017, with similar difficulties noted statewide.[34, 35] For further discussion of housing, transportation, and food issues for older adults in Central Indiana, see those respective sections of this report.

## *INFLATION AND FIXED INCOMES*

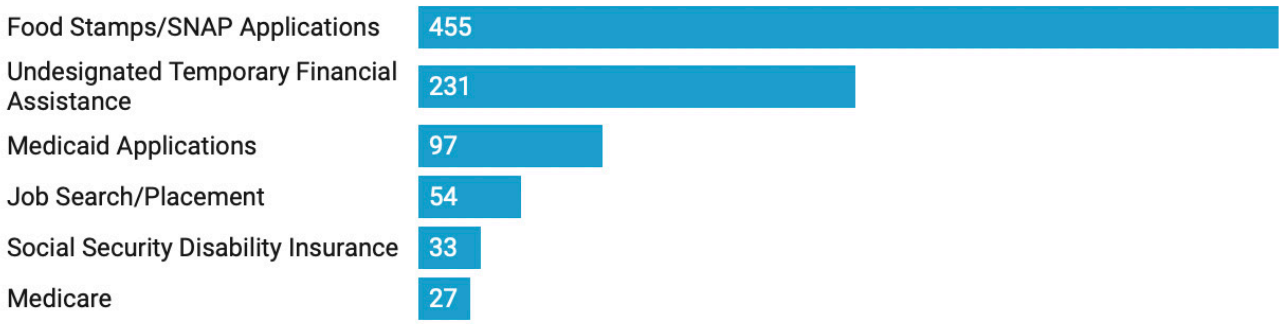
Key informants identified that changes in Medicaid and Supplemental Security Income (SSI) policies have increased the financial instability for older adults relying heavily on fixed income and government assistance programs. When inflation is high, increases in payments tend to lag slightly behind inflation. According to the Social Security Administration, SSI monthly payments of $794 increased by 1.3% from 2020 to 2021, which is consistent with the December 2019 to 2020 inflation rate of 1.4%.[36, 37] However, in 2022, SSI monthly payments to an eligible individual increased to $841, an increase of 5.9% from 2021, while the rate of inflation in 2021 was 7.0%. The SSI monthly payments will increase by 8.7% in 2023, although inflation is currently at 8.2% and still rising in 2022.[38]

## *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. This creates a situation in which older adults increasingly struggle to access employment opportunities which assist with

## Income support 2-1-1 calls in Central Indiana from adults age 60 and over were most often related to Food Stamps/SNAP Applications in 2021

Top income support needs from older adults' calls to Indiana 211 in 2021




Source: Indiana 211

affording basic needs. A survey of Central Indiana adults age 60 and older revealed that in 2021, 35% had at least some difficulty finding work while retired, an increase of 5% from 2017.[39, 40]

### *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 within Central Indiana, there were 1,097 calls to 2-1-1 from adults age 55 and over for the top ten ranked needs of income support.[41] In 2021, for adults age 60 and over within Central Indiana, this number of calls decreased to 948 for the same ten income support related needs. Three of the most frequently requested types of assistance in 2021 were those that specifically target the needs of older adults—Medicaid Applications, Social Security Disability Insurance, and Medicare. These requests for senior services represented a relatively small percentage of calls though. 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.

# 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., "2020" refers to 2016-2020 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.

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8 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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39 National Research Center, "CICOA Aging and In-Home Solutions Full Report," 2017.

40 National Research Center, "State of Indiana Full Report."

41 "Indiana 2-1-1 Needs Data," n.d. Indiana 2-1-1 data analysis is provided by 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

CENTRAL INDIANA SENIOR FUND
A CICF FUND

## SECTION 3
# FOOD INSECURITY

December 2022


The Polis Center
We bring things into perspective.

INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE

SAVI

Regenstrief Institute
Center for Aging Research

Persona

## ESTHER AND RAYMOND

- Early 70s
- Local grocery recently closed
- Managing diabetes

Esther and Raymond are married Black couple living in a neighborhood on the near-northeast side of Indianapolis. Raymond is 72, and Esther is 70. Both are retired. Raymond was a maintenance worker. Esther didn't work outside the home when their children were growing up. Once they moved out, she worked as a program assistant in a nonprofit agency near her home. Esther and Raymond's annual household income is $34,000 all of which comes from Social Security benefits. They have retirement savings of about $40,000.

Two years ago, Esther was diagnosed with diabetes and began taking medications for it. At the time, her doctor also recommended lifestyle and dietary changes to slow the progression of the disease. With Raymond's encouragement, she began walking more and created a meal plan to incorporate more fruits and vegetables into their meals. Lately, however, financial struggles have made it difficult to stick with the plan. One of their children needed help with an unforeseen expense, and a leak in their roof needed required repairs. Then a mechanic told them that their car needs a new transmission and is currently unsafe to drive—but they are postponing the repair work until their financial situation stabilizes. To make ends meet between Social Security checks, Esther and Raymond recently visited the food pantry of a nearby church and received a week's worth of food. It was the first time they had relied on a food pantry.

Personas are sketches of fictional people that represent real challenges and circumstances highlighted in this report. They are a useful way to imagine how these statistics impact the lives of individuals and families.

Several years ago, the chain grocery store they liked to shop at—just two blocks from their home—closed. The nearest grocery is now more than two miles away. It takes about half an hour to reach on public transit. Because of their car situation, they have begun buying food mainly at a local convenience store. The only produce it stocks are bananas and apples. Mostly, Esther and Raymond buy frozen, prepared meals. They can also get a week's worth of food once a month from the church pantry. If their old grocery store were still open, they would walk to it and buy fresh produce. Now, they worry that the lack of access to fresh produce and other nutritious food on a regular basis is putting them on a path toward negative 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+

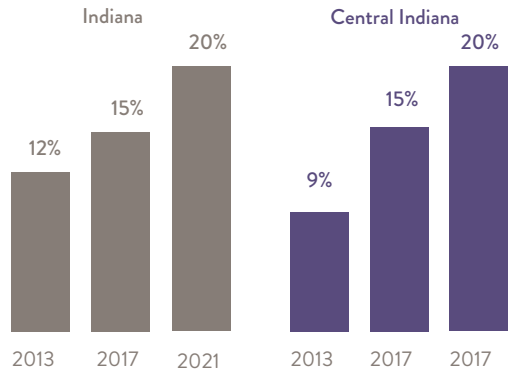
# FOOD INSECURITY

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:

- 12.9% of Central Indiana residents age 50-59 were food insecure in 2020. This remained steady even as the national rate declined since 2018. 8.6% of Central Indiana residents age 60 and older were food insecure in 2020. This declined from 9.9% in 2018.
- According to older adults and service providers, the chief barriers to food access and security are transportation and money.
- Ten percent of Central Indiana older adults live in a food desert. The rate is highest in Marion and Shelby Counties. There are 2,800 fewer Marion County older adults in food deserts in 2021 compared to 2020.
- 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.

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

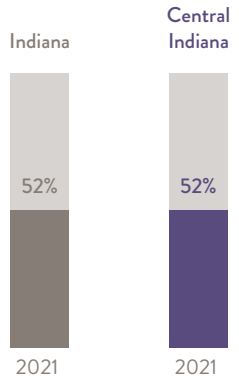
Percent of older adults age 60+ who report at least a minor problem having enough to eat




Source: CASOA

## Half of older adults is challenged to find available and affordable food

Percent of older adults age 60+ who report the availability of affordable food in their community as good or excellent




Source: CASOA

## FOOD INSECURITY AND FOOD ACCESS

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 2021, 10.2% (13.7 million) of U.S. households were food insecure, a significant decline from 2018 (11.1%).[1] This is the fourth year in a row the food insecurity rate dropped below the 2007, pre-recession level. The rate peaked at 15% in 2011.[2] Nationwide, while adults ages 50-59 and age 60 and older experience lower rates of food insecurity (10.4% and 6.8% respectively) than the general public, their food insecurity rates are still greater than in 2007.[3, 4]

One out of 10 older adults age 50 and older in Indianapolis are food insecure.[5, 6] In 2020, the rate of food insecurity in Indianapolis is 12.9% for adults age 50 to 59 and 8.6% for those age 60 and older. Both are higher than for the state of Indiana (10.4% and 6.6% respectively).[7, 8] In Indiana, food insecurity declined for both age groups since 2018, while in Indianapolis the decline was only for the 60 and older age group. Of the 51 national metro areas Feeding America compared, the Indianapolis food insecurity rate for adults 60 and older ranked as the tenth highest in 2020 (compared to sixth highest in 2018), and ninth highest for adults age 50 to 59 (compared to eighteenth highest in 2018).

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.

In 2022, America's Health Rankings Senior Report ranked Indiana as 42nd in the nation for enrollment in the Supplemental Nutrition Assistance Program – only half of adults age 60 and older who experience poverty participate in the program.[9]

Survey responses related to food and nutrition are mixed. In 2021, the share of older adults in Central Indiana who report the availability of affordable, quality food in their communities as excellent or good fell to 52% (compared to 63% in 2017), according to the CASOA survey. Twenty percent of older adults stated that having enough food to eat was at least a minor problem, marking a five percentage point increase since 2017. In 2013, this rate was only 5%.[10]

However, access to healthy food has improved for Central Indiana older adults, especially in Marion County. The number of older residents living in food deserts fell below 48,000, dropping from 10.6% to 10.1% of Central Indiana older adults.

In Marion County, the percent of older adults living in a food desert decreased from 18.1% to 16.9%. Hancock County decreaed from 3.4% to 1.0%, also marking improvement in healthy food access. Marion County's most severe food deserts are located in Mid-North, the northeast side, the Far Eastside, the southwest side, and the southside near Beech Grove.

Counties in the southern part of the region experienced an increase in their population within food deserts. However, this is because as more rural areas urbanize, the definition of food desert becomes stricter. In rural areas, a grocery store within 10 miles is considered close access, while in urban areas that distance is shortened to one mile. With the release of the 2020 census, more census tracts in the southern suburbs were defined as urban. As a result, Shelby County increased from 5.3% of older adults living in a food desert to 13.3%, and Johnson County increased from 4.8% to 7.0%. Within these counties, food deserts tend to be located in the towns and cities of Greenwood, Frankling, Edinburgh, and Shelbyville.

## NEEDS OF OLDER ADULTS

Indiana households experiencing hunger have the option of dialing 2-1-1 to connect with needed services. Between Jan. 1, 2020 and Dec. 4, 2022, there were 3,792 calls to 2-1-1 from Central Indiana adults age 60 and older requesting assistance obtaining food or a meal.[11]

This is a slight increase compared to 2019 (165 calls per month compared to 147 calls per month). Assistance with SNAP applications accounts for the largest increase in specific needs. In 2019, this need did not fall within the top five needs for older adults, but since 2020, it is the second most frequent food-related needs.

**Top Food-related Older Adult 2-1-1 Inquiries (n=3,792)**

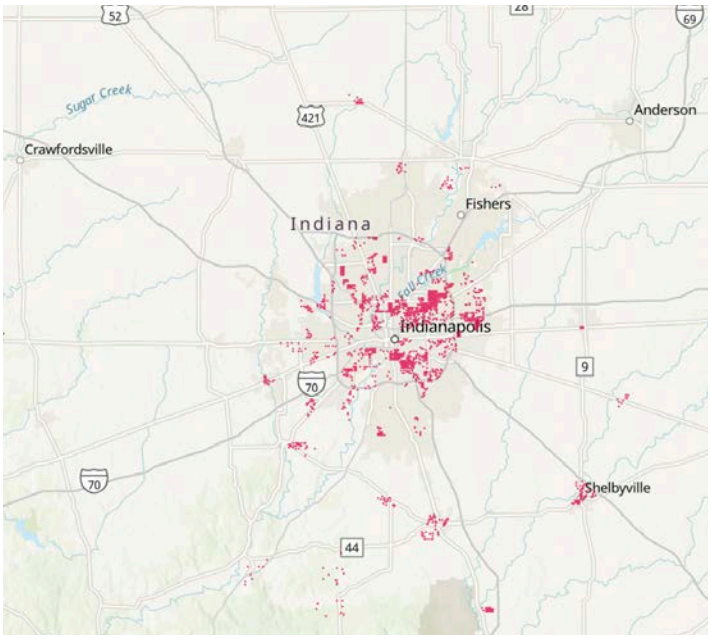
| Request | Calls | Percent of food-related calls |
|---|---|---|
| Food Pantries | 2,101 | 55% |
| SNAP Applications | 1,020 | 27% |
| Grocery Ordering/Delivery | 864 | 23% |
| Soup Kitchens | 323 | 9% |
| Food Vouchers | 72 | 2% |

Source: Indiana 211, Jan. 1, 2020-Dec. 4, 2022

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

Older Adults Living in Food Deserts

| County | Number | Percent of older adults |
|---|---|---|
| Boone | 37 | 0.2% |
| Hamilton | 1,235 | 1.6% |
| Hancock | 221 | 1.0% |
| Hendricks | 743 | 1.7% |
| Johnson | 2,918 | 7.0% |
| Marion | 39,528 | 16.9% |
| Morgan | 1,383 | 6.2% |
| Shelby | 1,874 | 13.3% |
| Central Indiana | 47,939 | 10.1% |




Each dot represents 10 older adults living in a food desert.

### 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.[12]

#### *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.[13] 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.[14] Because these populations already face barriers such as low incomes and high unemployment rates, supermarkets and grocery stores may find that these neighborhoods cannot economically sustain new locations.[15] 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.[16] 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.[17] 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.[18] In urban food deserts, the percentage of households without access to vehicles is significantly higher than in other urban areas.[19] 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.[20] 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.[21] One potential 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.[22]

## 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.[23] 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. These CICOA 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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23 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.

# 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

CENTRAL INDIANA SENIOR FUND
A CICF FUND

## SECTION 4
# HOUSING

November 2022

The Polis Center
We bring things into perspective.

INDIANA UNIVERSITY
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SAVI

Regenstrief Institute
Center for Aging Research

Persona

## ANTHONY

- 60 years old
- U.S. Army veteran
- Part-time cashier

Anthony is a single, Black U.S. Army veteran who lost his job as a supermarket shelf stocker nearly a year ago, after chronic pain in his feet left him unable to do the work. Anthony found a part-time job as a cashier at a local convenience store, where he's able to sit on a stool behind the counter most of the time. At 60, he is still two years away from collecting Social Security benefits, and the income from his cashier job wasn't enough to cover his rent plus food and other expenses, so he has been living out of his car for three months. Anthony has found a few, small rental units that he likes and could afford, but his applications have been rejected because of a misdemeanor conviction for "disorderly conduct" more than 15 years ago. That involved a bar fight, for which he served three months on probation. He suspects that there is also an unspoken bias against him because of his race—and because he cannot provide a current address—on the rental application forms. Anthony is hopeful about a low-income housing program that he's applied to, which gives priority to veterans. However, he's been told there is a large applicant pool, and the first units are several months away from being ready. Anthony hopes and believes that he can hang on for two more years, when Social Security benefits will help ease his financial burden. In the meantime, his car needs repairs, and if he sold it he would lose both his shelter and means of getting around. His plan for the worst-case scenario is to go without a car, move into a mission run by a local religious organization, and wait to begin receiving Social Security benefits.

Personas are sketches of fictional people that represent real challenges and circumstances highlighted in this report. They are a useful way to imagine how these statistics impact the lives of individuals and families.

Persona

## BOB AND MARJORIE

Early 80s

Retired from auto-parts manufacturer

Paid off their mortgage

Bob and Marjorie are a White couple in their early 80s living on income from Social Security and a pension from Bob's two decades of working for an auto-parts manufacturer in Indianapolis. They own a home on the city's southwest side. Both are in relatively good health, although Bob has diabetes and they pay some of the costs for his insulin and other medications. Bob and Marjorie paid off their mortgage nearly a decade ago, but the house needs frequent repairs. Their son, who lives nearby, helps out with small chores like cleaning the gutters, mowing the lawn, raking leaves, and other upkeep. Now the house needs a new roof—a project that's too big for them to ask him to help with, even if he had the skills. They are wary of making a big investment in their home—both because of the cost and because of their age. They have friends who moved into an assisted living community years ago, and report being happy with it. Bob and Marjorie have slowed down considerably over the past few years—it's harder to stay on top of the basics, like grocery shopping and light housecleaning—and they're interested in the assisted-living option. But moving into the community would wipe out their savings in about three years, and their pension and Social Security benefits alone are too little to cover the cost. Although things are fine for the moment, Bob and Marjorie worry about where they will live and how they will afford it—especially if their mobility and self-sufficiency decline significantly.

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+

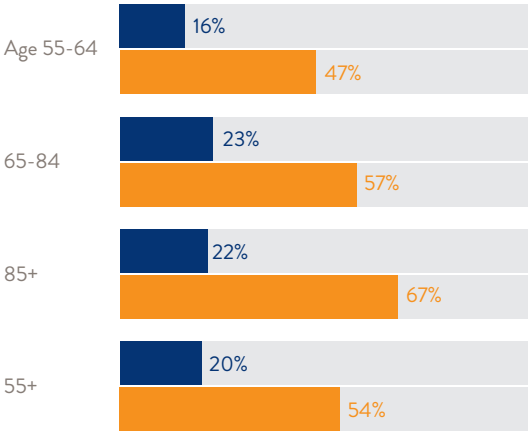
# HOUSING

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:

- More than half of older adult renters in Central Indiana are burdened by housing costs, paying more than 30% of their income toward housing.
- In Central Indiana, while 24% of White older adult households (owners and renters) are housing cost burdened, that rate is 43% among Black households.
- The housing cost burden rate for Latinx older adults improved from 36% in 2015 to 26% in 2020 in Central Indiana.
- Twenty-two percent of Central Indiana's older adult households rent. The other 78% own their home. Among those homeowners, 41% have paid off their mortgage.
- One third of Marion County adults experiencing homelessness are age 50 and older. This represents a six point decrease in the share of homeless individuals that are aged 50 or older.
- The number of Marion County residents aged 62 or older experiencing homelessness declined by 30% between 2021 and 2022, the largest drop in six years.

## 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 2016-2020 five-year estimates

## THE BURDEN OF HOUSING COSTS

Housing affordability affects the ability of older adults to live stably and age in place across a variety of living quarters. It particularly 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.[1, 2] In 2016-2020, 27% of older adults in Central Indiana were housing cost-burdened, and 13% were severely cost-burdened.[3, 4] As noted in the chart, the rate for older adult renters was nearly triple the rate for older adult homeowners.

