

CHAPTER 9



HEALTH OUTCOMES



**CENTRAL INDIANA
SENIOR FUND**
A CICF FUND



HEALTH OUTCOMES

Questions about this research brief? Email us at stateoa@iu.edu.



INTRODUCTION

In Central Indiana, the health of adults aged 55 years and older is affected by many things, like age, income, community, and environment. This chapter looks at the main causes of death, important health trends, and issues like substance use and suicide. It also shows differences in health by age, race, and gender. These findings highlight the need for programs and policies that help older adults stay healthy and address the bigger issues that affect their well-being.

KEY FINDINGS:

- **Mortality rates exceed national average** – Adults aged 55 years and older in Central Indiana die at rates exceeding 3,100 per 100,000, higher than the national average.
- **Black adults face highest early death rates** – Non-Latinx Black adults aged 55 to 74 years peaked at over 2,300 deaths per 100,000 in 2020, dropping to 1,960 in 2023, but still far above White and Latinx rates.
- **Younger seniors report more mental distress** – More than 15% of adults aged 55 to 64 years report frequent mental distress, compared to 9.2% of those aged 65 years and older, a gap suggesting mental health challenges for older adults are greater before the age of 65.
- **Overdose death rates remain unequal** – In 2022, overdose deaths among adults aged 55 years and older peaked at 26 per 100,000 before falling to 22 in 2023; rates for Black adults remain more than triple those for White adults.
- **Mobility challenges affect hundreds of thousands** – More than 370,000 Hoosiers aged 55 years and older have serious difficulty walking or climbing stairs
- **Diabetes disproportionately impacts Black seniors** – Diabetes affects 31% of adults aged 65 years and older in Central Indiana and reaches 39.1% among Black seniors.

In this report, we refer to three subsets of older adults.

Younger-old: aged 55-64

Middle-old: aged 65-84

Oldest-old: aged 85+

In this report, different races will be referred as below.

White: non-Hispanic White

Black: non-Hispanic Black

Asian: non-Hispanic Asian

Hispanic: Hispanic

Others: Native Americans, Alaskans, Hawaiians, Pacific Islanders, and multi-race groups

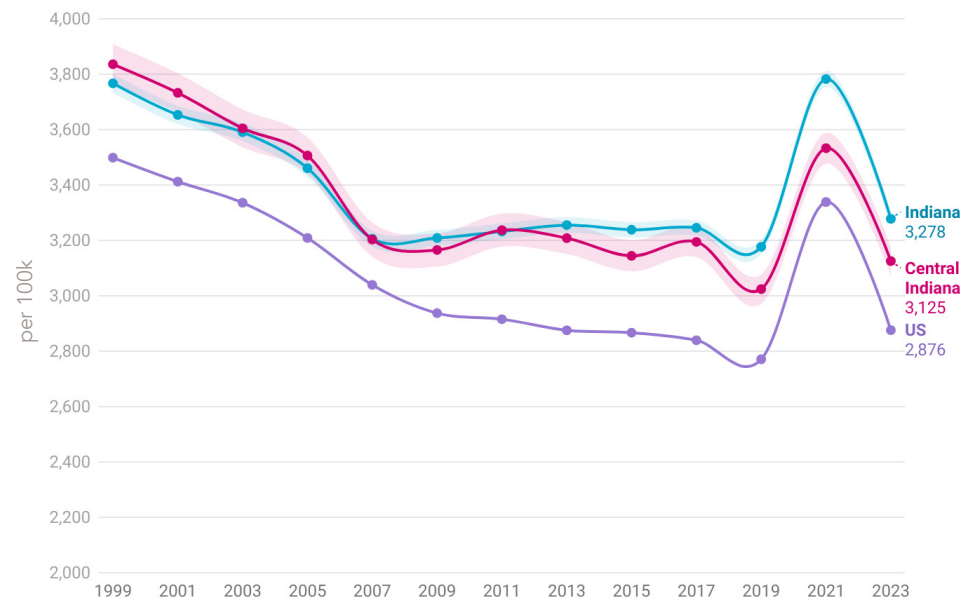
DEATH RATES AMONG OLDER ADULTS IN CENTRAL INDIANA

Over the past 20 years, adults aged 55 years and older in Central Indiana have had higher death rates than the state and the nation. In 1999, the death rate for this age group was about 3,840 per 100,000 people—higher than Indiana’s rate of 3,770 and the national rate of about 3,500. Death rates went down through the early 2000s, but by the mid-2010s, the improvement slowed. In 2023, Central Indiana’s rate was about 3,125 per 100,000, a little better than the state’s 3,277 but still above the national rate of 2,876.¹ Many factors may contribute to this ongoing gap, including limited access to preventive care, economic challenges and high rates of chronic disease among older adults in the region. Death rates rose sharply in 2020 and 2021, following national trends and showing the serious impact of the COVID-19 pandemic on adults aged 55 years and older.¹ By 2023, death rates have fallen again, but not to their pre-pandemic levels.

In Central Indiana, there are clear differences in death rates between racial and ethnic groups, similar to what is seen across the state. From 2015 to 2023, Black residents consistently had higher death rates than White residents. These

Death rates for Central Indiana older adults remain higher than state and national levels.

Number of deaths per 100,000 people aged 55 years and older (age-adjusted)



Source: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention, 2011-2023 • Created with Datawrapper

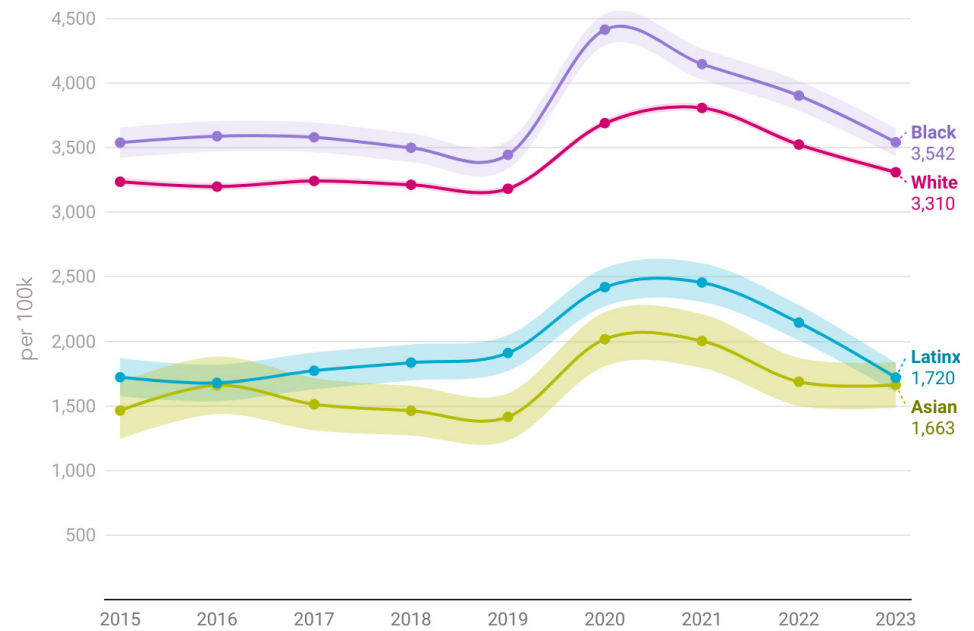
differences reflect long-standing social and economic challenges that affect health.

