



2023-2024 Analysis of Age-Restricted Housing Supply and Demand

State of Indiana



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01. Study Overview

The Indiana Housing and Community Development Authority (IHCDA) and Indiana Family and Social Services Administration Division of Aging (FSSA DA) share many goals for seniors residing in the state. Both agencies aim to provide Hoosiers with:

- **a sustainable quality of life**
- **access to care in their chosen setting**

To achieve these objectives, an analysis across all categories of age-restricted housing is necessary.

The needs of seniors are as nuanced as the places they live, spanning small towns, rural communities, and urban centers. Facilitating age-restricted housing across all settings requires the understanding and refinement of many variables.

This report analyzes the current supply and demand for age-restricted housing categories by aggregate state level. Emerging trends, demographic changes, and housing challenges are addressed. Obstacles faced by seniors living in various locations are identified.

By 2028, the number of Hoosiers over age 55 is projected to increase by more than 5%. The portion of the population over 65 will increase by almost 17%. This study aims to provide the State of Indiana with the necessary data to make informed decisions about age-restricted housing for its residents.

This report is published June 30, 2024, and examines the full state of Indiana. This report follows six regional reports that include detailed supply and demand for the 92 counties in the state and were published throughout 2024.

ABOUT



MMA, Inc. is a market analysis firm based in Indianapolis, Indiana. With backgrounds in commercial appraisal, urban planning, technical writing, commercial real estate, community development, and economics, the MMA team leverages extensive experience to benefit each unique study—from statewide to site-specific.

Founded in 2010, all MMA analysts are certified by the National Council of Housing Market Analysts (NCHMA). Each study is conducted by the NCHMA code of ethics that states, "...the public trust is maintained through independent, unbiased, objective opinions."

We are proud to be chosen to provide this analysis for IHCDA and FSSA DA.



Consultation was provided by JoAnna M. Brown and Associates.



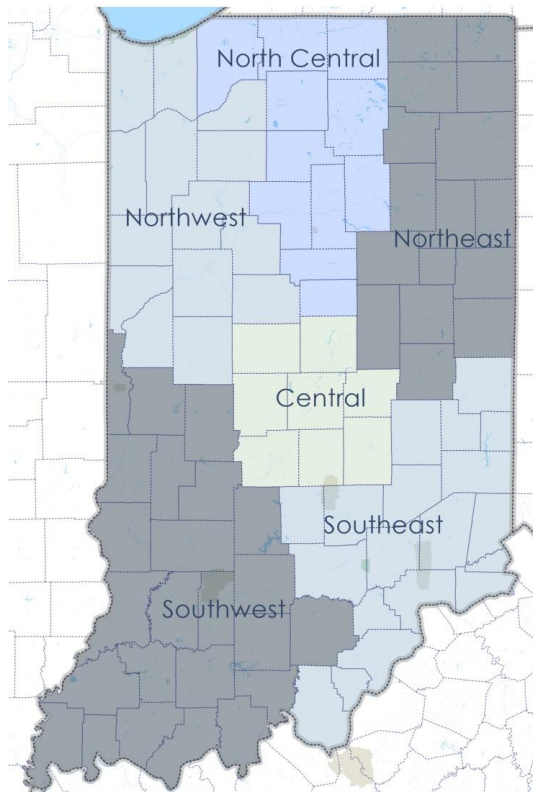
This report covers the full State of Indiana. This report follows six regional reports that examined the data at regional and county level.

Introductory information, pages 3 – 19, is a duplicate of information provided in the Northeast Region report (1/23/24), North Central Region (3/13/24), Central Region (4/25/24), Northwest Region (5/28/24), Southwest Region (6/13/24), and Southeast Region (6/25/24).

For return readers, new content begins with **02. Geography** on page 19.

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Report Organization



Key Data Points and Trends

To organize the data, the state is arranged into six regions based upon the existing service areas established by the Indiana Association of Areas on Aging.

Age-restricted housing data was presented in the regional reports for each category at the following levels:

- State aggregate
- Regional overview
- County detail

Analyzing data from multiple sources produces a robust picture of current and future demand. Data sources are presented in detail in *Sources* on page 89 at the end of the report.

A key takeaway is understanding the quantity and scope of modifications needed to support residents aging in place in single-family, owner-occupied homes. Interviews with directors for the 16 Area Agencies on Aging produced both quantitative and qualitative input on the housing issues impacting seniors. A survey of Indiana residents age 55+ provides additional insight.



Our state has done a tremendous job towards helping aging Hoosiers avoid high-cost, long-term nursing facility placements through prioritizing home and community based long-term services and supports (HCBS).

-Kristen LaFace, MS, MBA, CAE
CEO, Indiana Association of Area Agencies on Aging

METHODOLOGY

Tremendous volumes of data are assimilated in a study of this magnitude. A detailed methodology provides the framework to manage the quantity of information and ensure the reliability of data to produce accurate analysis. Before the first data set was assembled, the methodology established a roadmap for the study’s success. The methodology was developed by MMA, Inc. and approved by IHCDA and FSSA DA.



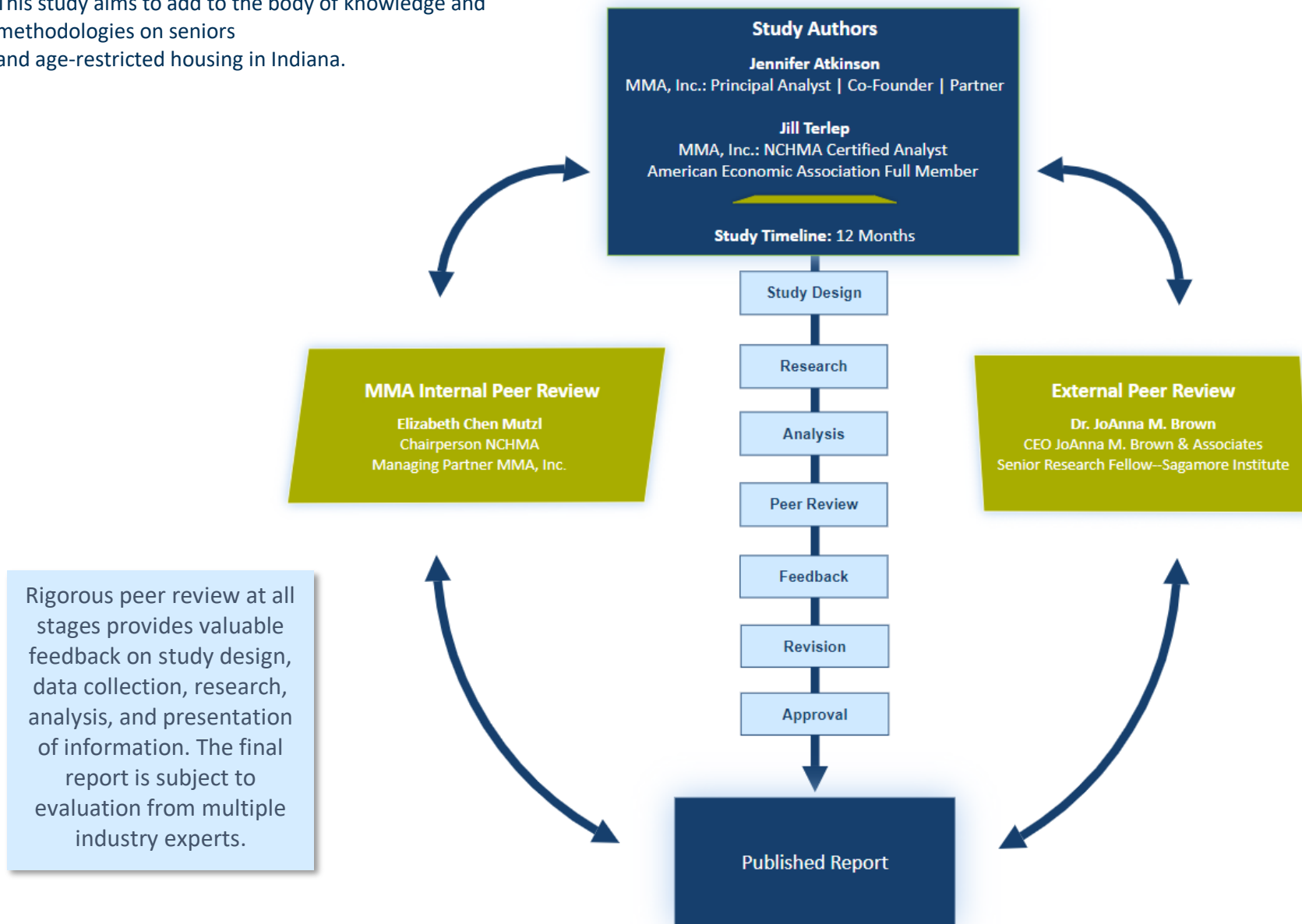
Mixed method approaches allow researchers to use a diversity of methods, combining inductive and deductive thinking, and offsetting limitations of exclusively quantitative and qualitative research through a complementary approach that maximizes strengths of each data type and facilitates a more comprehensive understanding... Mixed methods may be employed to produce a robust description and interpretation of the data, make quantitative results more understandable, or understand broader applicability of small-sample qualitative findings.

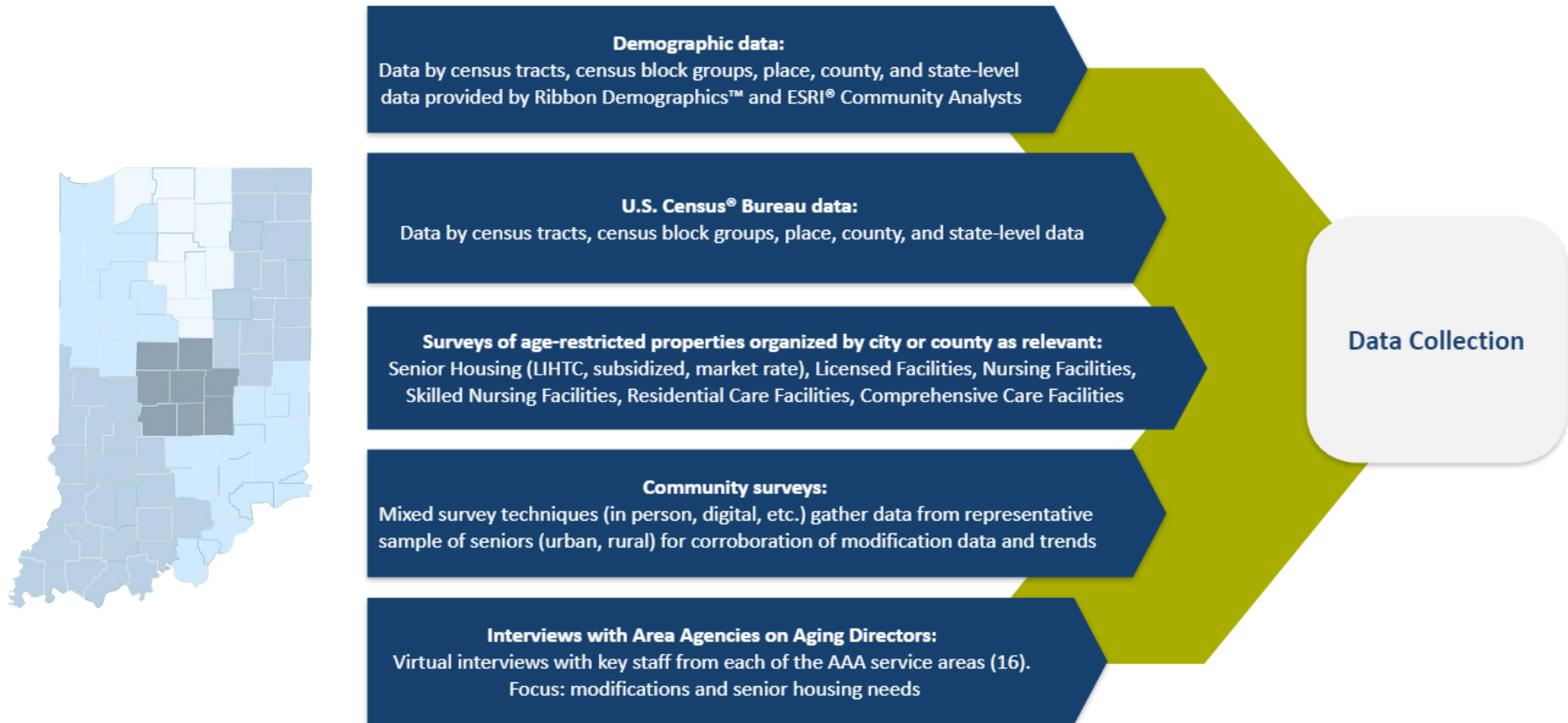
-Harvard Catalyst Community Engagement Programⁱ

Detailed Methodology was approved in the fall of 2023 and is incorporated into this report in the Appendices.

Project Management

This study aims to add to the body of knowledge and methodologies on seniors and age-restricted housing in Indiana.





Detailed sources start on page 89 and citations are on page 111.

Composition of all variables provides a complete housing assessment for each geographic area.

Housing Analysis

A housing study requires the evaluation of three main elements to form conclusions: demographic information, supply inventory, and demand analysis. In each category, data is synthesized and evaluated. Over 500,000 pieces of data are managed in the demographics section alone for a single region, with over three million pieces of data considered for the statewide study.

- **Demographics** data is presented with:
 - A narrative introduction
 - A chart or graph that illustrates the data trend
 - A data table for further analysis of the numbers (where appropriate)
- **Supply inventory** is presented by category in charts and tables.
- **Demand analysis** is shown in graphs and followed by tables that illustrate the detailed calculations.

Throughout the report, key facts, trends, and context are highlighted.

Demographics Introduction

Demographic analysis plays a pivotal role in planning and developing age-restricted housing. Understanding the composition of the existing population and projecting how it will change over time is critical. This information allows policymakers and developers to create inclusive environments that support the needs of senior residents.

Later in the report, demographic data is a key input for demand analysis calculations.

- In general, data is presented from a macro level to establish overall context, and then assessed at a micro level as it relates to the subject.
- All household data is HISTA™ Data licensed from Ribbon Demographics, LLC.
- Income data for 2011 is unavailable from the United States Census Bureau® for areas with a population less than 65,000. The United States Census Bureau® prepared a custom cross tabulation for Ribbon Demographics using the 2011-2015 American Community Survey (ACS) data. This data is referred to as an estimate.
- In accordance with the direction of the data provider, Ribbon Demographics produced by Claritas©:
 - Data for 2011-2015 is presented as an estimate.
 - Data for 2023 is presented as an estimate.
 - Data for 2028 is presented as a projection.

Demographic analysis includes trends by age group for:

- Population
- Households
- Tenure
- Income

Housing tenure is a demographic variable that refers to the way households hold the right to occupy a property: ownership or rentership. Tenure is a critical factor in all housing analyses. For senior populations, housing tenure plays a crucial role in ensuring quality of life—impacting everything from emotional well-being to access to services. To understand the implications for both independent and supported living, this report examines tenure across multiple variables.

Supply Introduction

Determining the housing supply for a defined area is necessary for a housing demand analysis. Supply is researched and surveyed to ensure an accurate base inventory. Additional details on the collection of property data, including research methods and potential omissions, are available in the Limitations section on page 86.

To meet the statistically significant level required for use in the demand analysis, survey responses must reach 20% of each housing category for the specified geography. In areas of high population density, surveys that meet this requirement produce reliable results. Reasonable attempts are made to contact all properties in lower density counties. For licensed residential properties, if standard survey methods do not yield results, data from the Indiana State Department of Health report card on the property is listed along with the date of the report.

Housing Type

Property surveys of the following, organized by city or county as relevant:

- Senior subsidized apartments
- Senior Low Income Tax Credit (LIHTC) apartments
- Senior market rate apartments
- Skilled nursing facilities (SNF)
- Residential care facilities (RCF)

Housing will be categorized by tenure (renters and homeowners). Senior renters have the following choices:

- Subsidized age-restricted housing
- Low Income Tax Credit (LIHTC)—both age-restricted and general population
- Market rate senior housing

Seniors who cannot live independently may choose from the following licensed facilities:

- Residential Care Facilities (RCF)
- Skilled Nursing Facilities (SNF)

According to the NCHMA White Paper, Analysis of Age- and Income-Restricted Properties, residents in a Residential Care Facility (or Assisted Living Facility) are likely to be 75 and older.ⁱⁱ The population is limited to those with a disability, as discussed on page 16.

Senior homeowners are discussed in Section 05. Owner-Occupied Improvements Analysis on page 50.

Planned Units

Planned units are determined through interviews with all county, city, and municipal planning departments. Projects seeking approval for zoning changes or properties in the discussion phase of development are not considered to be pipeline inventory. Only properties that are under construction or have reached a reasonable funding threshold are considered as planned pipeline units.

Income

Income- and age-restricted housing units are crucial in promoting social and economic equity within communities. These types of housing developments are designed to provide affordable options for specific groups of people, such as low-income, senior, or disabled individuals. Income is a key consideration in determining demand for age-restricted housing for independent seniors.

Minimum and maximum income

To determine demand for age-restricted housing for independent seniors, income is considered. Renters are categorized by Area Median Income (AMI):

\$0 to 30% AMI	Subsidized housing, such as project-based Section 8 housing, public housing, Rural Development housing, or similar
30% AMI to 60% AMI	Low Income Tax Credit housing (LIHTC) housing. The program serves households earning 30% to 80% AMI. The industry standard is 60% for the overall average of the target income. Therefore, the 60% level is used for the maximum income.
60% AMI to 300% AMI	Market rate, age-restricted housing. Technically, there is no maximum income cap on households for market rate housing. For the purposes of this analysis, the rent is defined as the rent affordable to a household earning 100% AMI and the maximum income for a renter is set to 300% AMI.

The median income, or 100% Area Median Income, is determined for the state, each county, and region. The income is calculated using HISTA™ data from Ribbon Demographics based on a custom tabulation from Claritas, which provides estimates by geography by tenure, income, and age. The income is estimated for a two-person household size. Using this data, standard analysis techniques are applied to determine the median income, specifically for each county, for the regions, and finally for the state.

Demand Analysis Introduction

Demand analysis uses the demographic data combined with the supply inventory, both current and planned, to determine current and future scenarios. Demand components include:

- Households by income
- Households by age
- Households by tenure
- Percentage of seniors with an independent living disability
- Percentage of senior homeowners likely to convert to rentership

Demand for Independent Living Rental Options

Minimum and maximum income values are determined using the percent of Area Median Income (AMI) applicable to the category type (see the prior section). For the example at right, arbitrary amounts are selected to illustrate the income bands for Subsidized, LIHTC, and Market Rate housing. The number of senior renters in the income band is sourced from HISTA™ data (variables A, G, and M).

The addition of senior homeowners likely to become renters is calculated. For example, in the LIHTC column, the senior homeowners (H) are multiplied by 2.27% (senior homeowners converting to rentership) to yield the number of households to

Simplified Sample Demand Analysis				
Demand for 2023				
	Subsidized	LIHTC	Market Rate	
Minimum Income	\$0	\$20,001	\$40,001	
Maximum Income	\$20,000	\$40,000	\$200,005	
Senior Renters in Income Bracket (a)	A	G	M	
Plus				
Senior Homeowners in this income bracket (b)	B	H	N	
Owner conversion percentage (c)	2.27%	2.27%	2.27%	
Senior Homeowners Likely to Convert to Rentership (b x c)	C	I	O	
Equals				
Total Demand	A + C	G + I	M + O	
Less existing units	D	J	P	
Less planned units	E	K	Q	
Equals				
Net Demand	F	L	R	
2021 Seniors 55+ Homeowners converting to rentership		2.27%		

add to the demand (I). The percentage of senior homeowners converting to rentership is based on the most recently available migration data from the U.S. Census Bureau.

Details on homeowners converting to rentership is available in the appendix *Senior Homeowners Converting to Renters* on page 90.

Existing units, determined during surveys on supply inventory, and planned units for the geography are subtracted from the total demand. The resulting number is the net demand of units for the chosen geography. In a study of this magnitude, omissions will occur. Demand analysis takes this into account when making statements regarding current and future demand scenarios.

Other Parameters for Demand Analysis for Independent Living Rental Options

Once the demand for senior housing has been determined by housing type (net demand), the information is evaluated against occupancy rates, planned units, and other significant market conditions. An assessment of the current supply is determined as sufficient, overbuilt, or insufficient. The demand analysis for independent living properties considers households by income.

Some counties have substantially fewer housing options for senior renters. Market data collected for the regional reports suggests certain counties have an extreme lack of age-restricted rental housing.

When the ratio of independent senior rental options to renter households 55 and older is 10.0% or less, the county is considered an *Age-Restricted Rental Housing Desert*. In Indiana, 19 counties qualify as *Age-Restricted Rental Housing Deserts*. See page 37 for more information.

Demand Analysis: Licensed Residential Properties

Indiana has the following licensed residential facilities:

- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Skilled Nursing Facilities
- Residential Care Facilities

The scope of this report only includes Skilled Nursing Facilities and Residential Care Facilities (also referred to as assisted living facilities).

Tenancy in a Residential Care or Skilled Nursing Facility

Residents in a Residential Care Facility, or Assisted Living Facility, are likely to be 75 and older, and the tenants are individuals rather than households. Therefore, household data is converted to population data using the average persons per household for households 75 and older. In addition, the population is limited to those with a disability.¹

Residents in a Skilled Nursing Facility need more intense nursing skills and are likely to be older. According to a study by Greg Glasgow, a geriatrician with the University of Colorado Anschutz Medical Campus, the mean age for a person to enter a nursing home is 84.ⁱⁱⁱ For the purposes of this report, seniors 85 and older who have a disability are considered in need of Skilled Nursing Facilities.

¹ The American Community Survey, from the U.S. Census Bureau, defines a disability as: “...serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation.” To fully capture the measure of disability, the Census Bureau includes questions on difficulty with the Katz Activities of Daily Living and the Lawton Instrumental Activities of Daily Living. Source: <https://www.census.gov/quickfacts/fact/note/US/DIS010222>.

Skilled Nursing Facilities and Residential Care Facilities

Demographically, the combination of age and the presence of a disability indicates a likelihood that the person needs either assisted living or skilled nursing.

To determine the demand for a Residential Care Facility, the senior population aged 75 to 84 is divided into two groups based on income.

- Seniors eligible for Medicaid Waivers (RCF w MW in the analysis charts).
- Seniors characterized as private pay (RCF in the analysis charts) due to earnings greater than 300% of SSI².

To determine the demand for a Skilled Nursing Facility (SNF in the analysis charts), the population is limited to those 85 and older with a disability. Income parameters are less relevant, given that both Medicare and Medicaid beds are available in Skilled Nursing Facilities.

Once the demand specifically for RCF and SNF housing has been calculated, the total net demand for licensed facilities is determined. To simplify the conclusion, net demand is calculated based on the existing demographic projections, current supply, and properties in the pipeline.

In this study, the net demand is based on large aggregates of data used to determine the potential need for additional licensed facility options. A small, positive net demand number does not necessarily indicate a need for more beds; rather, it may be due to fluctuations in the data. When the net demand numbers are relatively low, as seen with the Skilled Nursing Facility analysis, this could indicate that sufficient units exist.

Impact of Medicaid Options

Indiana allows seniors needing Home & Community Based Services (HCBS) who qualify for a Medicaid Waiver to use the waiver to pay for services in a qualified Residential Care Facility. To qualify for a Medicaid Waiver, an income and asset test is performed. The maximum income to qualify for a Medicaid Waiver is 300% of SSI. The 2024 rates show the maximum income for one person is \$33,948.^{iv} The asset limit is \$2,000 and generally does not include one's primary home.^v For seniors in need of more comprehensive care, Medicaid and Medicare beds are available in skilled nursing facilities.

² SSI is Supplemental Security Income, a program administered by the Social Security Administration for low-income seniors 65 and older, as well as other qualified recipients.

Owner-Occupied Improvement Analysis Introduction

Preparing a home to allow occupants to age in place often requires modifications to address accessibility, safety, and mobility. The final section of this report looks to establish an understanding of the current perspectives of older Hoosiers and gauge the age-readiness and modifications needed to allow aging in place in single-family, owner-occupied homes in Indiana. Along with the statewide age-restricted housing supply and demand analysis, this study aims to add to the body of knowledge and methodologies surrounding the home modifications necessary for the population to age in place.

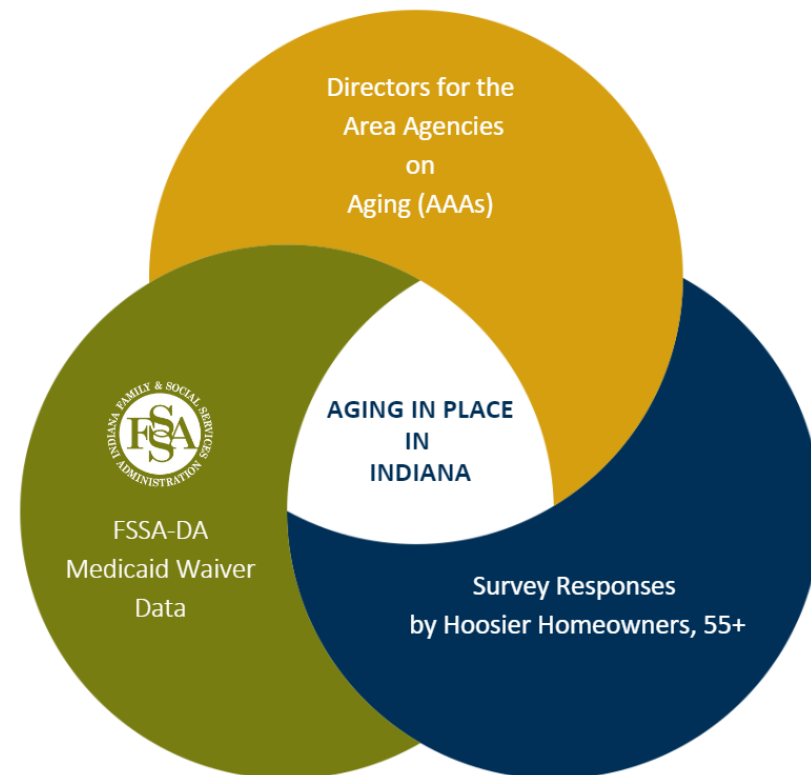
Components of the Owner-Occupied Improvements Analysis

Multiple elements combine to develop a clear idea of the modifications needed to allow homeowners to age in place.