In Central Indiana in 2020, 54% of older adult *renters* were housing cost-burdened, a decline of three percentage points since 2015. Thirty percent of renters were severely housing cost-burdened, which has not changed significantly since 2015.[5] 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 (47% compared to 57% and 67%, respectively). Similarly, renters age 85 years and older are more likely to be severely housing cost-burdened (47%) than both younger-old and middle-old renters (both 27%).[6] 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 2020, a 2.2% decrease since 2015. Nine percent of older adult homeowners were severely housing cost-burdened in 2020, which did not change significantly from 2015. Younger-old adults were significantly less likely than middle-old adults to be housing cost-burdened (16% versus 23%).[7] Older adults who already experience housing cost burden also experienced 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 have faced housing instability in the wake of income loss, which disproportionately impacts households with lower incomes.[8,9]

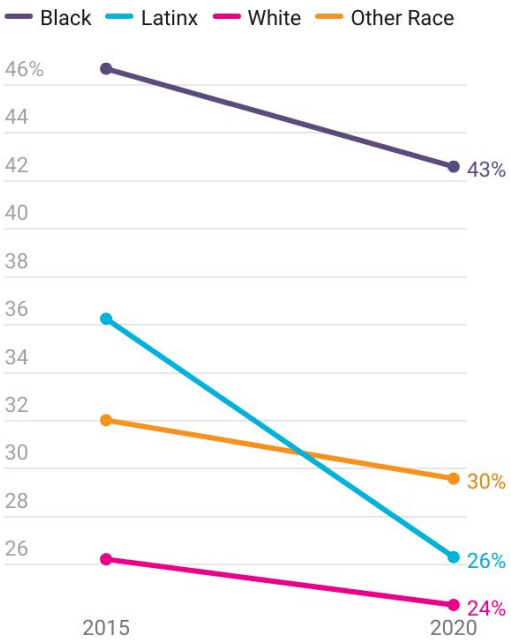
Older adults of color in Central Indiana are disproportionally more likely to be housing cost-burdened. According to 2020 data, Black older adults and those of multiple or other races are significantly more likely to be housing cost-burdened than White older adults.[10] The estimated share of Latinx older adults that are burdened by housing costs has fallen by 10 percentage points since 2015, making that group not significantly different from White older adults.

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.

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.[11, 12] 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.[13] Lastly, older adults in focus groups reported using services to make their homes more accessible, which is important to supporting aging in place.

## Black older adults households are much more likely to be burdened by housing costs than other races.

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




Source: PUMS 2016-2020 • Created with Datawrapper

## AVAILABILITY OF AFFORDABLE, 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 2021, only 30% of Central Indiana respondents indicated that the availability of affordable quality housing in their communities was either excellent or good.[14, 15] This is a 10 point decline from 2017, perhaps representing respondents' perceptions of increased housing prices. Indiana also experienced a decline between 2017 and 2021 (42% to 38%), albeit not as great as Central Indiana's decline in perceptions of affordable housing.

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.[16]

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,

HUD Affordable Housing Units for Adults Age 62 and Older or People with Disabilities

| County | Total number of units | Units per 1,000 eligible older adults |
|---|---|---|
| Boone | 294 | 17.4 |
| Hamilton | 238 | 3.2 |
| Hancock | 194 | 8.8 |
| Hendricks | 356 | 8.4 |
| Johnson | 600 | 14.7 |
| Marion | 3,884 | 16.8 |
| Morgan | 216 | 9.9 |
| Shelby | 252 | 18.1 |
| Central Indiana Total | 6,034 | 13.0 |

Sources: National Housing Preservation Database 2021 and ACS 2016-2020 five-year estimates

regardless of age. To qualify for an affordable unit, a household must fall at or below a specific income level based on household composition.[17] Central Indiana is home to a total of 95 HUD-funded or financed affordable housing developments, totaling 6,034 units.[18] This is a decline of 170 units between 2018 and 2021. Many subsidized units are funding through Low-Income Housing Tax Credits, which require affordable rents for a certain period of time. As these requirements expire, the units return to market rate and the number of subsidized units is reduced. Marion County has the largest number of units, 3,884 (16.8 per 1,000 older adults). Johnson County has the highest concentration of units, at 18.1 units per 1,000 eligible older adults. Hancock County has the fewest number of affordable housing units (194 units), while Hamilton has the least number of units per 1,000 eligible older adults, at 3.2 units.[19, 20]

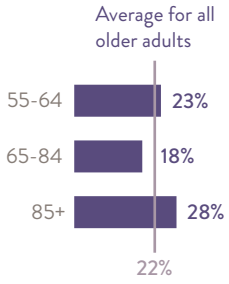
Although most older adults in Central Indiana own their homes, renters comprised 22% of older adult households in 2016-2020.[21] Twenty-three percent of younger-old households live in rental units, compared to 18% of middle-old and 28% of oldest-old adults. A focus group at a low-income housing community 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.[22] 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

### One fifth of older adults rent their homes.

Percent of older adults in Central Indiana who rent their homes




Source: PUMS, American Community Survey 2016-2020 five-year estimates

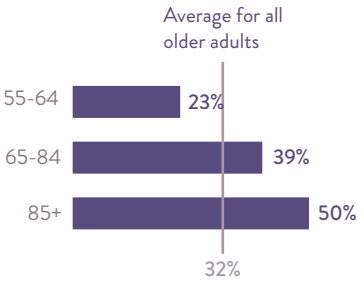
## Homeownership rates are high among older adults, but fall for those 85 and older.

Percent of older adults in Central Indiana who own their home


Source: PUMS, American Community Survey 2016-2020 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 2016-2020 five-year estimates

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.[23]

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.[24] According to the older adults, both phenomena resulted in many long-term residents moving away from these neighborhoods. In 2021, 31% 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 11 point increase since 2017.[25, 26]

## HOMEOWNERSHIP

In 2020, the homeownership rate among older adults in Central Indiana was 78%. This rate varied among different age ranges. The younger-old age group had a homeownership rate of 77%, the middle-old age group had a homeownership rate of 82% and the oldest-old age group had a much lower homeownership rate of 72%.[27] 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: 20% of the younger-old, 41% of the middle-old and 52% of the oldest-old own their homes outright.

Not all Central Indiana households are equally likely to own their homes. While 82% of White older adults are homeowners, only 54% of Black older adults and 60% of Latinx older adults own their own homes.[28] 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 2022 Point-In-Time Count of persons experiencing homelessness, 33% of Marion County adults experiencing homelessness were age 50 and older. This represents a six point decrease in the share of homeless individuals that are aged 50 or older. The number of people aged 62 or older experiencing homelessness declined by 30% between 2021 and 2022, the largest drop in six years.[29] Most homeless individuals (89%) are sheltered in emergency or transitional housing. Among older adults, the largest unsheltered population is in the 50-61 age group, where 47 individuals are unsheltered.

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.[30] For instance, older adult veterans are three times as likely to experience homelessness compared to older adult non-veterans.[31] Additionally, Black veterans are disproportionately represented within the veteran population experiencing homelessness.[32] Locally, Black adults are disproportionately likely to experience homelessness, comprising 56% of people experiencing homelessness in Marion County but fewer than 30% of its residents. Veterans also make up a disproportionate number of people experiencing homelessness (167 individuals of any age, 12% of homeless population in 2022 compared to 5% of Marion County population in 2020), but the number of homeless veterans has been declining since 2017 (328 individuals, 18% of homeless population).[33] 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.[34] Landlords may perceive a criminal history as a risk to a rental community's safety, which is a permitted form of discrimination. This makes sustained, affordable living particularly difficult for formerly incarcerated people, because not having an address oftentimes makes it difficult to maintain consistent employment and income. 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.[35] 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.[36]

*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.[37]

## *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.[38] 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.[39] 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.[40,41,42,43]

## *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.[44] Veterans not receiving a punitive discharge, but an 'other than honorable' discharge, may also be excluded from some benefits, such as the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program, which combines a HUD Housing Choice voucher with VA Medical Center case management.[45] 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.[46]

## *STRUCTURAL RACISM ANALYSIS*

We measured structural racism in housing using three indictors: racial segregation, the ratio of home loan denial rates between Black and White borrowers, and the ratio of Black and White homeownership rates. In Indiana, the median county has a segregation index of 0.7, which is very segregated. (1.0 is the most extreme segregation possible.) Counties with large Black populations (Marion, Lake, Allen, St. Joseph, and Vanderburgh) have segregation values near the median. In the median county, Black borrowers are 21% more likely to be denied a loan than a White borrower. Again, the counties with the largest Black populations have values near the median. Finally, the homeownership rate is 3.4 times higher for White households compared to Black households in the median county. Counties with large Black populations tend to have worse outcomes in this measure, with White homeownership rates ranging from 3.1 to 5.4 times higher than Black hownership rates.

## Most 2-1-1 calls for housing support are related to rental assistance.

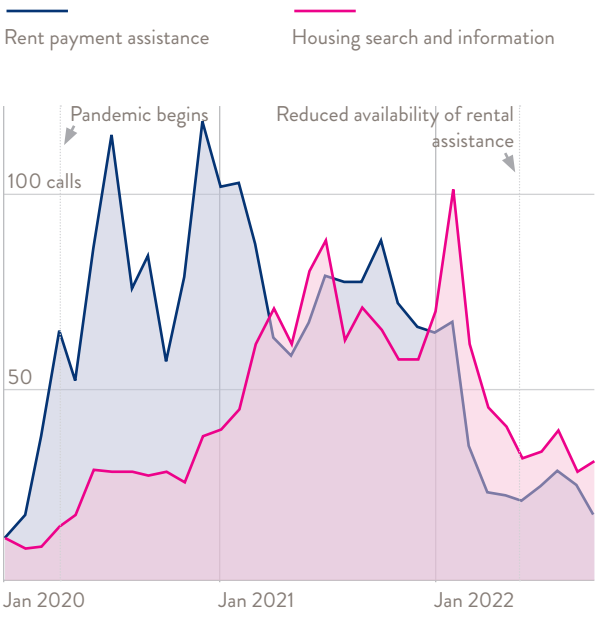
Top Five 2-1-1 Requests for Housing Support by Older Adults, Jan. 2020 to Oct. 2022

| Need | Number of calls | Percent of housing calls |
|---|---|---|
| Rent Payment Assistance | 2,069 | 32% |
| Housing Search and Information | 1,501 | 24% |
| Senior Housing Information and Referral | 919 | 14% |
| Homeless Shelter | 707 | 11% |
| Weatherization Programs | 458 | 7% |

Source: Indiana 211

## Rental assistance calls were highest in 2020 and housing search calls in 2021. Both are falling in 2022.

Calls per month with requesting help with rent payment assistance (adults aged 60+)




### *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. From January 2020 through October 2022, there have been 6,377 calls from people aged 60 or older with at least one housing-related need.

One third of these calls involved need for rent payment assistance. This increased dramatically beginning in March 2020 as the pandemic caused job loss and reduced income. These calls fell steeply in 2022 possibly caused by a decline in the need for rental assistance or decreasing availability of rental assistance. (Beginning in summer 2022, assistance is only available in Marion County to those with an active eviction case.)

Calls related to housing search and information rose dramatically in 2021, which aligns roughly with the end of the local eviction moratorium. Indiana's eviction moratorium ran from March to August 2020. The number of housing search calls has been falling in 2022.

Among people aged 60 and older, utilities are the most common need in 2-1-1 calls. There were 6,591 such calls between January 2020 and October 2022. The vast majority of these calls involved the need for electric service payment assistance. These calls have declined from 191 per month between March 2020 and February 2021 to 148 per month between March 2021 and February 2022. Since March 2022, there have only been 45 calls per month.

## Most 2-1-1 calls for utility assistance are related to electricity bills.

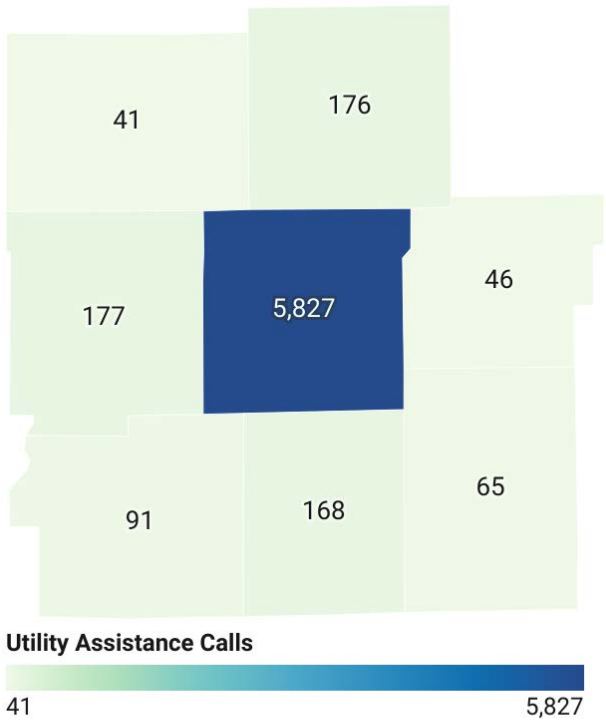
Top Five 2-1-1 Requests for Utility Assistance by Older Adult, Jan. 2020 to Oct. 2022

| Need | Number of calls | Percent of housing calls |
|---|---|---|
| Electric Service Payment Assistance | 4,615 | 70% |
| Utility Service Payment Assistance | 1,286 | 20% |
| Gas Service Payment Assistance | 1,100 | 17% |
| Water Service Payment Assistance | 425 | 6% |
| Heating Fuel Payment Assistance | 125 | 2% |

Source: Indiana 211

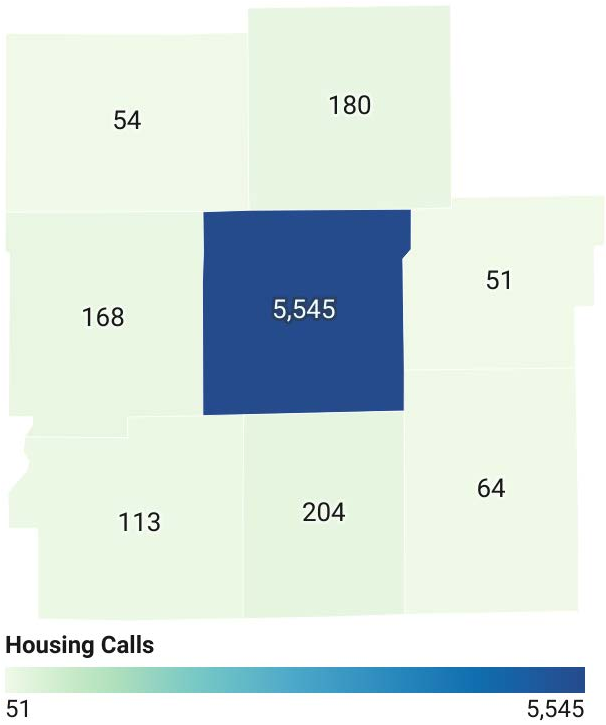
## Among older adults, nearly all housing and utility calls come from Marion County residents.

2-1-1 calls from people aged 60+, January 2020 through October 2022




*Number of calls from those age 60 and over in January 2020 through October 2022*

Source: Indiana 211 Data Dashboard • Created with Datawrapper




*Number of calls from those age 60 and over in January 2020 through October 2022*

Source: Indiana 211 Data Dashboard • Created with Datawrapper

# ENDNOTES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2 An older adult household is defined as a household in which at least one older adult age 55 or older lives.

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# Download the data used in this chapter.

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by clicking here or scanning the QR code below.

# STATE OF AGING IN CENTRAL INDIANA

CENTRAL INDIANA SENIOR FUND
A CICF FUND

## SECTION 5

# SAFETY AND ABUSE

November 2022

The Polis Center
We bring things into perspective.

INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE

SAVI

Regenstrief Institute
Center for Aging Research

Persona

## NAIR

- 73 years old
- Owned a grocery store
- Volunteers for her church

Nair is a 73-year-old Korean woman living on the near-northwest side of Indianapolis. She and her husband emigrated from South Korea in the 1970s and ran a small grocery store in their neighborhood before his death 10 years ago. She then ran it alone for two years before selling it off. Since then, Nair has lived on Social Security checks and a modest nest egg from the insurance policy her husband bought when they were in their 40s. A nearby Korean Presbyterian church is the center of her social life. She takes part in regular activities for seniors and helps organize and operate the church's food pantry.

About a year ago, during one of her after-lunch walks, Nair passed a pop-up "clinic" in a storefront near where her grocery used to be. A sign in the window advertised free hearing tests, so Nair filled out a form and took the test. The administrator reported that she did in fact have hearing loss, and he said a representative would be in touch soon with solutions. In the meantime, Nair mentioned the test to a friend at church, who told her it was a scam. The first two times the clinic called Nair's home, she politely said she wasn't interested. Then she quit taking the calls, which tapered off after a couple of months. Even so, Nair has noticed a spike in the number of scam calls she gets. There are often four a day or more, from people claiming to be Medicare representatives to people posing as her grandchildren. She wonders if information on the forms she filled out at the pop-up clinic made it onto some kind of list used by scammers.

Personas are sketches of fictional people that represent real challenges and circumstances highlighted in this report. They are a useful way to imagine how these statistics impact the lives of individuals and families.

Nair's main worry, though, is for her safety. She loves to walk, especially to her church and to the local parks. Lately, though, she's stopped walking more than two or three blocks from home. She feels more vulnerable than she used to, both because of her age and because of TV reports she sees about rising crime rates. The steady stream of scam calls also adds to her levels of stress—as does a new situation involving a nephew who lives on the other side of the city. Nair is on good term with her sister, but they were never close, and she had little contact with the nephew—the sister's 23-year-old son—for years. But one Saturday afternoon, three months ago, he showed up for a visit. He wanted to make sure she was getting along okay, he said. He subsequently showed up at her home unannounced two more times. After the most recent visit, as he was leaving, the nephew asked her for $300 to help out with unexpected car repairs. She gave him $20 and said it was all she could do, given her limited income. Although he thanked her and left, Nair worries that his visits—and the requests for money—will become a regular thing. She also worries what will happen if he asks for money again and she tells him no.

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+

# SAFETY AND ABUSE

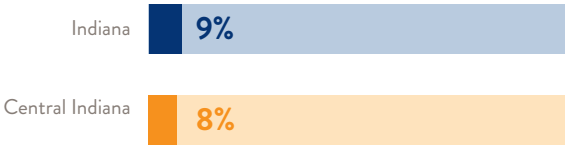
Perceived personal safety may be crucial for older adults to age in place with a positive outlook. However, safety varies based on where one lives and the resources one has for maintaining social supports and effective caregiving. This section of the report describes elder abuse and crime, including 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.
- Compared to 2017, more older adults are concerned about "being the victim of a crime," but also feel more positively about safety in their own community.
- In 2021, 2.9% of older adults in Central Indiana were victims of fraud, property crime, or violent crime.

# ELDER ABUSE

Eight to nine percent of older adults reports being physically or emotionally abused.