The gap became even larger during the COVID-19 pandemic in 2020 and 2021, when Black communities were hit especially hard. In 2020, the all-cause death rate for Black residents rose to 4,271 deaths per 100,000 people, compared to 3,582 per 100,000 for White residents. This increase shows how existing health problems, limited access to care and other economic challenges made the impact of COVID-19 worse.

During 2017–2022, Latinx residents usually had lower death rates than both Black and White residents, but their rates were still higher than those of Asian residents, who had the lowest rates of all racial and ethnic groups. By 2023, death rates fell for all groups, and the gap between Latinx and Asian residents became much smaller, with both groups showing similar rates.

Black older adults in Indiana face higher death rates than White older adults.

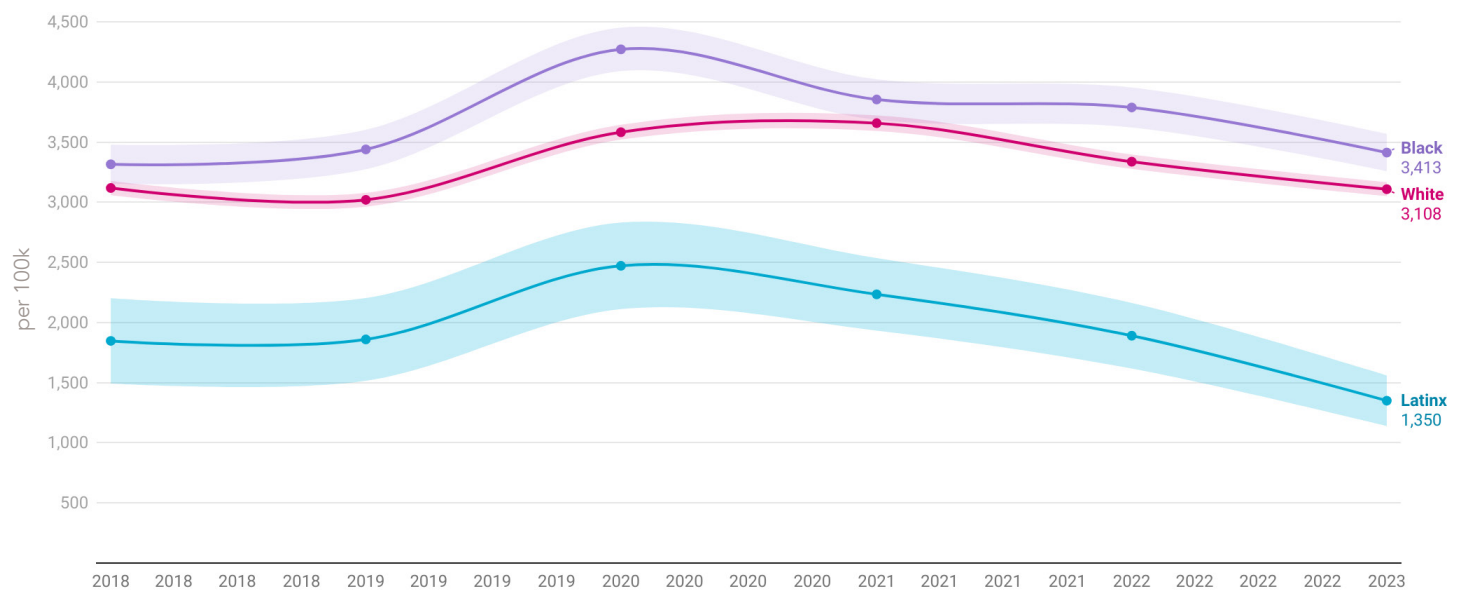
Number of deaths per 100,000 people aged 55 years and older in Indiana, by race and ethnicity (age-adjusted)



Source: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention • Created with Datawrapper

Black older adults in Central Indiana also face higher death rates than White older adults.

Number of deaths per 100,000 people aged 55 years and older in Central Indiana, by race and ethnicity (age-adjusted)



Source: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention, 2018-2023 • Created with Datawrapper

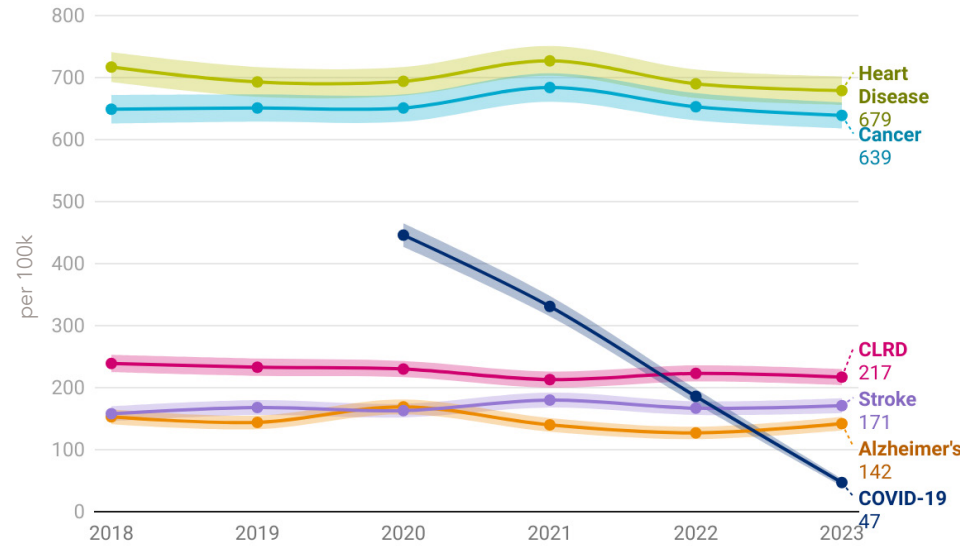
LEADING CAUSES OF DEATH

In Central Indiana, heart disease has been the leading cause of death for adults aged 55 years and older since 2018, with cancer coming in second.¹ Chronic lower respiratory disease was the third leading cause of death until COVID-19 took its place in 2020. COVID-19 stayed among the top causes of death through 2022 but dropped to 10th place in 2023, likely because of vaccines, antiviral treatments and more public health awareness.²

From 2020 to 2022, Alzheimer’s disease was the sixth leading cause of death for adults aged 55 years and older. In 2023, it moved up to fifth place as COVID-19 deaths declined. For adults aged 85 years and older, Alzheimer’s disease ranked even higher—third overall—showing how much it affects the oldest adults. This follows national patterns, where Alzheimer’s disease deaths rise sharply with age.³

Heart disease and cancer are the leading causes of death in Central Indiana.

Leading causes of deaths per 100,000 people aged 55 years and older



*CLRD (Chronic Lower Respiratory Disease) and Stroke (Cerebrovascular Disease) *Polis Center calculated the Age-adjusted mortality rate for aged 55 and older (per 100,000)

Source: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention, 2018-2023 • Created with Datawrapper

Although death rates vary by county, heart disease and cancer are the leading causes of death across all counties in Central Indiana.