- Hoosier homeowners aged 55+ were surveyed to assess perspectives on aging in place and the need for home modifications. These responses are evaluated against the responses published in previous national studies to gain understanding how Indiana compares.
- Family & Social Services Administration Division of Aging (FSSA-DA) provided detailed data on funds disbursed for home modifications via the Medicaid Aged and Disabled Waiver Program.
- The directors of Indiana's 16 Area Agencies on Aging were interviewed, delivering both quantitative and qualitative input on issues affecting the population they serve. Their responses are detailed in the regional reports.

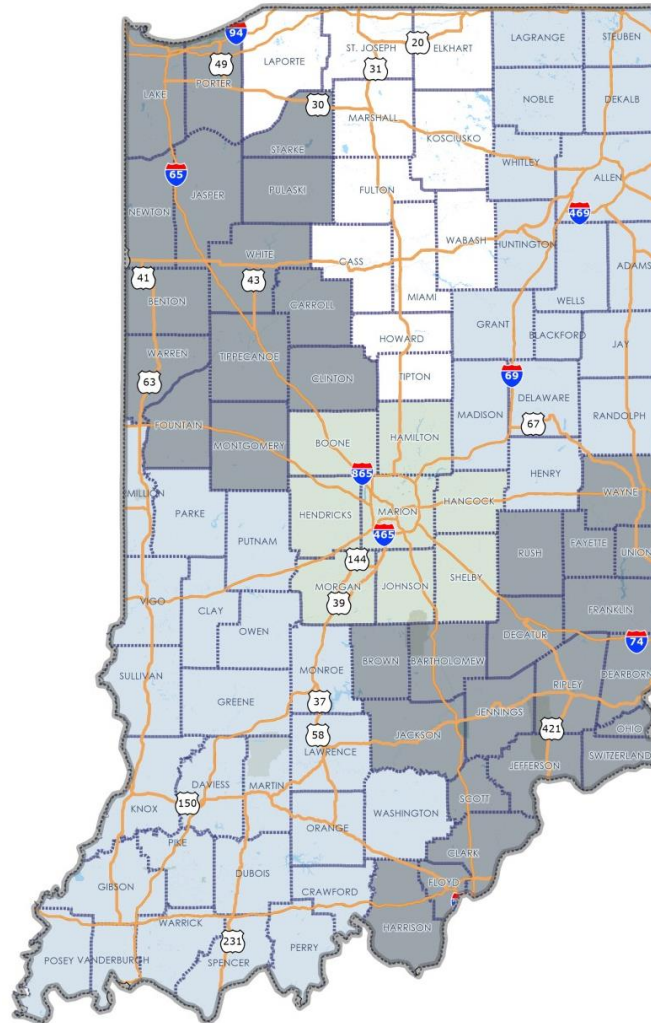
Additional data for the state includes:

- Housing units by number of units in structure
- Housing units by year structure was built



02. Geography

The state of Indiana includes 92 counties, representing 6,838,130 people. The state is divided into 16 Area Agency on Aging Planning and Service Areas (AAA). The six regional reports align with the boundaries of the AAAs. The regions range from a population of 719,258 to 1,102,385.



03. Key Findings

Population

- Estimates and projections show the state’s population will change by 7.3% from 2010 to 2028. Nationally, the population change over the same time period is 13.2%.
- From 2010 to 2028, the 65 to 74 age cohort reflects a 85.0% increase in population, yielding an annualized percentage growth of 4.7%. This increase tracks with national trends and is largely attributed to Baby Boomers who began turning 65 in 2011.^{vi}
- From 2010 to 2023, the population aged 55 and older increased at an annualized percentage of 2.1%. From 2023 to 2028, the growth will likely slow to 1.2% per year.
- Brown County, with a total population of 15,564, has the highest percentage of seniors at 44.8% of the population aged 55 and older. Projections for 2028 show Brown County will still have the highest percentage at 47.2%. The proportion of senior population in the state ranges from 22.1% (Tippecanoe County, 2023 population of 188,696) to 44.8% (Brown County).
- From 2023 to 2028, almost all senior populations are expected to grow. A projected decrease in the 55 to 64 age cohort is attributed to the shift of this age group to older age brackets.

Households

- Based on 2023 estimates, households 62+ are increasing at a faster rate than households 55+. Households 62 and older are increasing annually by 1.9%, while households 55 and older are only increasing by 1.3%. Data for 2028 shows the trend will continue.
- Projections indicate strong growth in renters 62 and older. This cohort is expected to increase by 12.1% from 2023 to 2028.

Income

- Hamilton (median income \$116,077), Hendricks (median income \$94,984), and Warrick Counties (median income \$87,198) have the highest median incomes, based on 2023 estimates. Projections for 2028 show that Johnson County (2028 median income of \$101,206) will displace Warrick County in the top three.
- Over 179,000 of the 2.7 million households earn \$75,000 to \$100,000, according to data for 2023. The number of households in the state earning \$75,000 or more has been increasing, a trend that is mirrored in regions throughout the state. In 2023, 1,522,949 households earn less than \$75,000, and 816,080 earn more than \$100,000.
- When household income data is limited to renter households 55 and older, the largest group earns \$10,000 to \$20,000. Projections for 2028 show the trend continues.
- When the households are limited to age 75 and older, estimates for 2023 indicate a similar number earns \$15,000 to \$24,999, \$35,000 to \$49,999, and \$50,000 to \$74,999. Projections for 2028 show the largest group will become those who earn \$50,000 to \$74,999.

Supply

- The state-wide survey reveals 45,867 independent living units for seniors. Of these units, 48.3% are subsidized.
- *Age-Restricted Rental Housing Deserts* are defined as geographies where rental housing units exist for less than 10% of the senior renter households. In the state, 19 counties meet the criteria. Three counties—Boone, Hamilton, and Johnson—are in Central Indiana.
- Marion County has 8,389 senior units, accounting for 18.3% of the senior units in the Central Indiana region.

Disability

In Indiana, 47.1% of seniors 75 and older are disabled representing 195,487 people.

- Randolph County has the highest disability rate at 63.5% representing 1,264 people.
- Tipton (472 people), Brown (498 people), and Hamilton Counties (6,600 people) all have disability rates lower than 39%.
- The other counties have a disability rate that ranges from 37.3% to 63.5%.

Demand Analysis

- Unmet demand is evident across all categories of independent living. Both a growing senior population and an increasing percentage of senior renters contribute to the high demand. The 2023 unmet demand for independent living units totals almost 245,000. **Note:** *Not all senior renters live in age-restricted multifamily properties. Some demand is absorbed by general occupancy properties.*

Subsidized	LIHTC	Market Rate
63,999	56,112	124,483

- Unmet demand for Residential Care substantially exceeds demand for Skilled Nursing Care, a trend that will increase based on 2028 projections.

Residential Care Beds	Skilled Nursing Beds
133,832	11,093

- The demand for Residential Care (133,832 beds) far outweighs the need for Skilled Nursing (11,093).
- In 2023, 65,200 residents in Indiana need Medicaid Waivers to pay for Residential Care services.

Owner-Occupied Improvements Analysis

Census data reporting the percentage of aging-ready homes is not available on the individual state level. The Census geography that includes Indiana, as well as Illinois, Ohio, Michigan, and Wisconsin, shows 27% of occupied housing units are aging-ready homes. To qualify as aging-ready for the Census, the residences include a step-free entry as well as a bedroom and full bathroom on the first floor.

Multiple elements combine to develop an understanding of the volume and scope of modifications needed to allow aging in place in single-family, owner-occupied homes.

- Hoosier homeowners aged 55+ were surveyed to assess perspectives on aging in place and the need for home modifications. These responses are evaluated against the responses published in previous national studies to gain understanding how Indiana compares. MMA contracted with American Directions Research Group to conduct a representative survey of seniors living in Indiana. The purpose is to assess whether the age-readiness of senior housing in the state of Indiana aligns with the Census data and other national reports. This survey addresses a knowledge gap—current research is not available for these variables at the regional level for Indiana.
- Family & Social Services Administration Division of Aging (FSSA-DA) provided detailed data on funds disbursed for home modifications via the Medicaid Aged and Disabled Waiver Program.
- The Area Agencies on Aging (AAA) are trusted local sources for older Americans, recommended by senior-focused agencies and advocates from the National Institute on Aging to AARP. As the community experts for all 92 counties, agencies deliver both quantitative and qualitative input on the issues addressing Indiana’s older population. The directors of Indiana’s 16 Area Agencies on Aging were interviewed, delivering both quantitative and qualitative input on issues affecting the population they serve. Their responses are detailed in the regional reports.

Key findings for the Owner-occupied Analysis are available at the beginning of the section on page 51.

04. Indiana

Demographics: Section Overview

For the state, the following data is used to understand demographic trends, senior housing supply, and need for various senior housing options:

- Total population and population by age group
- Total households and households by age group
- Total households by tenure (owner or renter) and households by tenure by age group
- Existing supply of all senior housing options and planned additions to the supply
- Demand for senior independent rental options
- Demand for assisted living and skilled nursing

Unless otherwise noted, all data in the demographic section is sourced from HISTA™ data by Ribbon Demographics. HISTA™ data (Households by Income, Size, Tenure, and Age) by Ribbon Demographics is a demographic data product specifically designed for housing analysis. HISTA™ tabulates all four essential elements: household income, household size, tenure (renters vs. owners), and age of householder. HISTA estimates are produced by the demographers at Claritas and are based on a variety of data inputs, including a four-way custom tabulation of data at the census tract level from the American Community Survey (ACS), which Ribbon Demographics commissioned from the US Census Bureau, the most recent Decennial Census and other ACS data, as well as other sources that Claritas uses in the production of their standard demographic data products (PopFacts), which are fully consistent with HISTA figures. HISTA™ has been widely used for housing analysis throughout the USA for 20 years.

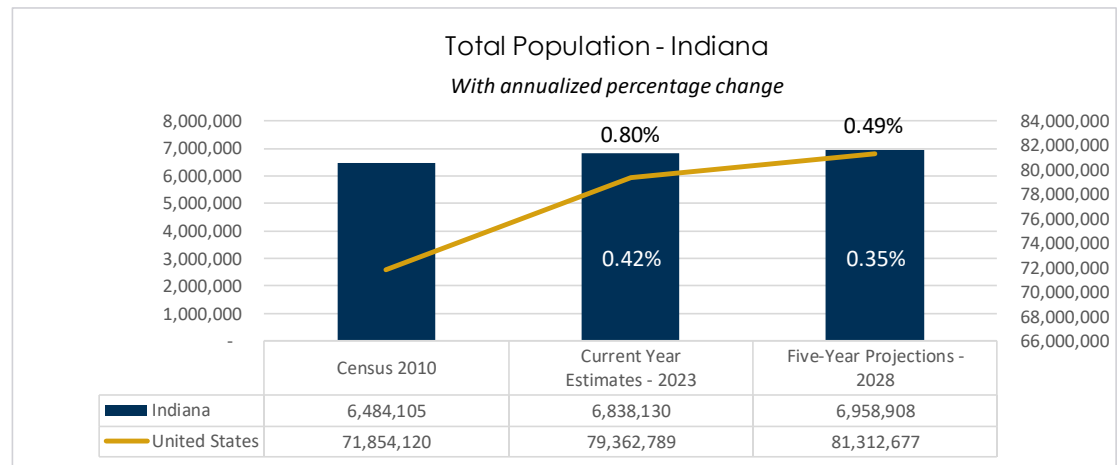


According to the AARP International Journal, “Every day in the U.S., 10,000 people turn 65, and the number of older adults will more than double over the next several decades to top 88 million people and represent over 20 percent of the [United States’] population by 2050.

The rapid pace of change creates an opportunity and an imperative for both the public and private sector to harness the potential of the growing segment of society and to ensure the welfare of older Americans.”ix

Population

Estimates and projections show the state’s population has steady growth.

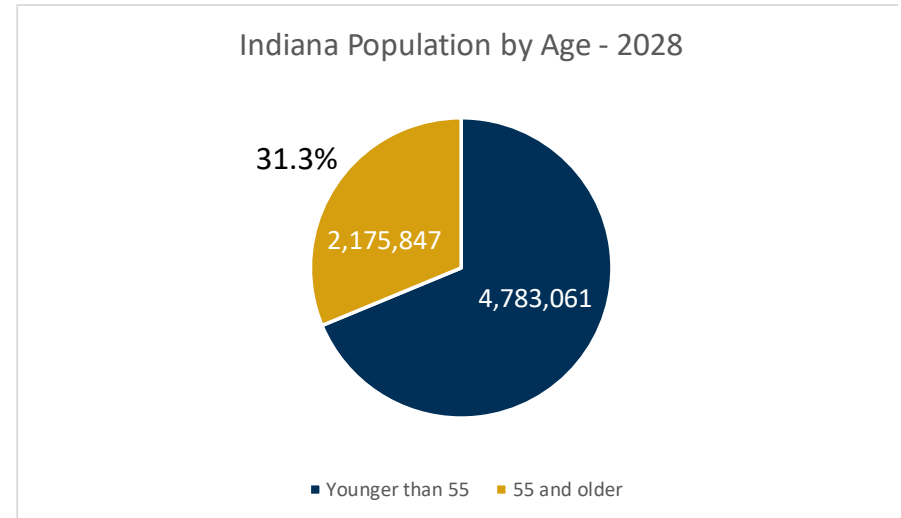
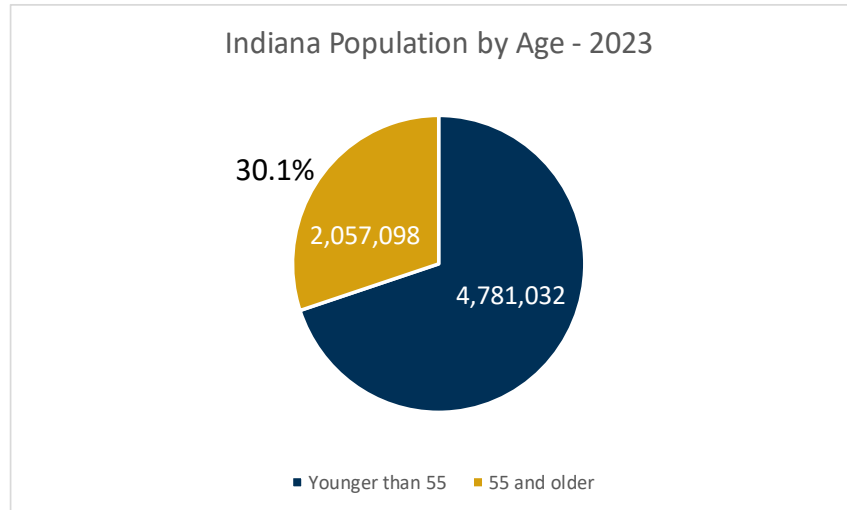


The state shows consistent population growth from 2010 to 2028.

Population by Age Group

For 2023, 30.1% of the population in the state is 55 and older. County percentages range from 22.1% to 44.8%.

- In 2023, Indiana is estimated to have 6,838,130 residents, with 2,057,098 (30.1%) over age 55.
- By 2028, Indiana is projected to have 6,958,908 residents, with 2,175,847 (31.3%) over age 55.
- The state is projected to increase its senior population by almost 120,000 residents by 2028. Notably, Indiana’s population is expected to grow by just over 120,000 people in the same time period.



Indiana counties by percentage of senior population

- Brown County ranks as the top county for percentage senior population.
- Tippecanoe and Monroe Counties, both home to large universities, rank with the lowest percentages. University students are not included in county population total. Students are counted at their permanent home address by the U.S. Census™. However, it is likely that the lower percentage of older residents in both counties reflects the presence of the universities.

Highest and lowest counties by percentage of senior population, 2023

Counties with the highest percentage of seniors

Geography	2023 Population Estimates	2023 % of population 55+
Brown County	15,564	44.8%
Ohio County	5,950	41.2%
Owen County	21,387	38.1%

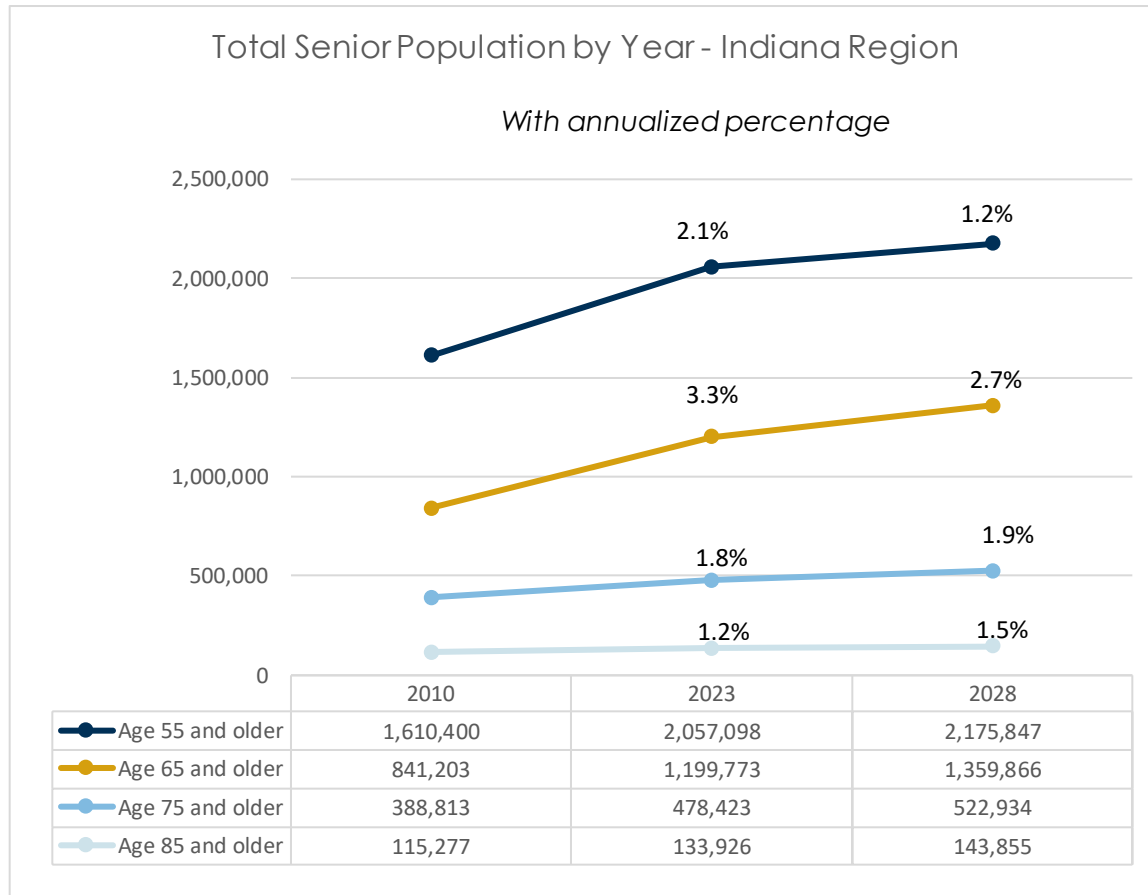
Counties with the lowest percentage of seniors

Geography	2023 Population Estimates	2023 % of population 55+
Tippecanoe County	188,696	22.1%
Monroe County	139,910	25.1%
LaGrange County	40,919	25.3%

Indiana counties by senior population

- As the most populous county in the state, Marion County is home to almost 250,000 older Hoosiers.
- Lake County (Gary) and Allen County (Fort Wayne) account for almost 266,000 more residents over age 55.
- The top three counties by high senior population are home to an estimated 25% of the state’s older residents in 2023.
- Ohio County is one of the lowest counties when population 55+ is considered. While low in population, two out of every five residents in the county are over 55, putting the county in the top three by percentage (above).

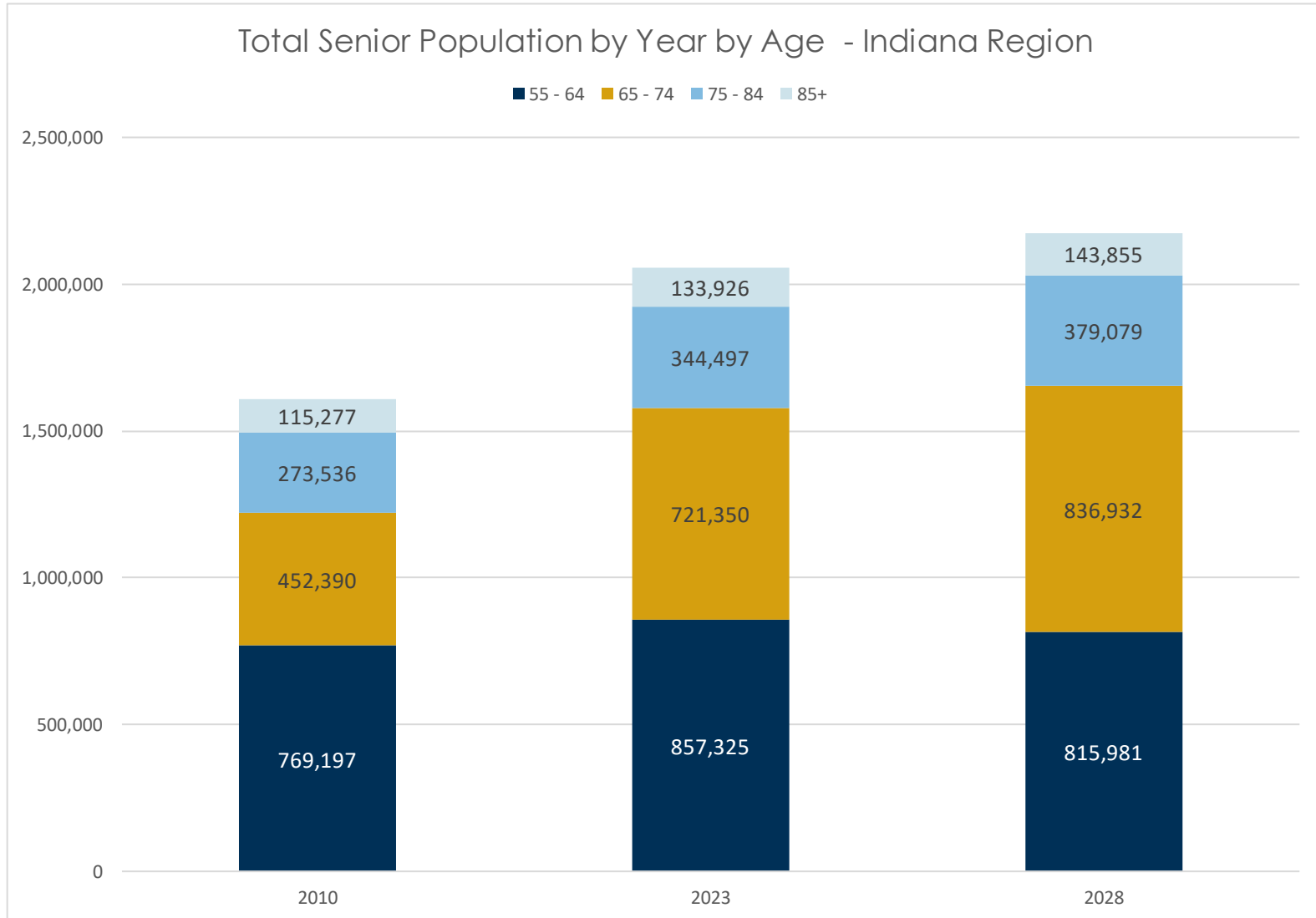
Each trend line in the graph below represents the total population for the defined age cohort and above. Projections for 2028 indicate the cohort aged 55 and older will reach 2,175,847 individuals, which includes 143,855 seniors over the age of 85.



From 2023 to 2028, the increase in the population 65+ represents a growth of 13.3%. Total population increases 1.8%.