Percent who report having at least a minor problem with physical or emotional abuse in 2021




Source: CASOA, 2021

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."[1] 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.[2] However, elder abuse is often unreported, suggesting these rates could be higher.[3] Family members are the most common perpetrators of abuse.[4, 5]

A 2011 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.[6] The 2021 Community Assessment Survey for Older Adults (CASOA) age 60 and older found that 8% of respondents in Central Indiana reported being physically or emotionally abused during the past year.[7] This is similar to the state, across which 9% of respondents reported experiencing these types of abuse.[8]

Older adults who experience social isolation, cognitive disabilities (including dementia and Alzheimer's), or physical disabilities are at an increased risk for abuse.[9, 10] 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.[11]

Elder abuse increased in prevalence during the COVID-19 pandemic. A study conducted by The American journal of geriatric psychiatry of 897 older persons in the United States found that 1 in 10 suffered from elder abuse before the pandemic but that increased to 1 in 5 during. the pandemic[12] Reasons stated for this surge include an increase in isolation and financial hardships (of both caregiver and older adult) while a sense of community and physical distancing prevented transparency in cases of abuse.

## 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.[13] 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.[14]

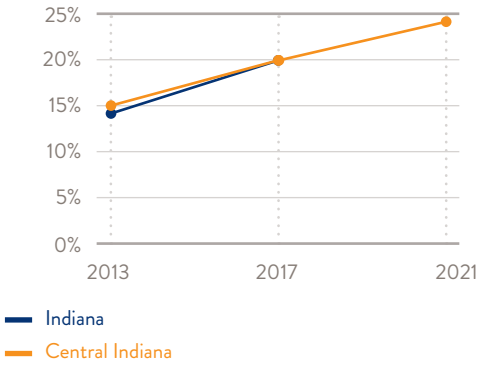
The present-day social service system is limited in its ability to assist the growing older adult population amid increasing financial abuse.[15] While there are some volunteer-based guardianship services available for older adults in the state, only half of the counties in Central Indiana are served by one of these entities.[16] 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.[17]

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

Between 2014 and 2021, the Office of the Indiana Attorney General received an average of 5,575 consumer calls per year that included complaints of fraud or scams from adults age 60 and older. Roughly one third of these originated from Central Indiana counties.[18] This is likely a gross underestimation, as a large proportion of

### 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

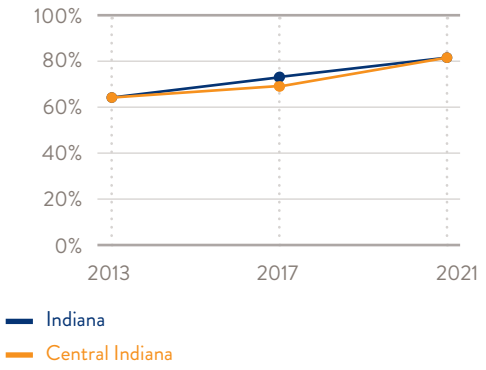
### Consumer complaints from older adults increased until 2016 and then declined until 2019.

Consumer complaints reported to Indiana Attorney General from people aged 60+


Chart: The Polis Center • Source: Indiana Attorney General • Created with Datawrapper

## An increasing share older adults in Central Indiana feel their community is safe.

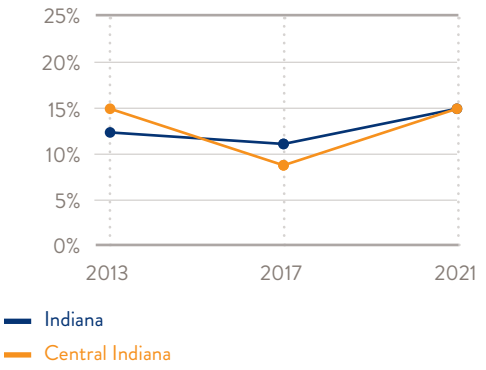
Percent of older adults who report the overall feeling of safety in their community is excellent or good.




Source: CASOA

## Concern about crime rose from 2017 to 2021.

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




Source: CASOA

complainants did not report age data.[19] According to 2021 CASOA data, across both the state and Central Indiana, 24% 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 an increase of four percentage points between 2017 and 2021.[20, 21] 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.[22] Some experienced a large volume of mailings and phone calls designed to defraud them of their resources. Specifically, 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

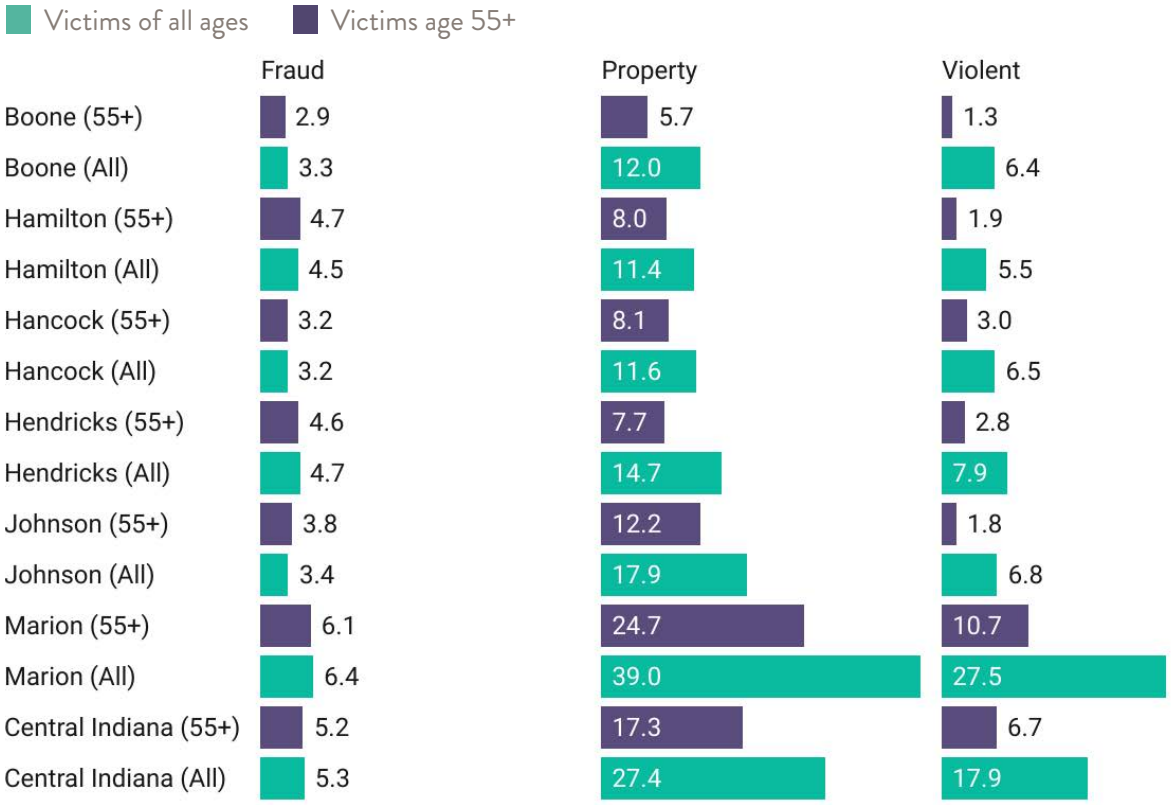
New federal crime reporting standards allow us to analyze crimes against older adults. We have focused on three types of crime: fraud, property crimes, and violent crimes. Future reports will include time series, but this report focuses on a 2021 baseline.

Older adults are less likely than the overall population to be the victim of a property or violent crime, but just as likely as the overall population to be the victim of fraud. The fraud rate for older adults in Central Indiana is 5.2 per 1,000 older adults, about the same as the rate of 5.3 per 1,000 people in the overall population. The property crime rate is 17.3 for older adults and 27.4 for the total population, while the violent crime rate 6.7 for older adults and 17.9 for the total population.

In a 2021 survey, two-thirds (71%) of older adults in Central Indiana reported that the overall feeling of safety in their communities was excellent or good. This is equal to the statewide rate and has increased in 2017.[23] However, 15% of older adults in Indiana and Central Indiana report that

## Crimes Against Older Adults

Fraud, property, and violent crimes by victim age per 1,000 people




*Insufficient data reported in Morgan and Shelby Counties*

Chart: The Polis Center • Source: NIBRS 2021 • Created with Datawrapper

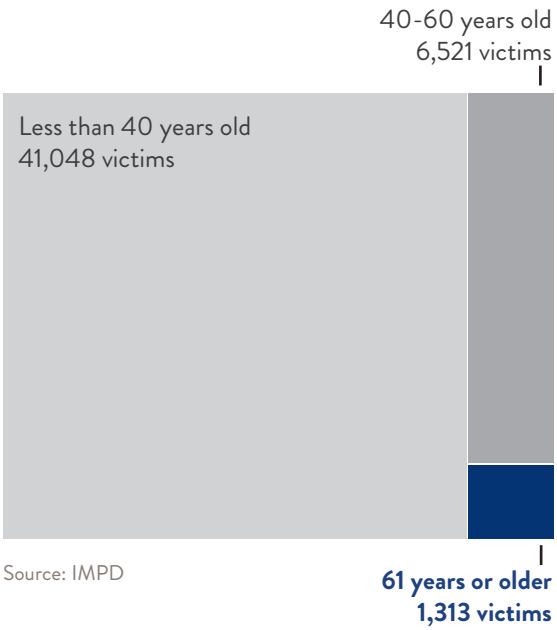
being a victim of a crime is at least a minor problem. For the state and the region, this is an increase from 2017.

Concern about being the victim of a crime has risen evan as the feeling of safety in one's own community has increased. Concern about victimization also far exceeds actual victimization rates. Combining fraud, property, and violent crimes, their were 12,806 crimes with older adult victims in Central Indiana in 2021. That represents 2.9% of the population, lower than the 15% who report victimization as a problem. Therefore, this likely represents rising concern about crime. However, when reflecting on their own community, an increasing share of older adults feel positively about overall levels of safety.

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

## Three percent of victims served by IMPD Victim Assistance Unit in 2015-2019 were over 60 years old, but 19% of Central Indiana is age 60 or older.

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




Source: IMPD

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.[24]

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.[25]

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.[26] In areas with violent crime, experiences of violence are a cause of psychological distress among residents.[27]

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 several Indianapolis neighborhoods.

## 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.[28]

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

Older adults with lower income and low financial literacy have a higher susceptibility to fraudulent schemes.[29] 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.[30]

### *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.[31]

### *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.[32] 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.[33] 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.[34] Low levels of reporting and prosecution can further embolden scammers to continue targeting older adults, as there are often few consequences.

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# STATE OF AGING IN CENTRAL INDIANA

CENTRAL INDIANA SENIOR FUND
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## SECTION 6
# TRANSPORTATION

November 2022


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Persona

## HAROLD

56 years old

Lives in close-in suburb

Part-time bus driver

Harold is a white, 56 year-old single man living in a close-in suburb west of Indianapolis. Since he lost his job as a driver for a delivery company three years ago, he has worked various part-time jobs. Currently, he's a bus driver for a local school, and he works part-time as a server at a sit-down chain restaurant near his home. His total income is a little under $30,000. He owns a car but uses it as little as possible. Both of his part-time jobs are within easy walking distance of his home, and he carpools with a friend who lives nearby for trips to the grocery store. Harold also has a bike and uses it for exercise and for short errands. The benefits on his mental and physical health from walking and biking—and a series of costly, unexpected car repair bills over the past year—have led Harold to think about selling off his car. One obstacle is the fact that he has a son, daughter-in-law, and two grandchildren in the city's northern suburbs. It takes 20 to 30 minutes to visit them by car. He could get there by public transit, but it would take about two hours.

Through another friend, Harold recently learned about and was offered a position as server at a restaurant in downtown Indianapolis. Working full time there, he estimates he would make up to $6,000 more (depending on tips) annually than he currently earns with two part-time jobs. Although he's intrigued by the offer, transportation challenges make it a hard call. By car, the trip downtown from his home is about 20 minutes. But the extra expenses for gas, repairs, and parking would consume a significant share of the extra money he would

Personas are sketches of fictional people that represent real challenges and circumstances highlighted in this report. They are a useful way to imagine how these statistics impact the lives of individuals and families.

make at the new job. Alternatively, he could take public transit. But the walk to and from his home to the bus stops, plus the commute time, would add up to more than an hour each way. As a result, one of two things will happen if he takes the new position: car expenses will eat up much of his additional income, or he will spend much more of his free time riding a bus, especially if he sells off his car and uses public transit to visit family. Yet the status quo also has very real downsides. Most notably, Harold fears being stuck in a cycle of relatively low-paying, part-time jobs for the rest of his working life.

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+

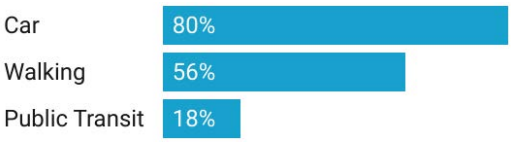
# TRANSPORTATION

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, approximately 76,000 people age 65 or older live too far away from an IndyGo stop to likely use transit. That represents nearly two thirds of people age 65 or older in Indianapolis.
- Less than one in five 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.
- IndyGo plans to improve service through its future service plan (2023-2027). This is likely to help older adults who live along pre-existing routes.
- Public transportation improvements in 2019 led to 15,000 more Central Indiana older adults living in neighborhoods with high level of transportation service.

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

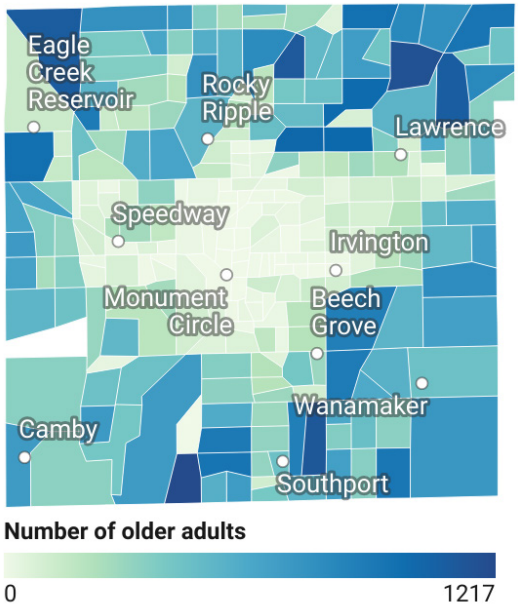
Percent of older adults in Central Indiana who say they have good or excellent ease of travel by...




Source: CASOA, 2017

## The greatest number of adults 65+ who are likely too far from transit live in the more suburban or rural areas of Marion County.

Estimate based on population of adults aged 65 and over from 2020 ACS 5-yr survey data and the estimated percent living farther than 1175 feet from the closest IndyGo bus stop, based on geodesic distances from residential parcels.




Source: Polis Center analysis of 2020 ACS 5-yr survey data, IndyGo data, and the City of Indianapolis data.

## 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."[1] 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. Four out of five 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 18% about public transportation.[2] Additionally, 42% of older adults said that safe and affordable transportation is not available in Central Indiana.[3]

This is particularly important for households without a vehicle, and the 2021 five-year American Community Survey estimates that one in 10 households with a household member older than 65 has no vehicle. Furthermore, access to vehicles varies by housing tenure. One third of renter householders age 65 and older have no vehicle, compared to only 5% of homeowners.

## PUBLIC TRANSPORTATION USE BY OLDER ADULTS

Indianapolis has a substantial public transportation system and in 2019, its fixed-route ridership was 9,244,855.[4] Analysis of the 2017 IndyGo On-board survey data shows that one quarter of bus riders are adults aged 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 aged 50 to 64, 46% of public transportation trips starting from home were for work, 12% were for shopping, and 29% were for social, religious, or personal business. People aged 65 and over make 21% of their home-based transportation trips to work, but 46% are for social, religious, or personal purposes and 20% are for shopping. In general, medical appointments are not a common trip destination for IndyGo riders, but keeping medical appointments is important to an older adult's health. Although only a small share (7%) of home-based trips using IndyGo had a doctor or health-related destination, ridership for health-related purposes increases with age. More than one in 10 (12%) older adults age 50 and over

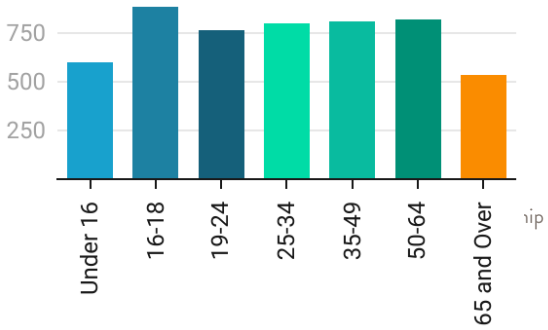
whose transportation trips started from home traveled to a doctor's office or other health-related location.

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 aged 50 to 64 use it almost daily, as 62.4% take the bus between three and seven times each week. However, public transportation is often only easily accessible to those who live near a public transportation service. Unfortunately, while some older adults live in neighborhoods with good public transportation service, most do not. Approximately 76,426 adults aged 65 and over in Indianapolis live farther away from bus stops than many are likely willing to walk—about 1,200 feet, or just under a quarter mile, based on the 75th percentile of distance traveled to bus stops by IndyGo riders 65 and older. IndyGo riders age 65 and over, on average, also tend to have the shortest distance from their point of origin to the bus compared to any other age group, illustrating potential limitations in their mobility.

A transit service density score (shown in the map below) is another way of quantifying transit service available to

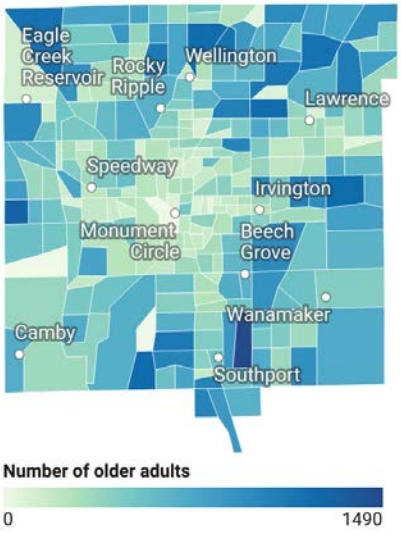
## Adults age 65+, on average, travel the least distance from their point of origin to a bus stop compared to any other age group.

Median values by age group, in feet.
Indianapolis



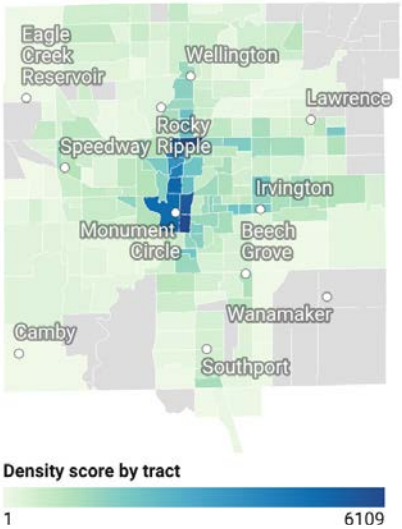

## Most transit service is concentrated in the city center, but most people, including most older adults, live outside this area.

**There are fewer adults age 65+ living in the urban center**
Number of adults aged 65 and older living within each census tract.