Top causes of death per 100,000 people aged 55 years and older by county (2019-2023)

County	Heart Disease	Cancer	Chronic Lower Respiratory Disease	Stroke	Alzheimer's Disease	COVID-19
Boone	709	636	185	149	132	211
Hamilton	529	507	144	145	129	151
Hancock	635	646	258	182	113	215
Hendricks	643	586	188	138	167	219
Johnson	787	659	230	178	177	250
Marion	729	696	236	175	129	249
Morgan	808	746	134	185	129	263
Shelby	589	719	234	136	168	214

Polis Center calculated the Age-adjusted mortality rate for aged 55 years and older (per 100,000)

Source: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention, 2019-2023 • Created with Datawrapper

In 2023, accidental injuries—including falls and drug overdoses—were the sixth leading cause of death for people 55 years and older in Central Indiana. Falls are a major safety concern for older adults and are a leading cause of both fatal and nonfatal injuries.⁴ Drug overdoses in this age group are also a growing concern, especially those involving prescription opioids.

These trends show where public health efforts should focus: improving cancer screening and treatment, supporting heart health, helping people with Alzheimer’s disease and other cognitive issues and preventing falls. They also highlight the need to keep track of COVID-19’s effects and substance use among older adults.

EARLY DEATH

Early death is defined as a death occurring before the age of 75 and is often used as a benchmark to assess preventable mortality, deaths that could have been avoided through timely medical care, healthier lifestyles and improved social conditions. Adults aged 55 to 74 years are typically still active contributors to the workforce, families and communities, and with appropriate health support, many could live well beyond age 75.

Early deaths in this age group are frequently driven by preventable factors such as unmanaged chronic diseases, delayed or inadequate access to healthcare and longstanding structural inequities. These deaths often reflect gaps in preventive care, lack of early diagnosis and treatment and social determinants of health such as poverty, limited health literacy, food insecurity and unstable housing.

The impact of early death extends beyond the individual, resulting in emotional and financial strain on families, loss of experienced workers and increased healthcare and social service costs for communities and health systems.

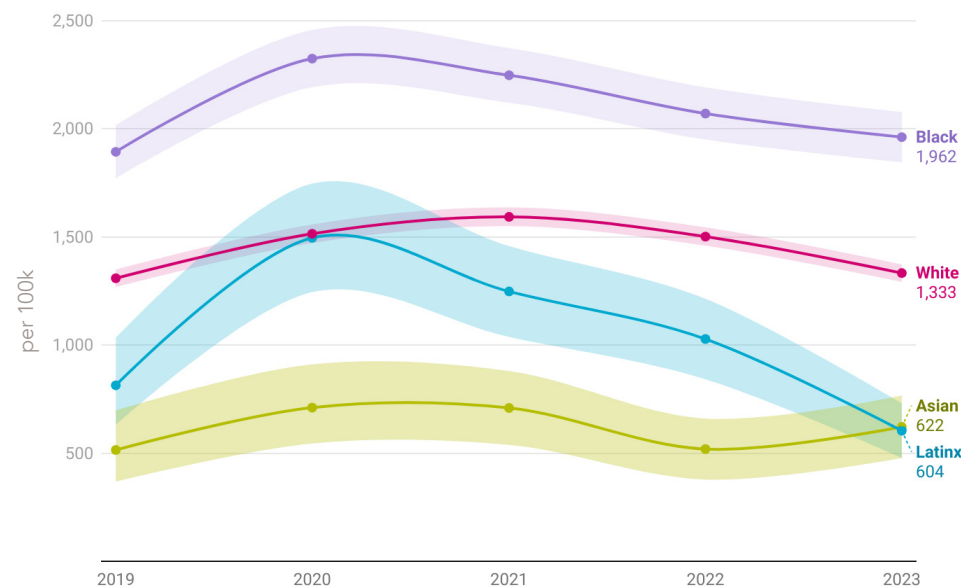
From 2019 to 2023, non-Latinx Black adults aged 55 to 74 years in Central Indiana had the highest rates of early death. These rates reached their highest point in 2020, likely because of COVID-19, and dropped somewhat by 2023. Even with the decline, the rates are still much higher than other groups—slightly better than Indiana’s state average but much worse than the national average.

Non-Latinx White adults in Central Indiana saw smaller changes in early death rates. Their rates peaked at just over 1,593 per 100,000 in 2021 and dropped to under 1,333 by 2023. These numbers are a little better than the state average and are close to the national average.

Latinx residents had a big jump in early death rates in 2020, reaching nearly 1,500 per 100,000. But they also had the biggest improvement, with rates falling to under 604 by 2023—better than both the state average of 812 and the national average of 920.

Black adults aged 55–74 years in Central Indiana face higher rates of early death than White adults, highlighting preventable health gaps.

Racial disparities in early death per 100,000 people aged 55 – 74 years in Central Indiana (age-adjusted)



Source: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention, 2018-2023 • Created with Datawrapper

BEHAVIORAL HEALTH

COGNITIVE DECLINE IN INDIANA'S OLDER ADULTS

The Behavioral Risk Factor Surveillance System (BRFSS) defines cognitive decline as serious problems with memory, concentration or decision-making caused by a physical, mental or emotional condition. This measure is based on what people report about themselves and is often used as an early warning sign for memory loss or other thinking problems.

From 2021 to 2023 in Indiana, adults aged 55–64 years reported more problems with memory and thinking than those aged 65 years and older. The differences weren't large, but they were consistent. For ages 55–64, rates were 11.7% in 2021, 12.4% in 2022 and 11.8% in 2023. For adults aged 65 years and older, rates were lower: 8.7% in 2021, 8.1% in 2022 and 9.1% in 2023.⁵

Although both groups saw small changes from year to year, those aged 55 to 64 years reported more memory and thinking problems every year. This may point to increasing early cognitive challenges in this group, possibly linked to long-term stress, chronic health problems or financial pressures that start before retirement.

These trends show why it's important to support brain health for people in their late 50s and early 60s—not just for the oldest adults. Screening for memory problems, offering programs that help with thinking skills and managing chronic health conditions could help reduce the impact of cognitive decline.

DEPRESSION

In Central Indiana, about 21% of Medicare recipients aged 65 years and older have been diagnosed with depression. This is higher than the state average of 19%. Rates also vary by race and ethnicity. White older adults have the highest rate in the region at 22%, compared to 19% statewide. Black older adults in Central Indiana have a rate of 17%, slightly higher than the state's 16.6%. Latinx older adults have the lowest rate at 11.7%, which is below the statewide rate of 13%.

These numbers show that depression is more common among older adults in Central Indiana than in the state overall, with White residents most affected. National research shows a similar pattern—White older adults often have higher rates of diagnosed depression than Black or Latinx adults, even when other health and income differences are considered.⁶

However, research also suggests that Black and Latinx older adults may feel the same or higher levels of emotional distress as White adults.⁷ They may be less likely to get diagnosed or treated because of barriers such as lack of insurance, mistrust of healthcare providers, language differences, or care that is not culturally sensitive.

Depression can greatly affect daily life. In Central Indiana, 40% of older adults with depression say it gets in the way of their everyday activities. However, only 38% rate access to affordable, quality mental health care as excellent or good. This shows there are still major gaps in the mental health support available

Mental health and aging: more than just physical health

Our mental health in later life is shaped by everything we've lived through—good times, tough times and everything in between. For adults 55 years and older in Central Indiana, feeling mentally well often depends on a mix of things: staying healthy, keeping social connections, having financial security and being able to get mental health care when it's needed.

But mental health often gets left out of the conversation about aging. That's a problem—because it's a big part of what makes life fulfilling.

As we get older, life changes in big ways. We may lose people we love. Our bodies might not work the way they used to. Roles at work, home or in the community can shift. Income might go down. These changes are normal, but they can also bring feelings of sadness, worry or even isolation. Left unaddressed, they can lead to depression, anxiety or other mental health struggles.