Total Senior Population by Year

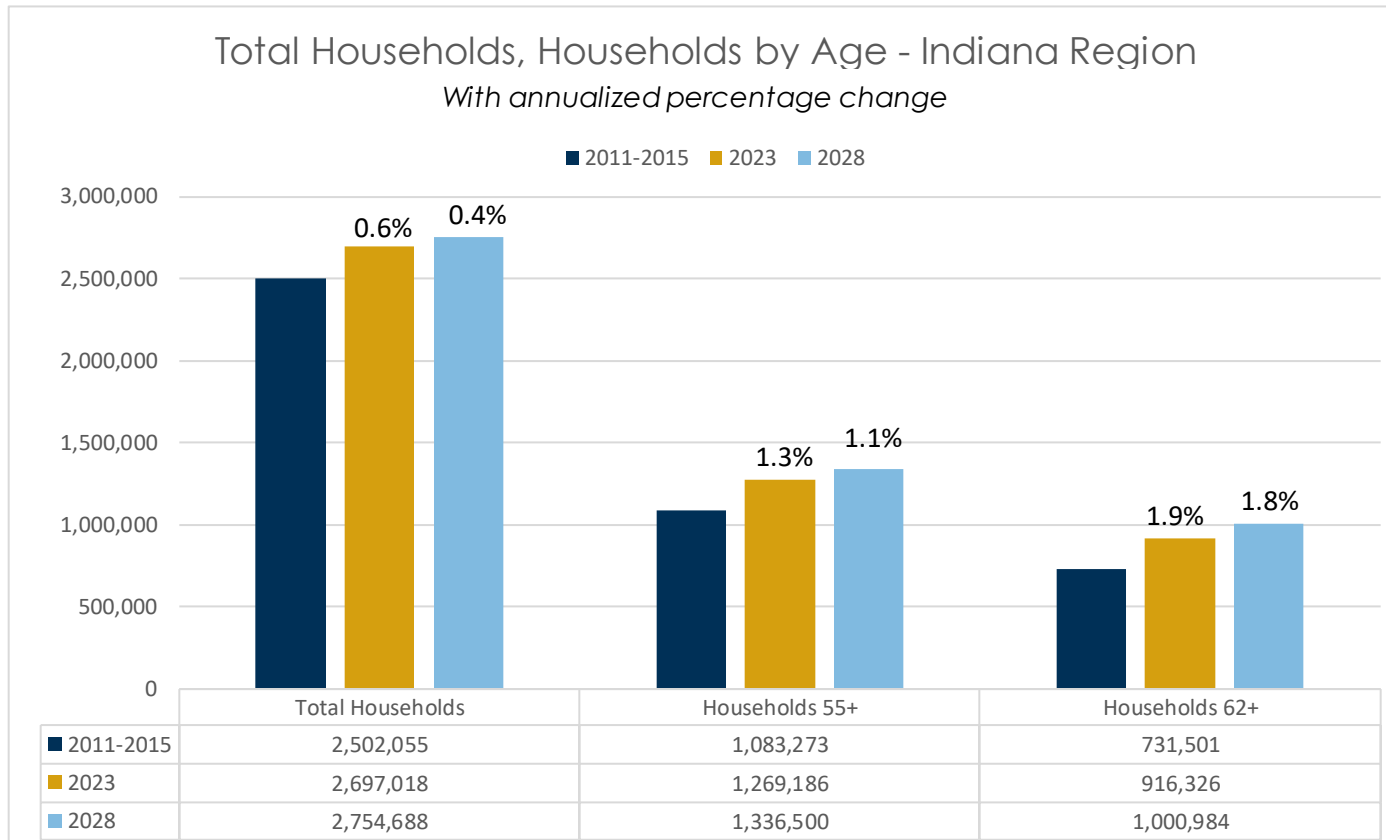
From 2023 to 2028, all senior populations are expected to grow, except for the age group 55 to 64. This reflects trends seen across all regions.



The 65 – 74 age cohort will grow by 85.0% from 2010 to 2028.

Households

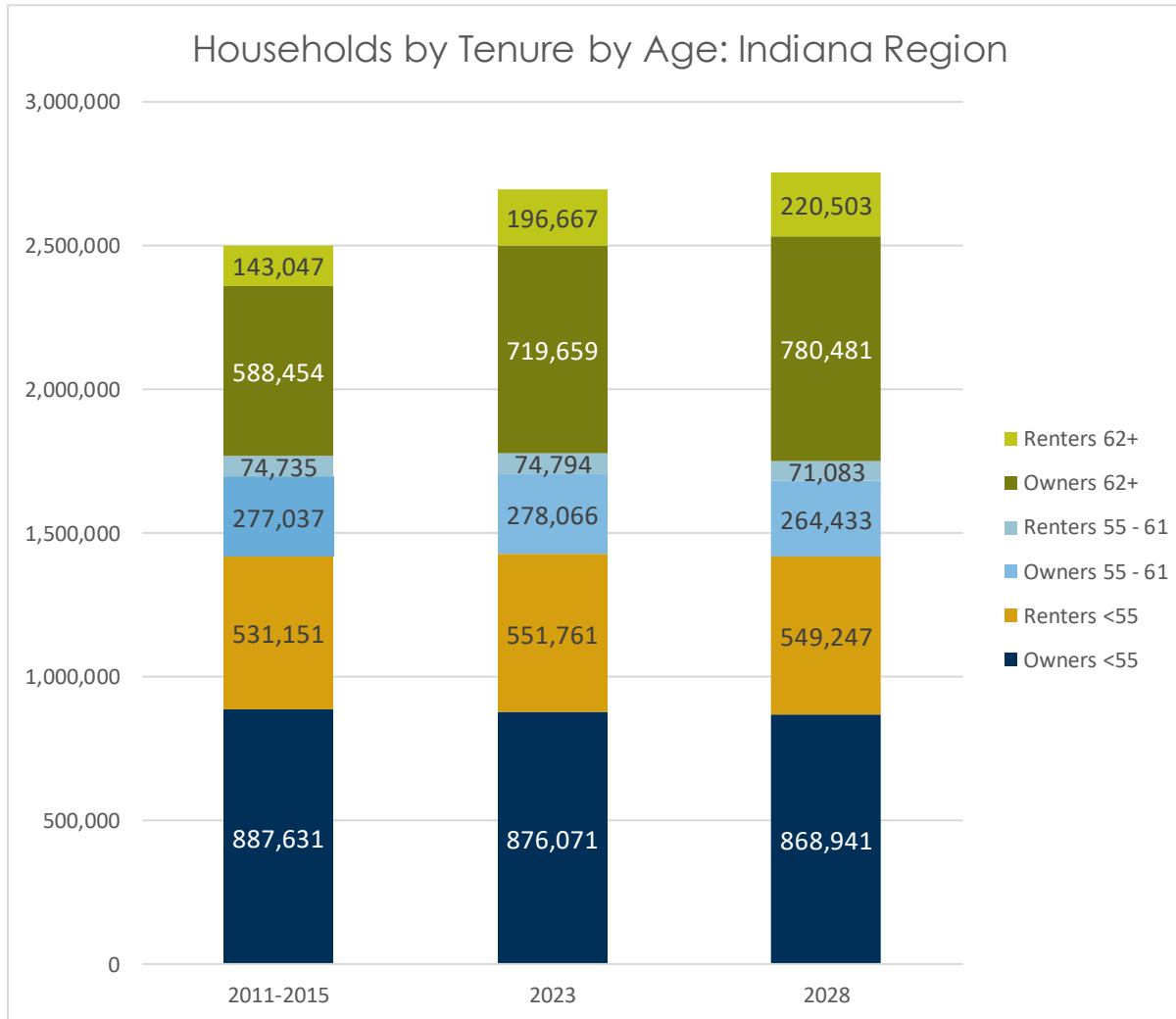
Households are defined by the U.S. Census Bureau as, “...[including] all the people who occupy a housing unit (such as a house or apartment) as their usual place of residence.”^{vii} For the State of Indiana, total households have an annualized percentage change of 0.6% from 2011 - 2015, and 0.43% from 2023 - 2028.



Strongest household growth is evident in the 62+ age group.

Households by Tenure

From 2023 to 2028, the growth by tenure is entirely driven by age 62+ owners and renters. Senior renters 62+ represented 19.6% of the senior households in 2011-2015. By 2028, senior renters represent 22% (220,503).



Renters and owners 62 and older have been increasing. Projections show the number of renters 62+ will increase from 2023 to 2028 by 12.1%.

Households by Income

The state has a 2023 median income of \$66,095 and projections for 2028 show the median income will be \$73,490. A review of the median income by county illustrates the disparity between high-income and low-income counties. Using the inflation projections from the International Monetary Fund, the state’s median incomes will parallel current inflation predictions for 2023 through 2028.^{3,viii}

Highest and lowest median household income, 2023

Highest median income

County	Median Income	
	2023	2028
Hamilton County	\$116,077	\$130,932
Hendricks County	\$94,984	\$108,390
Warrick County	\$87,198	\$94,145

Lowest median income

County	Median Income	
	2023	2028
Scott County	\$48,947	\$51,667
Blackford County	\$50,400	\$55,359
Crawford County	\$49,211	\$55,449

Highest and lowest median household income, 2028

Highest median income

County	Median Income	
	2023	2028
Hamilton County	\$116,077	\$130,932
Hendricks County	\$94,984	\$108,390
Johnson County	\$86,346	\$101,206

Lowest median income

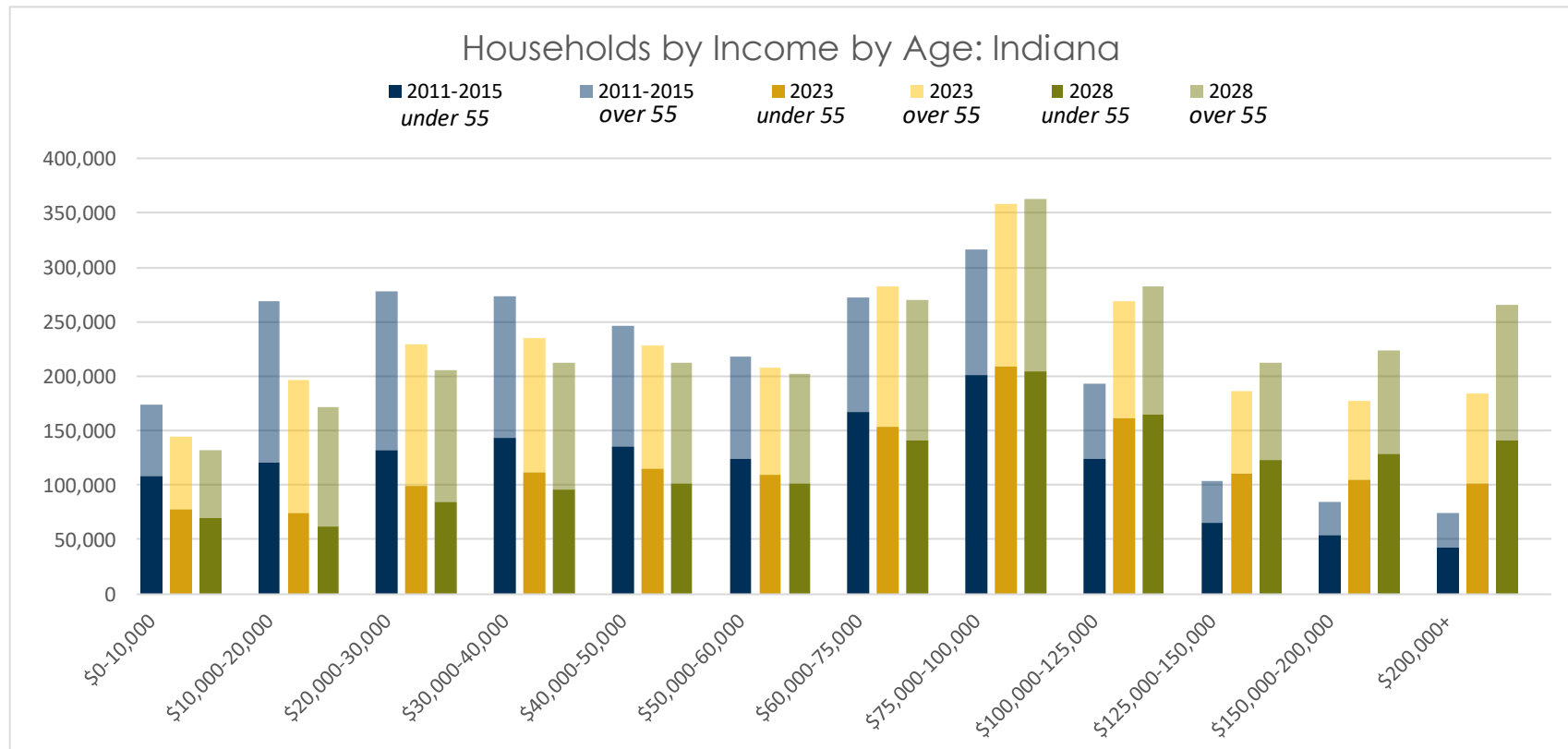
County	Median Income	
	2023	2028
Scott County	\$48,947	\$51,667
Blackford County	\$50,400	\$55,359
Crawford County	\$49,211	\$55,449

Johnson County displaces Warrick County in 2028 for the highest median income. The counties with the lowest median income remain the same for 2023 and 2028.

³ According to the Statista Research Department, “This forecast of U.S. inflation was prepared by the International Monetary Fund. They project that inflation will stay higher than average throughout 2023, followed by a decrease to around roughly two percent annual rise in the general level of prices until 2028. Considering the annual inflation rate in the United States in 2021, a two percent inflation rate is a very moderate projection.”^{ix}

Households by Income by Age

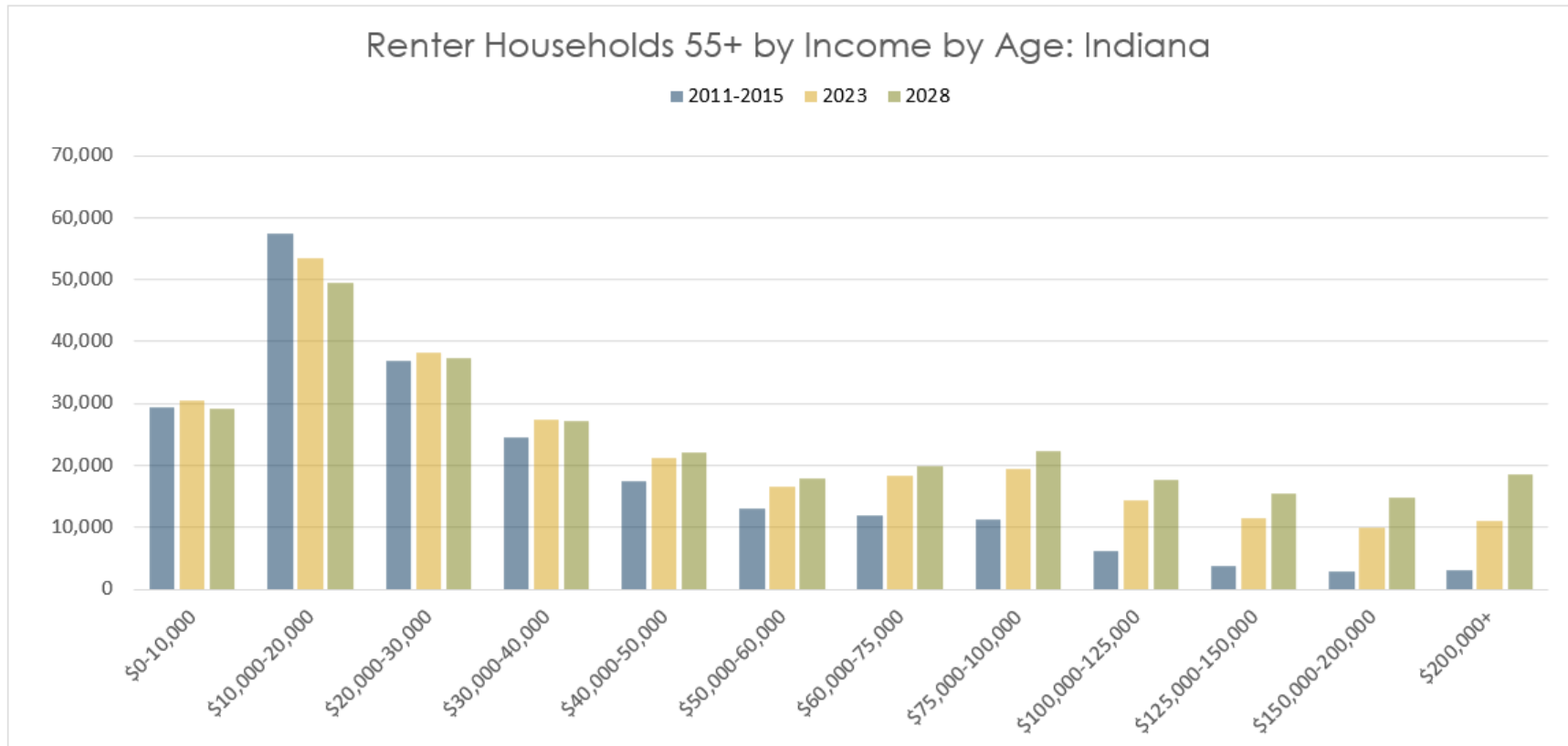
Income bands are categorized by age. The period from 2011 – 2015 is included to provide further context for income trends. Analyzing households by income bands establishes a projected pattern of income growth for 2028. The lower/darker part of each bar represents households headed by persons under age 55, and the lighter/upper portion of the bar represents senior households over age 55.



The largest group of households aged 55 and older earns \$75,000 to \$100,000, an income trend projected to continue for 2028. While almost 160,000 households 55 and older are projected to earn from \$75,000 to \$100,000, more than 620,000 households (46%) will earn from \$0 to \$60,000, below the state’s current and projected median income.

Renter Households 55+ by Income

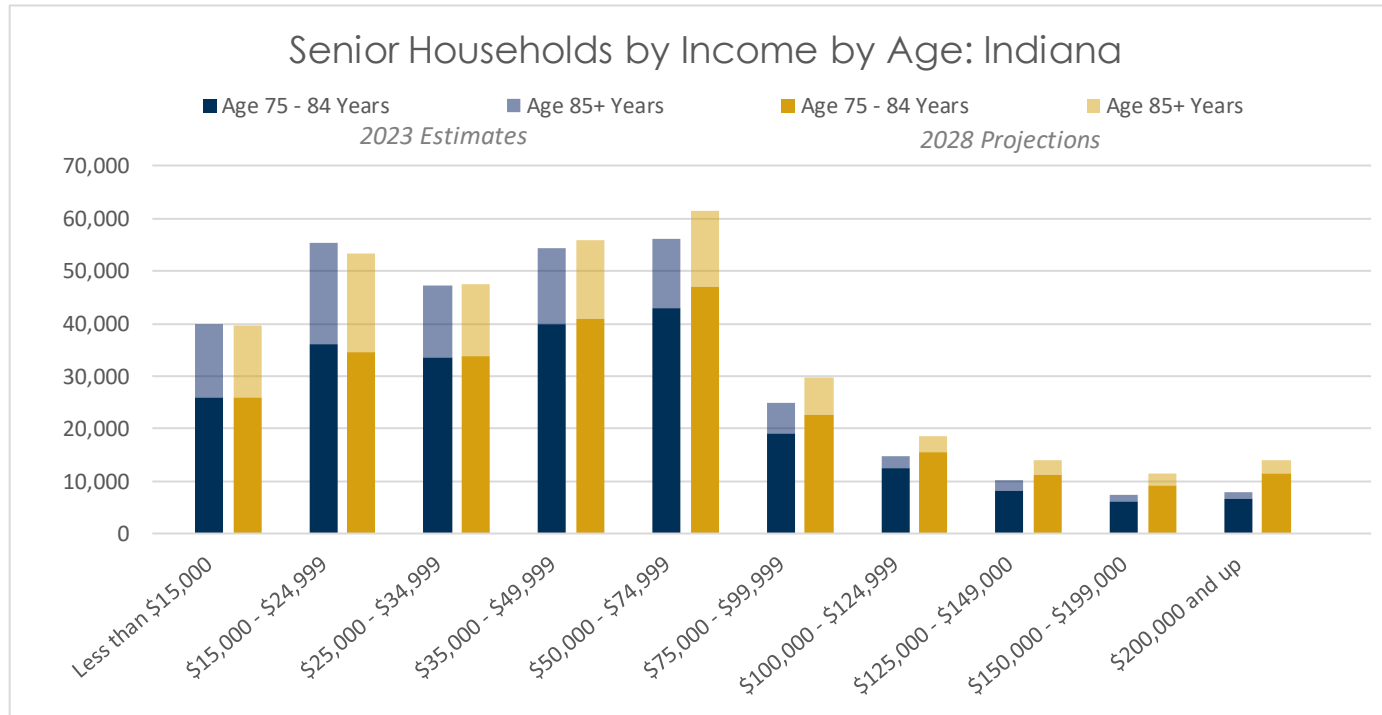
Drilling down into the data provides insight on the senior renter household income.



The largest group of renter households aged 55 and older earns \$10,000 to \$20,000, an income trend projected to continue for 2028.

Households by Income by Age, 75+

This age range is relevant in calculating demand for Residential Care and Skilled Nursing Facilities.



In 2023, a similar number of seniors aged 75+ earns \$15,000 to \$24,999, \$35,000 to \$49,999, and \$50,000 to \$74,999. For 2028, the largest group will earn \$50,000 to \$74,999.

Data for senior households aged 75 and older is not available from HISTA™ from Ribbon Demographics. This data is sourced from Claritas PopFacts. Ribbon Demographics is also a licensed reseller of Claritas’ PopFacts data, which are used for population, housing unit data, structures by age, median home value, and more. For this report, PopFacts allows analysis of senior households by income over the ages of 75 and 85 to determine demand for assisted living and skilled nursing facilities. Claritas has been a leading demographics provider since the 1970s. Ribbon Demographics first selected Claritas to produce HISTA based on the results of select comparisons of 2000 household estimates with 2000 decennial census figures that were published later. Claritas also performs their own evaluations every ten years. Their 2020 evaluation demonstrates that their estimates remain similarly reliable.

Supply: Section Overview

For the regional reports, a supply analysis (survey) is presented for all 92 counties. The inventory covers housing in the following rental categories:

- Subsidized housing
- Low-income Tax Credit Housing (LIHTC) housing
- Market rate housing

All properties were called multiple times. An entry of NA in charts or tables indicates that data is not available or does not meet standards for analysis.

Minimum and maximum income

The minimum and maximum income are determined for the following:

- Independent Living
 - Subsidized apartments
 - Low Income Tax Credit (LIHTC) apartments
 - Market rate apartments
 - Enhanced senior independent apartments
- Licensed Facilities
 - Residential Care Facility with Medicaid waiver (RCF w MW)
 - Residential Care Facility – private pay (RCF)
 - Skilled Nursing Facility (SNF)

Enhanced senior independent living is a newer option for seniors. For example, Legends Village in Washington (Davies County) provides call pendants for all residents to access 24-hour staff assistance. The facility also offers both formal dining and casual dining, an in-house physical therapy clinic, and enhanced amenities like a hair salon and an ice cream parlor.

If a resident needs service that require licensing, such as medication management, a third-party home health care provider comes in to provide the service for a fee.

All senior properties that are enhanced senior living are shown in the Market Rate section and indicated with an * in front of the name.

The supply of licensed facilities is reported by type: Residential Care Facility, or Skilled Nursing Facility, or both. When a property does not have a type of bed, NA is listed.

Indiana – Supply Analysis

Surveys conducted in late 2023 and early 2024 revealed 45,867 independent living units in Indiana, with 48.3% of the senior units found in subsidized properties.

The scope of the surveys of the senior housing in the state included 719 LIHTC, subsidized, and market-rate age-restricted properties. Marion County has 18.3% of the senior rental units in the state. Counties that have fewer than 1 age-restricted rental unit for every 10 renter households 55 and older are identified as *Age-Restricted Rental Housing Deserts*.

Age-Restricted Rental Housing Deserts

County	----- Units -----			Total Rental Units	Renters HH 55+	Ratio
	Subsidized	LIHTC	Market Rate			
Benton County	0	0	0	0	319	0.0%
Boone County	48	68	54	170	2,560	6.6%
Clay County	36	48	0	84	1,003	8.4%
Daviess County	47	0	49	96	1,476	6.5%
Elkhart County	1,033	224	32	1,289	15,260	8.4%
Floyd County	48	66	26	140	2,947	4.8%
Hamilton County	18	208	533	759	9,285	8.2%
Jasper County	48	0	0	48	1,107	4.3%
Jefferson County	70	50	44	164	1,787	9.2%
Johnson County	214	210	131	555	5,950	9.3%
LaGrange County	32	35	0	67	709	9.4%
Miami County	48	0	32	80	1,229	6.5%
Owen County	30	0	0	30	784	3.8%
Porter County	201	0	228	429	5,985	7.2%
Posey County	37	46	0	83	936	8.9%
Pulaski County	22	24	0	46	466	9.9%
Putnam County	64	48	28	140	1,457	9.6%
Spencer County	46	0	0	46	909	5.1%
Warren County	16	0	0	16	164	9.8%

In the state, 19 counties qualify as *Age-Restricted Rental Housing Deserts*.



Where are Indiana’s age-restricted rental housing deserts? The 19 counties that meet the criteria for *age-restricted rental housing desert* are scattered throughout the state. These counties have fewer than one age-restricted rental unit for every 10 senior renter households, i.e. under 10%.

Age-restricted properties are often the only housing to offer the accessibility features that older residents need, such as zero-step entries, main floor bedroom and bathroom, and doorways wide enough for a wheelchair. ADA compliant units make up a small proportion of the units in multifamily properties built for general population (not age-restricted).

Benton, Floyd, Jasper, Owen, and Spencer Counties all have rates near or below 5%. In areas like this, the low supply of age-restricted housing can force residents to relocate, often far away from social support networks, to find accommodations that meet their needs.

Highlighted counties have a low-supply of age-restricted rental housing units.

Indiana: Minimum and Maximum Income

The minimum and maximum income is used to determine the demand for different types of age-restricted housing.

Region: Indiana				
Type of Housing		Income Level	Minimum Income	Maximum Income
Independent Living	Subsidized	30%	\$0	\$20,049
	LIHTC	60%	\$20,050	\$40,098
	Market rate	300%	\$40,099	\$200,488
Licensed	Residential Care Facility w/waiver		\$0	\$33,948
	Residential Care Facility private pay		\$33,949	\$200,488
	Nursing Facility		\$0	\$200,488

Disability Rate

Standard analysis techniques use disability rates to determine the need for Residential Care Facilities and Skilled Nursing Facilities.