Source: 2020 ACS 5-YR data

**Transit density is the greatest in the urban center, where there are fewer adults age 65+**
2019 data per census tract, calculated as weekly revenue miles per square mile. Ranging from zero (no transit service) to over 1,000 (high transit service). Grey tracts have no transit service.




Source: SAVI

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

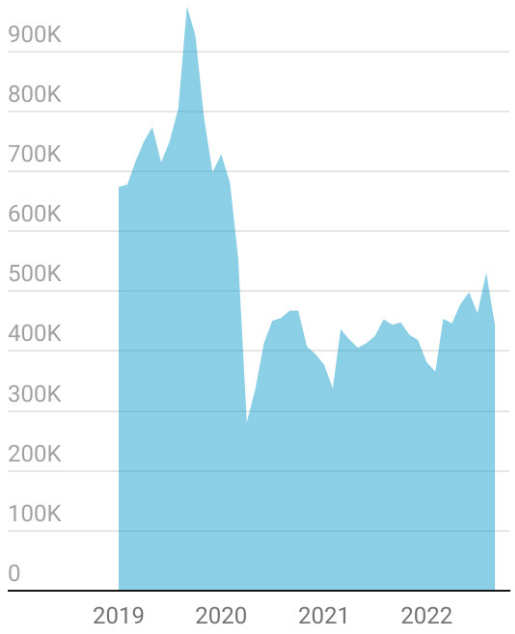
Average transit service score of home census tract for an older adult in Indianapolis


**98,000 older adults have improved transit access.**

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

Source: Polis Center analysis of 2020 ACS 5-yr survey data, IndyGo data, and the City of Indianapolis data.

## IndyGo ridership has fallen sharply during the pandemic, but is beginning to rise again in recent months in 2022.




Source: IndyGo

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).[5] A greater number of older adults tend to live where transit density is the lowest.

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. Nearly 98,000 older adults now reside in census tracts where service increased by 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 Red Line. IndyGo plans to continue increasing local bus service with greater frequency and two additional rapid transportation lines through their proposed 2023-2027 future service plan.[6] IndyGo will particularly target transit critical population zones with increased frequency, improving the reach of 15 minute or better service for minority communities, zero vehicle households, and low-income households. While this will likely improve access for older adults, this future service plan is focused along pre-existing routes and will not expand access to less urban areas in Marion County where older adults are more likely to reside.

Similar to every transit agency in the country, IndyGo experienced a 46% decline in ridership between February 2020 and February 2022, due to the COVID-19 pandemic.[7] This drop in ridership negatively impacted IndyGo's revenue, leading to a reduction in service frequency. Additionally, the shortage of bus drivers has been a continual challenge, with IndyGo being around 100 drivers short of its operating goal for most of 2022.[8] The reduction in service frequency impacts older adults reliant on public transportation, causing longer travel times and limiting accessibility 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 2021, there were 1,032 calls to 2-1-1 from older adults requesting transportation assistance [9] There is a marked difference between age groups. For example, only 21 adults aged 70 and above called about ride app services in 2021, while 539 adults aged 60-69 did. In general, ride app services made up the bulk of calls, at 54%. Marion County by far received the most 2-1-1 calls for transportation needs in 2021 for adults 60 and over compared to other counties within Central Indiana. [10]

## COMMUNITY PERSPECTIVE

According to focus group participants across Central Indiana, transportation is important for maintaining independence. [11] Those who can access it enjoy the activities it allows them to do, while those who cannot feel 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 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 the 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

### Ride app services made up half of 2-1-1 transportation calls from adults age 60 and older in 2021 within Central Indiana.

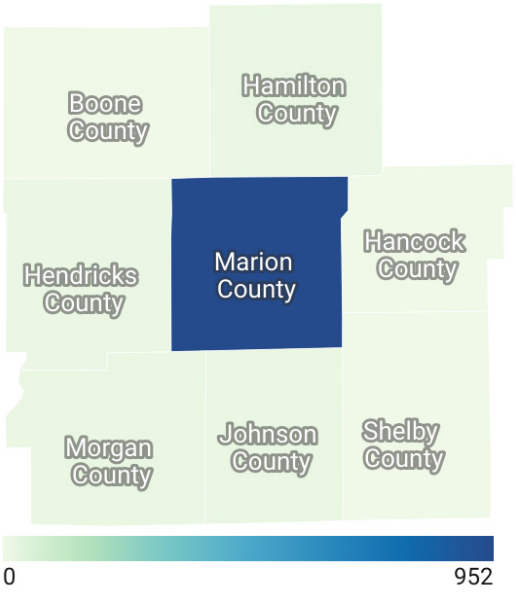
2-1-1 Transportation Needs of Older Adults in 2021

| Need | Number of calls | Percent of transportation calls |
|---|---|---|
| Ride App Services | 557 | 54% |
| Senior Ride Programs | 211 | 20% |
| Non-Emergency Medical Transportation | 186 | 18% |
| Disability Related Transportation | 69 | 7% |
| Transportation Expense Assistance | 52 | 5% |

Source: Indiana 211 Data Dashboard

### Almost all 2-1-1 calls from older adults related to transportation needs in Central Indiana came from Marion County residents.

Number of calls from those age 60 and over in 2021, by county.

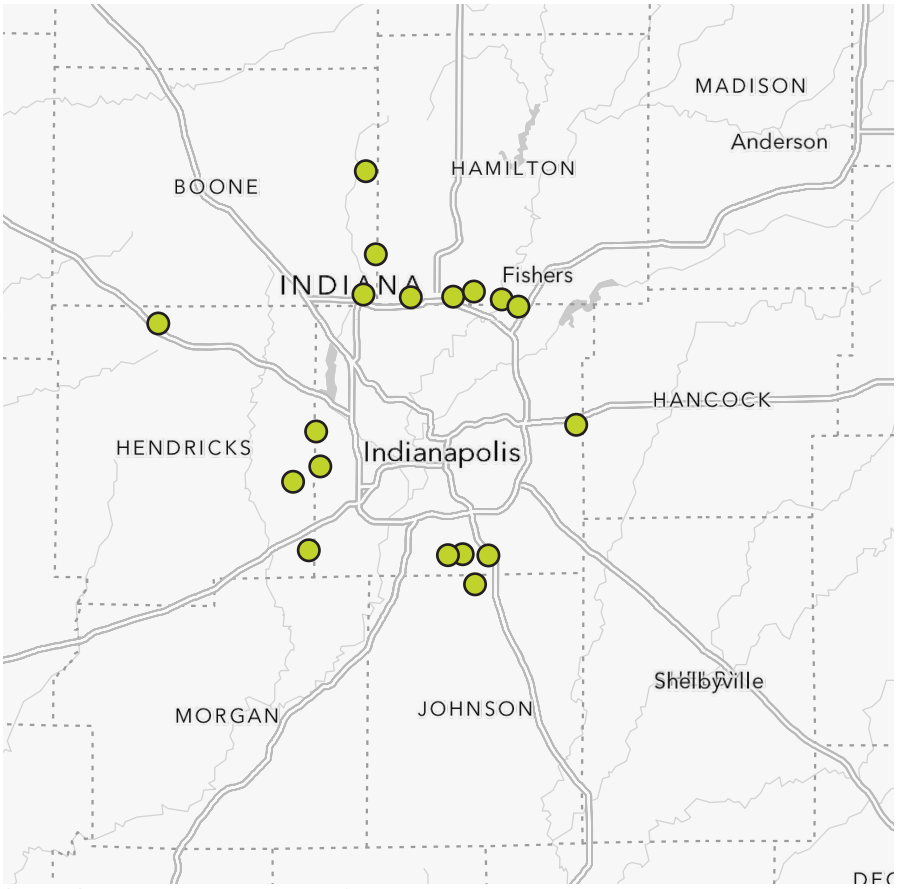



Source: Indiana 211 Data Dashboard

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 lived, 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.

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

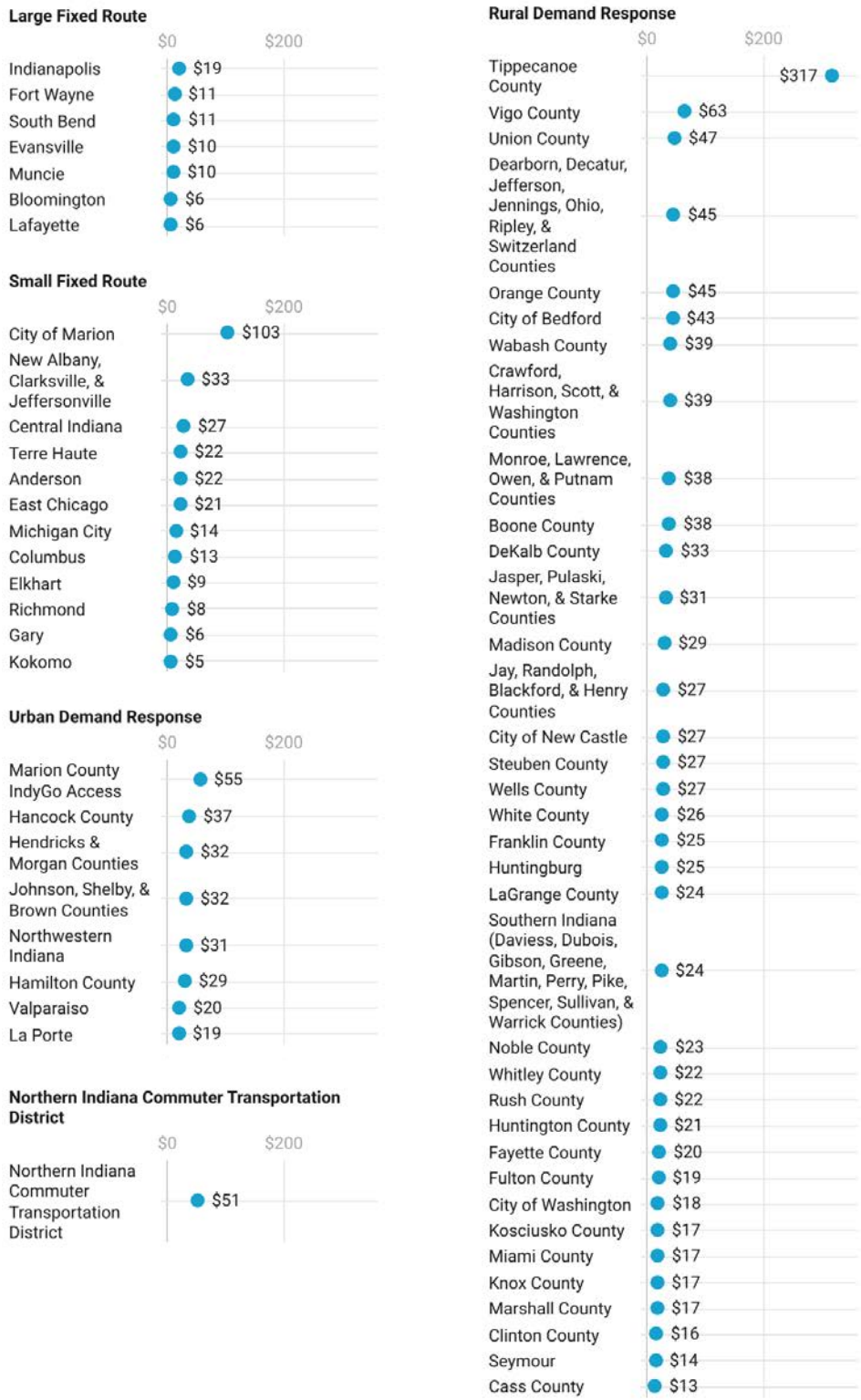
Locations where riders can transfer from one door-to-door service to another




Source: Central Indiana Regional Transit Authority

## Expenditures per rider are greater for demand services in general relative to fixed route services, although demand services are especially critical for older adults.

2021 Indiana Transit Data, total expenditures per rider (U.S. dollars), Based on ridership data and total expenditures data from 2021.




Source: INDOT and IndyGo

## FILLING THE GAP

The Americans with Disabilities Act (ADA) requires public transportation providers to provide paratransit to eligible individuals. [12] Paratransit is a publicly-funded, low-cost ridesharing service available by request. IndyGo's paratransit service, now called IndyGo Access, 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." [13] 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.

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. [14] This is evident when looking at expenditures per rider data from 2021 for each transit agency, where IndyGo Access had the greatest cost per rider compared to other urban demand transit services in Indiana and most other transit services throughout Indiana in general. However, when looking at a cost per vehicle mile traveled basis, IndyGo Access is much more on par with other services, and is even less than the Indianapolis fixed route system (IndyGo). This illustrates how many more vehicle miles must be traveled per IndyGo Access rider.

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. These demand response services are often the most costly on a per-rider basis but are essential for many older adults in Central Indiana.

There are several transit services within Central Indiana targeted toward older adults and those with limited mobility. 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 within Marion County 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 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. [15] 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. However, efforts are currently underway throughout Indiana, such as through Health by Design, to improve connectivity and accessibility to transit services between different agencies. To learn more about some of the factors that lead to gaps in transportation service for rural older adults, please read "Highlighting Equity" below.

## 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.[1] 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.[2] 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.[3]

### *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.[4]

### *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.[5]

# 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, 2021).

3 National Research Center, "CICOA Aging and In-Home Solutions Full Report," Community Assessment Survey for Older Adults (TM) (Boulder, CO: National Research Center, 2021).

4 IndyGo, "About Us," IndyGo, accessed February 5, 2021, https://www.indygo.net/about-indygo/.

5 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.

6 IndyGo, "IndyGo Future Service Plan" IndyGo, Accessed October 28, 2022 https://storymaps.arcgis.com/stories/4176f43c5ea54394821e2b58c46b9e2f

7 IndyGo, "Transit Planning, Policy, and Performance" IndyGo, Accessed October 28, 2022 https://www.indygo.net/about-indygo/transit-planning/

8 Dwyer, Kayla, "IndyGo is proposing a new local bus route map. What to know and how to give input" IndyStar, Accessed October 28, 2022 https://www.indystar.com/story/news/local/transportation/2022/10/11/new-indygo-bus-map-which-routes-could-be-cut-or-changed/69551856007/

9 Polis Center analysis of data provided by Indiana 2-1-1, provided by the 2-1-1 dashboard, Accessed October 28, 2022, https://in211.communityos.org/datadashboard

10 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 60 and 105 years old) was used.

11 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.

12 IndyGo, "Access," IndyGo, accessed November 1, 2022, https://www.indygo.net/access/

13 IndyGo, "Access," IndyGo, accessed November 1, 2022, https://www.indygo.net/access/

14 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

15 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.

16 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

17 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

18 Melissa Gafford, "Transportation for Seniors in Hamilton County: The Definitive Guide," Shepherd's Center of Hamilton County (blog), January 14, 2019, http://shepherdscenterofhamiltoncounty.org/transportation-for-seniors-in-hamilton-county-the-definitive-guide/

19 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.

20 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

CENTRAL INDIANA SENIOR FUND
A CICF FUND

## SECTION 7
# AGING IN PLACE

September 2022

The Polis Center
We bring things into perspective.

INDIANA UNIVERSITY
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Center for Aging Research

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Middle-old: age 65-84
Oldest-old: age 85+

# 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 report difficulty maintaining their homes, both inside and out.
- Only one quarter of older adults say information is available about services to assist them with remaining in their homes and communities as they age.
- Most older adults in Central Indiana believe their communities are a good place to live, but 16% do not. Older adults feel positively about ease of driving and travel, moderately about ease of walking and access to food, and negatively about built environment issues, such as housing costs, availability, and accessibility, transit, public spaces, and their access to mixed-use neighborhoods.

## AGING IN PLACE AT HOME

The majority (77%) 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."[1] 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.[2] 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.[3]

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.

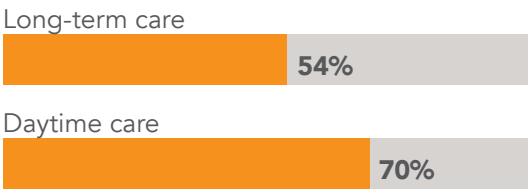
### *LTSS REFORMS*

The Indiana Family and Social Services Administration (FSSA) is implementing reforms to the administration of long-term care under Medicaid with a goal to lower costs per person and deliver more care and services at home. Twenty-five other states have implemented similar reforms, called managed long-term services and supports (mLTSS) programs.[4]

The case for reform is driven by demand for HCBS and growing costs. An FSSA presentation outlining the LTSS reforms states that most people prefer home-based care but few receive it, and costs for institutional care are disproportionately high. LTSS spending acounts for a quarter of Medicaid costs in Indiana, and most of that cost is institutional care.[5]

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, 2021

Advocates for mLTSS hope the reforms will reduce cost and incentivize quality care and outcomes rather than expensive procedures. In addition, researchers have found positive benefits for aging in place among established mLTSS programs. When older adults in mLTSS programs receive more at-home care, they are less likely to be admitted into a long-term nursing facility.[6] (See the Health Care and Caregiving chapters for more details on these proposed reforms.)

FSSA anticipates the mLTSS program will launch in 2024 and will serve over 120,000 Hoosiers in the initial years of its implementation. By 2029, FSSA expects it will serve 165,000 Hoosiers. A proposed bill passed by the Indiana Senate in February 2022 would have limited these reforms to a 10-county pilot area.[7] It was strongly opposed by FSSA leadership. The bill did not receive a vote in the Indiana House.[8]

## *AVAILABILITY OF SUPPORT SYSTEMS*

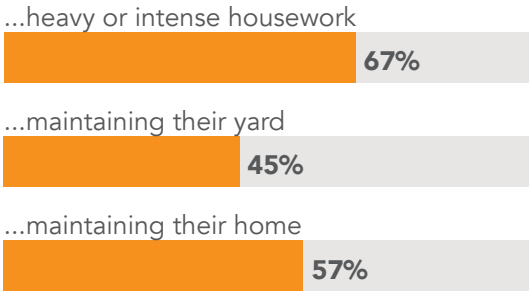
While the American Association of Retired Persons (AARP) ranks Indiana 44th in the nation for its LTSS system, survey data related to the ability of older adults in Central Indiana to age in place is more positive.[9, 10] The Community Assessment Survey for Older Adults (CASOA™) identifies the strengths and needs of older adults in Indiana, including the Central Indiana region.[11] 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 (57%) or yards (45%) is at least a minor problem. Nearly two-thirds (65%) report that doing heavy or intense housework is at least a minor problem.