The good news? Support, connection and access to care can make all the difference.

to older adults in the region. With the population aging and depression rates among seniors increasing nationwide,⁸ improving access to care and ensuring services are culturally responsive remains an important public health goal for Indiana.

FREQUENT MENTAL DISTRESS

Frequent mental distress means having poor mental health for 14 or more days in the past month. For older adults, this can be caused by things like chronic illness, loneliness, grief or caring for someone else. Unfortunately, these problems are sometimes missed or wrongly seen as a normal part of aging.⁹

From 2019 to 2023, Indiana data showed clear differences between age groups. Adults aged 55 to 64 years consistently reported more frequent mental distress than those aged 65 years and older. In 2023, about 15.5% of people aged 55–64 years said they had frequent mental distress, up from 12.8% in 2019. This shows a slow but steady increase over five years.

For adults aged 65 years and older, rates stayed more stable, ranging from 7.5% in 2021 to 9.2% in 2023. This pattern is also seen nationwide—middle-aged older adults (aged 55-64 years) often report more mental distress than adults aged 65 years and older.¹⁰ Experts think adults aged 65 years and older may report less distress because they manage their emotions better and choose social activities that make them happy.¹¹ People in the 55–64 age group may face more stress from life changes, like caring for aging parents or grandchildren, losing jobs or dealing with worsening health problems. These challenges can increase their risk for poor mental health.¹²

Even though the state data shows some challenges, local results for Central Indiana are more encouraging. In this region, 81% of adults aged 65 years and older said their overall mental health and emotional well-being were excellent or good.¹³ This means that while some older adults experience frequent mental distress, most feel positive about their mental health. Strong social connections, taking part in community activities, and coping skills built over a lifetime may help explain these positive views.¹⁴

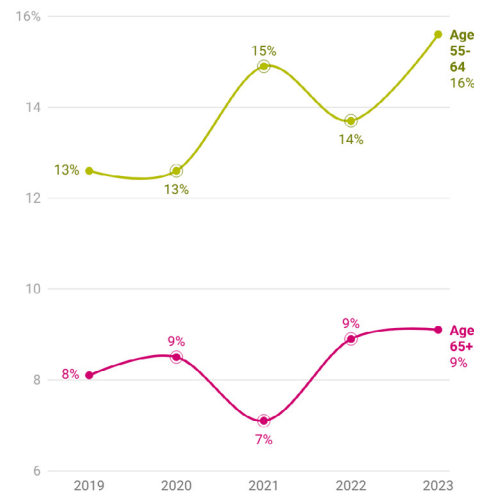
Some research shows that getting older can improve emotional control and coping skills, which may help protect against long periods of mental distress.¹⁵ However, other studies warn that lower reports of distress among older adults may be due to stigma, not wanting to talk about emotional struggles or misunderstanding symptoms like tiredness or trouble sleeping as only physical problems.¹⁶ In addition, mental distress in older adults often looks different than in younger people, and healthcare providers may miss or misdiagnose it.

SUICIDE

Suicide is a serious public health issue and one of the main causes of preventable death in the United States. It can be linked to many factors, including mental health problems, physical illness, substance use, loneliness and access to lethal means. For older adults, especially those aged 55 years and older, suicide is often overlooked and not always reported, even though they have higher suicide completion rates than younger people. Getting older

Indiana adults aged 55–64 years report more mental distress than those aged 65 years and older—a pattern seen nationwide.

Percentage of adults aged 65 years and older who reported their mental health was not good 14 or more days in the past 30 days



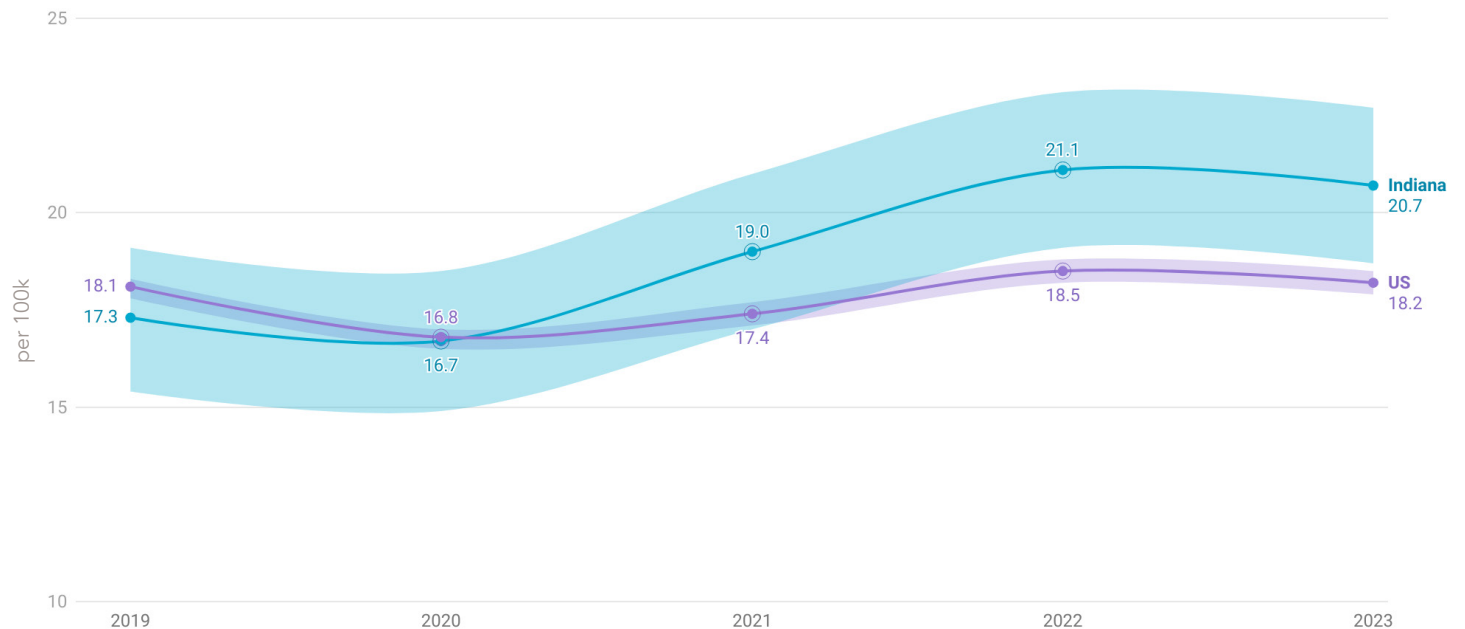
Source: The Polis Center Analysis of Behavioral Risk Factor Surveillance System (BRFSS), 2019-2023 • Created with Datawrapper

can increase the risk because of things like losing loved ones, declining health, chronic pain, depression and less social support.¹⁷

The figure shows suicide trends from 2019 to 2023 for Indiana and the U.S. among people aged 55 years and older. During these five years, Indiana's suicide rates were always higher than the national average. In Indiana, the age-adjusted rate rose from 17.2 deaths per 100,000 in 2019 to 21.1 in 2022, then dropped slightly to 20.6 in 2023. Across the U.S., rates stayed more stable, between 16.6 and 18.2 per 100,000. Over time, the gap between Indiana and the national average has grown, showing a bigger problem for older adults in Indiana. Data specific to Central Indiana are not available because the numbers are too small to report without risking confidentiality.