Sex by Age by Disability Status	Number	Percentage
Estimate, Total	6,687,996	
Estimate, Total, Male	3,306,459	
Estimate, Total, Male, 75 years and older	169,891	100.0%
Estimate, Total, Male, 75 years and older, with a disability	79,507	46.8%
Estimate, Total, Female	3,381,537	
Estimate, Total, Female, 75 years and older	245,424	100.0%
Estimate, Total, Female, 75 years and older, with a disability	115,980	47.3%
Estimate, Total, Male & Female, 75 years and older	415,315	100.0%
Estimate, Total, Male & Female, 75 years and older, with a disability	195,487	47.1%

Source: American Community Survey 2022 5-Year Estimates. Table B18101, Sex by Age by Disability Status.

In the state, over 195,000 (47.1%) seniors 75 and older are disabled.

Disability Status (75+) by County

When the data is examined by number of disabled residents over age 75, the top ten counties account for more than 87,000 (45%) of the over 195,000 total seniors. While Hamilton County ranks among the lowest counties in disability percentage, the county ranks 5th in the state when number of disabled residents is considered.

Disability Status 75+ by County	Number of disabled	Percentage of population
Marion County	22,299	49%
Lake County	15,794	48%
Allen County	9,709	45%
St. Joseph County	7,975	46%
Hamilton County	6,600	39%
Elkhart County	5,927	48%
Vanderburgh County	5,580	47%
Madison County	4,776	50%
Porter County	4,595	42%
Hendricks County	4,184	45%

Indiana's counties have disability rates that range from 37.3% to 63.5%. The following counties have the highest and lowest disability rates for the state.

Highest disability rates

Disability Status 75+ by County	Number	Percentage
Randolph County	1,264	63.5%
Greene County	1,475	61.4%
Jackson County	1,793	58.8%

Lowest disability rates

Disability Status 75+ by County	Number	Percentage
Tipton County	472	37.3%
Brown County	498	38.2%
Hamilton County	6,600	38.7%

Source: American Community Survey 2022 5-Year Estimates. Table B18101, Sex by Age by Disability Status.

Many of Indiana's rural counties face the burden of a high proportion of disabled residents (75+) relative to the population. For example, Ohio County, population 5,950 (92nd), is Indiana's least populous county, yet it faces a 51% disability rate (269 residents).

Rent Overburdened and Substandard Housing

The chart below reflects the number of renter households in Indiana paying more than 40% of their income for housing, indicating they are rent overburdened. For general occupancy housing, the typical rent overburdened metric is paying 35% or more for housing. For seniors, the metric is 40%.

Gross Rent as a % of Household Income	Number
Total renter HH in Indiana	793,030
Renter HH paying 40 to 49% of income	61,862
Renter HH paying 50% or more of income	168,078
<i>Total rent overburdened</i>	229,940
Percentage	29.0%

The chart below reflects the number of renter households in Indiana in substandard housing.

Substandard Housing	Number
Total households in Indiana	2,653,596
Owner-occupied lacking plumbing facilities	5,844
Owner-occupied lacking kitchen facilities	7,457
Renter-occupied lacking plumbing facilities	3,793
Renter-occupied lacking kitchen facilities	13,120
<i>Total households with substandard units</i>	30,214
Percentage	1.1%

Seniors often face the additional obstacle of budgeting on a fixed income. Just under 30% (229,940) of Indiana's older residents (55+) are paying over 40% of their income for rent, qualifying them as *rent overburdened*. Additionally, 30,000 seniors are living in substandard conditions. High occupancies, a low supply of affordable housing, and rising rents in market rate properties combine to create a challenging housing picture for aging Hoosiers.

Indiana – Demand Analysis

The demand for senior housing (by housing type) is evaluated against occupancy rates, planned units, and other significant market conditions. An assessment of the current supply is determined as sufficient, overbuilt, or insufficient. The demand analysis for independent living properties considers households by income.



Market demand is not project specific and covers all renter households and income levels.

-National Council of Housing Market Analysts White Paper
Demand and Capture Rate Methodologies^{vi}

The demand analysis for independent living properties includes:

- Minimum and maximum income for each type of housing
- Number of renters 55 and older
- Percentage of existing senior homeowners who will convert to rentership⁴
- Existing and planned independent living properties

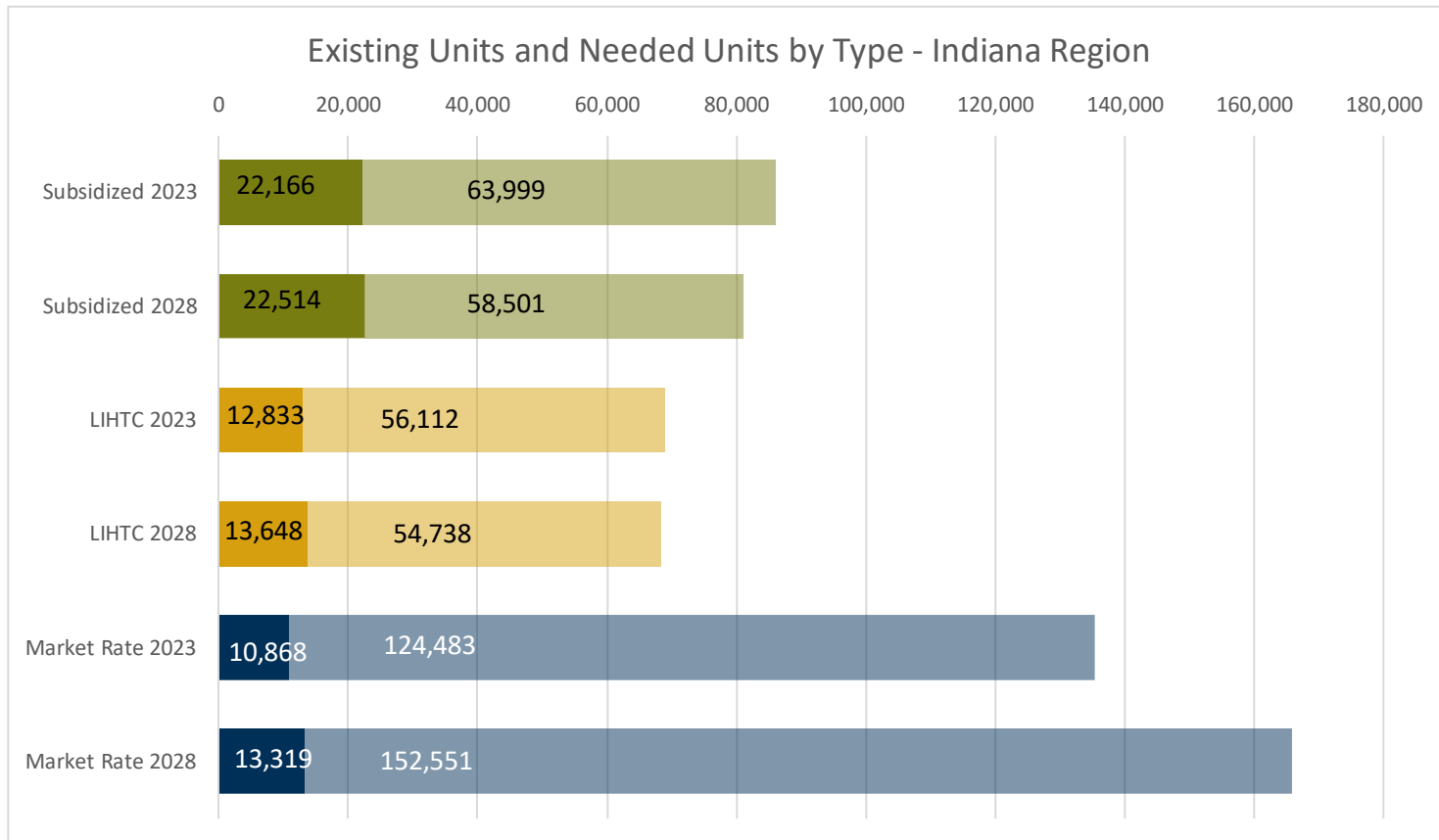
⁴ Data sourced from the American Housing Survey C-06-00 conducted by the U.S. Census Bureau®

Demand Overview

Demand for Independent Living Rental Properties

In the chart below, the darker colors show existing age-restricted units, and the lighter colors show the net demand by type and year. The greatest demand is present for senior market rate properties.

Note: Not all senior renters live in age-restricted multifamily properties. Some demand is absorbed by general occupancy properties.



Demand is evident across all housing types.

Demand for Independent Living Rental Properties

In estimates for 2023 and projections for 2028, demand for age-restricted properties exceeds supply in all categories. Not all senior renters live in age-restricted multifamily properties. Some demand is absorbed by general occupancy properties.

For subsidized housing, 1 unit exists for every 4 needed.

In 2028, the projected shortfall is almost 60,000 units.

Marion County needs over 15,000 units.



For low income tax credit housing (LIHTC), 1 unit exists for every 5 needed.

In 2028, the projected shortfall is almost 55,000 units.

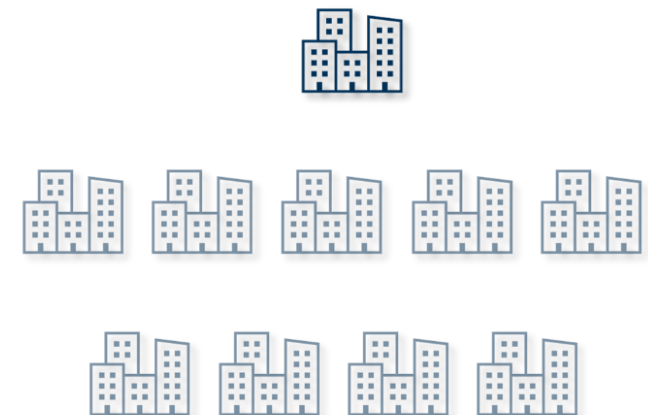
Marion County needs over 9,400 units.



For market rate housing, only 1 unit exists for every 10 needed.

In 2028, the projected shortfall is over 150,000 units.

Marion County needs almost 20,000 units.



Detailed Demand Analysis Calculation for Independent Living Rental Properties

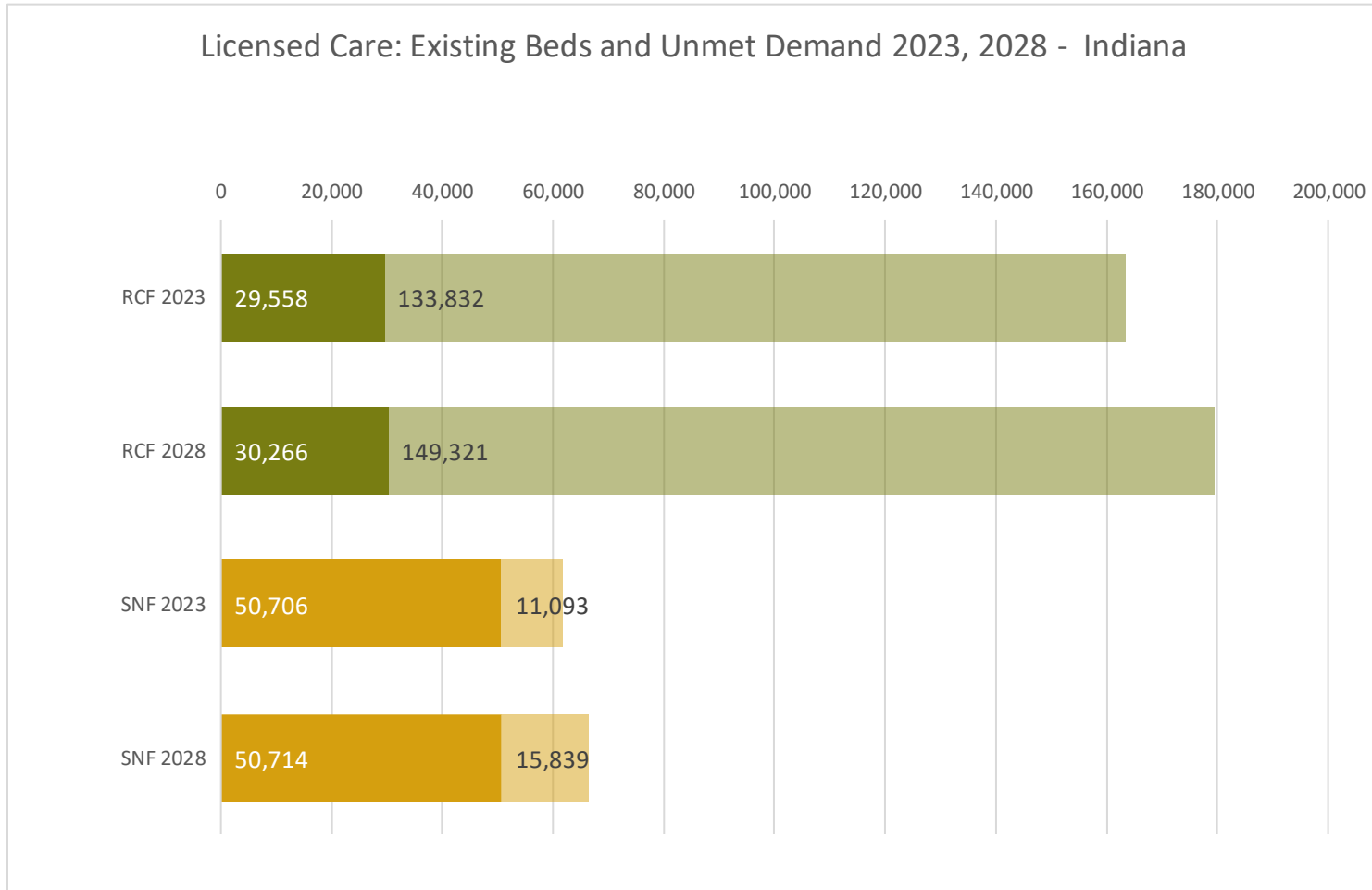
The following chart shows the demand analysis categories by housing type: Subsidized Apartments, Low Income Tax Credit (LIHTC) Apartments, and Market Rate Apartments.

Demand Analysis - Independent Living Rental Properties: Indiana						
	Demand for 2023			Demand for 2028		
	Subsidized	LIHTC	Market Rate	Subsidized	LIHTC	Market Rate
Minimum Income	\$0	\$20,050	\$40,099	\$0	\$20,050	\$40,099
Maximum Income	\$20,049	\$40,098	\$200,488	\$20,049	\$40,098	\$200,488
Senior renters 55+ in income bracket	84,136	65,486	121,833	78,878	64,451	148,251
Plus						
Senior Homeowners in this income bracket (a)	104,846	188,506	704,355	94,243	173,523	777,130
Owner conversion percentage (b)	2.27%	2.27%	2.27%	2.27%	2.27%	2.27%
Senior Homeowners Likely to Convert to Rentership (a x b)	2,377	4,274	15,970	2,137	3,934	17,620
Equals						
Total Demand	86,513	69,760	137,802	81,015	68,386	165,870
Less existing units	22,166	12,833	10,868	22,514	13,648	13,319
Less planned units	348	815	2,451			
Equals						
Net Demand	63,999	56,112	124,483	58,501	54,738	152,551
Demand Calculation Inputs - HISTA 2023 and 2028		2023	2028			
Total senior 55+ renter households		271,461	291,586			
Total senior 55+ owner households		997,725	1,044,914			
2021 Seniors 55+ Homeowners converting to rentership		2.27%				

The demand analysis indicates housing need for all income categories.

Demand for Licensed Care

In the chart below, the darker colors show existing licensed beds, and the lighter colors show the unmet demand by type and year. The demand for Residential Care Facilities far outweighs the needs for Skilled Nursing Facilities.



The unmet demand for Residential Care Facilities increases by 11.5% from 2023 to 2028.

Detailed Demand Analysis Calculation for Licensed Properties

Residential Care Facilities with Medicaid Waiver (RCF w MW), Residential Care Facilities (RCF), Skilled Nursing Facilities (SNF)

Demand Analysis - Senior Licensed Properties: Indiana						
	Demand for 2023			Demand for 2028		
	RCF w MW	RCF	SNF	RCF w MW	RCF	SNF
Minimum Income	\$0	\$33,949	\$0	\$0	\$33,949	\$0
Maximum Income	\$33,948	\$200,488	\$200,488	\$33,948	\$200,488	\$200,488
(A) Persons 75 - 84 income eligible	138,517	208,608		136,959	244,576	
(B) Persons 85+ income eligible			131,293			141,394
(C) Percent of persons 75+ with a disability	47.1%	47.1%	47.1%	47.1%	47.1%	47.1%
Income-eligible persons 75+ with a disability <i>calculation A * C (RCF), B * C (SNF)</i>	65,200	98,191	61,799	64,466	115,121	66,554
Total Demand	65,200	98,191	61,799	64,466	115,121	66,554
<i>Demand for RCF units are summed</i>	163,390			179,587		
Less existing beds	29,558		50,706	30,266		50,714
Less planned beds	708		8			
Equals						
Net Demand	133,832		11,093	149,321		15,839
Demand Calculation Inputs - HISTA 2023 and 2028		2023	2028			
Total senior population 75 - 84		347,130	381,540			
Total senior population 85+		131,293	141,394			

05. Owner-Occupied Improvements Analysis

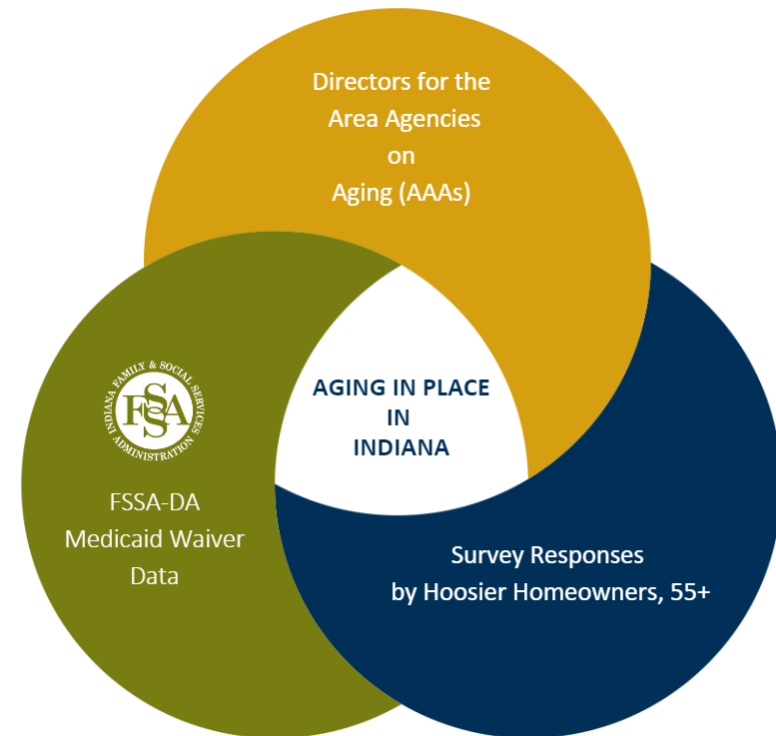
This section of the study examines owner-occupied improvements of older adult's homes in Indiana. Along with the statewide age-restricted housing supply and demand analysis, this study aims to add to the body of knowledge and methodologies surrounding the home modifications necessary for the population to age in place.

Preparing a home to allow occupants to age in place often requires modifications to address accessibility, safety, and mobility.

Components of the Owner-Occupied Improvements Analysis

Multiple elements combine to develop an understanding of the volume and scope of modifications needed to allow aging in place in single-family, owner-occupied homes.

- Hoosier homeowners aged 55+ were surveyed to assess perspectives on aging in place and the need for home modifications. These responses are evaluated against the responses published in previous national studies to gain insight on how Indiana compares.
- Family & Social Services Administration Division of Aging (FSSA-DA) provided detailed data on funds disbursed for home modifications via the Medicaid Aged and Disabled Waiver Program.
- The directors of Indiana's 16 Area Agencies on Aging were interviewed, delivering both quantitative and qualitative input on issues affecting the population they serve. Their responses are detailed in the regional reports.



Key Findings

Survey Results

- Approximately 94% of Indiana’s older adults (55+) feel that it is important to stay in their homes for as long as possible. This number outpaces many national studies, including the National Poll on Healthy Aging, conducted by University of Michigan’s Institute for Healthcare Policy and Innovation, whose over 2,200 national respondents (aged 50-80) placed the importance of aging in place at 88%.
- With select exceptions, urban and rural responses were similar on questions involving key home features, importance of aging in place, and home readiness.
- While differences in survey design and variables negate the opportunity for head-to-head comparison with the University of Michigan study results, Indiana’s relative responses differed significantly in the following categories:
 - The National Poll on Healthy Aging found that 21% of adults (aged 50-80) had moved in the last five years, almost double the rate of Hoosiers that had moved (12%).
 - Older Hoosiers not only moved at a lower rate than national numbers, according to the survey results, they moved for different reasons. A comparison of the response percentages shows:
 - Considerably more Hoosiers moved to be closer to relatives (51% vs. 34%).
 - Hoosiers moved to a home that was easier to get around (65% vs. 52%) at a higher rate than national surveys.
 - Hoosiers moved in with relatives or had relatives move in with them at double the rate of the national survey (23% vs. 11%).
- On home readiness, Indiana tracked with national averages:
 - Only 14% (55) of respondents indicate that their home has a zero-step entry (ramp, lift, or no stairs).
 - 80% (313) indicate that their home has a main floor bedroom.
 - 86% (336) indicate that their home has a main floor bathroom.

Data Results

- Data was provided on behalf of the FSSA Division of Aging by *emagine*, an Indianapolis-based technology and consulting firm.
- The original data set was further refined:
 - Results were sorted by year of birth. All birth years after 1969 were excluded from the analysis.
 - Service requests with “Hold” status were eliminated.
 - “Ready to Send” authorizations were included. (8)
- Out of 3,686 received, a total of 2,748 entries were used to determine spending and requests.

Calendar Year 2023		
Region	Medicare Aged and Disabled Waiver Amount	Medicare Aged and Disabled Waiver Requests
Central Region	\$8,945,372	849
Southwest Region	\$4,681,363	500
Southeast Region	\$4,696,960	511
Northwest Region	\$1,483,583	132
Northeast Region	\$4,627,034	486
North Central Region	\$2,499,308	270

Area Agencies on Aging Interview Results

- The two most common modification requests for agencies throughout the state are:
 - **Renovating bathrooms: Extensive projects including barrier-free showers**
 - **Adding ramps**
- Agencies face major challenges finding providers (i.e. Medicaid-approved builders, contractors, or service companies) that are willing and available to complete home modifications.
- All agencies indicate that modification requests trend with the percentage of population served. Larger cities and rural geographies present requests in proportion to residents receiving services in the respective areas.

- All agencies stated that limited mobility and chronic illness are trending upward, creating higher need throughout the areas served.
- Affordable, accessible housing is limited or completely unavailable in many areas. Aging Hoosiers needing accessibility accommodations are unable to find units or homes locally.
- For projects completed under Medicaid waivers, rural counties are waiting much longer for modifications. Approved providers, who are willing to work in the counties, are coming from further away and encounter travel and scheduling issues. Contractors prefer to complete multiple projects in an area and often wait until more requests are approved to begin work, which can take several months in counties with low population density.
- Agencies have more options for providers in areas of larger populations.
- Rarely are programs in place to prioritize urgent need. Residents are moved to nursing homes until home modifications can be made. Often, the cost of nursing care is higher than the difference between a low bidder and another contractor that offers a quicker turnaround time.
- While programs such as SAWS, Habitat for Humanity, and volunteer organizations, like the Lions' Club or Helping His Hands, are scattered throughout the state, areas of concentrated population have more option for volunteer assistance.
- More options for grants, donations, and faith-based participation are available in urban centers.

The public is unaware of accessibility issues that make homes fit for aging in place. Furthermore, older Hoosiers are not aware of community services that might allow them to stay in their homes as they age.

Unless a property is age-restricted or was built under ADA guidelines, many properties do not meet the needs of older Hoosiers for aging in place.

For return readers, new content begins at *Indiana's Housing* on page 61.

What is an Age-Ready Home?

Studies and institutions apply different definitions for qualifying a home as “age-ready” or “fit for aging in place,” producing different conclusions on current conditions and level of modifications required for accessibility. Percentages vary based on criteria determined for each study.

Common age-readiness features include:

- A no-step entry into the home, including ramps
- A bedroom and bath on the main living floor, reported in combination and/or separately, depending on study
- Hallways and doorways wide enough to accommodate a wheelchair

While the criteria in the bullet points above are the most common, not all studies include all three variables. Additionally, select studies include variations of the following items as criteria:

- Chair-lifts and elevators
- Barrier-free showers
- Raised-height toilets
- Grab bars

Key Sources: State of Housing for Older Americans

Extensive research sets a foundation for understanding the state of housing for older Americans throughout the United States. The research team reviewed hundreds of key studies, surveys, and publications evaluating the accessibility and age-readiness of the nation’s housing supply. Among the current research, the following studies and sources provided the most comprehensive data and reliable methodologies around the issue of accessibility and age-ready options. The MMA team used these sources to set methodological standards and conduct analysis for this study and report:

- American Housing Survey conducted by the U.S. Census Bureau with a focus on *Aging-Ready Homes in the United States—Perception Versus Reality of Aging-Accessibility Needs: 2019*, a publication that addresses and examines the AHS survey data
- National Poll on Healthy Aging from the University of Michigan’s Institute for Healthcare Policy and Innovation
- Publications and data from the Harvard Joint Center for Housing Studies: Housing and Aging Society Program
- Publications and data from AARP, including AARP Rural Livability Workshop Report
- CASOA™ (Community Assessment Survey for Older Adults) State of Indiana: Survey Report Results, January 2022

While all these studies provide valuable insight, only the CASOA™ study evaluated the needs of older adults in Indiana. The housing analysis section provided an initial “livability score” of 34 (on a 100 scale) based on the average of responses to community and housing quality questions, potentially identifying future problems with homes and assessing quality of community.