These challenges can result in injury–34% of older adults surveyed in Central Indiana report falling or injuring themselves in their homes during the past year. This is a statistically significant increase from 2017. 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. Two thirds (67%) of older adults say not knowing about available services in their community is a problem. Only 30% believe that the availability of daytime care options for older adults in their communities is excellent or

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

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

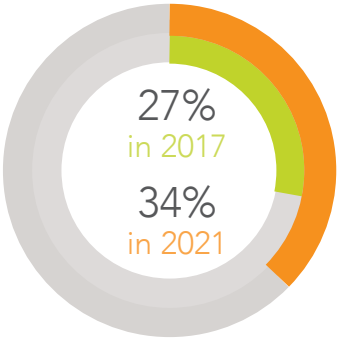



Source: CASOA, 2021

### 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, 2021



good, and 45% believe the availability of long-term care options is excellent or good. Forty-three percent of those surveyed report that the services provided to older adults in their communities are excellent or good, which is an 11 point decrease from 2017.

### *COMMUNITY PERSPECTIVE*

Key informants, including direct service providers, believe many older adults do not receive needed assistance because they are unaware of its availability.[12] 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 being 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.

"Just because you can [do something], doesn't mean you should."

Focus group participant

Key informants suggested that a solution to this problem could include provision of information and outreach through faith communities, senior centers, group 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 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.[13] 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 No Wrong Door System are Aging and Disability Resource Centers. CICOA is the center for older adults in Central Indiana. The organization provides 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 Medicaid and the Older Americans Act.

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 managed LTSS reforms. 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

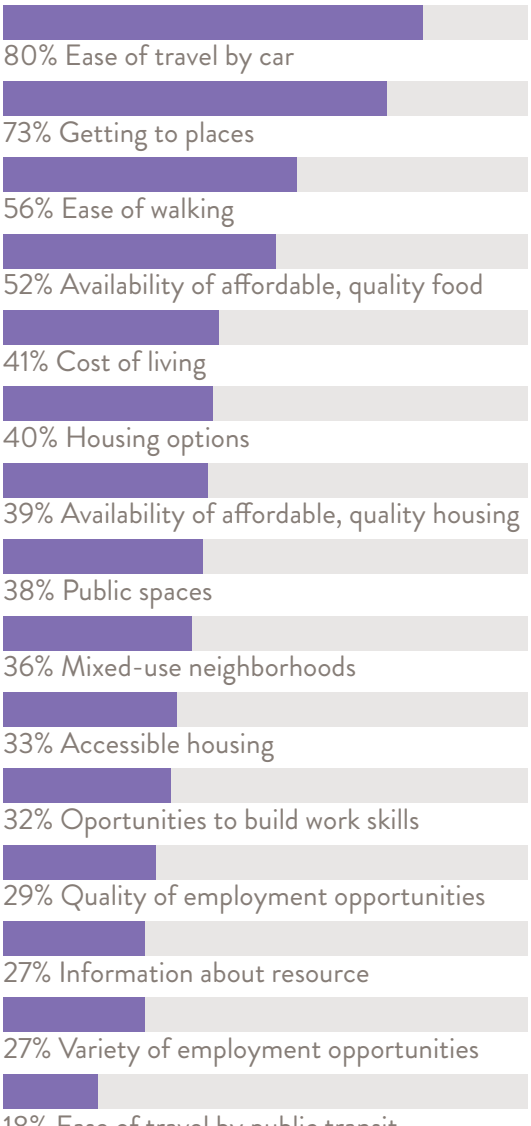
## The vast majority of older adults rate their communities as good places to live.

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

84% - Good place to live

## Here is how respondents rate community characteristics.

Percent rated excellent or good




Source: CASOA, 2021

connection to the environment around them.[14] 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.[15] 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.[16] Changes to the physical environment can lead to a sense of loss for older adults.[17] 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.[18] 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.[19]

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

### *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, health, and social services influence the perceptions of older adults about their communities.

When asked to rate specific characteristics of their community, respondents tended to be more critical: Only four characteristics received mostly positive ratings. Ease of travel by car was viewed positively, as was the related issue of getting to places. A slight majority of respondents view ease of walking and access to affordable quality food positively. On the other hand, only four out of ten older adults viewed the cost of living or the availability of affordable, quality housing favorably.

The way homes and communities are built can facilitate or discourage aging in place. Mixed-use neighborhoods with multiple transportation options make it easier for people to navigate life's needs without driving. (While most older adults said it was easy for them to travel by car, 20% ease of travel by car as fair or poor.) Accessible homes allow people to remain in their house longer and without costly renovations. Unfortunately, these characteristics are rated poorly by most Central Indiana older adults.

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

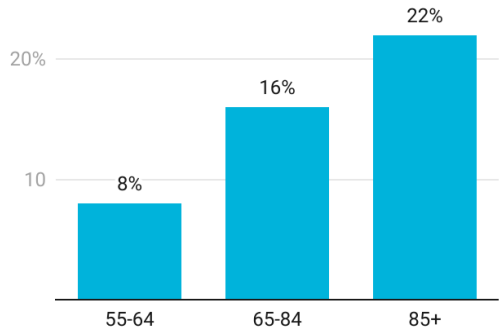
## *COMMUNITY PERSPECTIVE*

According to service providers and other key informants, location-related aspects limit opportunities for older adults to interact within their communities. For instance, distance between 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

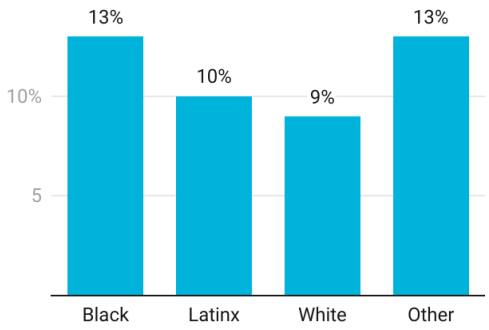
## People age 85+ are the most likely to be veterans.

Veterans as a percent of total population



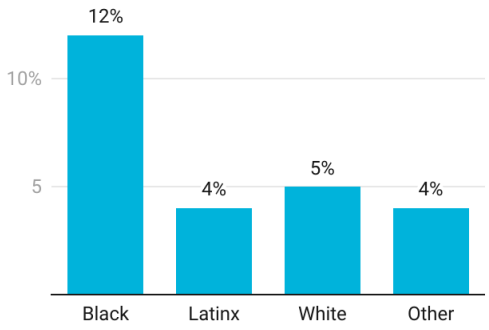

## Older adults of color are slightly more likely to be veterans than White older adults.

Veterans as a percent of population for each race




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

Percent of veterans in poverty for each race




Source: PUMS, American Community Survey, 2016-2020

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.

## VETERANS AGING IN PLACE

Veterans face special challenges with aging in place. Those living at home are more likely to fall or have memory loss, and disability rates are higher among this population.[20] In response to these increased needs and a growing older veteran population, the U.S. Department of Veterans Affiars announced an expansion of home-based care services in January 2022.[21]

In Central Indiana there are 64,000 older adults who are veterans, 13% 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 most 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% vs 9%; ACS 2016-2020 five-year estimates), and veterans over age 75 have lower rates of suicide than civilians in the same age group.[22]

On the other hand, veterans have higher rates of disability than non-veterans (38% vs 27%). 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.

## 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.[23]

### *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.[24]

### *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.[25] 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. [26] 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.[27]

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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

CENTRAL INDIANA SENIOR FUND
A CICF FUND

## SECTION 8
# SOCIAL WELL-BEING

September 2022

The Polis Center
We bring things into perspective.

INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE

SAVI

Regenstrief Institute
Center for Aging Research

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

# SOCIAL WELL-BEING

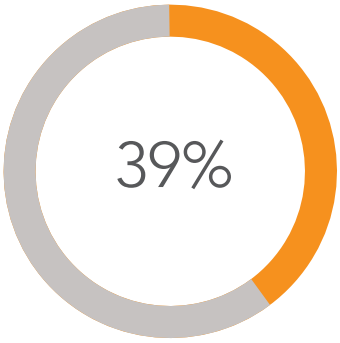
The social well-being of older adults is dependent on positive, durable relationships and sustained access to community roles and social institutions. This section of the report discusses social inclusion and purposeful living. Key findings include:

- About half of older adults report having opportunities to participate in community matters, while 14% report having used a senior center in their community.
- More older adults in Central Indiana report feelings of loneliness or social isolation—39% in 2021 compared to 33% in 2017.
- In Indiana, disability is one of the biggest contributors to isolation in older adults.
- It is difficult for providers to find or reach isolated older adults.

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

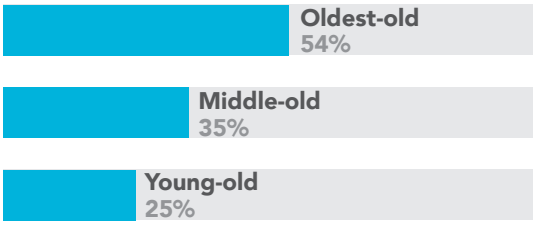
Percent of older adults who report having at least a minor problem with feeling lonely.

Source: CASOA, 2021




## 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 2016-2020 five-year estimates

## SOCIAL INCLUSION AND PURPOSEFUL LIVING

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

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

Social isolation is often experienced through negative emotions like anxiety, depression, and loneliness. Older adults may experience isolation for many reasons, including retirement, a significant other's loss of cognition or physical function, a personal loss of health and function that leads to activity limitation, limited role opportunities afforded to older adults, and geographic dispersion of families. In addition, early- or mid-life isolation 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.

A national AARP survey in 2021 survey found that 27% of older adults report (age 50 or older) feel isolated. This isolation can be as a risk factor for depression and cognitive decline.[5] For comparison, the rate was 44% for respondents age 18 to 49. The 2021 Community Assessment Survey for Older Adults (CASOA) found that 39% of older adults of Central Indiana report feelings of loneliness.[6] This is a significant increase from 33% in 2017.

## 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.

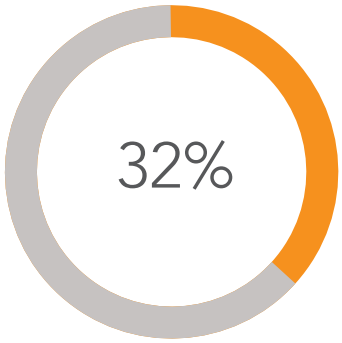
## OLDER ADULT SOCIAL WELL-BEING DURING COVID-19

The social well-being of adults was impacted by the COVID-19 pandemic. Factors including social isolation, loss of valuable resources, and reduced job and volunteer opportunities contributed to this change. A study conducted with 99 older adults in Switzerland found that adult well-being and loneliness were adversely affected by the COVID-19 pandemic.[7] The only measurement that was not adversely affected was satisfaction with communication with loved ones and health providers. The effects caused by loneliness were shown to be reduced for those with larger social networks, cohabitation, and constant social connection.

Communication technology became crucial for older adults' social connection during the pandemic. A 2021 study suggests that a technology design method called "co-design" can improve older adults' well-being.[8] Co-design is when the end-user experience and expertise with technology is considered when designing programs.

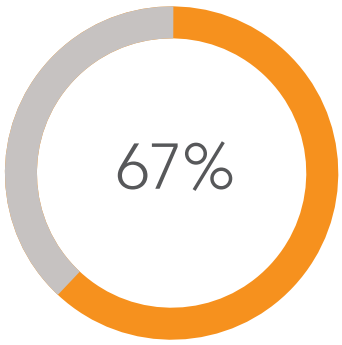
### Older adults who have lost a spouse through any means or live alone are more likely to be socially isolated

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




Source: PUMS, ACS 2016-2020 five-year estimates

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




Source: PUMS, ACS 2016-2020 five-year estimates

Factors such as reduced eyesight, hearing impairment, and mobility issues all might impede technology use for older adults. These factors should be considered and accounted for so that the older adult population is accommodated. Digital peer support, when people are available to assist with technology problems, can also play a critical role in expanding access to communication technology.

Lockdowns posed serious barriers to physical activity, because in many cases it is carried out in public spaces, such as a gym, or in social atmospheres, such as with friends.[9] Older adults who rely on community programs or reside in senior living facilities were heavily affected by reduced physical activity during lockdowns.

Volunteering is an important opportunity for social engagement. Older adults volunteer at a higher rate than the general population, but these opportunities were reduced during the COVID-19 pandemic. According to the CASOA survey, the share of older adults in Central Indiana reporting opportunities to volunteer fell from 80% in 2017 to 59% in 2021. However, the share volunteering their time rose from 36% to 50%.

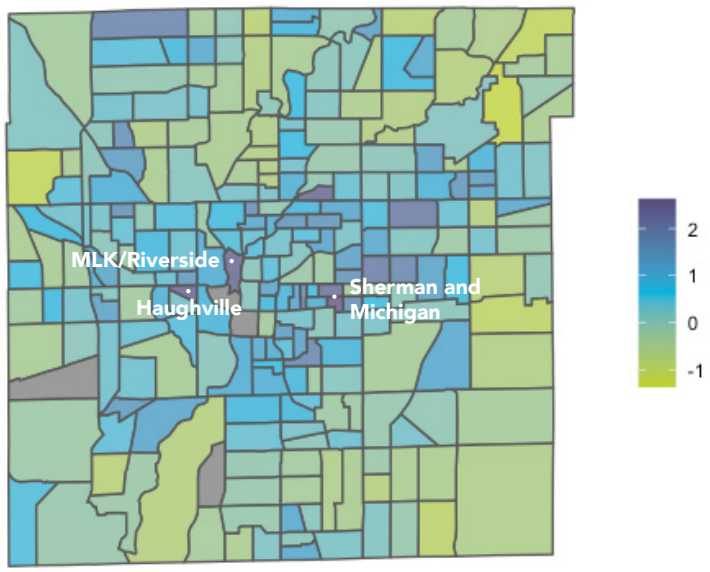
## SOCIAL ISOLATION

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.[10] 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.[11] 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.

Below are statistics about a few populations at special risk of social isolation. These are grandparents taking care of grandchildren, LGTBQ individuals, and non-English speaking households.

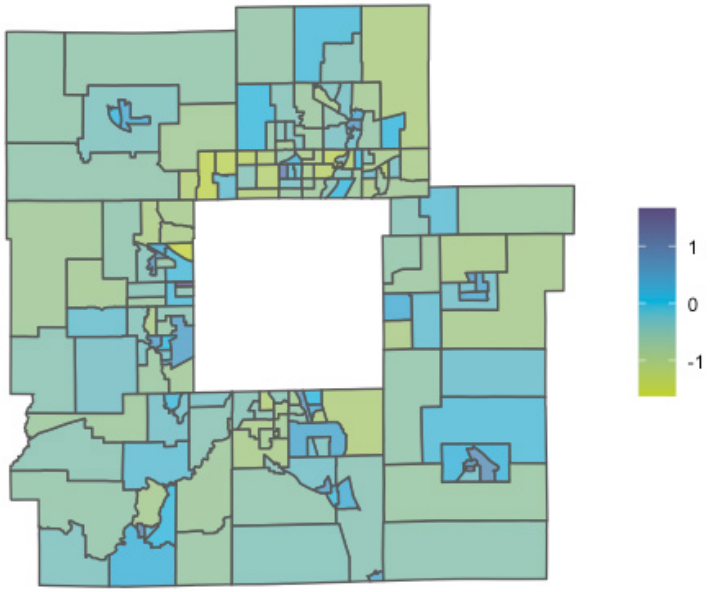
## In Marion County, the Social Isolation Index is highest near Sherman Avenue on the Eastside, Riverside, and Haughville.

Social Isolation Index, Marion County



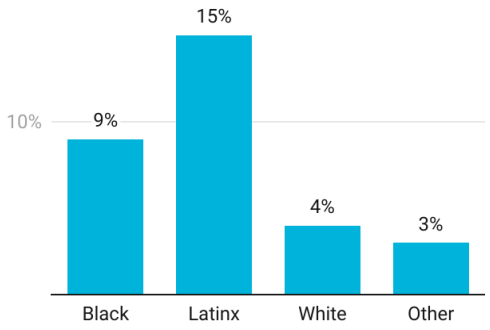

## In suburban counties, the Social Isolation Index is highest near the center of towns and cities.

Social Isolation Index, Central Indiana suburban counties



## Black and Latinx grandparents are more likely to live with grandchildren than other races and ethnicities

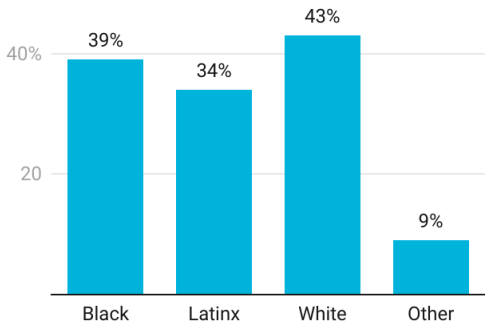
Percent of households in which grandparents live with grandchildren by race of householder




Source: PUMS, American Community Survey, 2016-2020 five-year estimates

## 30-40% of grandparents who live with their grandchildren are also responsible for them

Grandparents responsible for grandchildren as percent of grandparents living with grandchildren




Source: PUMS, American Community Survey, 2016-2020 five-year estimates

### *GRANDPARENTS LIVING WITH AND RESPONSIBLE FOR GRANDCHILDREN*

Taking care of grandchildren provides meaning in many older adults' lives. It can also be a risk for social isolation, as described below. In Central Indiana there are 21,400 households where grandparents are living with their grandchildren (3% of households). There is a greater poverty rate among households with these kinds of multigenerational families than those without (15% vs 11%). The racial and 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, 38% 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.