Suicide rates for older adults in Indiana have stayed higher than the national average and the gap is growing.

Deaths due to suicide per 100,000 people aged 55 years and older (age-adjusted), Indiana Compared to the US



*CDC Code for Suicide (per 100,000): Intentional Self Harm ICD-10 X60-X84

Source: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention, 2019-2023 • Created with Datawrapper

Suicide among older adults in Indiana is a serious concern, especially for men. People aged 55 years and older are more likely to die by suicide if they use more deadly methods, like firearms, which leave little chance of survival.^{17,18} Other factors, such as poverty, trouble getting healthcare, stigma and loneliness, also raise the risk—especially in rural areas where help can be harder to find. Suicide rates went down in 2019 and 2020, possibly because of the early pandemic, but rose again in 2021 and 2022.

Between 2019 and 2023, men had much higher suicide rates than women. Women’s rates stayed low and steady at about 4 to 6 deaths per 100,000 people. Men’s rates were far higher—about 33 per 100,000 in 2019 and 2020, peaking near 39 in 2022 before dropping slightly in 2023.

National research shows older men—especially white men aged 65 years and older—have the highest suicide rates in the country.¹⁷ They often face depression, isolation and physical health problems. Many also use firearms, which greatly increase the chance of dying in an attempt.¹⁸ In addition, cultural beliefs that discourage men from talking about mental health or seeking help make it even harder for them to get care.¹⁹

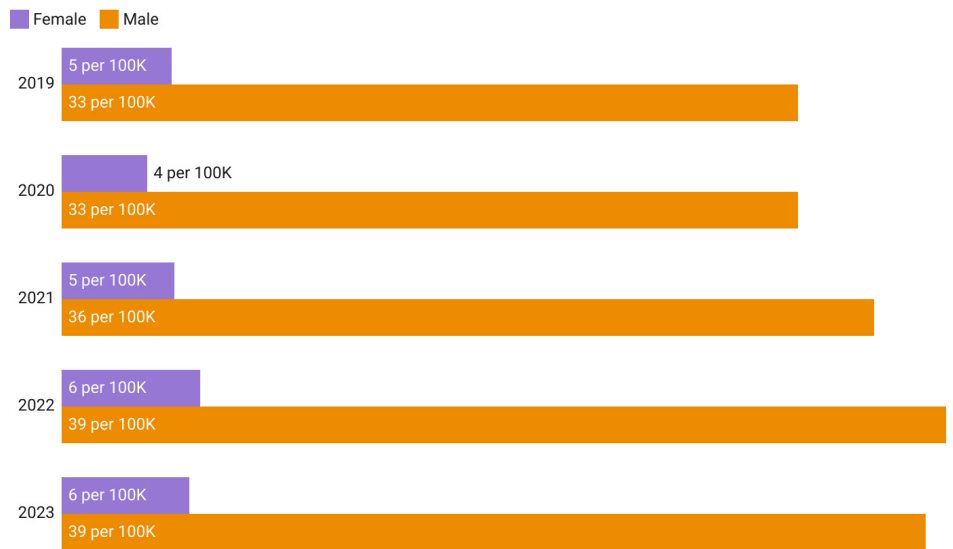
DRUG OVERDOSE

Drug overdose deaths among adults aged 55 years and older are a growing public health concern in Indiana. From 2019 to 2021, Indiana’s rate rose sharply—from about 15 to more than 26 deaths per 100,000—surpassing the national average during that time. While overdose deaths kept rising across the U.S., Indiana saw an improvement in 2023, with rates falling to around 22 per 100,000. These changes may be linked to differences in local prevention programs, access to treatment or changes in the supply of fentanyl and synthetic opioids—which have increasingly contributed to overdose deaths among older adults.

From 2019 to 2022, drug overdose deaths among Black adults aged 55 years and older in Indiana rose sharply, reaching more than 80 deaths per 100,000 in 2022—over three times higher than the rate for White adults of the same age. In 2023, the rate for Black older adults dropped but was still much higher than for White older

Older men in Indiana die by suicide at rates far higher than older women, with the gap persisting over time.

Deaths due to suicide per 100,000 people aged 55 years and older by gender (age-adjusted), Indiana

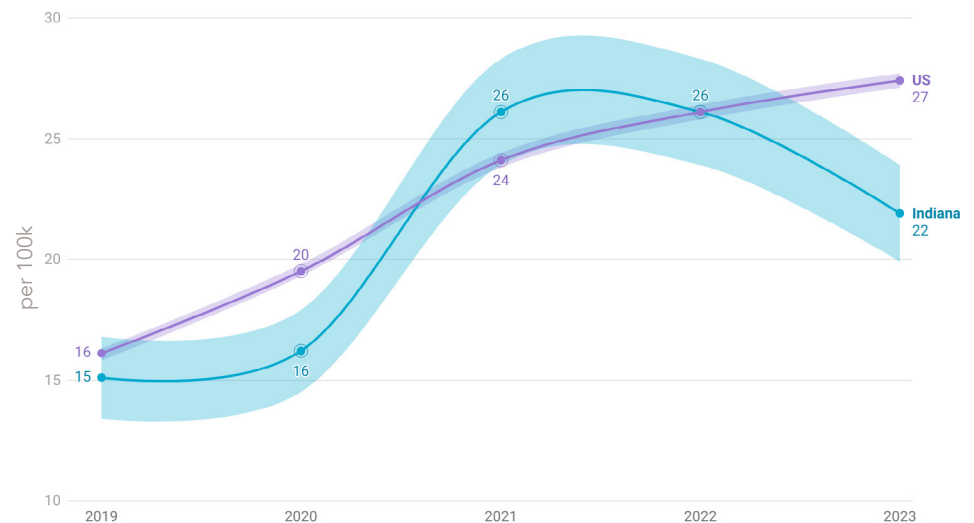


*ICD 10 Codes for Suicide: Intentional Self-Harm X60-X84

Chart: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention, 2019-2023 • Created with Datawrapper

Overdose deaths among older adults in Indiana rose faster than the national average, but have recently started to decline.

Deaths due to drug overdose per 100,000 people aged 55 years and older (age-adjusted), Indiana compared to the US