To establish an understanding of the number and scope of modifications needed to allow aging in place in single-family, owner-occupied homes in Indiana, three primary methods are used:

- The directors for the Area Agencies on Aging were interviewed to gain both quantitative and qualitative input on the issues addressing Indiana’s older population.
- A representative survey of the state was conducted (March 2024) to determine the age-readiness of Indiana’s senior housing versus the reports on national age-readiness.
- Data from home modifications projects funded through the Medicaid Aged and Disabled Waiver program was analyzed.

Study Limitations: Studies on home modification needs come with inherent limitations, including the willingness of older residents to participate in surveys (to achieve representative samples), perception versus reality on the age-readiness of dwellings, and potential issues beyond accessibility that are barriers to aging in place, such as major structural issues. This study relies on both qualitative input and (for the full study) quantitative input to compensate for these challenges.

National Housing Accessibility and Modifications Statistics

An overview of key findings from national data sources highlights critical points on:

- Nationwide housing accessibility and modifications statistics
- US Census: American Housing Data for the East North Central Division
- Indiana-specific housing data by the East North Central Region

The Institute for Healthcare Policy and Innovation at University of Michigan conducted the National Poll on Healthy Aging in early 2022. Led by Dr. Sheria Robinson-Lane, Ph.D., M.H.A., M.S., R.N., and Dr. Preeti Malani, M.D., M.S., M.S.J., the report, *Older Adults' Preparedness to Age in Place*, creates a base for understanding the issues facing our older population. According to the poll:



The majority of adults age 50—80 (88%) felt it is important to remain in their homes for as long as possible.

For adults that had moved in the past five years:

- *52% moved to a home that was easier to get around*
- *49% moved to a smaller home*
- *34% moved closer to relatives*
- *11% moved in with relatives or had relatives move in with them*

Only one in three adults said their home definitely has the necessary features that would allow them to age in place, 47% said it probably does, and 19% said it does not.

-National Poll on Healthy Aging (2022)
University of Michigan Institute for Healthcare Policy and Innovation

Source detail in citations.^x

National Studies: Overview

To better understand issues pertaining to accessibility, age-ready housing, and barriers to modification, data from national studies offer insight into “aging in place” across America. A key set of the relevant findings are below:

- In testimony before the U.S. Senate Committee on Banking, Housing, and Urban Affairs in 2022, Dr. Jennifer Molinsky, Project Director of Housing and Aging Society Program at Harvard Joint Center for Housing Studies, stated, “Our analysis of the 2011 American Housing Survey, which provides the most recent comprehensive look at accessibility features in the home, has shown that less than 4 percent of America’s housing has three basic features—a no-step entry into the home, a bedroom and bath on the main living floor, and hallways and doorways wide enough to accommodate a wheelchair.”^{xi}
- Areas of lower population density have been the focus of the AARP Rural Livability Workshop Report from June 2019. Identifying factors include distance from a population center and travel time to services, along with density in the classification of an area as rural or a “frontier.” Among the knowledge gained from the studies:
 - “In many rural communities, much of the housing stock dates back to the early 20th and even the 19th centuries.”
 - “Few older homes are accessible [in rural areas].”
 - “According to AARP research about rural home ownership, nearly two out of five properties need major modifications to accommodate residents who want to age in place.”^{xii}
- In the National Poll on Healthy Aging from the University of Michigan in February 2022, researchers learned that while 88% of adults aged 50 – 80 want to “age in place,” 47% of the people surveyed had given little or no consideration to the modifications that their home would require.^{xiii}
- The 2021 study on Barriers to the Initiation of Home Modifications for Older Adults for Fall Prevention found multiple barriers to home accessibility improvement, including finding a contractor willing to complete the project, timing to start (an average 23-day wait), and the potential for older adults to fall victim to “predatory behavior.”^{xiv}

Ageing-Ready Homes in the United States—Perception Versus Reality of Ageing-Accessibility Needs: 2019 (Davis, Clark, and Vespa, 2023) analyzes data from the American Home Survey. Based on the criteria of this study, a home was considered ageing-ready if they had a step-free entry into the home with a bedroom and full bathroom on the first floor. Overall, 40% of homes in the U.S. were considered ageing-ready with only 27% of homes in the East North Central, Indiana’s geographic division, meeting the mark.^{vi}

American Housing Survey

The U.S. Census Bureau utilizes the American Housing Survey (AHS), which offers an in-depth perspective on accessibility issues and other relevant national statistics. Available data is not specific to a single state; however, Indiana is included in the **East North Central Division**, along with Illinois, Ohio, Michigan, and Wisconsin. The table below provides an overview of the East North Central (by percentage) as compared to other census divisions.

Table 1a.
U.S. Housing Units With Aging-Accessible Features
 (In percent)

Basic aging-accessible features	United States		Region and division ¹								
	Millions	Percent	Northeast		Midwest		South		West		
			New England	Middle Atlantic	East North Central	West North Central	South Atlantic	East South Central	West South Central	Mountain	Pacific
Total number of housing units²	124.1	100.0	4.8	13.0	15.0	7.0	19.7	6.2	11.7	7.6	15.0
Aging-ready home ³	50.2	40.4	19.6	26.6	27.0	34.6	43.5	48.0	61.6	47.6	47.2
Home Layout											
Step-free entryway	66.5	53.6	33.6	47.6	39.9	49.3	58.0	56.0	69.1	57.7	59.8
Single-floor home	63.8	51.4	29.2	28.8	33.4	31.3	60.6	65.8	76.4	58.8	64.0
Multiple-floor unit with bedroom on entry level	27.6	45.8	43.0	37.3	49.5	52.3	41.1	62.4	55.9	48.0	43.1
Multiple-floor unit with full bathroom on entry level	34.6	57.4	59.3	49.0	60.7	63.8	52.0	71.4	67.2	59.2	54.5
Multiple-floor unit with both bedroom and full bathroom on entry level	26.0	43.2	40.6	34.1	47.7	49.8	39.0	59.2	53.9	45.3	39.2
Mobility Features											
Ramps in home	6.3	5.1	4.8	5.8	4.1	5.1	5.1	7.2	5.7	3.8	4.8
Chair lift, stair lift, or platform lift	1.2	1.0	1.4	1.4	1.0	1.1	1.1	0.3	0.5	0.5	0.9

¹ For a list of states in each division, refer to <www.census.gov/programs-surveys/popest/about/glossary/geo-terms.html>
² Occupied housing units only.
³ An aging-ready home is defined as a housing unit that has a step-free entryway and both a bedroom and full bathroom on the first floor.
 Source: U.S. Census Bureau, 2019 American Housing Survey.

The *East North Central Division* trends with the United States data in most categories with three notable exceptions. Indiana’s division far outpaces the United States in:

- Homes with a bedroom on entry level
- Homes a full bathroom on entry level
- Homes with both a bedroom **and** full bathroom on entry level

American Home Survey: East North Central Division Data

Data compiled by the census provides an overview of estimates for the East North Central Division compared to the United States.

2019 National — Home Accessibility — All Occupied Units				
Characteristics	U.S. Total		East North Central Division	
	Estimate*		Estimate*	
Total	124,135		18,643	
Home Accessibility Problems^{2, 3}				
Entering home or property	4,242	3%	601	3%
Getting to the bedroom	2,161	2%	223	1%
Using a bedroom	2,824	2%	299	2%
Getting to the kitchen	2,101	2%	242	1%
Using the kitchen	3,234	3%	403	2%
Getting to the bathroom	2,405	2%	239	1%
Using the bathroom	3,287	3%	498	3%

* Numbers in thousands

An estimated 3% of residents have accessibility issues entering a home or property, based on all occupied housing units.

Two consistent criteria for an accessible home are an entry-level bathroom and bedroom.

2019 National — Home Accessibility — All Occupied Units				
Characteristics	U.S. Total Estimate*		East North Central Division Estimate*	
Total	124,135		18,643	
Accessibility Features in Home ²				
Ramps:				
Yes	6,329	5%	772	4%
No	117,037	94%	17,460	94%
Not reported	913	1%	434	2%
Entry level bedroom:				
Units with 2 or more floors	60,244	49%	12,519	67%
Yes	27,598	22%	6,196	33%
No	31,906	26%	5,916	32%
Not reported	739	1%	407	2%
Entry level bathroom:				
Units with 2 or more floors	60,244	49%	12,519	67%
Yes	34,554	28%	7,594	41%
No	24,927	20%	4,508	24%
Not reported	763	1%	416	2%

* Numbers in thousands

More homes have an entry level bathroom than an entry level bedroom in the East North Central Division.

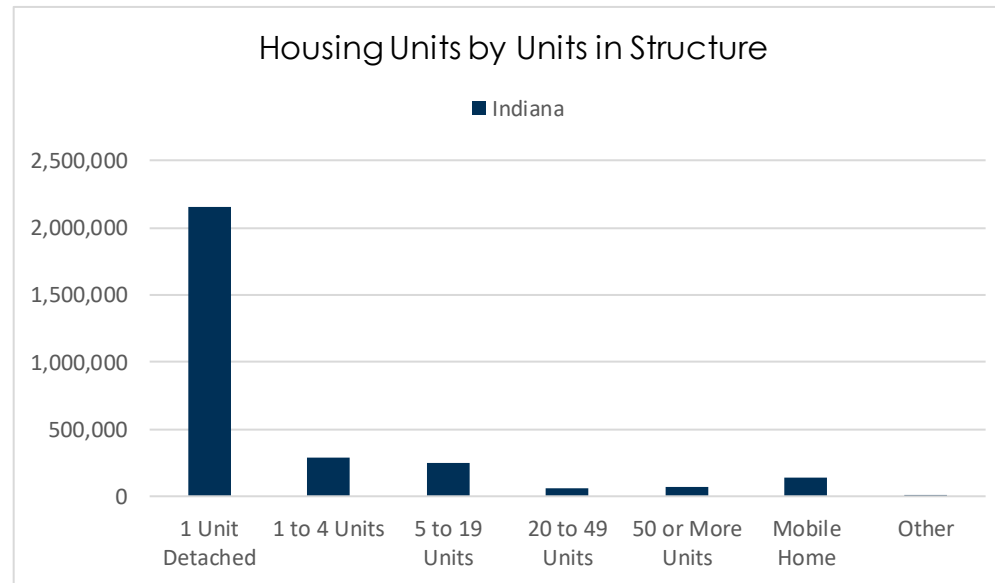
² Figures may not add to total because more than one category may apply to a unit.

³ Home accessibility problems are only reported for household members at least 6 years of age who have difficulty without assistance from another person or because of a long-term condition. Does NOT include difficulty due to a temporary injury.

Indiana's Housing

Indiana Housing: Units by Structure

Examining units by structure provides an overview of the housing composition.

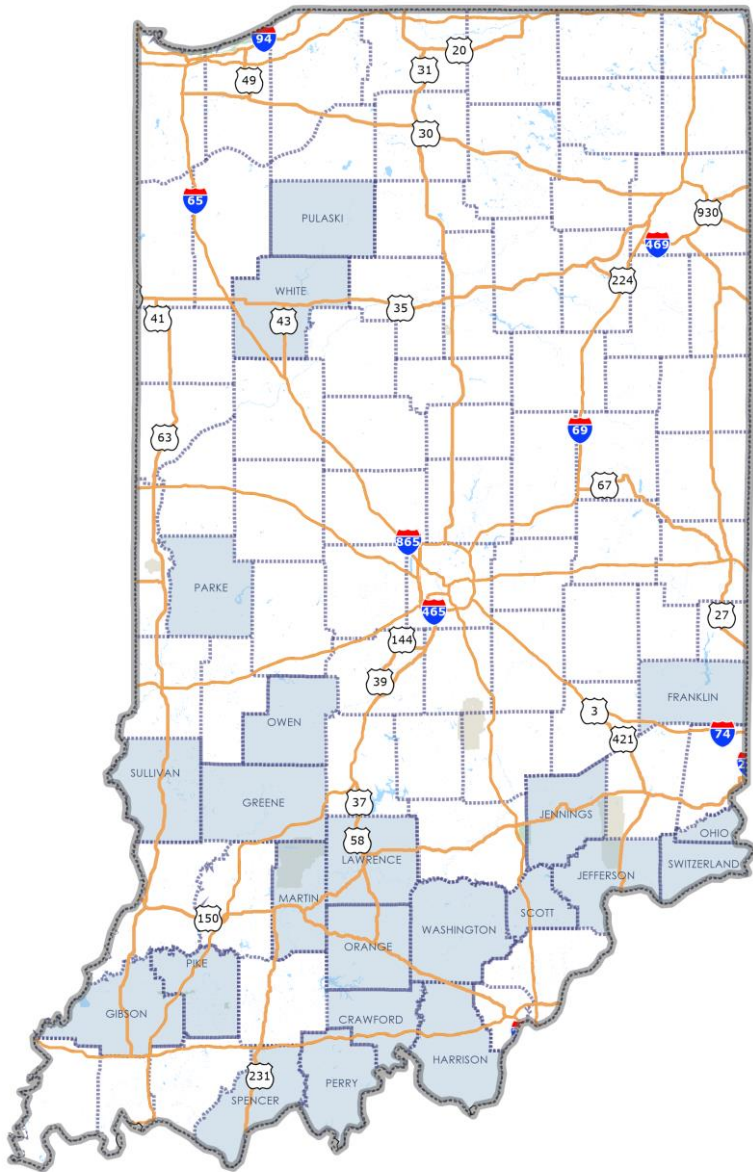


Indiana has far more single-family homes than any other structure type. Mobile homes are only 4.6% of the housing units in the State of Indiana but create unique challenges for home modifications.

How will housing stock impact home modifications?

Mobile homes make up an average of 4.6% of the housing structures in the State of Indiana. Marion County, the state’s most populous county, has the highest total number of units (7,219), accounting for 1.7% of the units in the county. The southern half of the state is home to over 20 counties with percentages of mobile homes that are double the state’s rate.

Mobile homes present unique challenges to home modifications. Homes set in a mobile home park may not have a footprint adequate to accommodate a ramp. Structural integrity of mobile homes can present different issues than stick-built homes, those on a permanent foundation. Each of these issues potentially adds to the difficulty of prepping the structures for aging-in-place.



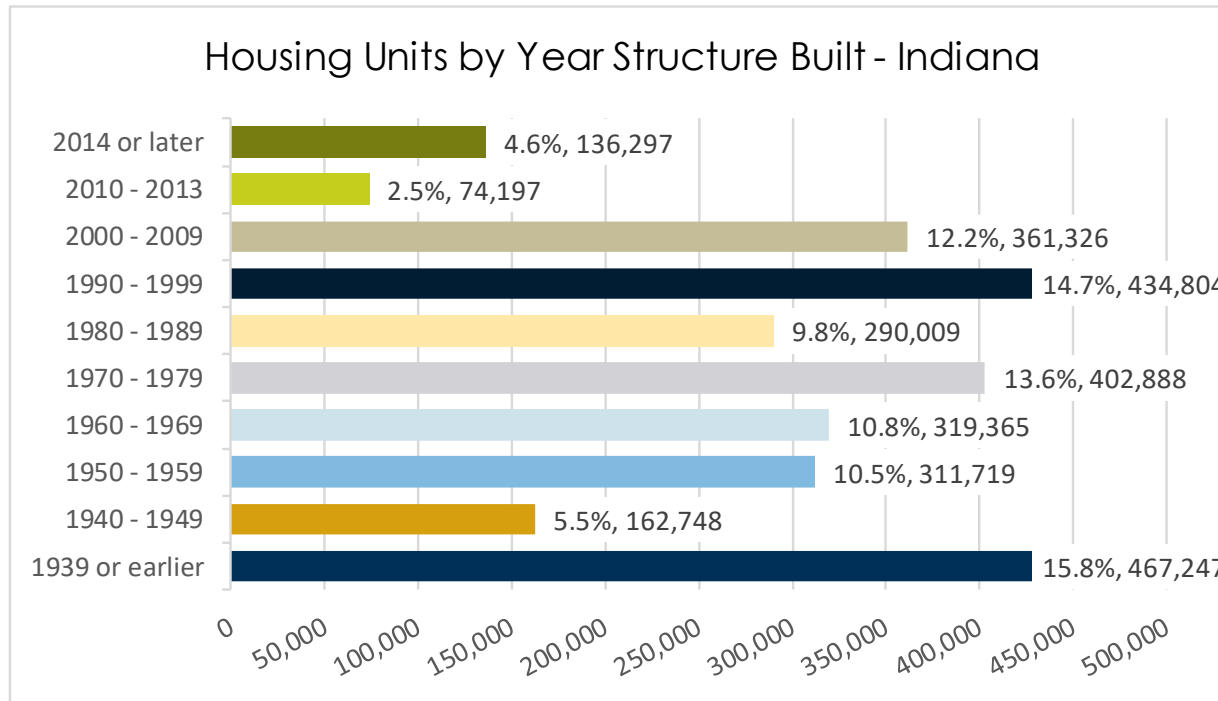
Housing Units by Units in Structure: Mobile Homes Current Year Estimates - 2023			
Indiana and counties			
Geography	Number	Total Housing Units	Percent
Indiana	137,358	2,960,600	4.6%
Crawford County	1,457	5,879	24.8%
Owen County	1,999	9,887	20.2%
Jennings County	2,259	11,561	19.5%
Switzerland County	775	4,291	18.1%
Greene County	2,547	14,315	17.8%
Washington County	2,139	12,115	17.7%
Orange County	1,571	9,084	17.3%
Scott County	1,688	10,763	15.7%
Parke County	1,176	7,607	15.5%
Ohio County	412	2,742	15.0%

Counties with mobile home rates greater than 11% are highlighted in the map.

Indiana Housing: Year Structure Built

The year a structure was built is a consideration in assessing the ability to support an aging-in-place population.

Many older homes in Indiana have been updated, resulting in a more current year-built date. However, it is important to note that new and/or updated homes are not necessarily focused on accessibility. According to the Joint Center for Housing Studies at Harvard University in the Analysis of the 2019 American Housing Survey, “...we must acknowledge that a growing number of adults will be aging in houses that were not designed for the particular needs of their bodies.”^{xvi}



Source: Ribbon Demographics; Claritas

In Indiana, 43% of homes are over 50 years old, built before 1970.
 Almost 20% of homes are less than 25 years old, constructed since 2000.

The Survey: Indiana’s Population 55+

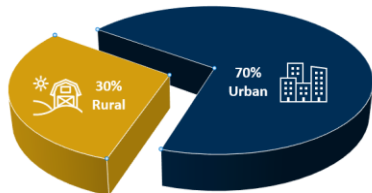
For this study, the state is arranged into six regions based upon the existing service areas of the Indiana Association of Areas on Aging (AAA): Northwest (AAA 1, 4), North Central (AAA 2, 5), Northeast (AAA 3,6), Central (AAA 8), Southwest (AAA 7, 10, 13, 15, 16), and Southeast (AAA 9, 11, 12, 14).

A telephone survey used a geographically targeted list, ensuring respondents from all six regions.

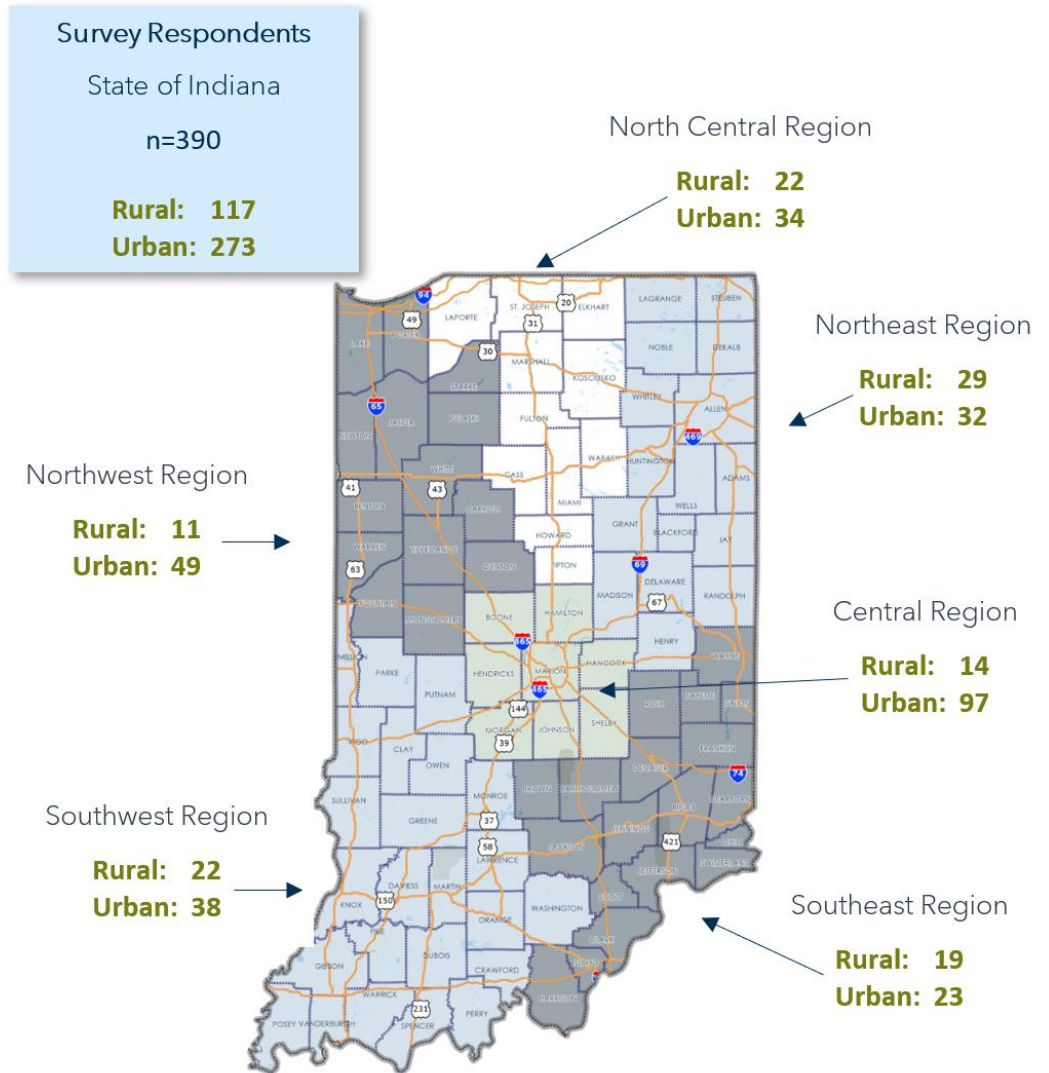
A total sample of 390 interviews (n= 390) were conducted. Respondents met the following criteria:

- Resident of Indiana
- Aged 55 or older
- Homeowner

Urban and rural census designations were applied.



According to the Community Indicators Program published by Iowa State University, historical data series rates from the U.S. Census Bureau™ for Indiana’s urban population range from 64.2 – 72.4% (1970, 1980, 1990, 2000, 2010).ⁱⁱⁱ In 2010, Indiana’s urban rate came in at the upper end of the range. Over time, inconsistent definitions have been applied for what qualifies as “urban” or “rural.” For this study, the quotas for the sample were rounded to 70% urban and 30% rural.



Background

A telephone survey (March 2024) interviewed a sample of Indiana’s homeowners over age 55. The survey sought to understand the feelings and home-readiness of Indiana’s older population and how those results compare with the nationwide findings of the *Older Adults’ Preparedness to Age in Place* study.

- In January and February of 2022, the Institute for Healthcare Policy and Innovation at University of Michigan conducted the National Poll on Healthy Aging, a seminal work in the field of aging studies. Led by Dr. Sheria Robinson-Lane, Ph.D., M.H.A., M.S., R.N., and Dr. Preeti Malani, M.D., M.S., M.S.J., the report, *Older Adults’ Preparedness to Age in Place*, creates a base for understanding the issues facing our older population. The national poll of over 2,200 respondents focused on the viewpoint of adults aged 50-80. Surveys were administered to a nationally representative household sample set (n=2,277) online and via telephone by NORC at the University of Chicago. The margin of error is ± 1 to 3 percentage points (higher among subgroups). (Source detail in citations.^{xvii})

- For this study, MMA, Inc. contracted American Directions Research Group (ADRG) to conduct an Indiana-specific survey in March 2024. The survey aligned with the scope of the age-restricted housing study for the State of Indiana and targeted Indiana homeowners aged 55 and older from urban and rural settings across the state. Using the University of Michigan study and its questions as a guide, the survey aimed to build on the body of knowledge from the National Poll on Healthy Aging at the state level. (Select questions from the University of Michigan study were used with permission.)
- Many of the results presented in this report are discussed in comparison to the National Poll on Healthy Aging (NPHA). However, select departures were made from the University of Michigan study (for example the target age of respondent, home ownership criterion, telephone-only outreach, etc.) and survey questions from NPHA were omitted with consideration to the specific objectives for Indiana’s age-restricted housing analysis.⁵

Differences in survey design negate direct comparison of the results of the MMA/ADRG survey of Indiana to the national study, *Older Adults’ Preparedness to Age in Place* (University of Michigan/conducted by NORC). In this report, a blue box will highlight the position of this study’s results relative to the University of Michigan findings to provided additional context.

⁵ Select questions from the *University of Michigan National Poll on Healthy Aging, Older Adults’ Preparedness to Age in Place* were used with written permission from the University of Michigan Institute for Healthcare Policy and Innovation. Results of this study do not reflect the analysis or views of the University of Michigan or University of Michigan’s Institute for Healthcare Policy and Innovation. Full citation available in Citations in the Appendix.