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."[12] 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.[13]

### *LGBTQ+ OLDER ADULTS*

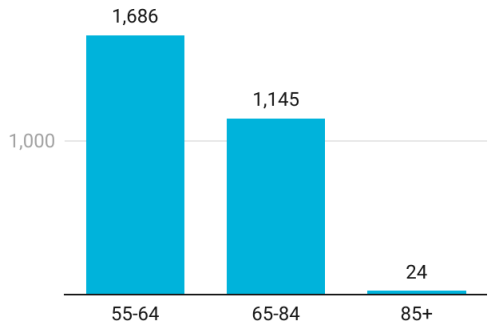
While state counts of members of the LGBTQ+ community are difficult to get, there are an estimated 229,000 LGBTQ+ people in Indiana (those who identify as lesbian, gay, bisexual, or transgender) and 8% of those are older adults (approximately 18,320 who are age 65 and older). About 0.5% identify as transgender. 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.[14] 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.[15]

The American Psychological Association reports that "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."[16]

## *NON-ENGLISH-SPEAKING HOUSEHOLDS*

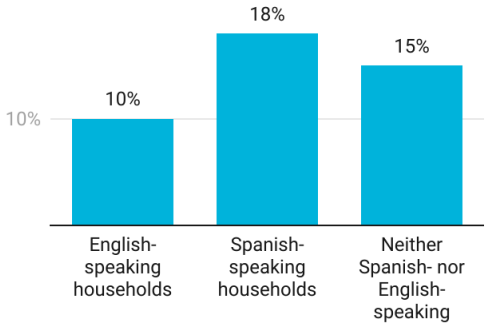
English is not the primary language in about 10% of Central Indiana households. Spanish is the primary language for 5% of households and some other language for 6%. Households where Spanish is the primary language have a higher chance of experiencing poverty than English-speaking households or some other 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.[17] The Urban Institute (2018) found that limited English proficiency is the dominant predictor of low rates of homeownership, even when controlling for other factors.[18]

Same sex couples (number of households)




Source: PUMS, American Community Survey, 2016-2020 five-year estimates

Poverty rate by household language




Source: PUMS, American Community Survey, 2016-2020 five-year estimates

## 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.[19] 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.[20] Due to their economic constraints, these individuals are less likely to be insured, afford prescriptions or access healthcare services.[21] Challenges caused by poorer health can leave older adults more likely to be socially isolated.[22] [23] 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.[24] This social isolation can in turn exacerbate the very health issues that may have contributed to isolation in the first place.[25]

*Fear of crime:* Individuals living in low-income households are more likely to be impacted by crimes than their higher-income peers.[26] 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.[27] 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*

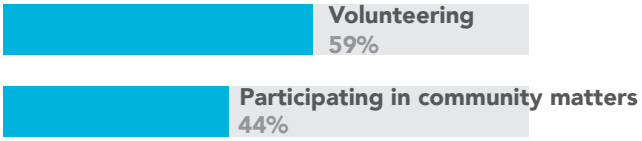
Nearly 70% of older adults experiencing poverty are unmarried, meaning they are widowed, divorced, or never married.[28] Roughly half of unmarried older adults report loneliness, which is a higher rate than their married counterparts.[29] Black older adults may be at even greater risk for loneliness, as they are less likely to be married/partnered than their White and Latinx peers.[30]

### *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.[31]

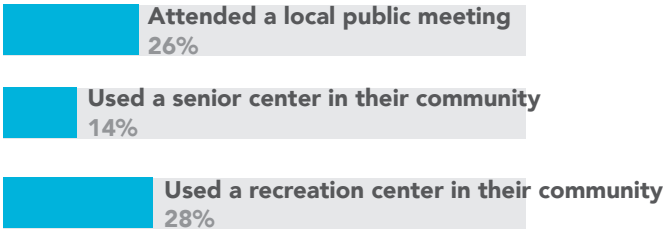
## During the pandemic, opportunities to participate in community life were lacking.

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



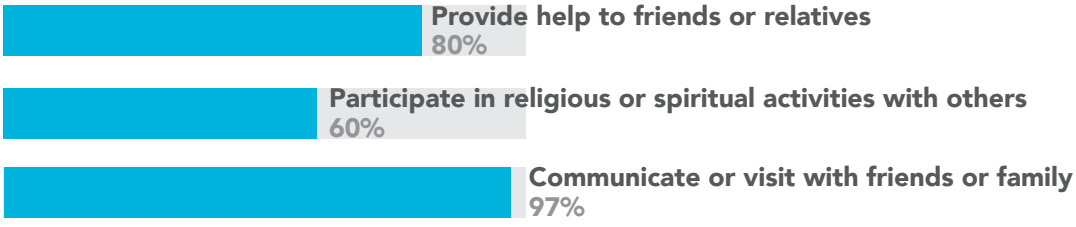

## A minority of Central Indiana older adults participate in community activities.

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




## 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, 2021

## COMMUNITY PERSPECTIVE

### *FINDINGS FROM KEY INFORMANT INTERVIEWS*

Key informants for this report included those involved in senior care services or administration in Central Indiana.[32] 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.

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

- Focus group participant

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

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.[33]

### *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 meals together. 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.[34] 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.[35] It is important for older adults, as social capital is connected to social, physical, and emotional well-being.[36] 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.[37] 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.[38] 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.[39] 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.

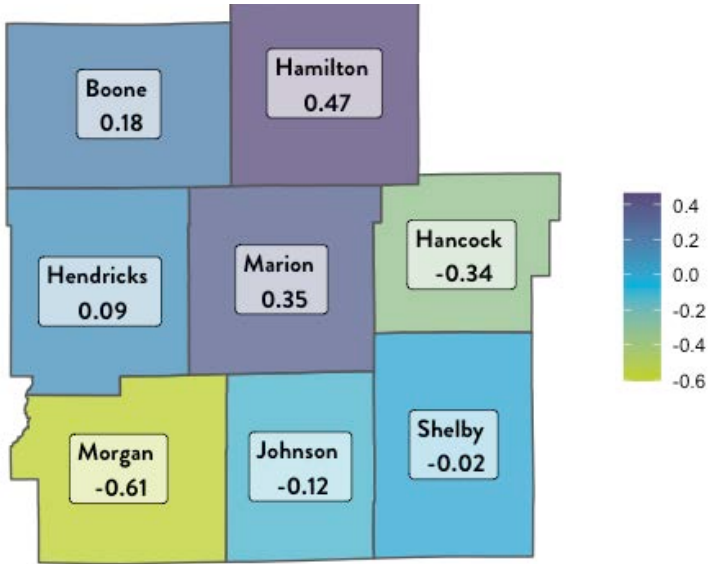
Each form of capital is important for communities. But while trust and cohesion, components of bonding capital, are important, and often related to reports of social well-being, there is mixed evidence bonding capital is related to improved economic or health outcomes, so

it is sometimes referred to as a 'getting by' measure.[40] 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 and Marion counties have the highest scores, while Morgan County has the lowest. Higher scores imply stronger connections between communities, and an ability to share resources between these communities.[41] The Linking Social Capital Index shows that Hamilton County has one of the highest levels in the state, and Marion, Shelby, and Morgan counties have the lowest levels in this region.[42] A high score implies strong connections between communities and centers of authority, or access to higher-level resources.

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

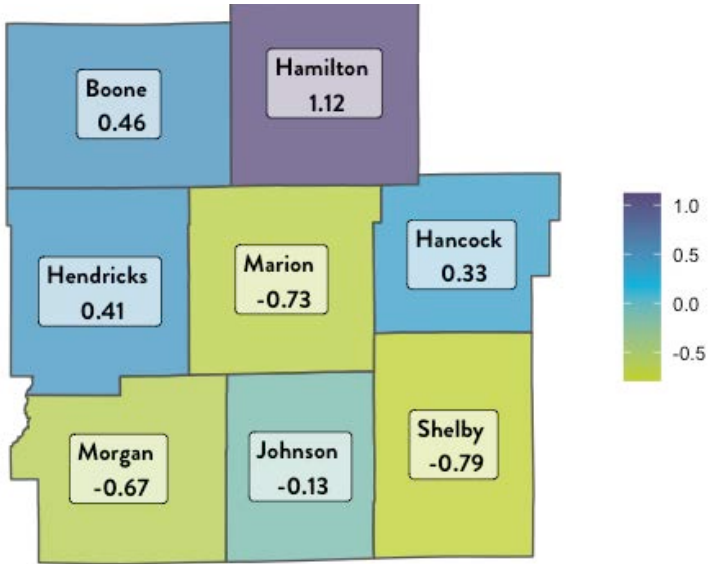
Bridging Social Capital Index




Source: Analysis by The Polis Center

## Hamilton County scores highest on the Linking Capital Index.

Linking Social Capital Index




Source: Analysis by The Polis Center

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32 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.

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

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

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

CENTRAL INDIANA SENIOR FUND
A CICF FUND

## SECTION 9
# HEALTH OUTCOMES

June 2022


The Polis Center
We bring things into perspective.

INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE

SAVI

Regenstrief Institute
Center for Aging Research

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+

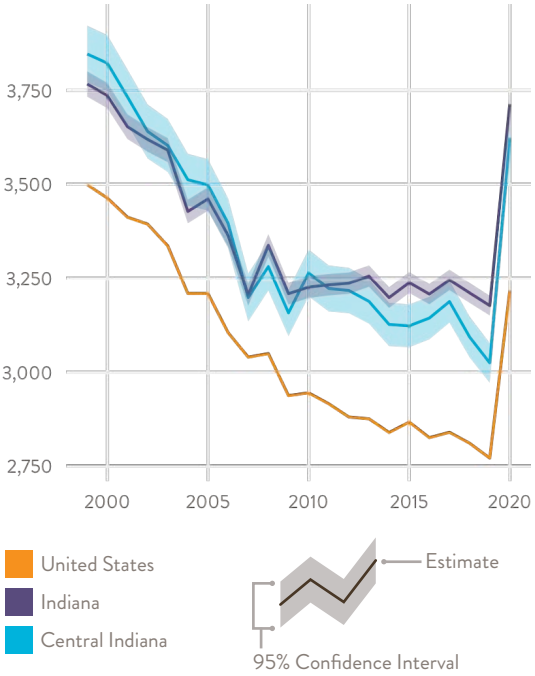
# HEALTH OUTCOMES

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, and they place older adults at increased risk from COVID-19. 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:

- COVID-19 was the third leading cause of death in Central Indiana in 2020. The pandemic led to increased mortality, contributed to excess deaths from other diseases, and increased the inequity between Black and White death rates.
- 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 is the fourth leading cause of death among those age 85 and older. COVID-19 is the second leading cause of death for this group.
- 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. Black older adults are disproportionately affected by deaths from drug overdose compared to White older adults.

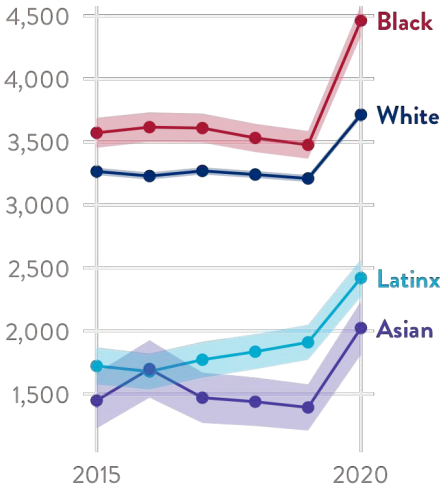
## Mortality increased dramatically in 2020 as a result of COVID-19.

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




## The pandemic increased the disparities between White and Black death rates

Indiana's age-adjusted mortality rate (per 100,000) for age 55+ by race and ethnicity




Source: CDC Wonder

# MORTALITY

The COVID-19 pandemic caused extensive death and drove mortality rates to levels not seen in 20 years. Mortality rates for Indiana and Central Indiana have long been higher than the national average, and in 2020 mortality rose faster in Central Indiana as well. The region's mortality rate increased 19%, compared to a 16% increase in the U.S.[1]

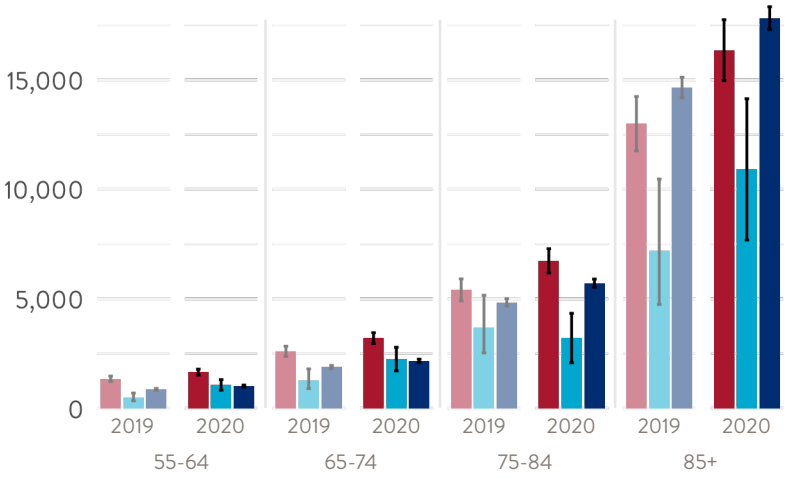
Black older adults in Central Indiana have the highest mortality rates in each age group, with the exception of the oldest-old (age 85 and older), where White older adults have the highest mortality rates. Latinx older adults have the lowest mortality rates across all age groups.[2] The racial/ethnic disparities seen in Central Indiana mirror those in the state and nation.[3] The pandemic caused mortality rates to rise faster for Black individuals than for White individuals in every older-adult age group. As a result, the Black-White gap in mortality rates is larger than in 2019.

**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.

## CAUSES OF DEATH

Nationally, the top seven causes of death in the age 55 and older population are cancer, heart disease, COVID-19 chronic lower respiratory diseases, Alzheimer's disease, cerebrovascular diseases, diabetes, and accidents.[4] The order of prominence of the top causes of death varies across age groups. For example, cancer is the primary cause of death for the younger-old, whereas heart disease and COVID-19 are the primary causes of death in the oldest-old.[5] Similarly, Alzheimer's disease is the fifteenth leading cause of death for the younger-old, but the fourth leading cause of death for the oldest-old.

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). Rates of death from accidents steadily increased among the younger-old in the last decade. However, there are some causes of death for




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

Central Indiana mortality rates (per 100,00) by age and race, 2019 and 2020

Latinx
Black
White

Source: CDC Wonder

95% Confidence Interval
Estimate

which the region has a higher mortality rate than the nation. Mortality from cancer is the leading cause of death for those under age 75, and although Central Indiana rates have steadily declined since 1999, they are an estimated 7% higher than the U.S cancer mortality rate. Central Indiana's mortality rates are also elevated for COVID-19 (14% higher than U.S.), chronic lower respiratory diseases (36% higher), and accidents (18% higher).

## COVID-19 MORTALITY FOR OLDER ADULTS

While Central Indiana mortality rates from cancer and heart disease are similar for Black and White older adults, the age-adjusted COVID-19 mortality rates are over 50% higher for Black and Latinx older adults than for White older adults (700, 780, and 460 deaths per 100,000 population, respectively.) Nationally, this racial disparity is even greater, with Black and Latinx older adults having double and triple the COVID-19 death rates of White older adults. However, Central Indiana's smaller racial disparity appears to be driven by White older adults in Central Indiana having higher COVID-19 death rates than the U.S. versus people of color in Central Indiana having lower COVID-19 death rates that the U.S. More specifically, the COVID-19 mortality rate for White older adults is 57% higher in Central Indiana than in the U.S., while the rates for Black and Latinx individuals are respectively 10% and 35% over the national average.

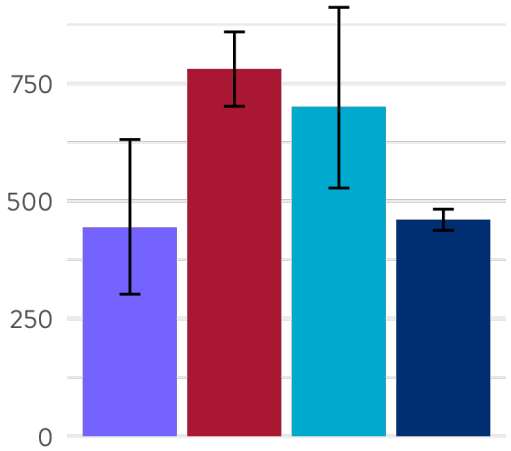
The actual impact of COVID- 19 on mortality is higher than just those deaths where COVID-19 is listed as the

## These disparities are pronounced in COVID-19 death rates.

Age-adjusted COVID-19 mortality rates (per 100,000) by race, Central Indiana, age 55+, 2020

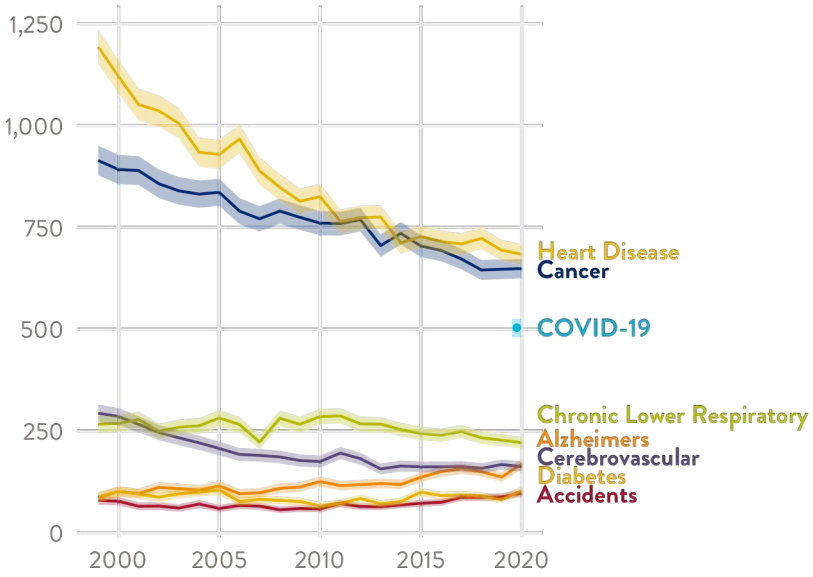
Asian
Latinx
Black
White

Source: CDC Wonder



## Increased mortality in 2020 was driven by COVID-19, increases in Alzheimer's and diabetes, and a halt in the decline of cancer and heart disease.

Central Indiana mortality rates per 100,000 by cause of death


Source: CDC Wonder

underlying cause of death. Epidemiologists usually measure excess deaths to assess the overall impact of a pandemic. Excess deaths are the difference between the actual number of deaths and the expected number of deaths in a specific period. These estimates can give information about the burden of mortality potentially related to the COVID-19 pandemic, including deaths that are directly or indirectly attributed to COVID-19.

In Indiana, from the week beginning on March 14, 2020 (the week in which the first COVID-19 death was reported in Indiana) to February 19, 2022 (the most recent complete data), there were 158,292 deaths. Based on previous trends, the expected number of deaths during that time was 135,148. Therefore, excess deaths for people of all ages total 23,144.[6]

Some of these deaths are directly attributable to COVID-19, but deaths due to other causes were also higher than average. Compared to the expected deaths, 1,285 more Hoosiers died of Alzheimer's disease since February 1, 2020. Similar trends were seen nationally. An analysis of Medicare enrollees showed that excess mortality was twice as high for older adults with dementia in the early phase of the COVID-19 pandemic than for those without dementia.[7]

Higher than average deaths were also observed for hypertensive diseases, with 1,596 more deaths than the

average. Deaths due to other causes like diabetes and cerebrovascular disease also saw higher numbers than average.[8]

Multiple factors may have contributed to the increase of diseases beyond COVID-19 throughout the pandemic. According to the World Health Organization, excess mortality during the pandemic can be attributed to a disruption in health care services such as lack of access, reduced doctor visits for primary care, disruption in treatments, and travel disruptions.[9] The pandemic has caused significant harm, and additional research is needed to fully understand the reasons behind excess mortality and find steps to reduce it.

The indirect effects of COVID-19, including increased adoption of telehealth, decreased access to community resources, and increased social isolation, may also impact health outcomes. These effects disproportionately affect older adults with dementia who have often have sparse social networks and increased dependence on health systems.