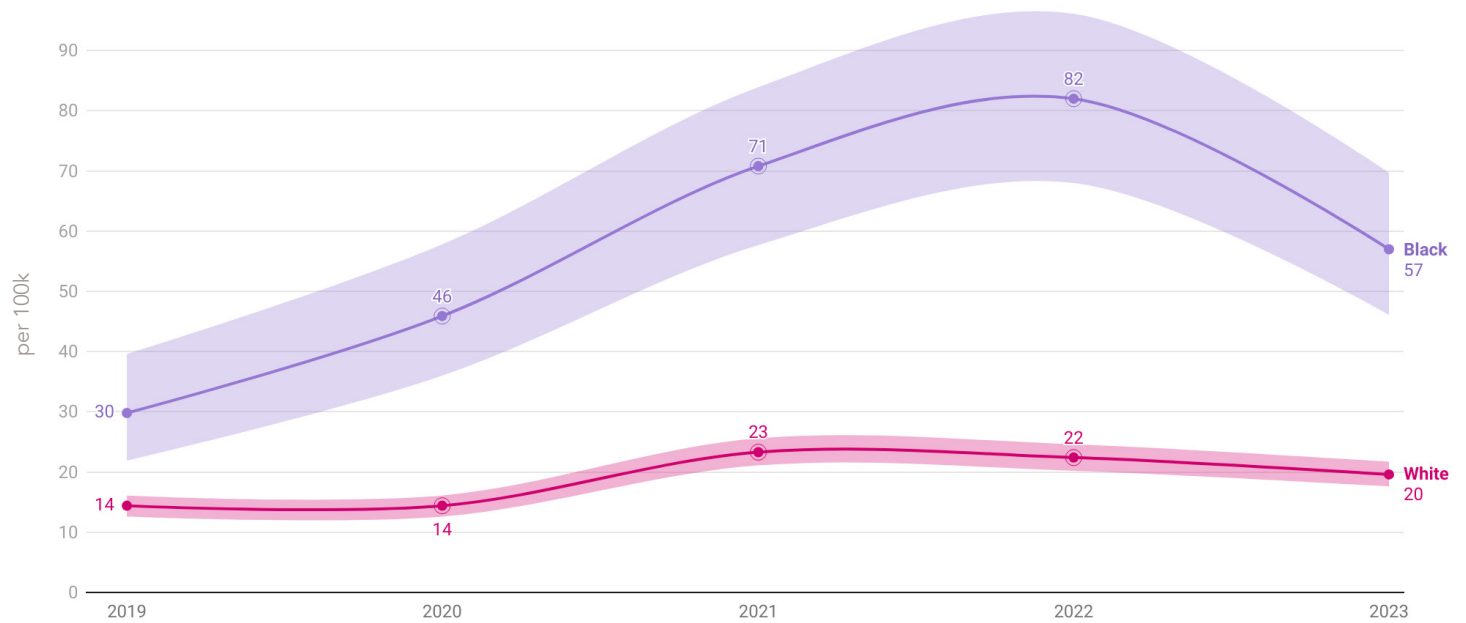
*ICD 10 Codes for Suicide: Intentional Self-Harm X60-X84

Chart: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention, 2019-2023 • Created with Datawrapper

adults, whose rates stayed more stable between 15 and 25 deaths per 100,000. This gap reflects national trends, where Black Americans have seen faster increases in overdose deaths due to factors like less access to treatment, higher risk of contaminated drug supplies and barriers in the healthcare system.^{20,21}

Overdose deaths among Black older adults in Indiana are over three times higher than for White older adults.

Deaths due to drug overdose per 100,000 people aged 55 years and older by race (age-adjusted), Indiana



*ICD 10 codes for drug overdose: X40, X41, X42, X43, X44, X60, X61, X62, X63, X64 and X85

Source: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention, 2019-2023 • Created with Datawrapper

These findings are particularly concerning given the increased vulnerability of adults aged 55 years and older due to chronic pain, polypharmacy, cognitive decline and misdiagnosed or untreated substance use disorders.¹⁹

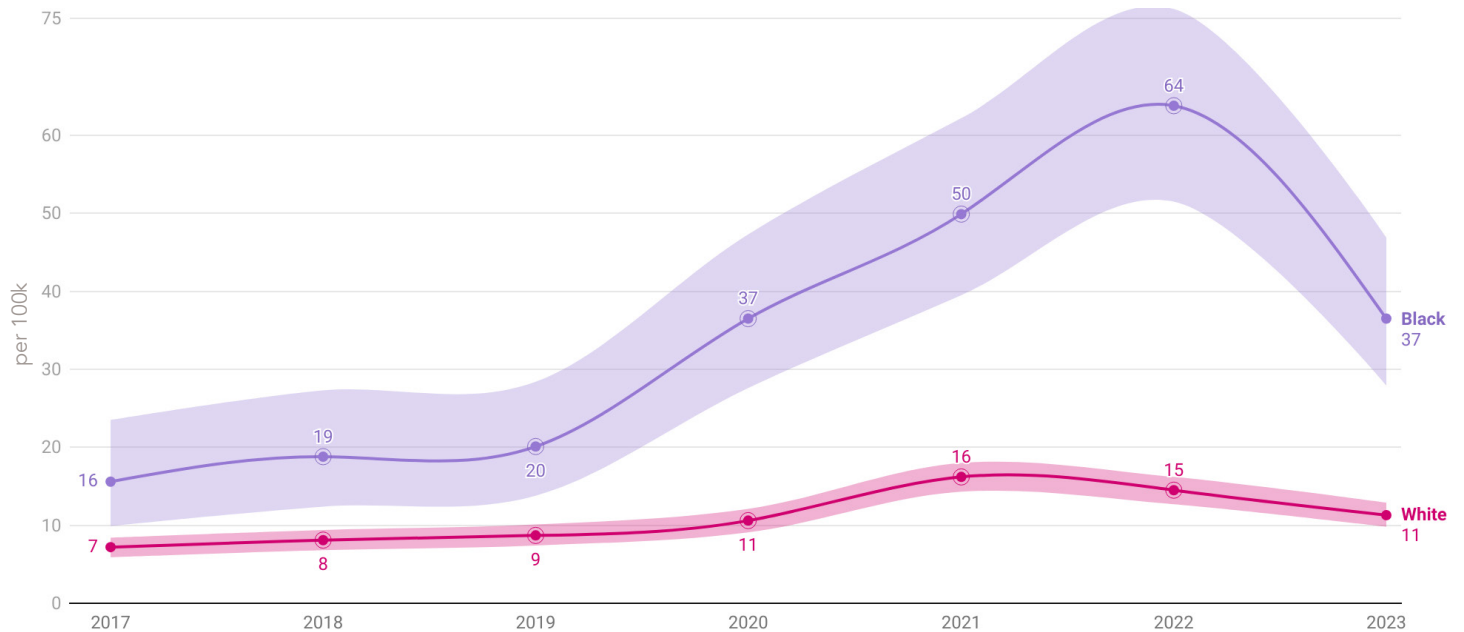
OPIOID OVERDOSE

Opioid overdose deaths show clear racial gaps, similar to overall drug overdose trends. For Black adults aged 55 years and older, opioid-related deaths jumped from about 15 per 100,000 in 2017 to over 60 per 100,000 in 2022—four times higher than the rate for White adults. In 2023, the rate for older Black adults dropped but still stayed much higher than for White adults, whose deaths peaked at about 16 per 100,000.

The sharp rise in deaths among older Black adults from 2019 to 2022 happened at the same time that powerful synthetic opioids, like fentanyl, became more common in the illegal drug supply. Older adults—especially those with chronic health problems or who take multiple medications—are at higher risk from these dangerous drugs. But prevention and treatment programs often overlook the specific needs of older minority groups. The 2023 decline among Black adults is a hopeful sign, but the racial gap remains wide.

Opioid deaths among older Black adults in Indiana have been four times higher than those of White adults.

Deaths due to opioid overdose per 100,000 people aged 55 years and older by race (age-adjusted), Indiana



*ICD 10 codes for opioid overdose: X40-X44, X85, or Y10-Y14 AND with any of the following ICD-10 contributing cause of death codes: T40.0 (opium), T40.1 (heroin), T40.2 (natural and semisynthetic opioids), T40.3 (methadone), or T40.4 (synthetic opioids, other than methadone, including but not limited to fentanyl and tramadol) and T40.6 (other and unspecified narcotics). Rates are provided for 10 or more deaths.

