National I&R Support Center
Turning gray and into the red. The true cost of growing old in America: Implications for States
April 15, 2020

Welcome. My name is Nanette. On behalf of ADvancing States and the National Information & Referral Support Center, a project of ADvancing States, I would like to welcome listeners to today’s webinar on elder economic security and the Elder Index. It’s so nice to be hosting this webinar today when everything feels upended.

Let me cover a few housekeeping items before we get started. The slides, audio recording, and transcript from today’s webinar will be posted to the ADvancing States website within the next several days. Please visit the National I&R Support Center project on the ADvancing States website and see our webpage on I&R/A Webinars. This weblink is also posted in the chat box for your reference.

All of our listeners are on mute during the webinar to reduce background noise. But we welcome your questions and comments through the Q&A function available on your screen. Please feel free to submit your questions at any time during today’s presentation, and we’ll address questions following the presentation.

We also have real-time captioning for today’s webinar. On your screen, you should see a Multimedia Viewer Panel on the bottom right where the captioning will appear. You can minimize this panel or have it open, it will not block the slide presentation. You may need to enter the Event ID number (4381735) to see the captioning.

While today’s webinar was in the works before Covid-19 became a full public health emergency, I think today’s topic of elder economic security is certainly timely. Through I&R programs and other consumer access points, we see that the need for financial assistance, already present in communities, is growing. During this webinar, we will learn about the Elder Index, a tool that measures cost of living for older adults in every state and county in the U.S. And as our presenters shared with us recently, the COVID-19 pandemic will have long-lasting implications for the financial security of older adults, and for information and service needs at the state and local level. As states and communities respond, move forward, and recover, the Elder Index can help to inform planning and evaluation.

We have three presenters who are joining us today. Our first presenter will introduce everyone. With that I'm turning it over to Len Fishman who is the director of the gerontology institute at UMass Boston and he will introduce himself and his fellow co-panelists and we will jump into the presentation.

Len: Thank you again and thank you to ADvancing States for making this webinar possible. Hello everyone. We know what a stressful and busy time this is for each of you. We appreciate your making time for this webinar about the elder index.

For those that are providing help to older people right now we thank you for your service. I'm a director of the gerontology institute at UMass Boston. I will start followed by Professor Jan Mutchler who is a professor in gerontology at department and also a fellow of the Institute. Finally we will hear from Grace Egan who is the former executive director of the New Jersey foundation for aging we've been hearing a lot in the media about the disproportionate toll COVID-19 is taking on the lives of older people. More of them getting the disease and dying from it. What we are not hearing about is the very substantial toll pandemic is taking and will continue to take on the economic security of older people and today we are going to tell you about the elder index which is a measure of what it really costs older people to get by and remain independent in the community. We will tell you aboutthe sizable number of people whose incomes fall short of the elder index and we will talk about how the pandemic will certainly expand the number who are at risk of economic insecurity. And then we will tell how one state, the state of New Jersey, has used the elder index to more deeply understand the economic well-being of its older residents. Before we plunge into the elder index, I'm going to briefly discuss the other index mainly the federal poverty level which is come to define for most Americans who among us is living in poverty. Most insiders and it may be true of most you listening that the federal poverty level vastly understates the number of people living in poverty.

If you've ever wondered why, here in a couple minutes, is the answer. The origin of the federal poverty level dates to Johnson’s war on poverty. As his administration was preparing to launch the war they decided that they needed of baseline measure of who was living in poverty so they can tell how many people they were lifting out of poverty as the war progressed. This job was given to the Social Security Administration. They use the 1955 Department of agriculture study that found the average American family spent one third of its income on food. They figured if we can price out the cost of food for an average family and multiply that number by three that will be the answer. They went back to the U.S. Department of agriculture. They looked at four different food plans and they chose the cheapest one. The Thrifty Food Plan or budget. This is a bare-bones budget for people in financial extremus. We are talking about Fried milk, fried peas, fried potato flakes, the department of agriculture itself called it a budget design quote for temporary or emergency use when funds are low. Certainly not a permanent diet. Annual cost was $1033. Multiply that by three they calculated the first threshold at $3100. This formula was never intended to become a permanent. In 1965 the office of economic opportunity formally adopted it.

We have been using the same formula ever since for over 40 years. Even though the underlying assumptions have changed dramatically. As one example, 1960 the average family spent 18 percent of its budget on rent. Today it is 30 percent that is a change of 67 percent but it is not reflected in the elder index. Despite the enormous changes in the cost of food, housing, healthcare the federal poverty level formula has never been adjusted. Still based on that $3100 figure increased over the years only for inflation. Yet, the federal poverty level is ubiquitous. It is cited constantly and authoritatively conveying that people's annual incomes below it are in poverty and those whose incomes are above it are not. Which is simply not true. Now it is my pleasure to introduce Professor Jan Mutchler who created the elder index and oversees the group of researchers at UMass Boston who produce it every year. Jan. Thanks to everyone for being with us today. I am going to start by telling you about the elder index. The elder index is meant to set a benchmark for what constitutes an adequate income that is more adequate and realistic than the benchmarks that usually used of the federal poverty level that Len just explained to you.