## DISABILITY

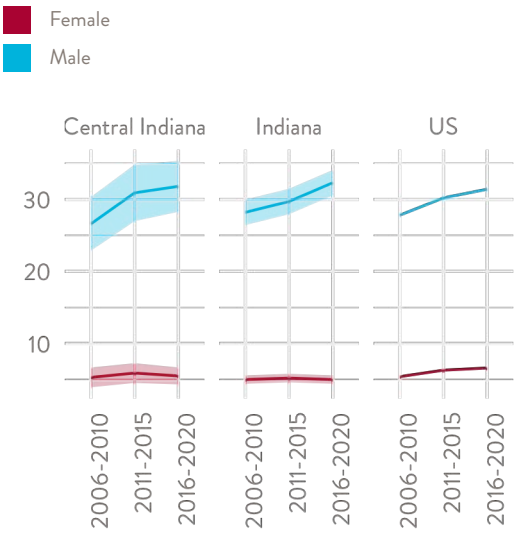
According to the CDC, disability is defined as any condition (impairment) of the body and mind that makes it more difficult for a person to do certain activities and interact with the world around them.[10] The types of disabilities include vision, movement, thinking, remembering, learning, communicating, hearing, mental health, and social relationships.[11] 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.[12]

In 2020, 25% of those aged 65 to 74 had a disability, compared with 49% for those aged 75 or older.[13] Ambulatory disability is the most common type of disability in the older adult population in Central Indiana, followed by hearing disability. Disability rates fell by two percentage points for both age groups between 2015 to 2020.

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 on an equal level in normal community life.[14] This functional disability

## Suicide rates are rising among older men.

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




Source: CDC Wonder

in older adults is routinely measured by their ability to perform activities of daily living (ADL).[15, 16]

According to the 2022 Community Assessment Survey for Older Adults®, many Central Indiana adults age 60 and older report that maintaining their homes (56%, up from 45% since 2017) or yards (43%, down from 49% in 2017) is at least a minor problem.[17] Activities of daily living are also a challenge for some. Nearly two-thirds (65%) of older adults report that doing heavy or intense housework is at least a minor problem.

# NOTABLE HEALTH CHANGES IN CENTRAL INDIANA

The health needs of older adults are 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 approaches daily activities, such as sleeping, eating, or working. Statewide, rates of depression for Hoosiers age 55 and older were stable from 2011 to 2020. Adults age 55 to 64 were more likely to be depressed (22%) than those age 65 and older (16%).[18] The rates are higher for women than men (28% and 16% respectively).[19]

These numbers likely underrepresent the magnitude of clinical depression among the older adult population due to underreporting. According to the CASOA survey, 43% of older adults say feeling depressed is at least a minor problem, 39% say feeling lonely is a problem, and 44% say feeling bored is a problem. Accurate diagnosis of depression in older adults is important because 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 with depression,[20] men are more likely to commit suicide and are less likely to seek mental health help as compared to women[21] and are less likely to be appropriately diagnosed.[22] Men over age 55 commit suicide at five to six times the rate of women. Since 1999, national and statewide suicide rates have been increasing for both men and women, although the rate of increase for women is lower.[23]

When depression and depressive symptoms are diagnosed, many antidepressant medications are safe and well tolerated in older populations[24] and considered the first line of treatment.[25] Older individuals also benefit from receiving therapy from a mental health professional (psychiatrist, psychologist, or counselor) as an effective method of treating depression.[26] However, a growing body of evidence suggests undertreatment of depressive disorders in the older population is widespread.[27] Treatment approaches that actively elicit and consider the preferences of the older adult may help to address this.[28] 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.

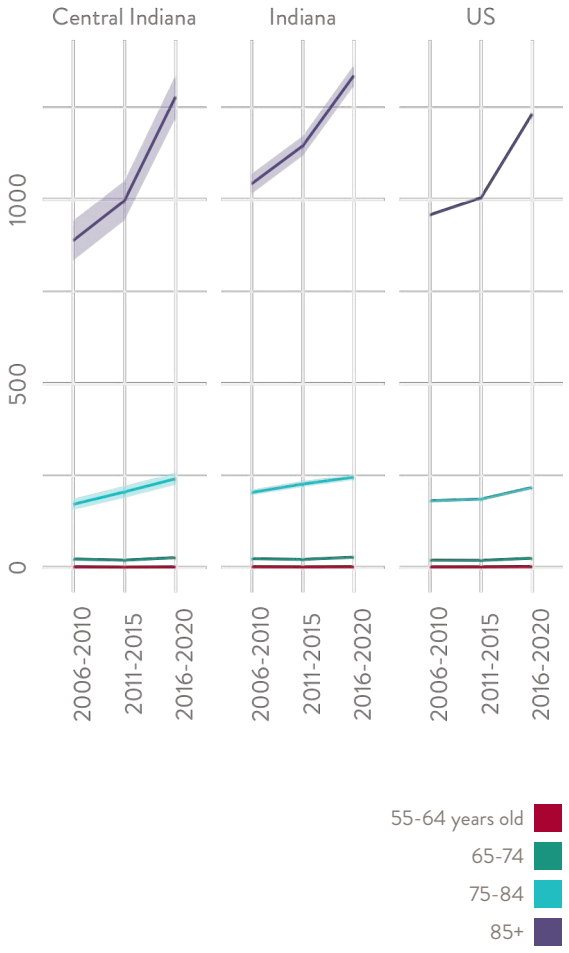
## ALZHEIMER'S DISEASE

"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."[29] It is the most common cause of dementia[30] among older adults, but it is not a normal part of aging.[31]

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, increasing 137% 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. It was the fifth leading cause of death in Central Indiana in 2020.[32]

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

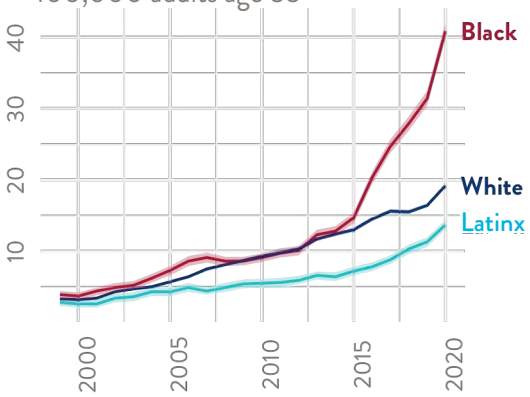
Alzheimer's deaths per 100,000



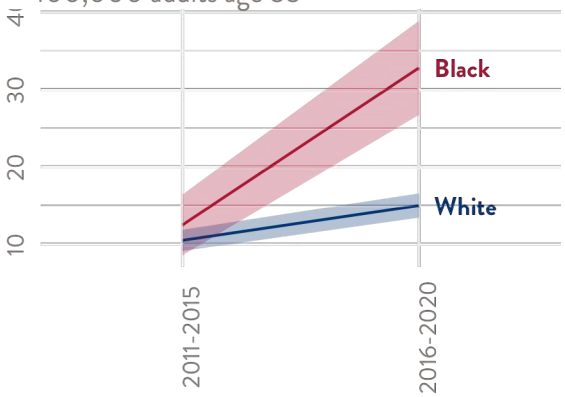

Source: CDC Wonder

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

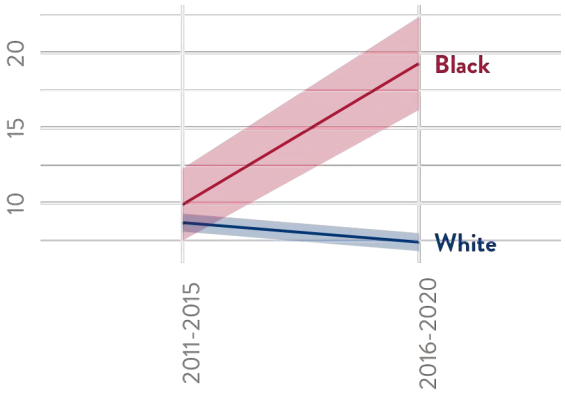
Drug overdose deaths in **U.S.** per 100,000 adults age 55+




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




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




Source: CDC Wonder

## DRUG OVERDOSE DEATHS

For those age 55 and older in the U.S., drug overdose deaths increased more than six-fold between 1999 and 2020. These deaths increased by 19% between 2019 and 2020.

Racial and ethnic disparities in drug overdose deaths persist.[33] Nationally, disparities worsened between 2019 and 2020, when the overdose death rate rose 30% for Black older adults and 17% for White older adults. This is also reflected locally, where the drug overdose death rate is more than twice as high for Black older adults as for White. 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 resulting from overall health conditions.

In Central Indiana, opioid overdose has resulted in increasing death rates in age 55 and older across all races from 2010 to 2020. Between 2010 and 2015, the average opioid overdose death rate was 2.7 per 100,000 older adults. Between 2016 and 2020, that rate had climbed to an average of 10.5 per 100,000 older adults. Death rates are consistently higher for Black older adults than White older adults. These racial disparities were also observed statewide.

## HIGHLIGHTING EQUITY

# BLACK OPIOID DEATH RATES HIGHER THAN WHITE RATES

Between 2015 and 2020, opioid overdose deaths fell slightly for White Hoosiers, but nearly doubled for Black Hoosiers.[34] 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 White Americans. 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.[35]

### *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,[36] and are significantly less likely to be prescribed opioid medications for pain than White patients. This disparity may be attributed to underestimating Black patients' self-reported pain, as well as stereotyping and discrimination by providers.[37] 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.[38] An analysis of opioid deaths in large metro areas found that 70% of opioid-related deaths among middle-age Black adults were tied to synthetic opioids, compared to only 54% of White and 56% of Latinx opioid-related deaths. Between 2014 and 2017, synthetic opioid-related deaths rates increased by over 800% in the Black population, the sharpest increase among all races and ethnicities.[39]

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

Black people with opioid use disorder often have less access than White people to the full range of medication-assisted treatment options available. 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.[40] Buprenorphine treatments are most often paid for either out-of-pocket (40%) or by private insurance (34%), while Medicare and Medicaid only accounted for 19% of visits.[41] Although most Medicare Part D plans

included buprenorphine treatments, as of 2018, 65% of these plans have some sort of restricted coverage for this medication.[42] This further creates disparities in access for Black older adults who rely on Medicare for health coverage. Even though both Black and White patients experience similar rates of opioid use disorder, White patients were 35 times more likely to receive a buprenorphine prescription than Black patients.[43]

## FALLS

Falls are the leading cause for fatal and non-fatal injuries for older Americans.[44] According to the 2022 Community Assessment Survey for Older Adults™ (CASOA) survey results, 32% of older adults in Central Indiana reported falling or injuring themselves in their own homes, highlighting the need for fall prevention programs featuring risk factor interventions. An increasing share of older adults across Indiana report that falls are a problem (36% in 2021 compared to 28% in 2013). Central Indiana did not experience a similar increase. However, fatalities from falls increased significantly between the 2011 to 2015 and the 2016 to 2020 time periods. The average mortality rate from falls increased by 47% between those periods in Central Indiana and 18% statewide. Mortality rates are higher for men than for women (33.5 compared to 20.4) and are increasing faster for men as well (53% increase compared to 36%). See the Aging in Place chapter for more detail about adults who choose to age at home.

## 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 2020, 20% of Central Indiana's Medicare and Medicaid beneficiaries age 65 and older were obese, compared to 7% in 2013. This is similar to statewide rates, which were 18% and 9% in 2020 and 2013, respectively.

## 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.[45] In Central Indiana, diabetes rates in older adults remained stable from 2013 to 2020 among CMS beneficiaries, though rates for people of color have been persistently higher. The death rate from diabetes rose 28% in Central Indiana between 2019 and 2020, a statistically significant increase. This was the first significant increase since 2014 to 2015.

## 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 (e.g., depression, Alzheimer's disease, and anxiety). Socioeconomic factors, such as employment rate, available jobs, increasing earning inequities and older full retirement age contribute to 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 "Excess Deaths Associated with COVID-19." (2022, April 20). https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm

7 Excess Deaths Twice as High for Dementia Patients During Pandemic. (2022, February 28). https://www.medpagetoday.com/neurology/dementia/97406

8 "Excess Deaths Associated with COVID-19."

9 "Essential health services face continued disruption during COVID-19 pandemic." (n.d.). Retrieved April 22, 2022, from https://www.who.int/news/item/07-02-2022-essential-health-services-face-continued-disruption-during-covid-19-pandemic

10 CDC, "Disability and Health Overview | CDC," Centers for Disease Control and Prevention, September 15, 2020, https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html.

11 CDC.

12 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/

13 American Community Survey, 2016-2020 Five-Year Average

14 Dan Goodley, Disability Studies : An Interdisciplinary Introduction / (Los Angeles, Calif ; SAGE, 2011).

15 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

16 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.

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

18 "CDC - BRFSS," August 31, 2020, https://www.cdc.gov/brfss/index.html.

19 "CDC - BRFSS."

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# STATE OF AGING IN CENTRAL INDIANA

CENTRAL INDIANA SENIOR FUND
A CICF FUND

## SECTION 10
# HEALTH CARE

June 2022

The Polis Center
We bring things into perspective.

INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE

SAVI

Regenstrief Institute
Center for Aging Research

Persona

## ABRAHAM

70 years old

Lives with his partner

Retired small business owner

Abraham recently turned 70 and lives with his partner on the near-east side of Indianapolis in a home that they bought 25 years ago. After graduating from high school, working, and saving, Abraham became a small-business owner. He operated a laundromat, a thrift store, and then—for nearly 30 years—a small neighborhood bar. He sold the bar and retired after suffering a fall down a small set of stairs, which injured his knee and required surgery. The fall left him unable to stand for more than a few minutes, or walk more than short distances, without significant pain—which made it impossible for him to keep working at the bar.

Social Security benefits make up nearly all of their household income of nearly $35,000. The small retirement nest egg he built during his working years was drained by the costs of surgery, physical therapy, and related expenses not covered by Medicare. He also takes two prescription drugs to lower his cholesterol and his blood pressure. His primary caregiver for nearly 30 years, who retired 15 months ago, also diagnosed Abraham with pre-diabetes and said he needed to change his diet to avoid developing type 2 diabetes.

Since his surgery and subsequent retirement, Abraham has been covered by both Medicare and Medicaid, which means that most of his healthcare costs are currently covered. Yet he still faces serious health-related stressors and challenges.

Personas are sketches of fictional people that represent real challenges and circumstances highlighted in this report. They are a useful way to imagine how these statistics impact the lives of individuals and families.

One is that he has no hope of recovering the full mobility and mostly pain-free life he had before his fall, and he fears that another fall could leave him wheelchair-bound. A second challenge is that, as a gay Black man, Abraham has not developed a trusting relationship with the new primary care physician he has seen (just twice) since his former caregiver retired. He learned as a young man to be intensely private about his personal life, and he waited several years to reveal his sexual orientation to the previous caregiver. He has not yet done so with the new one. One result is that he feels less motivated to schedule or keep regular doctor appointments, which means he misses out on the kind of preventive care that might slow the progression of his prediabetes and mitigate his risk of heart disease.

A third challenge is that Abraham is suffering from depression as he struggles to adjust to retirement, limited mobility, and chronic pain. His lack of a strong relationship with his new primary caregiver is one obstacle to securing a referral to a mental-health professional. The stigma he has encountered as a gay man is another obstacle. He is very aware that counseling could help him cope with his depression. But connecting with a therapist, much less being vulnerable about his struggles, seem like insurmountable challenges.

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+

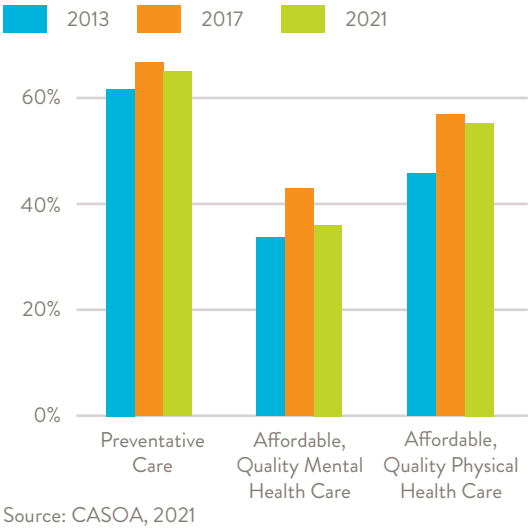
# HEALTH CARE

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, home-based services, and community-based services. Key findings include:

- Most older adults in Central Indiana feel preventative and physical health care is broadly available, but the share who have problems affording health care is on the rise, according to a 2021 survey.
- Providers identify falls, mental health, 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. Medicaid reforms in Indiana could expand access to these services.
- Low-income and other vulnerable Medicare recipients in Central Indiana visit hospitals and emergency rooms more frequently than other Medicare recipients.
- Indiana's ratio of residents to physicians improved by 20% between 2016 and 2021, but rural areas are still lacking health care providers.

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

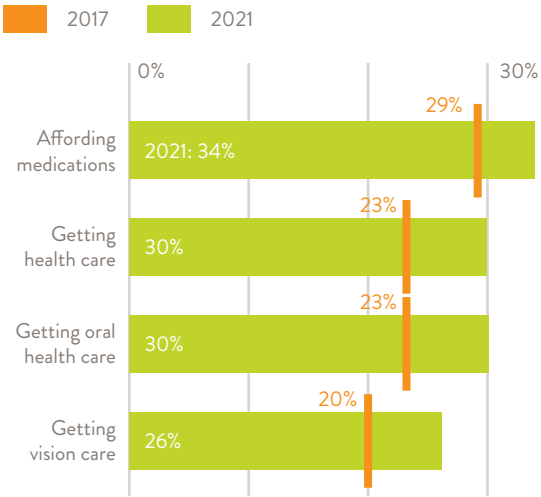
Percent of CASOA respondents who say availability is good or excellent for...




Source: CASOA, 2021

## Still, more older adults in Central Indiana have trouble getting the health care they need compared to 2017.

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




Source: CASOA, 2021

Chronic disease in older adults is often accompanied by disability, high health care utilization, and high health care costs.[1] 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. The region has 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.[2]

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.[3] In Indiana as of 2021, the ratio of residents per physician in rural areas is 1,070:1 as compared to urban i.e., 433:1.[4] These ratios both improved by at least 20% since 2016, but 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 lack of 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 health care access.[5] Shelby County, for example, has only one healthcare system serving its entire population and no 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 to address several issues, including:[6]

- 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

- 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.[7] Becoming an Age-Friendly Health System entails reliably providing evidence-based elements of high-quality care, such as 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. They can also 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 in Central Indiana which has helped to address these issues. However, there is still limited capacity compared to the 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.[8] This reflects a nationwide issue.[9]

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) are the personal care assistance that many people need as they grow older.[10] LTSS includes assistance with self-care tasks, like bathing and dressing, and with daily living tasks, like cooking or managing medication. This work is provided by both paid and unpaid caregivers. Older adults who need assistance with activities of daily living may receive help from family members, friends, paid helpers, 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.[11] HCBS include assistance at home and in other community settings such as an assisted living facility or adult day program.[12]

### *HOME- AND COMMUNITY-BASED SERVICES*

Many older adults in Central Indiana have problems maintaining their home and performing daily activities. They 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)[13] and the Medicaid Aged and Disabled Waiver (Waiver) program.[14] 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, 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 2019-2020, individuals in Indiana receiving home- and community-based services under the publicly funded CHOICE or Waiver program experienced positive outcomes. Around 85% of these individuals felt supported enough to go home after discharge, had someone follow up after discharge, and knew how to manage their chronic conditions (see chart on right).