Source: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention, 2017-2023 • Created with Datawrapper

PHYSICAL HEALTH

MOBILITY DIFFICULTIES AMONG OLDER ADULTS

Mobility issues—defined here as serious difficulty walking or climbing stairs (called ambulatory disability in our data)—are one of the most common disabilities for people aged 55 years and older. They can limit independence, affect quality of life and often require mobility aids or help from others.

In 2023, mobility issues affected 11% (~27,000) of Central Indiana adults aged 55–64 years, 19.3% (over 48,000) of those 65–84 years, and nearly half (15,500) of those 85 years and older. Rates for those aged 65–84 years have risen since 2022, while other groups stayed steady or improved slightly. Racial gaps are clear when it comes to mobility problems among adults aged 55 years and older in both Central Indiana and Indiana overall. These differences point to ongoing inequalities in health across racial and ethnic groups.

In 2023, 23.3% of older Black residents in Central Indiana had serious trouble walking or climbing stairs—one of the highest rates among all racial groups. While this is slightly lower than the statewide rate for Black residents (24.7%), it is still almost 7 percentage points higher than the rate for White residents in the region (16.5%).

Percent of people aged 55 years and older with walking difficulties, by age group, Central Indiana, 2023

Aged 55-64 years

11%

Aged 65-84 years

19%

Aged 85+ years

49%

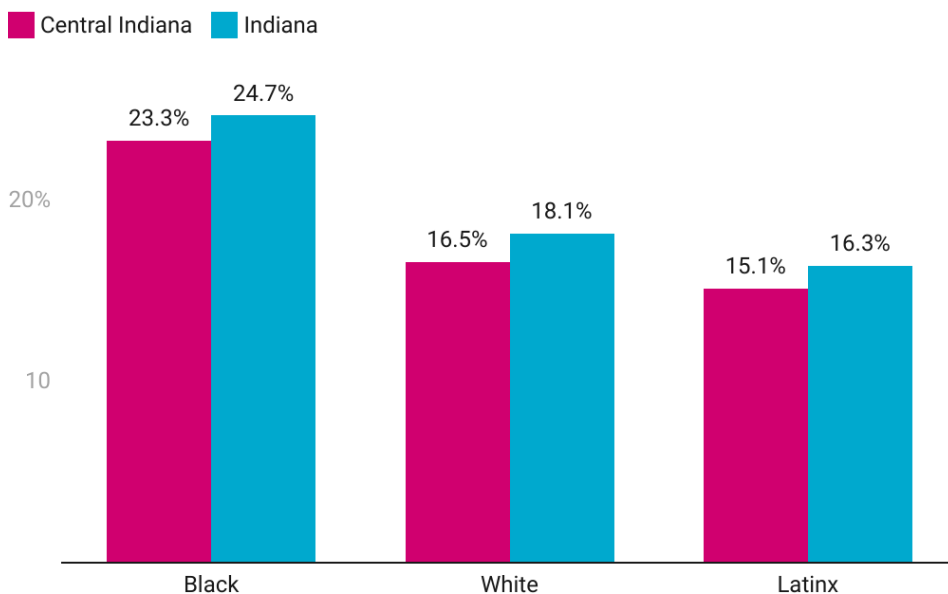
Source: The Polis Center Analysis of Public Use Microdata Sample (PUMS), 2019-2023 five-year estimates • Created with Datawrapper

Among White residents, 16.5% in Central Indiana had mobility problems, slightly below the state average of 18.1%. Because White residents make up the largest share of the population, they represent the highest total number of people affected, even though their rate is lower than that of Black and Latinx residents.

For Latinx residents aged 55 years and older, 15.1% in Central Indiana reported mobility problems in 2023. This is lower than the rate for both Black (23.3%) and White (16.5%) residents in the region. It's also slightly lower than the statewide Latinx rate of 16.3%. While this gap is smaller than for other groups, it still represents a significant number of older Latinx adults with mobility challenges.

Older Black adults in Central Indiana are more likely to have mobility problems than their White or Latinx peers, highlighting persistent gaps in health outcomes.

Percent of people aged 55 years and older with mobility issues, by race



Source: The Polis Center Analysis of Public Use Microdata Sample (PUMS), 2019-2023 five-year estimates • Created with Datawrapper

These rates show that mobility problems are common among older Hoosiers and will likely increase as the population ages. Such challenges raise the risk of falls and isolation and create a greater need for accessible housing, transportation and community services. Investing in walkable neighborhoods, home modifications and accessible public transit can help older adults stay active and connected.

DIABETES

Diabetes is one of the most common long-term health problems for older adults. It can lead to serious issues like heart disease, kidney failure, vision loss and even amputations. Managing diabetes means getting regular medical care, making healthy lifestyle changes and having access to affordable medicine. This can be especially hard for older adults who have trouble getting around, live on a fixed income or face barriers to healthcare. In 2023, 25.4% of adults aged 65 years and older in Central Indiana had diabetes. This is slightly lower than the Indiana average of 26.2%, but it's still a major health concern.

There are clear racial and ethnic differences in who has diabetes. In Central Indiana, 36.7% of older Black adults and 31.5% of older Latinx adults had diabetes, compared to 24.2% of older White adults. Compared to the state overall, rates in Central Indiana are slightly lower for older Black (36.7% vs. 37.4% statewide) and White adults (24.2% vs. 26.1%), and much lower for older Latinx adults (31.5% vs. 35.8%).

Even with these small differences, the gap between racial and ethnic groups is clear. Black and Latinx older adults are more likely to have diabetes, often due to persistent systemic barriers. These include higher rates of poverty, food insecurity and limited access to regular medical care.²² Cultural eating habits—shaped by income, environment and food availability—also affect risk. Many communities, both urban and rural, are food deserts with few affordable, healthy food options, which increases the risk for diabetes.

Diabetes also causes more serious complications for people of color, including kidney failure, heart disease and amputations.²³ This is made worse by lower rates of screening and chronic disease management in underserved communities. To close these gaps, prevention programs, better community support and diabetes education that reflects cultural needs are critical.

OBESITY

Obesity is a key driver of multiple chronic diseases, including hypertension, heart disease and Type 2 diabetes. Among adults aged 65 years and older in Central Indiana, the obesity prevalence has more than tripled since 2012. While it was around 6.3% in 2012, it has shot up to 21.7% in 2023, even exceeding the statewide average of 20.9%. Racial disparities in obesity prevalence among older adults are also apparent in Central Indiana. In 2023, 21.5% of Black residents and 21.9% of White residents aged 65 years and older in Central Indiana were classified as obese, compared to just 12.3% of Latinx residents.

While Black and White older adults show similar obesity rates in the region, Latinx older adults have significantly lower prevalence. Compared to statewide figures, Central Indiana's older Black (21.5% vs. 23.3%) and Latinx (12.3% vs. 17.8%) populations show notably lower obesity rates, while the rate for White older adults (21.9%) is slightly higher than the state average of 20.8%. These patterns suggest regional variation in health behaviors, access to services and possibly socioeconomic or cultural factors that influence weight-related outcomes.