About the Indiana Survey



- Surveys were conducted by telephone only.
- Interviews averaged seven (7) minutes.
- 15,234 numbers were dialed.
- 390 interviews were completed with respondents that met survey criteria. (n=390)
- Incidence: 79%*

*People who agreed to participate and met all qualifications without being terminated

- Surveys ran from March 4 – March 26, 2024.
- The sample was based on a targeted list with quotas for:
 - **Geography:** designed to yield a proportional representation from all six regions of the age-restricted housing supply and demand study
 - **Census designation:** Urban 70%, Rural 30%
- No weighting factors were applied.
- The margin of error is $\pm 4.9\%$ at a 95% confidence interval.



Survey respondent criteria:

- Resident of Indiana
- Respondent aged 55 or older
- Homeowner

Survey Questions

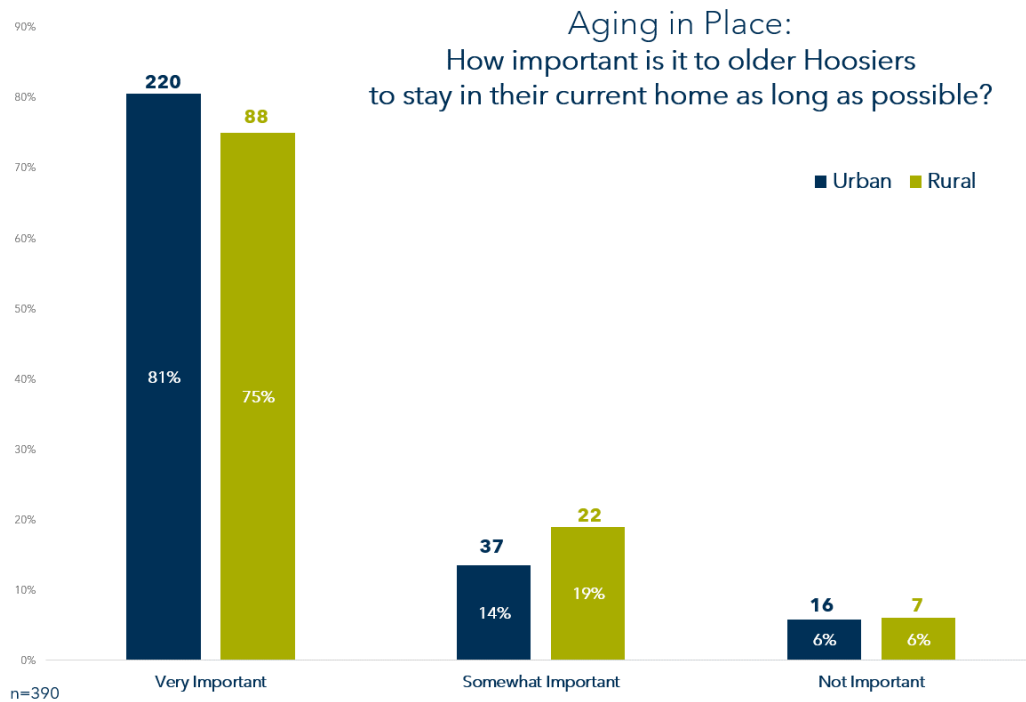
Questions were used with written permission from University of Michigan’s Institute of Healthcare Policy and Innovation. The National Poll on Healthy Aging used a combination of the following questions in January/February 2022, collecting a sample of 2,277 responses. See the supplemental study for the Indiana survey to learn detailed study differences. Initial qualification questions were used for screening, ensuring respondents met all criteria for the survey.

- Question 1 investigated features in the home that enhance accessibility, from major items, such as main floor bathroom and bedroom to minor features, such as grab bars and lever door handles.
- Question 2 served to determine if a respondent had moved in the past five years. If the answer was yes, question 3 was addressed. If the answer was no, the interview proceeded to question 4.
- Question 3 sought to determine reasons for moving within the last five years, such as moving to a home that was easier to get around or closer to relatives.
- Question 4 investigated possible reasons for respondents planning to move in the next five years.
- Question 5 asked how important it is for respondent to stay in his/her current home for as long as possible.
- Questions 6 through question 8 requalified whether the respondent’s home had a zero-step entry, full bedroom on the first floor, and full bathroom on the first floor of his/her home.
- Question 9 sought to gauge awareness about local agencies or community groups that provide assistance for modifying homes for aging in place. (**Note:** the question was unique to the Indiana survey.)

Aging in Place

Overall, of the 390 older Hoosiers (aged 55+) surveyed:

- 79% (308) said that it is **very important** to stay in their current home as long as possible.
- 15% (59) of the respondents said that it is **somewhat important** to stay in their current home as long as possible.
- 6% (23) said that it was **not important** to stay in their current home.



While urban residents say it is **very important to stay in their current home as long as possible** at a slightly higher rate than rural residents, respondents place equal importance on aging in place.

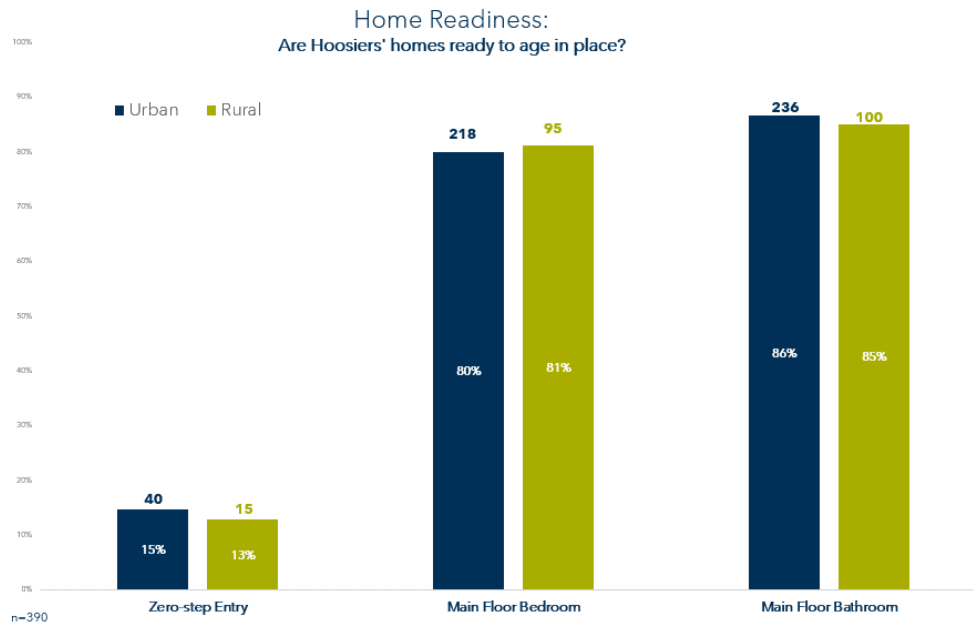
Approximately 94% of survey respondents feel it is important to age in place.

Approximately 94% of older Hoosiers (55+), regardless of setting, feel it is important to age in place. The *National Poll on Healthy Aging* found that 88% of adults (aged 50-80) felt it was important to age in place.

Home Readiness

Definitions for home readiness vary from study to study. Most publications agree that a zero-step entry, main floor bedroom, and main floor full-bathroom are key home features for aging in place. In the state of Indiana, overall:

- Only 14% (55) of respondents indicate that their home has a zero-step entry (ramp, lift, or no stairs).
- 80% (313) say that their home has a main floor bedroom.
- 86% (336) say that their home has a main floor bathroom.



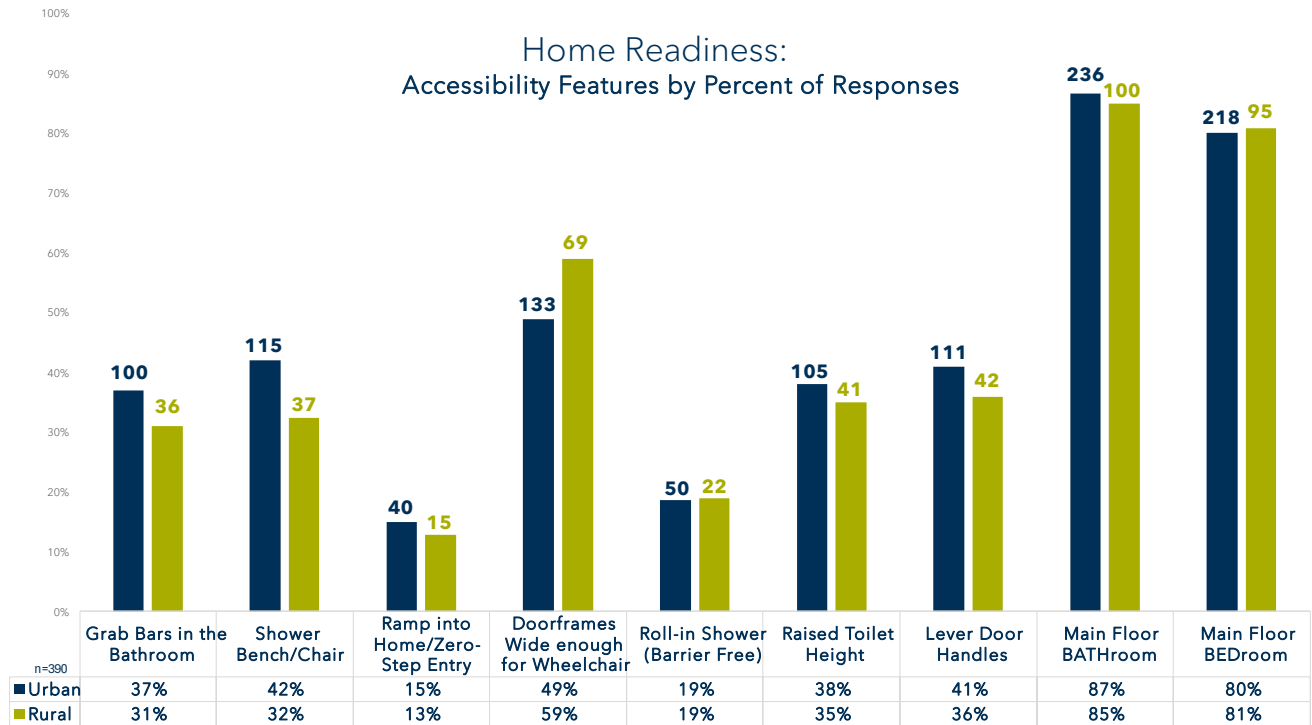
Rural and urban homes score similarly in age-readiness.

Across the board, only 13-15% of survey respondents say they have a zero-step entry.

The *National Poll on Healthy Aging* found that 19% of homes had entrances with ramps or zero steps, 78% had a main floor bedroom, and 88% had a full bathroom on the main floor.

Accessibility Features in Homes

Although zero-step entry, main floor bedroom, and main floor full-bathroom are considered critical features for aging in place, home readiness is enhanced by multiple other accessibility features that improve quality of life and independence for seniors at home.



Responses from Indiana’s residents (aged 55+) indicate that homes in the state contain accessibility features at similar rates to those reported across the nation.

According to the *National Poll for Healthy Aging, Aging in Place Final Report* in July 2023, “The most common accessibility features older adults reported having in their home were a main floor bathroom (88%) and bedroom (78%). About half (54%) had door frames in their homes wide enough for a wheelchair to pass through, 32% had lever-style door handles, and 19% had home entrances with ramps or no stairs. Bathroom features included shower chairs or benches (36%), raised-height toilet seats (36%), or grab bars (32%), while 7% reported having barrier-free showers.”

Moved: In the Last 5-years

Out of the 390 older Hoosiers (aged 55+) surveyed, 12% (47) had moved in the last five years. Respondents indicated they had:

- 43% (20) moved to a smaller home.
- 51% (24) moved to be closer to relatives.
- 23% (11) moved in with relatives or had relatives move in with them.
- 65% (30) moved to a home that was easier to get around (for example, a single-story home).

The *National Poll on Healthy Aging* found that 21% of adults (aged 50-80) had moved in the last five years, almost double the rate of Hoosiers that had moved (12%). Respondents in the national poll gave the following reasons for moving:

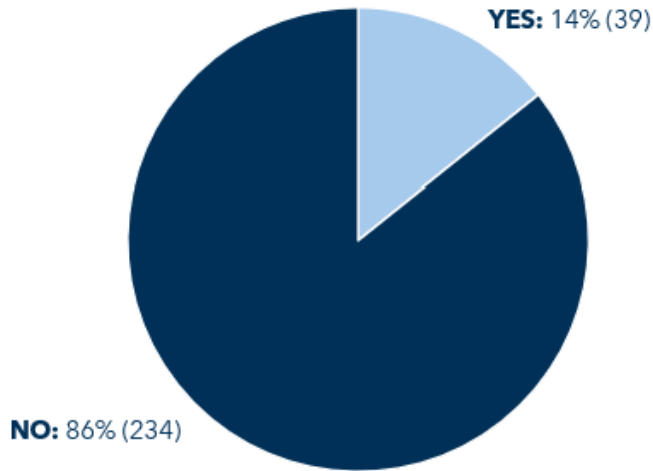
- 49% moved to a smaller home
- 34% moved closer to relatives
- 11% moved in with relatives or had relatives move in with them
- 52% moved to a home that was easier to get around

Older Hoosiers not only moved at a lower rate than national, according to the survey results, they moved for different reasons. A comparison of the response percentages shows:

- Considerably more Hoosiers moved to be closer to relatives (51% vs. 34%).
- Additionally, Hoosiers moved to a home that was easier to get around (65% vs. 52%) at a higher rate than national surveys.
- Hoosiers moved in with relatives or had relatives move in with them at double the rate of the national survey (23% vs. 11%).

Moved in the Last 5-Years: Comparing Urban to Rural

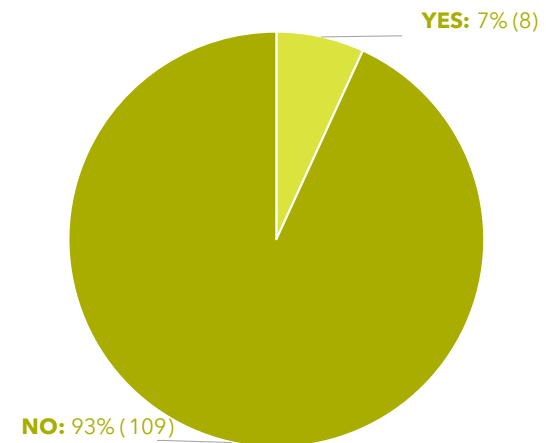
Urban respondents: 14% Moved in the Last 5-Years



Of the urban respondents, a higher percentage (51% or 20) moved to a smaller home than the statewide number. Other rates were parallel to the percentages for the overall data set.

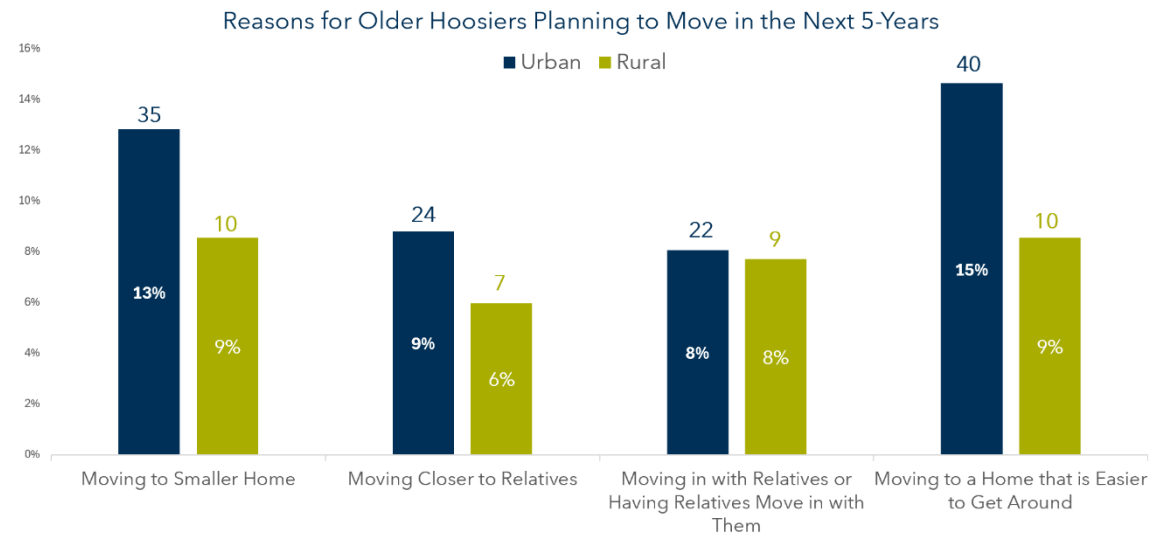
Only eight (8) rural respondents had moved in the last five years, offering limited data for evaluation. Few respondents indicated that they had moved to a smaller home with most saying they moved closer to relatives or to a home that was easier to get around.

Have rural respondents moved in the last five years?



Moving: In the Next 5-years

Moving to a home that is easier to get around and moving to smaller homes are the leading reasons that Hoosiers (55+) plan to move in the future. Respondents by urban and rural designation are shown by percentage in the chart and number of responses above each bar. (Total study n=390. Urban, n= 273. Rural, n = 117.)⁶



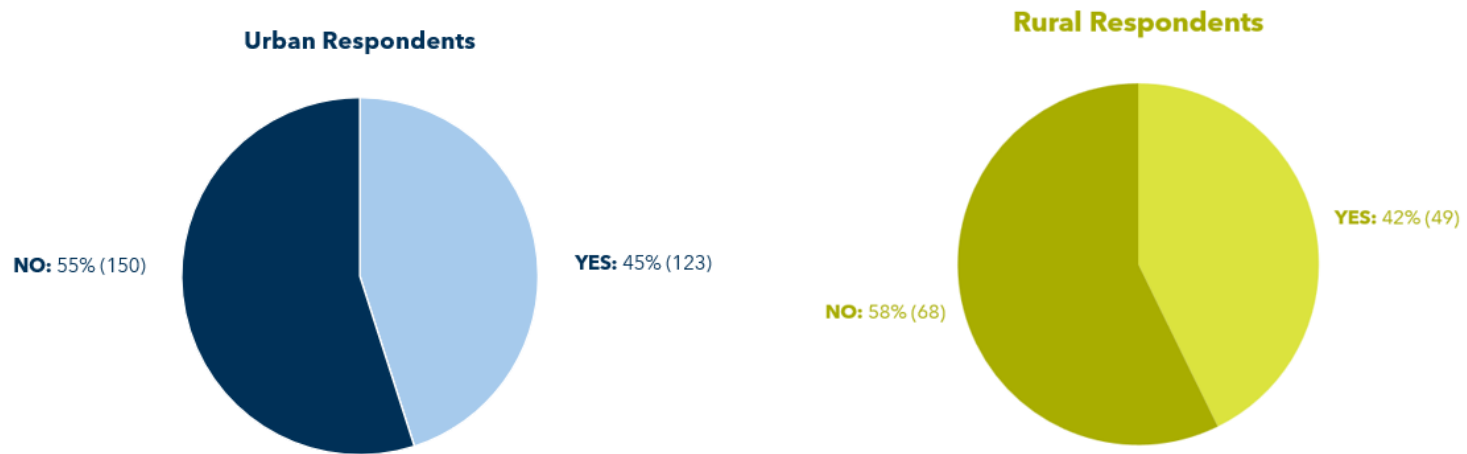
Examining the numbers at the state level shows:

- 12% plan to move to a smaller home
- 8% plan to move closer to relatives
- 8% plan to move in with relatives or have relatives move in with them
- 12% plan to move to a home that is easier to get around

⁶ Responses to Q4_1-4 were not published as part of the University of Michigan National Poll on Healthy Aging. No comparison is available.

Awareness of Assistance for Home Modifications

Out of the 390 older Hoosiers (aged 55+) surveyed, 44% (172) were aware that local agencies or community groups were available to provide assistance or guide homeowners in making modifications for aging in place.



Studies on home modification needs come with inherent limitations, including the willingness of older residents to participate in surveys (to achieve representative samples), perception versus reality on the age-readiness of dwellings, and potential issues beyond accessibility that are barriers to aging in place, such as major home structural issues. The study relies on both qualitative input and quantitative input to compensate for these challenges.

Much of the public is unaware of accessibility issues that make homes fit for aging in place. Furthermore, many older Hoosiers are not aware of community services that might allow them to stay in their homes as they age.

The Data: Home Modifications Spending

Data was provided on behalf of the FSSA Division of Aging by *emagine*, an Indianapolis-based technology and consulting firm.

Assumptions for data collection included:

- Service Authorizations (SA) for Environmental\Home Modification Install
- Funding from 'Aged and Disabled', 'Money Follows the Person - Aged and Disabled'
- Start date or end date in calendar year 2023
- Year of Birth extracted from date of birth
- County added
- Approved status

According to the report received from *emagine*, “This request produced 3,686 results that fit the search criteria. A member can have multiple authorized service requests (under one CaMSS ID). The results from this pull totaled \$35,980,615.74. "Approved" (authorized) service authorization accounted for 3,353 out of 3,686 results, with a total spend of \$32,855,151.94. "On Hold" service authorizations accounted for 326 of 3,686 results, with a total spend of \$3,066,088.62. "Ready to Send" service authorizations accounted for 8 out of 3,686 results, with a total spend of \$59,375.18.”

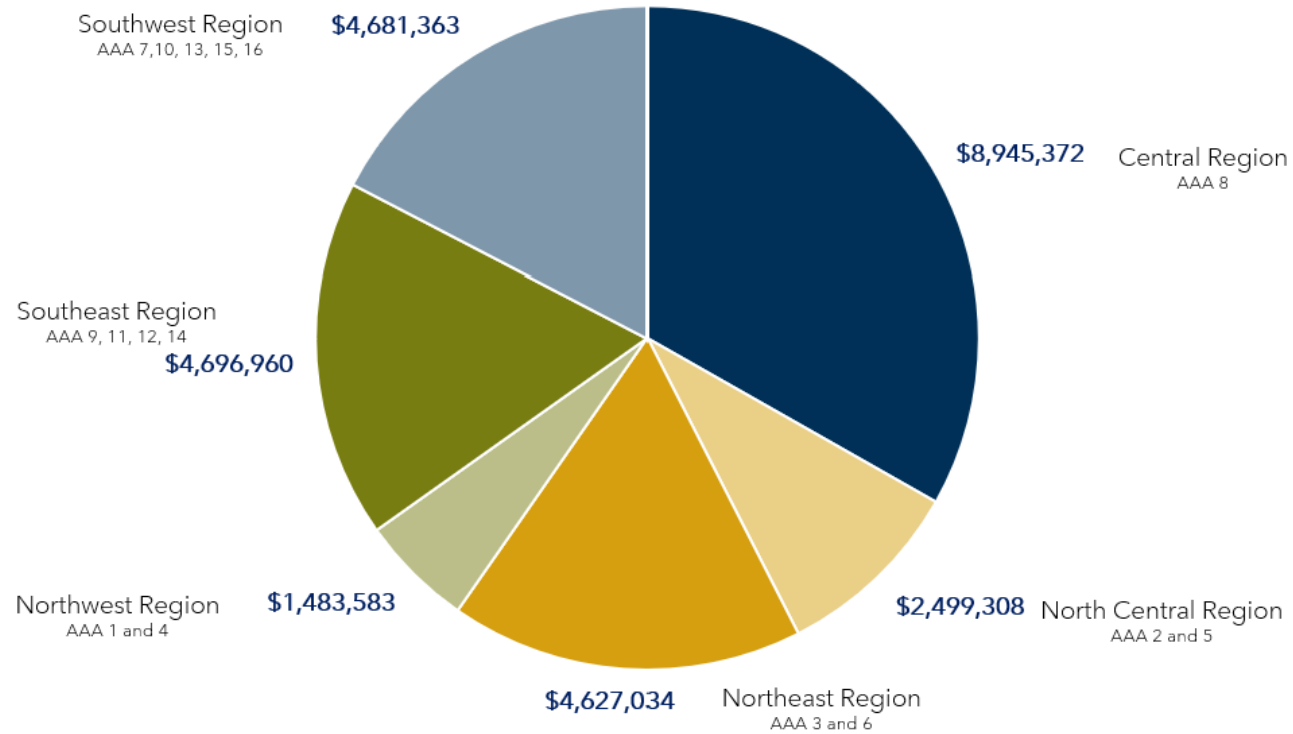
Notes on the analysis:

- Results were sorted by year of birth. All birth years after 1969 were excluded from the analysis.
- Service requests with “Hold” status were eliminated. (326)
- “Ready to Send” authorizations were included. (8)
- A total of 2,748 entries were analyzed.

Each category included entries marked *null*. *Null* responses were found in year of birth, county, amount, and approval status. The null responses account for the variation in total requests on the following pages.