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 who are 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 medical and supportive services and coordinating the enrollee's care under Medicare and Medicaid to help them maintain independence in their home as long as possible. Central Indiana has one PACE program serving residents of Johnson County and parts of Marion County.

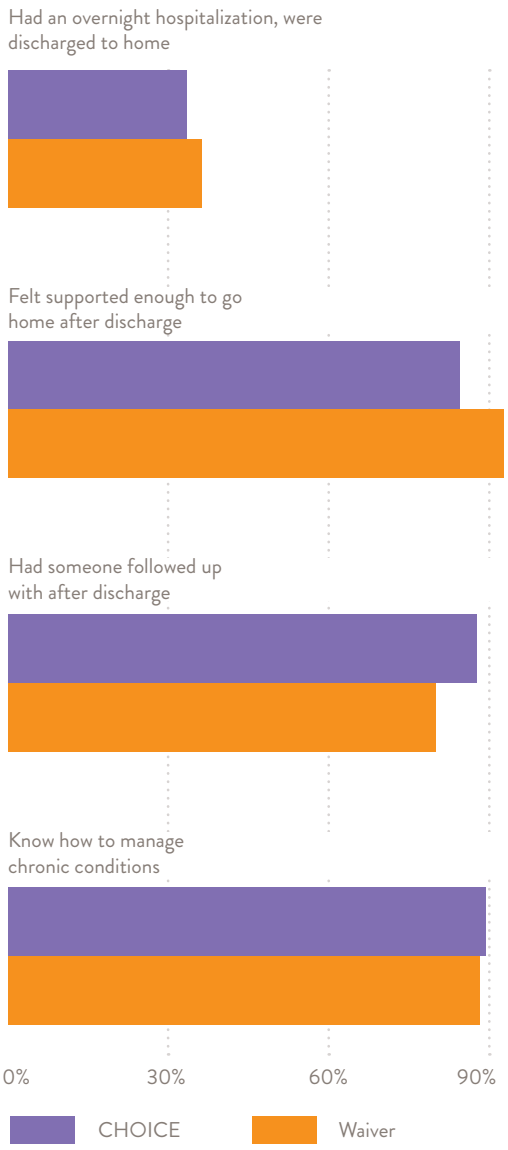
## *EXPANSION OF HOME- AND COMMUNITY-BASED SERVICES*

The Indiana Family and Social Services Administration (FSSA) is implementing reforms to the administration of long-term care under Medicaid with a goal to lower costs per person and deliver more care and services at home. Twenty-five other states have implemented similar reforms, called managed LTSS (mLTSS) programs.[15]

The case for reform is driven by demand for HCBS and growing costs. An FSSA presentation outlining reforms states that most people prefer home-based care but few receive it, and costs for institutional care are

### 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: 2019-2020 National Core Indicators for Aging and Disabilities © (NCI-AD)

disproportionately high. LTSS spending acounts for a quarter of Medicaid costs in Indiana, and most of that cost is institutional care.[16]

Traditional Medicaid payments for LTSS services operate under a fee-for-service model, just like a typical private insurer: Providers agree to be reimbursed at a contracted rate for certain services. Indiana's managed LTSS will operate under a risk-based managed care model. Under mLTSS, the state will sign a contract with "managed care entities" (MCE). The MCE will provide care through their own networks of providers and hospitals, and the state will pay an MCE a fixed annual fee for each Medicaid patient. These payments are linked to patient outcomes rather than services, which shifts a share of the financial risk from state and federal government to health care providers. Proponents of this model say it incentivizes quality, affordable care because profit is driven by reduced costs and positive patient outcomes.[17] Some critics are concerned this reform will exacerbate an LTSS workforce shortage and increase the burden on family caregivers. (See the Caregiving chapter for more details.)

FSSA anticipates the mLTSS program will launch in 2024 and will serve over 120,000 Hoosiers in the initial years of its implementation. By 2029, FSSA expects it will serve 165,000 Hoosiers.

## *NURSING HOME CARE*

Most nursing home care is custodial care such as help with activities of daily living (like bathing, dressing, using the bathroom, and eating). Many nursing homes are certified to provide skilled nursing care (like changing sterile dressings). Nursing homes that participate in Medicare or Medicaid are included in Nursing Home Compare, a rating system from the Centers for Medicare & Medicaid Services (CMS). The rating system provides residents and their families with a 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 periodically publishes the LTSS State Scorecard to provide 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.[18] 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 (Indiana ranks 41) and quality of life and quality of care (Indiana ranks 19). Indiana ranks 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. Planning for the next LTSS State Scorecard is underway, and will provide updated data covering the impact of the pandemic.

## LOW-INCOME AND OTHER VULNERABLE OLDER ADULTS

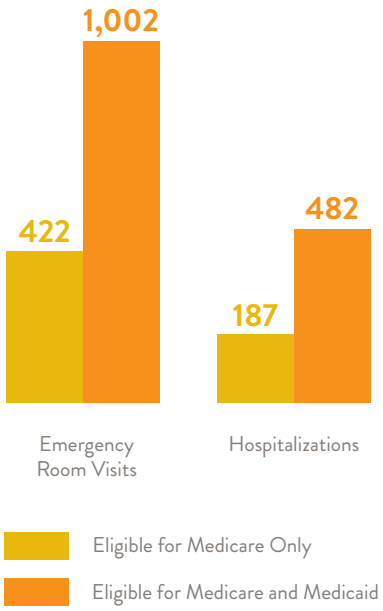
Older adults in Central Indiana have concerns about the expense associated with health care access, eligibility for Medicaid (e.g., "making too much money" to be eligible), inadequate health care coverage by Medicaid and Medicare, and cost of medications.[19] See the Financial Stability section of the report for additional discussion.

Medicare and Medicaid are separate government-run health insurance programs serving two different populations. While Medicare provides health coverage to people 65 years and older and people with disabilities, 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.[20]

Dually eligible individuals tend to have more chronic medical conditions and greater levels of physical disabilities and mental illness than persons with Medicare only.[21,22] 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.

Low-income Medicare recipients visit hospitals and emergency rooms more than 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, 2020

Nationally, the proportion of dually eligible beneficiaries of color increased from 41% in 2006 to 48% in 2018.[23] In Indiana, approximately 80% of those dual eligible are White while 15% are Black, which is disproportionate to the total White and Black population.[24]

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 2020, the 30-day all-cause readmission rate for 65 to 74-year-olds in Indiana was 16%, equal to the U.S. rate. Indiana and U.S. rates have been steady since at least 2015.[25]

Older adults with dementia[26] 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.[27]

Local providers also expressed concern about the barriers experienced by the older adult LGBTQ+ population, who 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[28] because of visible discomfort on the part of the health care provider. This person's experience aligns with findings in the research literature.[29, 30] To learn more, see "Highlighting Equity" on disparities in health care access and quality for LGBTQ+ older adults.

## 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.[31] Using the social-ecological framework[32], 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 15% 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.[33] 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 significant medical issues.[34]

### *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 and services for LGBTQ+ care in healthcare 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.[35] 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.[36]

*Limited medical education inclusive of LGTB+ issues:*

Another organizational concern is the lack of education inclusive of LGBT+ people 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.[37] 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% of respondents felt "not competent" or "somewhat not competent" in treating LGTBQ+ patients.[38]

## *POLICY FACTORS:*

*Lack of healthcare policies that explicitly protect LGTB+ individuals:*

The lack of health care policies that explicitly protect LGTB+ individuals has a negative effect on this population. For example, Indiana's Medicaid program has no explicit policy for transgender health coverage and care, which can create barriers to health care for transgender people receiving Medicaid in the state. In contrast, 23 states, plus Puerto Rico and the District of Columbia, currently have an explicit policy for transgender health coverage and care in their Medicaid programs. Additionally, 24 states and the District of Columbia have laws preventing health insurers from "explicitly refusing to cover transgender-related health care benefits." Indiana has not passed these protections.[39]

# 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


1 Vincenzo Atella et al., "Trends in Age-related Disease Burden and Healthcare Utilization," Aging Cell 18, no. 1 (February 2019), https://doi.org/10.1111/acel.12861

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# STATE OF AGING IN CENTRAL INDIANA

CENTRAL INDIANA SENIOR FUND
A CICF FUND

## SECTION 11
# CAREGIVING

June 2022

The Polis Center
We bring things into perspective.

INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE

SAVI

Regenstrief Institute
Center for Aging Research

Persona

## MARIA AND GEORGE

58 and 60 years old

Married couple

Care for grandchild and parent

Maria and George are a married, Latinx couple living on the near-southside of Indianapolis. George, 60, has been a middle-school teacher in the Indianapolis Public Schools system for 30 years. Maria, 58, was a homemaker and the primary caregiver for the couple's three kids, all of whom are grown and have moved out of the house.

To supplement George's income, Maria occasionally takes on work from a housecleaning service owned by a longtime friend of hers from church. Maria is also a caregiver for the couple's granddaughter, Elisa, the only child of one of their daughters. Elisa goes to daycare during the work week, but George and Maria watch her some weekend afternoons—when their daughter is running errands or needs a break—and on workdays, when Elisa needs to be picked up from daycare and her parents are running late.

George's mother, Sofia, is 85 and beginning to experience the early stages of dementia. She lived alone for several years, in her own home not far from Maria and George, after her husband died. But a year ago, after she was unable to renew her driver's license because of failing eyesight, living alone became increasingly dangerous and impractical. With their kids raised and gone, Maria and George had two spare bedrooms, and it made sense for them to take her in. With George still working full-time, Maria provides the vast majority of care for Sofia. The experience has been deeply rewarding on many levels. Maria's social circle

Personas are sketches of fictional people that represent real challenges and circumstances highlighted in this report. They are a useful way to imagine how these statistics impact the lives of individuals and families.

has expanded as she takes Sofia to events for seniors at the local community center. The two are regulars, as well, at the bi-monthly lunch for seniors at their Catholic Church. The lunches offer good opportunities to talk with friends and meet new people. Maria also feels a strong sense of pride and fulfillment in being a critical source of support to her husband—who struggles to adjust to this new phase in his family's life—and his mother.

Yet the caregiving has created some new anxieties and hardships for Maria. One is that she is unable to help out as much with her granddaughter. With her early-stage dementia and poor eyesight, Sofia needs nearly constant attention. Picking up Elisa at daycare—and watching her on weekends—has become more difficult and requires much more planning than it used to. Caring for Sofia also means that Maria is able to accept fewer jobs with her friend's cleaning service, which is now only possible when George is free and can care for his mother. So, in addition to depriving Maria of a chance to get out of the house occasionally—something she enjoys very much—caring for Sofia has had a negative impact on the family's income. At the same time, it has increased their expenses. This combination of stresses is leading Maria to lose sleep. She worries about not only the couple's finances in the near-term but how Sofia's dementia will affect her and George's relationship and finances over the coming years.

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+

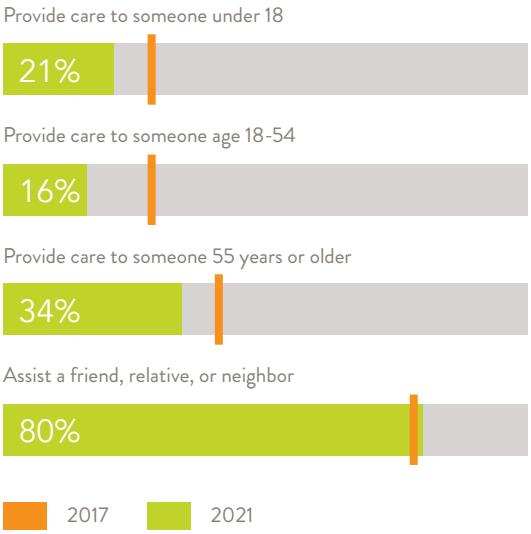
# CAREGIVING

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 report assisting a friend, relative, or neighbor.
- One third of older adults provide care to someone age 55 or older.
- As many as one fifth of older adults in Central Indiana are physically, emotionally or financially burdened by caregiving responsibilities, but this has fallen slightly since 2017. Most adults do not believe support services are available for caregivers.
- Between 2017 and 2021, there was a decline in the share of adults reporting caregiving for other adults in the past week and feeling burdened by caregiving responsibilities.
- A national survey found that caregivers' mental health took a significant toll during the pandemic. Among respondents at least half report adverse mental health conditions such as anxiety, depression, or PTSD. Furthermore, around 30% of caregivers considered suicide.

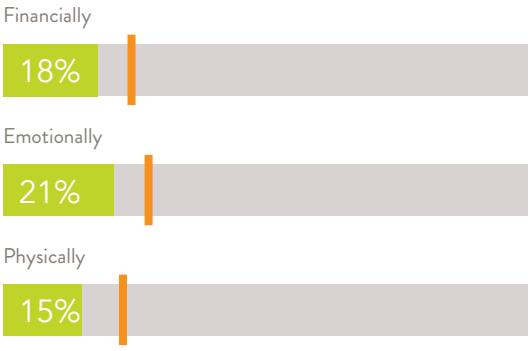
## The share of older adults who report caring for someone and feeling burdened by caregiving fell.

Percent of Central Indiana CASOA respondents who...




*In 2013 and 2017, these questions referred to individuals age 55 or older, age 18 to 54, and under 18.

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




Source: CASOA, 2021

## 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 assisting a friend, relative, or neighbor.[1]

The share of older adults who report providing at least an hour of care to someone in the past week is significantly lower than the 2017 CASOA survey. This could be due to changes in the survey questions. The 18 to 54 age range was formerly 18 to 59, and 55 or older age range was formerly 60 or older. This could also be impacted by the COVID-19 pandemic. Surveys were conducted in the fall and winter of 2021, when the U.S. was in the midst of a COVID-19 surge. This could have temporarily reduced older adults' ability to care for others as they practiced social isolation.

"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.

Caregivers are a diverse group. Some are paid while many are not. Some are parents of children, some are children of the older adults they are caring for, and others are community members that volunteer to help provide care.

One in six American workers provide care, with caregiving more common among people with lower incomes: 21% people earning $36,000 per year provide care compared to 15% of those who earn above $90,000.[2] A larger share of Black (21%) and Latinx individuals (20%) provide care than White individuals (17%). (See "Highlighting Equity" for more information about Latinx caregivers.)

While caregivers are diverse, the responsibility falls more heavily on those who are low-income and are people of color. These groups already face adverse health outcomes

"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

which were exacerbated by systemic problems caused by the COVID-19 pandemic.

There are some promising ways to reduce these added stressors and complications for both caregivers and older adults, such as increasing communication using technology, assisting with activities of daily living such as grocery shopping, and providing caregivers with the support they need.[3]

Reforms to Indiana's long-term support services (LTSS) system will impact family and friends who are caring for older adults. (See the Health Care chapter for details about this reform.) The managed LTSS (mLTSS) reform in Indiana has raised some concerns. Under the current system, family and friends provide the majority of the LTSS in-home and community-based care. Some critics are concerned this reform will exacerbate the persistent and growing LTSS workforce shortages.[4] There is fear that this will increase the burden on family caregivers. Some are concerned mLTSS prioritizes reduced costs for the government more than providing quality health care for older adults.[5] Critics say managed care entities have an incentive to offer low quality of services and deny procedures to boost profits. There is also pushback from healthcare providers due to low reimbursement fees and increased administrative burden.[6] Indiana FSSA is attempting to allay these concerns by holding stakeholder meetings and soliciting feedback from all the involved entities.

## IMPACT ON CAREGIVER

The impact of caregiving on the caregiver is significant, and informants to this report say that it is not unusual for the caregiver to suffer along with their friend or loved one.[7] 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 indicate positive benefits most frequently when caregiving was a newer or short-term experience or when the individual was not the sole caregiver. Caregivers report 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 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.

## IMPACT OF COVID-19 ON CAREGIVERS

The COVID-19 pandemic has caused severe harm to most industries and that includes caregiving for older adults. Caregivers were already a vulnerable group under immense pressure before the virus, but they were pushed even further during the pandemic. A Centers for Disease Control and Prevention (CDC) survey found that caregivers' mental health took a significant toll during this time. Among respondents at least half report adverse mental health conditions such as anxiety, depression, or PTSD. Furthermore, around 30% of caregivers considered suicide. Half of caregivers responsible for both children and adults considerd suicide.[8] For comparison, a survey from the Substance Abuse and Mental Health Administration in 2015 found the rate at which the general population thought about committing suicide was much smaller (4%).[9]

### 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.

| Positive Impact | Negative Impact |
| --- | --- |
| Aging in place | Neglect |
| Increased longevity | Abuse |

Informants report that "aging in place" is a well-understood concept. People want to stay in their own homes as independently 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.

"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.[10] 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.[11] 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.[12] 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.)

## 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 agree 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)[13] and Indiana 211.[14] Informants also report 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, Duett, to match people who need in-home care with providers.[15]

"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

### 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)

## 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.[16] Although Latinx caregivers report higher levels of caregiving satisfaction than White caregivers, 44% report feeling stressed and overwhelmed by their caregiving responsibilities.[17] Latinx individuals also spend more time and money caring for their loved ones than average.[18] 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.[19] Studies have shown that caregivers of people with dementia experience greater caregiver burden, with roughly 25% providing at least 40 hours of care per week to their loved one, compared to only 16% of other caregivers.[20]

### *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.[21] As a result, one study found that Mexican-American caregivers were the least likely to use formal care for their loved one compared to others.[22] 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.[23]

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

Only around half of Latinx older adults are proficient in English,[24] and 57% of Latinx adults report 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% felt that these services would provide the food they were used to eating.[25] Additionally, Latinx caregivers felt they had a lack of understanding of topics around caregiving, with 41% stating they do not understand government programs such as Medicare and SSI, compared to 27% who share that they encountered issues with finding educational resources. When asked what Spanish-language resources would be helpful for Latinx caregivers, roughly half mention trainings on stress management, government programs, and caregiving techniques.[26]

# ENDNOTES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# Download the data used in this chapter.

Download spreadsheets containing our source data
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Endnotes

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## RURAL OLDER ADULTS HAVE LESS ACCESS TO TRANSPORTATION SERVICES

Across the U.S., public transportation is generally less available for rural residents than for urban residents. One third of rural areas have access to public transportation, compared to nearly three-quarters of metro areas.[16] 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. Additionally, even in more urban areas such as within Marion County, approximately 76-thousand older adults live too far from a fixed route bus stop to likely use it. Below are factors that can influence the lack of access to 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. [17] 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. [18]

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

Due to the 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.[19] Compounding these difficulties is the fact that rural transit services in Indiana are also the most costly per rider.

### *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.[20]