In Central Indiana,

36.7%

of older Black adults have diabetes,

31.5%

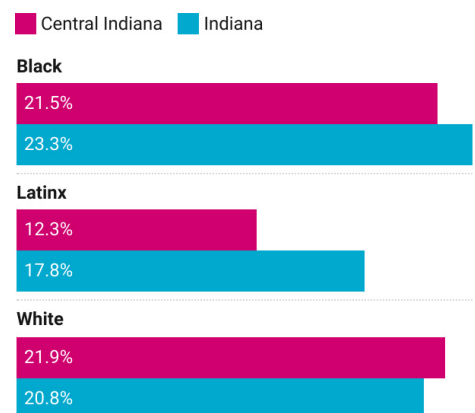
of older Latinx adults have diabetes, and

24.2%

of older White adults have diabetes.

Source: The Polis Center Analysis of CMS (Centers for Medicare & Medicaid Services) 2023

Percent of people aged 65 years and older with obesity in Central Indiana versus Indiana, by race



Source: The Polis Center Analysis of CMS (Centers for Medicare & Medicaid Services), 2023

Research indicates that socioeconomic conditions such as housing insecurity, neighborhood walkability and access to affordable healthy food disproportionately affect Black and Latinx communities, contributing to higher obesity rates.²⁴ However, in Central Indiana these populations seem to fare better than the White population. For older adults, physical mobility challenges, caregiving responsibilities and fixed incomes may further limit opportunities to maintain a healthy weight.

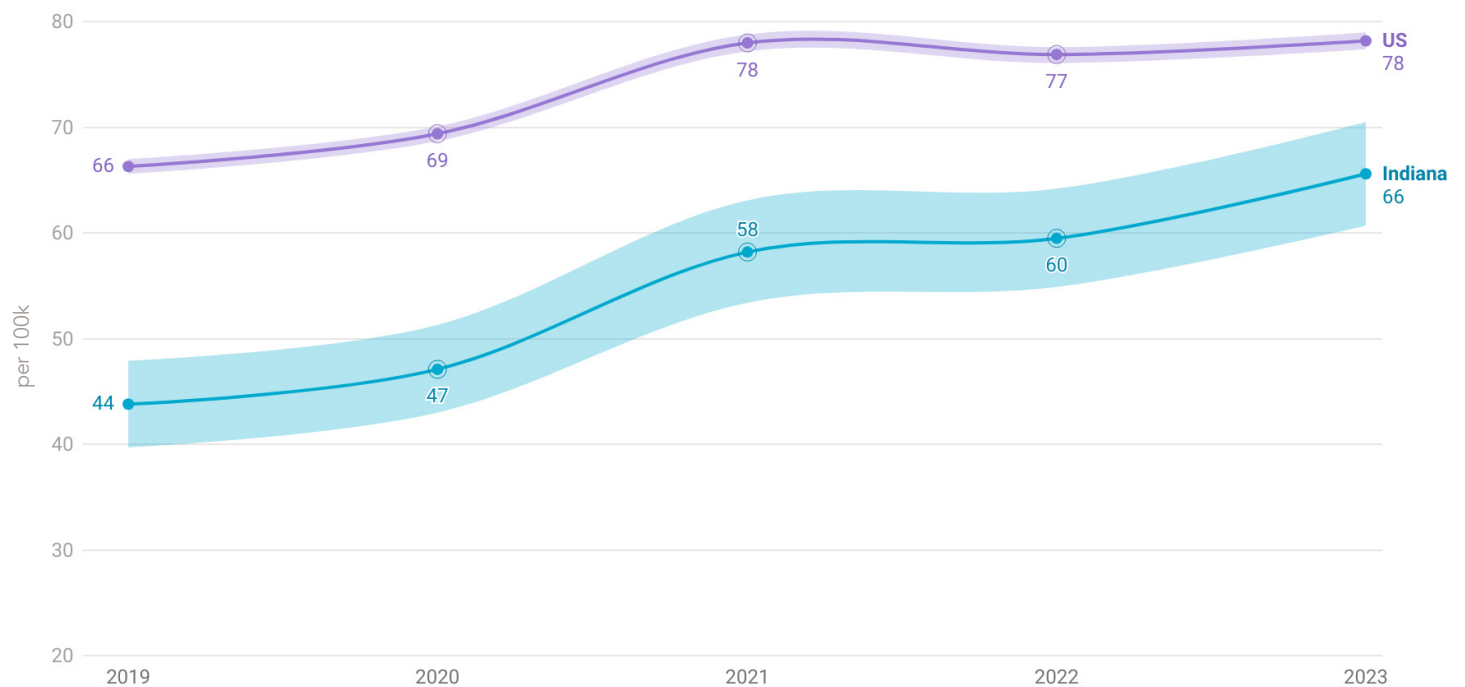
Behavioral and environmental interventions, including safe recreational infrastructure, culturally relevant nutrition education and improved access to preventive care, have shown promise in reducing obesity among older adults.²⁵ Addressing systemic inequities will be critical in improving health outcomes for older populations across Indiana.

FALLS

Falls are one of the main causes of injury for adults aged 65 years and older. They can lead to serious problems like long-term physical limits, loss of independence and the need for medical care. In 2023, data from the Behavioral Risk Factor Surveillance System (BRFSS) showed that just under 12% of Indiana adults aged 55 years and older had at least one fall in the past year. This went up to over 13% for those aged 65 years and older, showing that the risk increases with age.

Falls are becoming deadlier for Indiana’s older adults, with death rates climbing more than 50% since 2019.

Deaths due to falls per 100,000 people aged 65 years and over (age-adjusted), Indiana



*ICD Code for Falls: W00-W19

Source: The Polis Center Analysis of U.S. Centers for Disease Control and Prevention, 2019-2023

The effects of falls can be severe. Nearly 28% of people who fell said it caused an injury that disrupted their daily life or required medical attention. During 2023, more than 89,000 fall-related injuries impacted Hoosier adults ages 65 and older.

Death rates from falls have also gone up. From 2019 to 2023, the number of fall-related deaths among older adults in Indiana rose steadily. In 2019, about 44 out of every 100,000 Indiana residents aged 65 years and older died from a fall. By 2023, that number was over 66. National rates also increased during this time, but Indiana stayed above the U.S. average, showing the need for more prevention efforts in the state.

The rising number of fall-related injuries and deaths among older adults is a growing public health problem. These trends show why it's important to have strong fall prevention programs. This can include balance and strength exercises, home safety improvements, checking medications for side effects and making it easier to get preventive care. As Indiana's older population grows, investing in ways to prevent falls can help seniors stay healthier, live more independently and lower healthcare costs.

DATA LIMITATIONS

This chapter uses the best publicly available data to understand the health of older adults in Central Indiana, but there are some limitations to keep in mind. In many cases, regional data—especially for Central Indiana—is limited or missing. For example, the Behavioral Risk Factor Surveillance System (BRFSS), an important source for health information, does not always provide Central Indiana-specific data because the sample size is too small. When local data isn't available, we use state-level data for Indiana instead, which can hide local differences.

Some numbers, like age-adjusted death rates for substance use disorder (SUD), opioid use disorder (OUD) and suicide, were not reported because the counts were too low for the region. Another challenge is that data sources often use different age group categories, making it hard to compare results. The CDC WONDER data on falls includes all types of falls, and in this report we did not break them into categories.

Finally, survey-based sources like BRFSS have their own limits, such as sampling bias, underrepresentation of people in institutions and possible errors in self-reported answers. These limits should be kept in mind when reviewing the findings and creating strategies to improve older adult health.

During 2023, more than

89,000

fall-related injuries impacted Hoosier adults ages 65 and older.

Source: Indiana Department of Health, 2023 BRFSS

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Download the data used in this chapter.

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