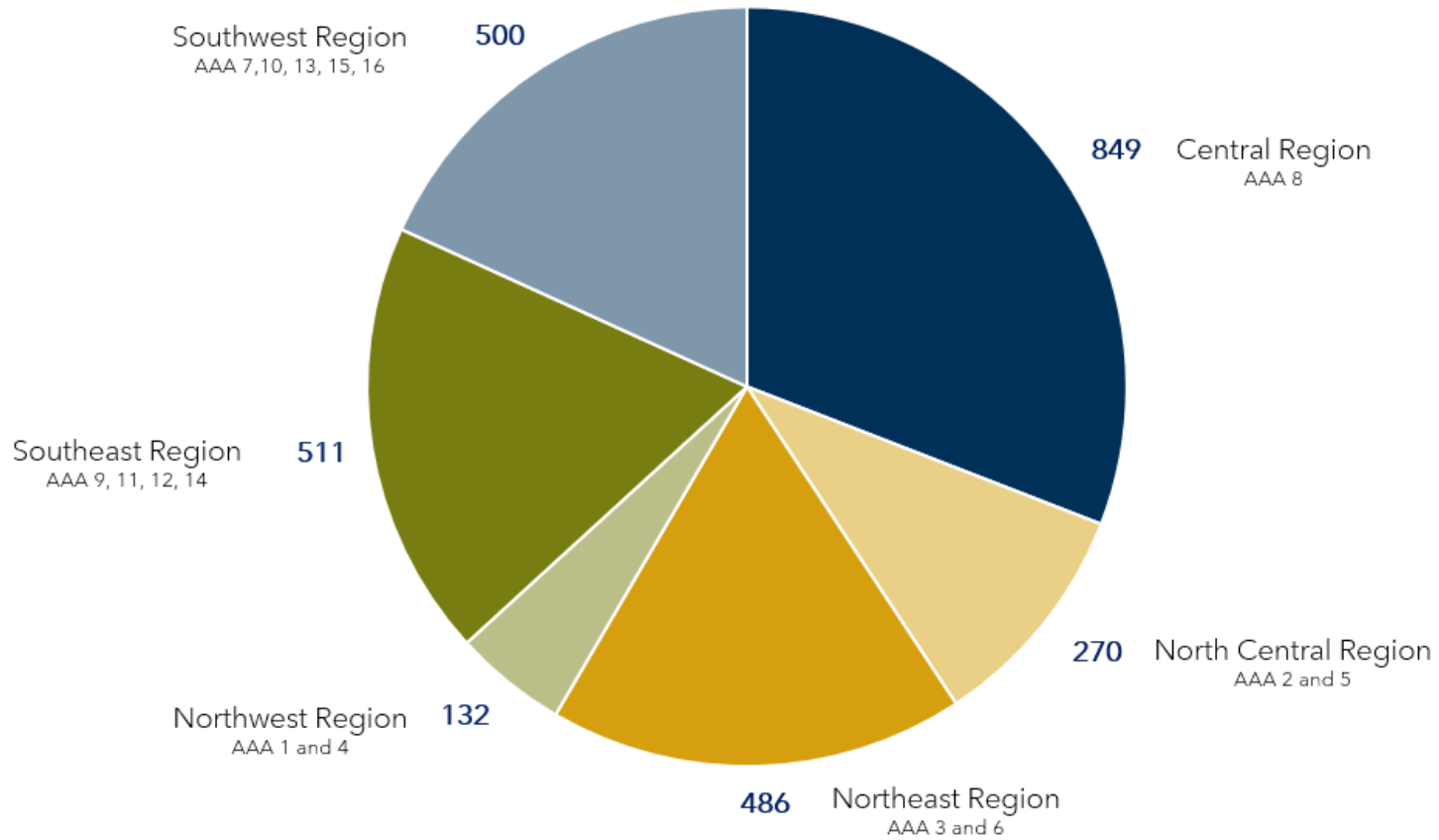
Aged and Disabled Waiver: Approvals by Region (Dollars)

Home Modifications by Dollar Amount -- Approved 55+
Funding Source: Aged and Disabled Waiver
Start Date or End Date: Calendar Year 2023

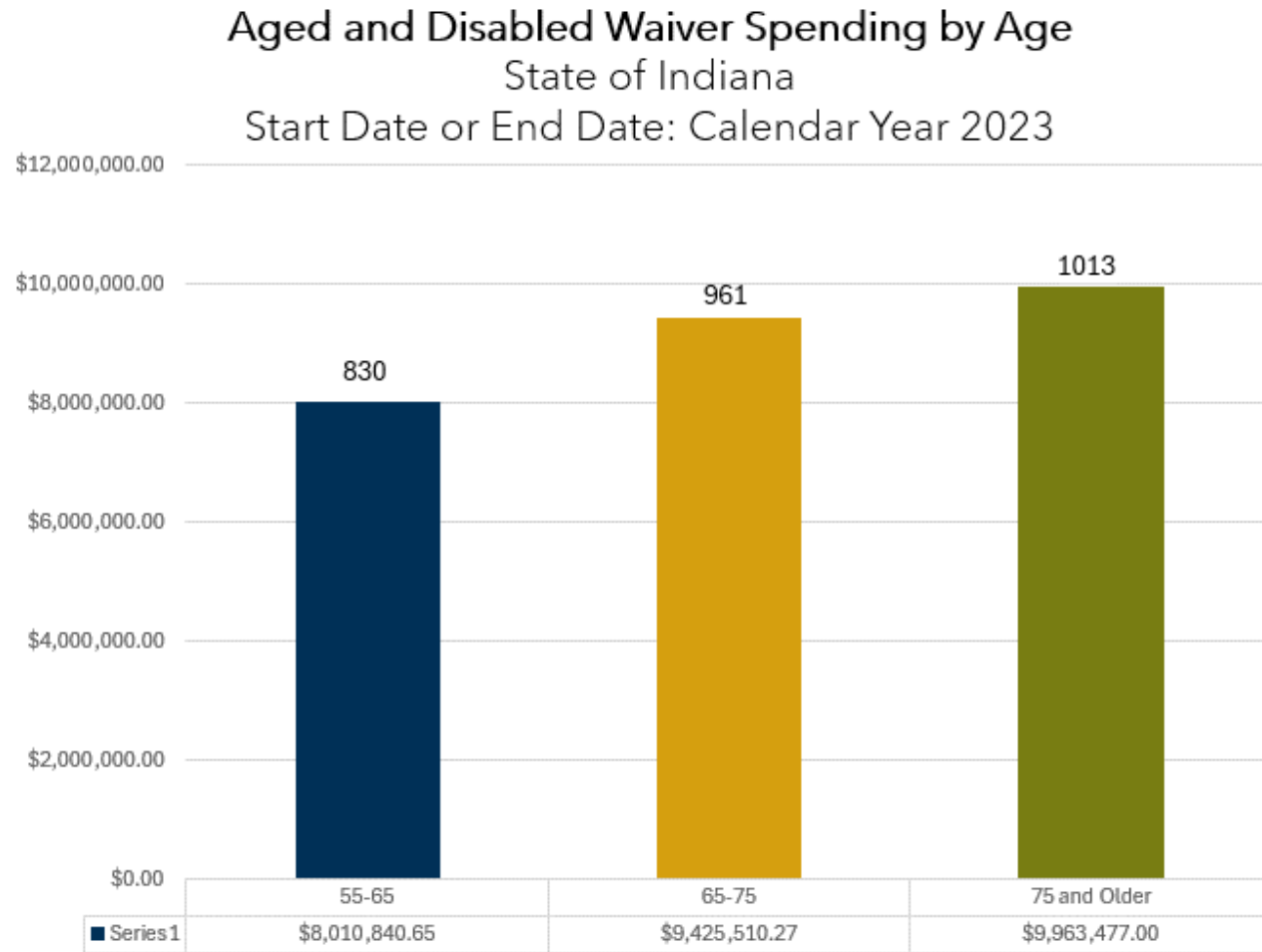


Aged and Disabled Waiver: Approvals by Region (Number of Requests)

Home Modifications by Number of Requests -- Approved 55+
Funding Source: Aged and Disabled Waiver
Start Date or End Date: Calendar Year 2023

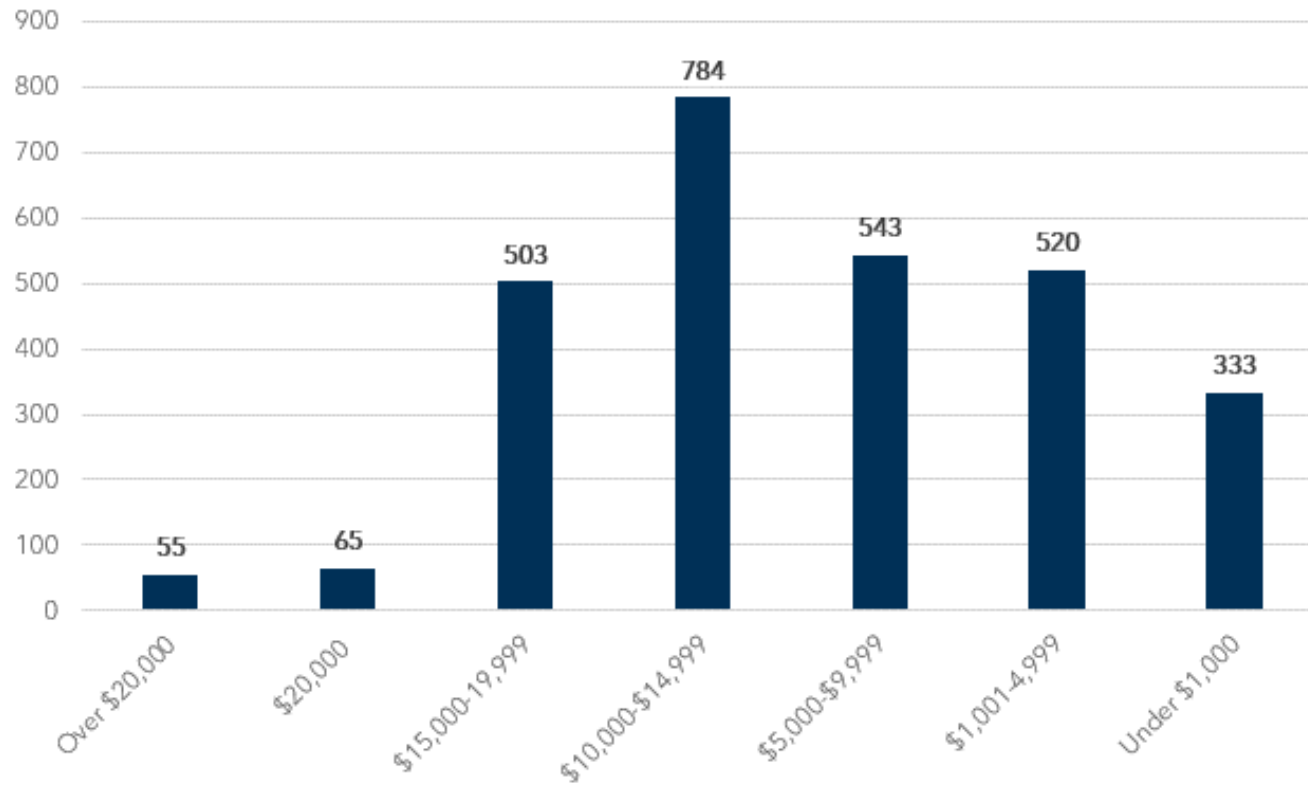


Aged and Disabled Waiver: Statewide Spending by Age



Aged and Disabled Waiver: Statewide Spending by Amount per Incident

Aged and Disabled Waiver Spending by Amount
State of Indiana
Start Date or End Date: Calendar Year 2023



The Interviews: Indiana Area Agencies on Aging

The Area Agencies on Aging (AAA) are trusted local sources for older Americans, recommended by senior-focused agencies and advocates from the National Institute on Aging to AARP.

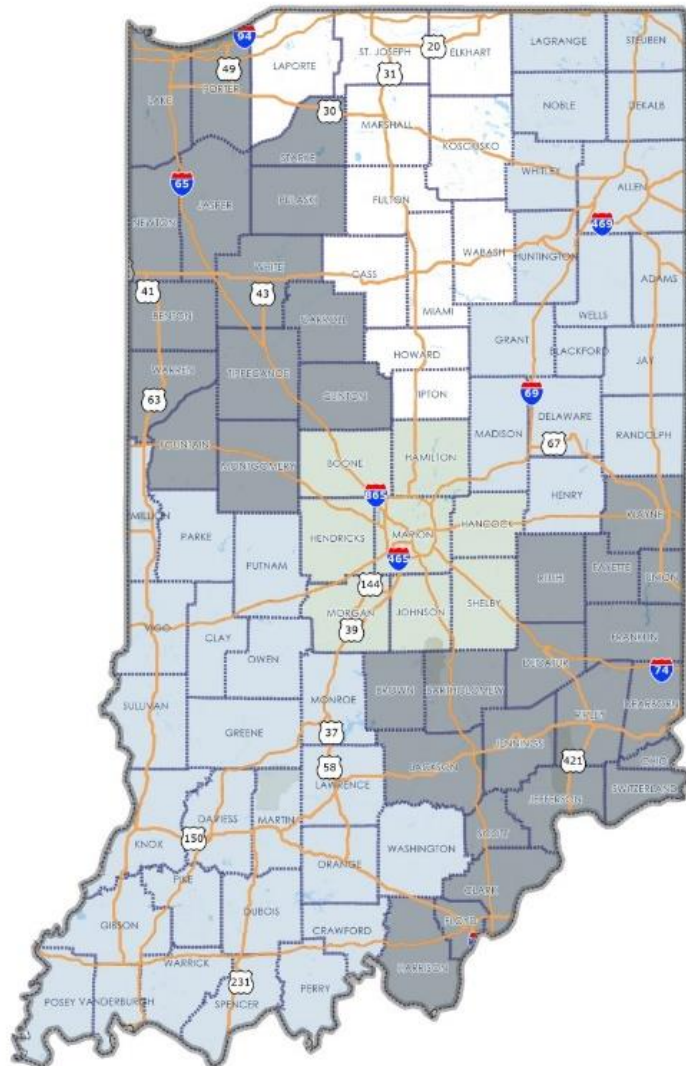
Directors for the Area Agencies on Aging were interviewed for this report. As the community experts for all 92 counties, the agencies delivered both quantitative and qualitative input on the issues addressing Indiana’s older population. Interview summaries are available for each AAA in the six regional reports.



Our state has done a tremendous job towards helping aging Hoosiers avoid high-cost long-term nursing facility placements through prioritizing home and community-based long-term services and supports (HCBS). In a country where nursing facility services are a Medicaid entitlement, Indiana has accelerated its investment in HCBS so our older adults can remain at home, where they prefer to be, at a lower cost to taxpayers.

*However, the foundation of our state’s ability to continue to reap this success rests on a comforting four-letter word: **home**. HCBS requires that older adults have safe, affordable, accessible housing in which to receive HCBS. Our state’s entire long-term services and supports strategy relies on Hoosiers’ ability to afford their own housing. That is why the work ICHDA is doing to assess inventory of and needs for housing for older adults, and to align housing investment policy to fill identified gaps, is so critical.*

-Kristen LaEace, MS, MBA, CAE
CEO, Indiana Association of Area Agencies on Agingⁱ



Area Agencies on Aging: Geography

Sixteen Area Agencies on Aging Planning and Service Areas combine to cover the state of Indiana.

The directors for these agencies answered a series of pre-approved questions and completed a request for data on home modification needs, funding sources, and challenges faced in the counties served.

Distinctive trends emerged across the state, both shared and unique to rural or urban settings.

The summary on the following page outlines the shared qualitative observations and unique perspectives of the directors. Interviews were conducted in late 2023 and spring of 2024.

Interview Takeaways

AAA Interview Takeaways – State of Indiana

- **The two most common modification requests for agencies throughout the state are:**
 - Renovating bathrooms: Extensive projects including barrier-free showers
 - Adding ramps
- Other requests making the top three included:
 - Doorway widening to accommodate wheelchairs
 - Minor projects, such as grab bars
 - Stairlifts
 - Walk-in tubs
- Agencies face major challenges finding providers (i.e. Medicaid-approved builders, contractors, or service companies) that are willing and available to complete home modifications. Generally, there is no means to meet urgent needs.
- While the *Spec and Exam* assessment is noted as a positive—improving the consistency of bids— contractors are on the road. Therefore, getting things scheduled can drag out the timeline on projects.
- Overall, the complexity of the Medicaid system does not allow for timely project completion.
- The statutes governing the use of the primary funding streams do not allow contractors to draw any portion of the fee up front to pay for labor or materials. For many modification providers, it is not financially feasible to carry the cost until the job is 100% complete.
- All agencies indicate that modification requests trend with the percentage of population served. Larger cities and rural geographies present requests in proportion to residents receiving services in the respective areas.
- All agencies stated that limited mobility and chronic illness are trending upward, creating higher need throughout the areas served.
- Agencies stated that most modification requests fell into the major category.

AAA Interview Takeaways – Rural Settings

- For projects completed under Medicaid waivers, many rural counties are waiting much longer for modifications. Approved providers, who are willing to work in the counties, are coming from further away and encounter travel and scheduling issues. Contractors prefer to complete multiple projects in an area and often wait until more requests are approved to begin work, which can take several months in counties with low population density.
- The average agency indicated that there are only two to four approved contractors that provide services in any given year.
- Mobile homes in need of modifications have sharply increased, a trend that agencies expect to continue. Two of the agencies interviewed include the top two counties in the state for mobile homes by structure.
 - Crawford County has the highest rate in the state, with 24.8% of the housing units in the mobile home category. (AAA 15 – Hoosier Uplands)
 - Owen County ranks second with 20.2% of the structures reported as mobile homes. (AAA 10 – Area 10 Agency on Aging)
 - The average rate of mobile homes per housing structure by county for the State of Indiana is 4.6%.
- CHOICE funds, when available, offer flexibility to agencies for urgent needs and smaller projects.

AAA Interview Takeaways - Urban Settings

- Agencies have more options for providers in areas of larger population.
- While programs such as SAWS, Habitat for Humanity, and volunteer organizations, like the Lions' Club or Helping His Hands, are scattered throughout the state, areas of concentrated population have more option for volunteer assistance.
- More options for grants, donations, and faith-based participation are available in urban centers.
 - CICOA pursues grant opportunities, particularly in the Marion County area.
 - REAL stated that faith-based organizations donated both labor and supplies for projects.

Funding

Many agencies rely 100% on Medicaid Aged and Disabled Waivers for funding. For agencies that use other sources, CHOICE funds and donations make up 10-15% of their funding base. CICOA was an outlier in funding, with more options for donations and grants in the Central Indiana area, particularly Indianapolis.

Additional Housing Issues

- Low inventory of accessible housing exists in desirable areas. All affordable housing options have long wait lists. Properties with vacancies are often in poor condition.
- Affordability, accessibility, and location issues are pervasive throughout the state. Additional affordable housing, senior-specific with services, is needed. Suitable land is difficult to acquire. Lack of housing is an issue for both urban and rural areas for all agencies.
- While many houses need additional modifications to allow aging-in-place, a number of older Hoosiers, especially those who have been in their homes for an extended period of time, are resistant to change.



A robust educational program throughout the state could help older adults understand the potential housing needs for aging-in-place and the importance of fall and injury prevention. Opportunity exists to educate the general public and shift the funding to a preventative focus.

Ryan Keller
Chief Executive Officer
Thrive West Central^{xviii}

The public is unaware of accessibility issues that make homes fit for aging in place. Furthermore, older Hoosiers are not aware of community services that might allow them to stay in their homes as they age.

STUDY LIMITATIONS

APPENDICES

General Limitations

The intent of this report is to collect and analyze significant levels of data regarding the supply and demand of age-restricted housing in the State of Indiana. MMA, Inc. relies on a variety of trusted data sources to generate this report. These data sources are not always verifiable. MMA reviews data for reasonability but does not conduct itemized audits on data received from providers. MMA, Inc. makes a significant effort to ensure accuracy and that data meets industry-accepted standard margins of error. MMA, Inc. is not responsible for errors or omissions in the data provided by other sources.

The analysis and conclusions reached in this report are based on the market analysts' anticipation of future market conditions. While the assumptions used for the analyses are considered reasonable, there is no guarantee of future events. Therefore, the market analyst cannot be held responsible for unforeseeable events that alter market conditions between the date of the report and future projections. "Black swan" events, such as the COVID-19 pandemic, can have a marked impact on senior populations and are not considered in these discussions. This study does not seek to encompass or capture the many unpredictable, dynamic variables impacting older Americans demand for housing. Additionally, changes to eligibility standards or funding for government programs, such as Medicaid, at the federal or local level could impact the number of eligible seniors for programs, housing, or assistance.

MMA disclaims responsibility, liability, or both for unauthorized use of this data.

No identity of interest exists between the analyst and the entity for which the report is prepared.

The recommendations and conclusions are based solely on professional opinion and the best effort of the analysts of MMA, Inc., in consultation with JoAnna M. Brown and Associates.

Note: Select questions from the *University of Michigan National Poll on Healthy Aging, Older Adults' Preparedness to Age in Place* were used with written permission from the University of Michigan Institute for Healthcare Policy and Innovation. Results of this study do not reflect the analysis or views of the University of Michigan or University of Michigan's Institute for Healthcare Policy and Innovation. Full citation available in Citations in the Appendix.

Limitations of the Licensed Properties Analysis

This study approaches options for seniors needing assisted living or skilled nursing using a framework of demographic, income, and disability data filters, and assumes that current economic and environmental variables remain largely unchanged. Changes to the funding, criteria, or availability of the Home and Community Based Medicaid Waivers (HCBS) that allow seniors to receive services in their own homes could skew the data and change the conclusions of net demand (sufficient, overbuilt, insufficient). The Connecticut Medicaid Long-Term Care Demand Projections, July 30, 2021, sought to measure the proportion of HCBS users out of all persons eligible for NF (nursing facility) or HCBS, judging the state to be “more successful” at higher proportions of HCBS utilization.^{xix} While the Connecticut study is informative, the conclusions in this study assume that HCBS proportions will remain constant.

Demand analysis is useful in estimating the total need. However, this study does not seek to encompass or capture the many unpredictable, dynamic variables impacting older Americans demand for skilled nursing beds.

Major challenges exist in determining the demand for nursing home beds, similar to the challenges faced when predicting hospital bed need. BMC Health Services, a peer-reviewed journal, published the following statement in a review of models and methods for determining hospital bed demand, “Determining the optimal number of hospital beds is a complex and challenging endeavor and requires models and techniques which are sensitive to the multi-level, uncertain, and dynamic variables involved.”^{xx}

Multiple methodologies have been employed to determine future nursing home bed need. Extensive research did not identify a specific accepted standard. According to the JAMA Geriatric Investigation, Trends in Supply of Nursing Home Beds 2011 – 2019 (March 2023), “Whether the supply of nursing home beds and, specifically, the supply of high-quality beds has kept pace with the growth of the older adult population is unknown.”^{xxi} The JAMA investigation uses a population-adjusted supply across all US counties determined from five primary national data sources. JAMA notes the limitations of the study, including the inability to adjust for older adults with disabilities, data availability limited to the 140 largest metropolitan statistical areas from 2015 to 2019, and changes in nursing home star ratings, which did not apply to this study. Offsetting the limitation from the JAMA study, this study assessed all 92 Indiana counties and uses disability as a demographic filter. To provide further insight into future needs, the study projects need for 2023 and estimates need for 2028.

Multiple databases have been used to determine the supply for SNF, RCF, subsidized, LIHTC, and market rate properties. MMA, Inc. manages a database of thousands of properties in the state, categorized by type of rental property. Online databases including the Preservation Database, IndianaHousingNow.org, HUD databases, IHEDA lists of pending properties, industry contacts, and more are searched to further refine the data. Multiple researchers determined the age-restricted properties and populated the lists. In a study of this magnitude, omissions will occur. Demand analysis takes this into account when making statements regarding current and future demand scenarios.

Home Modifications Limitations

Studies on home modification needs come with inherent limitations, including the willingness of older residents to participate in surveys (to achieve representative samples), perception versus reality on the age-readiness of dwellings, and potential issues beyond accessibility that are barriers to aging in place, such as major home structural issues. Determining the number of homes that need modification is further challenged by older

Hoosiers' lack of awareness around funding sources for accessibility improvements. Therefore, these seniors are not requesting modification assistance.

This study pairs methodologies and data from national reports with qualitative interviews and an Indiana-focused survey and data to corroborate the national findings by region for the state. This study relies on both qualitative input (for the regional reports) and quantitative input (for the full study) to compensate for these challenges, pairing the statewide senior survey on aging in place conducted by ADRG on behalf of MMA, Inc. with the interviews conducted with the Area Agencies on Aging and FSSA-DA data.

Sources

MMA, Inc. uses multiple sources, both subscription and public, to gather and confirm data used for analysis. MMA, Inc. sources include the following:

ArcGIS® software by Environmental Systems Research Institute, Inc. (ESRI) online data sources, which include these sources in their products:

- Tele Atlas Streets
- Business List Data
- National Geographic Topography
- ESRI® Demographics
- ESRI® Quarterly Population
- AGS CrimeRisk
- Market Potential
- American Community Survey (ACS)
- Living Atlas
- Workforce Strategies
- Community Tapestry
- Lifestyle/Psychographic
- Consumer Expenditures

HISTA™ Data from Ribbon Demographics powered by Claritas

United States® Census Data

American Community Survey

American Housing Survey

Local property management personnel

Local housing authority personnel

Local planning department personnel

HUD

Major local university research (noted by institution)

Major publication research (noted by publication or author)

Maptitude®

MMA Interviews with Indiana Area Agencies on Aging

RealtyTrac®

Citations for data throughout report

Senior Homeowners Converting to Renters

The percentage of senior homeowners converting to renters is based on Census data.

Total households	128,504,000
Households 55+ (a)	60,337,000
Households 55+ who moved in the past 2 years	8,883,000
Renter hhs 55+ who previously were homeowners (b)	2,736,000
Portion of households 55+ who moved from home ownership to renters (b / a)	4.5%
Percentage applied for one year	2.3%
Senior households 65+ (c)	71,606,000
Households 65+ who moved in the past 2 years	4,157,000
Renter hhs 65+ who previously were homeowners (d)	689,000
Portion of senior households who moved from home ownership to renters (d / c)	0.96%
Percentage applied for one year	0.48%

Source: American Housing Survey C-06-OO, C-06-RO, 2021 National Housing Migration

Methodology

The methodology for this study was delivered and approved in August 2023. It is attached to the state summary report for completeness.

Project Management

This study delivers actionable data to the Indiana Housing and Community Development Authority (IHCDA) and the Indiana Family and Social Services Administration (FSSA).

The study culminates with a full report, which includes aggregate statewide data analysis and all research components organized by region or category, determined by relevance to conclusions. (See Section: Geography.)

Note: Regions align with service areas for Indiana’s Area Agencies on Aging (AAA) planning and service areas to facilitate qualitative data collection.

Study Authors and Project Managers

■ Jennifer Atkinson, MMA, Inc. – Project Manager, Quantitative Focus and Direction of Workflow

- Principal Analyst, Co-founder, and Partner at MMA, Inc.
- NCHMA Certified Analyst
- Author of white paper published by NCHMA on the emerging affordable assisted living product, which uses LIHTC tax credits and Medicaid Waivers
- NCHMA Standards Committee Member

■ Jill Terlep, MMA, Inc. – Project Manager, Qualitative Focus and Report Development

- NCHMA Certified Analyst
- *Local Perspectives* content director for MMA, Inc. since 2017, conducting over 200 housing authority and community action program interviews to assess local supply and demand for affordable housing
- American Economic Association – Full Member
- Editorial Freelancers Association – Member

Process

Research is ongoing for all categories of analysis.

Adhering to MMA, Inc. protocol, all deliverable content is assessed through peer review. For this project, content is reviewed concurrently by the experts listed below. (CVs are included in the final report and available at any time upon request.)

Internal MMA Review:

Elizabeth (Liza) Chen Mutzl, Managing Partner for MMA, Inc. and current NCHMA Chairperson

External Review:

Dr. JoAnna M. Brown, JoAnna M. Brown and Associates, recognized housing expert with concentrated knowledge in Midwest issues and policy

Checkpoints and Deliverables

The project includes multiple checkpoints to ensure the results align with the needs of IHCDA and FSSA.

The first deliverable is this Methodology report. Next is Regional Report I, which includes an initial qualitative report based on information and trends from project-to-date AAA interviews.

- **Deliverable:** Regional Report I: Northeast Indiana | AAA3 and AAA6
- IHCDA and FSSA review the initial report and provide feedback, including indication of most relevant data to agencies and any requests for category focus adjustment.
- MMA, Inc. analysts meet with stakeholders from IHCDA and FSSA to discuss feedback and implementation of methodology changes (if necessary) moving forward, including implications on study timeline.
- Analysts revise methodology, as needed, to meet IHCDA and FSSA feedback.
- *Note:* More time is allocated to strategic planning, research, and analysis for Regional Report I. Shorter intervals of time are allocated for subsequent regions.

- Checkpoints (internal MMA): Regional Reports II, III, IV, V, and VI with corresponding AAA data
- **Deliverable:** AAA highlight report with initial overview of observations and trending topics
- **Deliverable:** Draft of final report
- Deliverable: Final report
- **Deliverable:** Presentation to IHCD and FSSA

In addition, the following checkpoint is planned.

- **Checkpoint with IHCD/FSSA:** Community survey report: structure and implementation
 - Review timing of the survey
 - Test the survey structure
 - Survey implementation: detailed plan based on AAA direction in the field
 - Question validation results
 - Note: Narrative results of the community survey are in the final report

Status reports

MMA, Inc. delivers progress reports every two weeks. Virtual or in-person meetings to be scheduled with key stakeholders from IHCD, FSSA, AAA, and MMA, Inc. upon request.

Geography

For this research analysis, geography plays a significant role in developing the context and reporting of key study findings.

Data collection by county, region

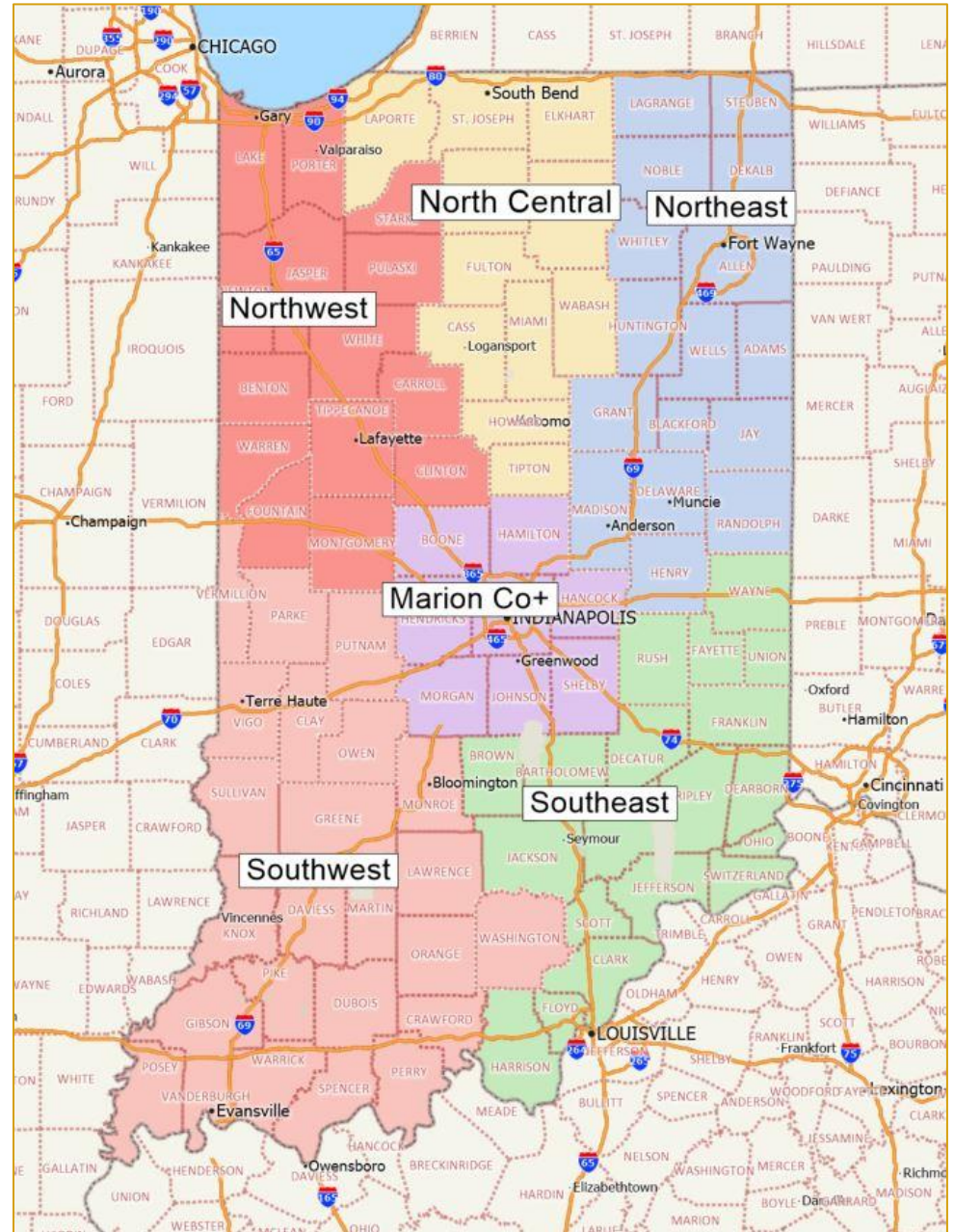
This project uses the following types of data and sources:

Demographic data	Data by census tracts, census block groups, place, county, and state-level data provided by Ribbon Demographics™ and ESRI® Community Analysts
U.S. Census® Bureau data	Data by census tracts, census block groups, place, county, and state-level data
Surveys of age-restricted properties	Property surveys of the following, organized by city or county as relevant: <ul style="list-style-type: none"> Senior subsidized Senior LIHTC Senior market rate Licensed facilities Nursing facilities Skilled nursing facilities Residential care facilities Comprehensive care facilities
Interviews with Area Agencies on Aging Directors	Virtual interviews with key staff from each of the AAA service areas (16). Focus: modifications and senior housing needs.
Community surveys	Mixed survey techniques (in person, digital, etc.) gather data from a representative sample of seniors (urban and rural) for corroboration of modification data and trends. <i>Amended to include telephone-only survey conducted by ADRG in March 2024.</i>

To identify quantitative and qualitative data trends, AAA service areas are grouped to form six regions.

Data is examined at the county level and regional level to determine conclusions. Where appropriate, data is evaluated by population density or urban, suburban, or rural settings, as defined by HUD and the American Housing Survey™.

Aggregate data for the state is analyzed as a whole and compared to the smaller areas.



The six regions consist of the following AAA service areas and counties:

Northeast	3, 6	Adams, Allen, Blackford, DeKalb, Delaware, Grant, Henry, Huntington, Jay, LaGrange, Madison, Noble, Randolph, Steuben, Wells, Whitley
North Central	2, 5	Cass, Elkhart, Fulton, Howard, Kosciusko, LaPorte, Marshall, Miami, St. Joseph, Tipton, Wabash
Northwest	1, 4	Benton, Carroll, Clinton, Fountain, Jasper, Lake, Montgomery, Newton, Porter, Pulaski, Starke, Tippecanoe, Warren, White
Marion County+	8	Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Shelby
Southwest	7, 10, 13, 15, 16	Clay, Crawford, Daviess, Dubois, Gibson, Green, Knox, Lawrence, Martin, Monroe, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh County, Vermillion, Vigo, Warrick, Washington
Southeast	9, 11, 12, 14	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Switzerland, Union, Wayne

Demand Analysis

Analysis of the demand for senior housing is broken down by:

- Services needed
- Tenure
- Income

Services needed

A housing study for seniors must consider whether the individual is capable of living independently. In Indiana, a person qualifies for a Residential Care Facility (also known as assisted living), if they need assistance with at least two of the Activities of Daily Living (ADL):^{7,8}

- *Personal hygiene*: the ability to bathe and maintain dental hygiene, hair care, and nail care
- *Dressing*: the ability to select appropriate clothes and put them on
- *Ambulating*: the ability to walk independently, and get in and out of a chair or bed
- *Continence*: the ability to control bladder and bowel function
- *Toileting*: the ability to get to and use the toilet and to clean oneself
- *Feeding*: the ability to feed oneself

An individual moves to a Nursing Facility when the person needs more assistance than can be provided at the Residential Care Facility level. This is particularly true when the individual needs a higher level of care with mobility.

⁷ Edemekong, P. F., Bomgaars, D. L., Sukumaran, S., & Schoo, C. (2022, November 22). Activities of daily living - NCBI bookshelf. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK470404/>

⁸ ADL are distinct from Instrumental Activities of Daily Living, which require more complex thinking skills. These include managing finances, housekeeping, and managing medications.

In Indiana⁹, the facilities that provide residential options and services include:

Residential Care Facility	Assisted living; licensed to administer medicine and provide assistance with ADL
Comprehensive Care Facilities	Not as common as Residential Care Facilities, Comprehensive Care Facilities provide similar types of services but with a higher intensity of care.
Nursing Facility	Long-term residential facilities for those with chronic conditions needing 24 hours care.
Skilled Nursing Facility	Residential facility for those who need short-term intensive care, typically following a hospital stay.

⁹ Indiana State Department of Health, Division of Long-Term Care. Residential Regulations 2008.

Tenure

Housing tenure refers to the way in which individuals or households hold the right to occupy a property, whether through ownership or rental. When it comes to senior populations, housing tenure plays a crucial role in ensuring their well-being and quality of life. The following key points highlight the importance of housing tenure for seniors:

- **Stability and Security:** For seniors, having secure and stable housing tenure provides a sense of security and peace of mind. Homeownership or long-term rental agreements can offer stability, reducing the uncertainty of frequent moves and potential homelessness.
- **Aging in Place:** Many seniors prefer to age in place, meaning they want to remain in their own homes and communities as they grow older. Homeownership allows them to maintain familiar surroundings, social connections, and proximity to essential services, promoting their physical and mental well-being.
- **Financial Independence:** Owning a home can contribute to the financial independence of seniors. As they retire, fixed housing costs (e.g., mortgage payments) may be more manageable than fluctuating rents, providing more control over their budget and financial security.
- **Equity and Asset:** Homeownership can build equity over time, serving as an asset for seniors to access if needed for emergencies, healthcare expenses, or to pass down as a legacy to their loved ones.
- **Customization and Adaptation:** Owning a home allows seniors to modify their living space to suit their changing needs as they age. They can make necessary adaptations for accessibility, mobility, and safety, making it easier to navigate the home comfortably.
- **Supportive Communities:** Some senior-specific housing communities or retirement villages offer tenure options that cater to their unique needs, including services and amenities which promote socialization, wellness access, and recreational activities.
- **Emotional Well-being:** Housing tenure impacts seniors' emotional well-being. Feeling secure and in control of their housing situation positively influences mental health, reducing stress and anxiety.
- **Access to Services:** Housing tenure that keeps seniors close to their established communities often means easier access to healthcare facilities, transportation options, social support networks, and community services.

Recognizing the importance of housing tenure for seniors is crucial in developing policies and initiatives that support affordable and appropriate housing options for this vulnerable population

Housing will be categorized by tenure: renters and homeowners. Senior renters have the following choices:

- Subsidized age-restricted housing
- Low Income Tax Credit (LIHTC) age-restricted housing—both age-restricted and general population
- Market rate senior age-restricted housing

Seniors who cannot live independently may choose from the following licensed facilities:

- Residential Care Facilities
- Comprehensive Care Facilities
- Nursing Facilities

Senior homeowners are discussed in **Section 06: Owner-Occupied Improvements Analysis**.

Income

Income and age-restricted housing are crucial in promoting social and economic equity within communities. These types of housing developments are designed to provide affordable housing options for specific groups of people, such as low-income individuals, seniors, or disabled individuals. To determine demand for age-restricted housing for independent seniors, income is considered.

Senior renters are categorized by Area Median Income (AMI):

\$0 to 30% AMI	Subsidized housing, such as project-based Section 8 housing, public housing, Rural Development housing, or similar
30% AMI to 80% AMI	LIHTC housing
80% AMI+	Market rate, age-restricted housing

Determining demand

Determining housing demand for seniors is critical in addressing the specific needs and preferences of this growing population. By understanding their housing requirements, we can create age-friendly communities, provide suitable housing options, and enhance the overall well-being and quality of life for seniors.

Demand has the following components:

- Households by income
- Households by age
- Households by tenure
- Percentage of seniors with an independent living disability
- Percentage of senior homeowners who will convert to renting

MMA, Inc. sources data from Ribbon Demographics, LLC™. Ribbon Demographics provides accurate data on households by tenure, age, and income with a cross tabulation of U.S. Census™ data. Therefore, data is not created using ratios and interpolations. The data is available by various geographies including census tract, place, and county.

To determine the percentage of seniors who need services, MMA uses American Community Survey (ACS) Table B18101, Sex by Age by Disability Status. The table provides 2021 5-year estimates of how many persons have an independent living difficulty.

Demand for subsidized housing

First, seniors are categorized by tenure. A very small number of seniors will convert from home ownership to rentership. This percentage is calculated and added. Next, seniors with an independent living disability are subtracted.

An income filter of \$0 to 30% Area Median Income (AMI)¹⁰ is applied. The result is the total demand for subsidized age-restricted housing.

¹⁰ HUD defines Area Median Income as “the midpoint of a specific area’s income distribution.” It is based on the median income for a four-person household.

Demand for LIHTC housing

Demand analysis for Low Income Tax Credit Housing (LIHTC) uses the same formula as demand for subsidized housing. For LIHTC, the income filter used is 30% AMI to 80% AMI. The result is the total demand for LIHTC age-restricted housing.

Demand for market rate age-restricted housing

The demand analysis for age-restricted market rate housing uses the same formula. For this category, the income filter is 80% AMI and higher. The result is the total demand for market rate age-restricted housing.

Demand for licensed residential services

A typical resident in a licensed residential facility is 75 or older. Analysis for licensed residential services disregards tenure.

Ribbon Demographics provides income, household size, and age data by households. However, residential licensed facilities generally account for individuals, not households. Therefore, household data is converted to per-person data using the following steps:

1. Identify the one-person households 75+
2. Identify the two-person households 75+
3. Identify the total number of households 75+
4. Divide the total households by the sum of the one- and two-person¹¹ households to determine the persons per household for households 75+

We identify the percentage of seniors with a disability by county and apply the percentage to the senior population 75 and older in the county.

The result is the total demand for licensed residential services.

¹¹ Based on data reported by industry participants, age-restricted households are limited to one- and two-person households, rather than all households above the threshold age, in this category 75+.

Residential Care Services

The demand for residential care services can be categorized by income. In Indiana, residential care facilities may have Medicaid Waiver beds and private pay beds.

Persons who qualify for residential care due to need for services may also qualify to receive services paid by Medicaid Waivers. To be eligible for Medicaid Waivers through the Aged and Disabled Waiver program, the individual may not have a monthly income exceeding 300% of SSI. Those who earn more than 300% SSI pay the rate for private pay beds.

In general, the maximum income for Medicaid Waiver beds is comparable to 80% AMI. As AMI varies by county and the maximum income for Medicaid Waiver is a state-wide rule, there is some variation between counties.

The demand analysis for residential care will differentiate between the demand for Medicaid Waiver beds and private pay beds.

Supply Analysis

Senior housing supply is compiled using the following resources:

Subsidized age-restricted housing	Preservation Database: A joint effort between the National Low Income Housing Coalition and the Public and Affordable Housing Research Corporation. The list of properties is filtered to those with a senior tenancy and with 10 or more units. In addition, LIHTC properties and properties that have HUD 223(f) or 221(d)(4) programs also appear in the list, and these are filtered out. The goal is to find project-based Section 8 housing, public housing, and Rural Development housing. Preliminary research by MMA shows 471 subsidized senior properties exist in the state.
LIHTC age-restricted housing	IHCDA's current list of existing properties: Data is filtered by property type. The data separates senior LIHTC properties from Residential Care Facilities, which belong in the Licensed Facilities category. MMA's initial research shows 207 senior LIHTC properties in the state.
Market rate age-restricted housing	County-by-county research and data collection: Online resources coupled with interviews with local and regional planning departments. MMA's initial research indicates market rate age-restricted housing is concentrated in areas of higher population.
Licensed facilities	Health Facilities Consumer Report using the Indiana State Department of Health ArcGIS link: Initial research indicates 793 licensed properties.

Licensed Properties

The Licensed Properties report shows the total number of licensed beds as well as the number of beds by Skilled Nursing, Nursing, Comprehensive Care, and Residential Care. Occupancy by type is often provided, although not every facility reports all data.

To organize the data by county for the purpose of this report, it is necessary to match the listed zip codes of each facility to the corresponding county. When a zip code falls within more than one county, the facility's location is manually mapped, and the appropriate county is applied. Properties with discrepancies are individually reviewed and revised as necessary.

Some of the properties in the list, such as a number of Miller’s Merry Manor facilities, have been shut down or purchased by another entity and renamed.

Surveys

Once the data is organized by county, property surveys are conducted by phone. Information regarding number of units by type, current occupancy, and waiting list information is recorded. MMA’s industry contacts provide additional data from the corporate level. The same information is requested as with the phone surveys.

For highly populated counties, statistical significance is reached by completing surveys for 20% of each type of property. General guidance on achieving statistical significance varies from 10% to 30%, depending on the size of the population.¹² For lower population counties, the goal is to survey more than 50%.

For example, Allen County (population 375,351) has 96 properties on the list. Therefore, a survey including more than 10 properties reaches the threshold. Conversely, Adams County (population 35,636) has 10 properties. A higher number of properties is required to determine trends and reach significance in the counties with lower populations.

Net demand

Once the demand for senior housing has been determined by type, the information is evaluated against the occupancy rate and total supply. Net demand is determined. The result shows existing vacant beds available and concludes the status of current supply: sufficient, overbuilt, or insufficient.

¹² Nardi, P.M. (2003). *Doing survey research: A guide to quantitative methods*. Boston, MA: Allyn and Bacon.

Owner-Occupied Improvements Analysis

Methodology for AAA interviews

As part of the mixed-method research approach, the analysts interview the 16 Planning and Service Areas for the Area Agencies on Aging based on the following outline:

- Individual interviews are conducted via Zoom (Microsoft Teams) at a time convenient to the director of each agency. All interviews are recorded with permission and transcribed. Typically, interview sessions do not exceed 45 minutes in length, including additional time for introductions and post-interview wrap-up.
- Interview questions and requests for data are presented to the directors no less than three days prior to the meeting, with data requested within one week following the interview.
- All interview questions are pre-approved for applicability by stakeholders at IHCD and FSSA – Division of Aging.
- Each study participant is read an informed consent statement prior to the interview, before proceeding with any recordings, specifying that the session will be recorded and observed by the MMA, Inc. analyst team only.
- If a study participant offers a particularly relevant statement suitable for highlighting in the report, the quote is sent to the participant for approval prior to publication or submission to IHCD and/or FSSA.

Interview Questions for Age-Restricted Housing Study

Below are the questions sent by email prior to the interview.

Data Availability

- What is the most current year for available data on the number of senior applications or requests for modifications?
- Is the data available by county or in a format that could be sorted by county?

Data (by county, if available)

- How many applications or requests were received?
- How many applications or requests were approved?
- How much assistance (\$) was dispersed?
- How many seniors did not receive assistance due to lack of funding?
- Did any seniors not receive assistance for reasons other than lack of funding?
- Does the agency maintain a waiting list?
 - If yes, how many applicants are on the list?
 - Does the list reset annually (or at any point) or is a rolling list maintained?
 - Total for all counties served (or by county) for 2018, 2019, 2020, 2021, and 2022. (If any year is not available, please add an earlier year, i.e. 2017, 2016, etc. and a reason for lack of data.)
 - Applications or requests received
 - Requests approved
 - Amount (\$) dispersed

Trends

- Are there any identifiable trends for the requests? Age-related? Neighborhood related? Other?
- Is any factor driving higher/lower application/request percentages by county?

Funding

- For the following categories, estimate the percentage (%) that each funding source represents for modifications:
 - OAA Title III B (or other OAA)
 - Donations (including labor, materials)
 - Grants
 - Medicare or Medicaid Home and Community-based Waivers
 - Cost sharing
 - State funding
 - Private pay
 - Other
 - HUD
 - RD or USDA
 - CHOICE
 - State Housing Finance Agency
 - Local Financing

Modifications

- What are the top three home improvements requested by seniors in the area?
- From your perspective, how do most seniors hear about the availability of home modifications? For example, through their care manager, word-of-mouth from other seniors, or another means?
- Estimate (by percentage) which of the following modifications are requested:
 - Minor (handrails, grab bars, raised toilets, etc.)
 - Repairs (stairs, windows, floors, electrical, roof, etc.)
 - Major (widen doorways, install ramps, adjust counter height, install roll-in shower, etc.)
 - Home review or assessment
 - Other services

- Estimate the number of homes that need improvements but never applied for funding.
- Major reasons for not applying?
 - Is there general knowledge in the community that funding might be available?
 - Can the agency identify barriers to applying for funding (i.e., tax liens, access to technology)?
- What is the approximate number of housing modification providers your agency contracts with year over year? Under what programs/funding streams do you contract with them?
- Is there an expedited process for individuals with urgent need? If yes, please explain.
- How long on average is the home modification process – from request to completion?
- Are the SAWS program or RAMPS programs in use?
- What are the most common challenges with meeting urgent housing-related needs for seniors (i.e., individuals who have fallen or experienced a health crisis and need immediate modifications to prevent institutionalization, etc.)?

General

- What are the biggest local housing issues for seniors?
- Given the variety of counties served by the agency, what is the top housing-related issue for seniors in each county?
- Are there challenges to providing modifications apart from obtaining funding? (i.e., securing contractors, supply issues, etc.)
- Overall, what trends are showing in senior housing in the area?

Response Analysis

Content Analysis

- Transcription of interview responses is organized by question, allowing the analyst to assess and determine qualitative and quantitative trends.
- Key themes are identified and classified regionally (where applicable).
- Regional opportunities/recommendations are categorized based on geographic locations (i.e., north, south, east, west) and type (i.e., rural vs. urban-setting).
- Data-specific responses are organized by county, where available, and an aggregate for the state is determined.

Demographics Analysis

Demographic analysis plays a pivotal role in planning and developing age-restricted housing that caters to the unique needs of senior populations. It enables policymakers, developers, and communities to create supportive, inclusive, and age-friendly environments, ensuring seniors can age gracefully and enjoy a high quality of life.

The demand analysis uses the demographic data as input. The purpose of this section is to produce a full demographic analysis for each county and each region.

- Report data on seniors 55+, 62+, and 65+ by tenure and income
- Report 2011-2015 estimates, 2023 estimates, and 2028 projections
- Using ACS Census data, report the data for seniors with a disability.
- Identify senior trends for each county and region; compare to trends for the state

Final Note

Where appropriate for the study, the methodology outlined in this document is consistent with the Model Content Standards published by the National Council of Housing Market Analysts (NCHMA). Standardized terminology is included in the final report as an addendum and follows the NCHMA definitions. Any deviation from the NCHMA definition is noted. All analysts with MMA, Inc. carry the Member Designation for NCHMA.

Citations

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- ^{iv} An eligible individual in 2024 will receive a monthly payment of \$943 per <https://www.ssa.gov/oact/cola/SSlamts.html>
- ^v The rules for what are counted as an asset are specific and detailed. For example, one’s primary residence is not counted as an asset as long the person’s spouse lives in the home, or the persons intends to return to living in the home in the future. There is also a maximum value of the home.
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