Some of the notable features of the elder index just to give you a little background is to build the elder index around a market basket [Inaudible -- static] there's a lot of background. We build the market basket of everyday expenses that are encountered by people age 65 and over. This market basket is meant to represent a bare-bones budget. I will say not as bare-bones as the federal poverty level certainly but it is meant to be a very stripped-down budget. It adjust for the number of people in the home and our focus on single people age 65 and older as well as people who are couples both of them 65 and older. We adjust for housing status. Three dimensions of housing. We adjust for health status and we assume that they're living independently and I think one of the most important features of the elder index is we do calculate it county by county for the entire United States. Which makes it an innovative and a particularly useful resource I think for any users.

A report from the Congressional budget office, they recognize some the strengths of the elder index that we've been discussing. They notice the unique geographic specificity of the elder index as a particular strength of this measure. They also named its focus on elder specific expenses and household level measurement as an important enhancement in terms of the credibility and usefulness. They noted the fact that it's built using existing data means it is indeed possible to updated and keep it current on an ongoing basis. With that bit of background I am going to show you some information about the elder index and explain to you how we create it very briefly and then what it is telling us.

I am going to start with this matrix that describes how we put the elder index together. So our basic approach involves estimating the necessary monthly expenses that makes up a set of budget for every county in the U.S. we estimate costs for housing, food, transportation, healthcare, and other necessary expenses. We estimate the cost separately for singles versus couples for three housing scenarios the owner without a mortgage, renters and owners with a mortgage and once we have estimated these expense categories they're summed to a monthly budget and then we use that multiplied by 12 to represent an annual budget. Having described the basics of this this is the table filled in. The elder index national average of 2019. When we calculate all these expenses we arrive at what you see here which is the elder index table for the U.S. national average in 2019. Again what we're showing you in the table are monthly estimates for each expense category. You can see the elder index represents a very modest budget. It allows for $257 a month for food for a single person. Note, in this example we're assuming good health but the elder index also offers calculations assuming excellent health or poor health. In this figure we present the same data in a different visual and based on an annual calculation. We can see from the figure the progression and costs that are associated with types of housing and with differences between singles and couples. For singles as well as for couples the value of the elder index is clearly far higher than the corresponding poverty line. One take away from our work is that economic security requires considerably more financial resources than staying out of poverty. And this is one of our goals in developing and producing the elder index is to shift the conversation away from poverty and destitution and rather towards economic security and retirement in later life.

This slide makes clear that housing makes up a substantial share of overall expenses and renters and owners with a mortgage pay considerably more for housing than people who own a house that is paid off. This is important because people often erroneously assume most older people have a paid off home. Only about half of older people are actually in that situation. The latest statistics suggests that three out of 10 older people own a home with a mortgage. So older people in those situations often have high cost burdens associated with shelter and a disruption in income can challenge their ability to maintain and retain their home. We have been talking so far about the US average expenses which is just at weighted average of the county by county value of the elder index.

Quickly I would like to show you an illustration of what those geographics detailed calculations look like. Here I'm just giving you the elder index values focusing on single renters in good health for four counties that are associated with cities that you are probably familiar with. Across these counties the elder index for single renter in good health ranges from just over $22,000 a year in Shelby County Tennessee which is where Memphis is located to $37,000 in Suffolk County Massachusetts which is where Boston is. So for these counties the cost for housing and health care are clearly what's driving the geographic differences the most. But again in each of these counties and all the counties throughout the U.S. the federal poverty line is far below what it cost to get by based on the elder index. We've shown you a little bit about what the elder index is and how it's calculated. We are going to turn now to using the elder index as a tool for economic security among older people. The elder index can help us identify a segment of the older population that's often missed using conventional vulnerability focus on people who are poor. The people have incomes falling below the federal poverty line. By providing a more accurate benchmark for what it takes to get by the elder index lets us define who is economically insecure. Including not just those who are poor but those in the gap. People who have incomes above but below the elder index. These individuals might have too much income to qualify for many programs that would help them pay their bills and stay in their homes. Prior to retirement they may have been doing okay financially but they don't have enough money to cover their necessary expenses later in life and the elder index helps us describe the number of people in that category and their characteristics. This is always relevant. It's always the case that people underestimate the number of older people struggling to get by but we believe that economic consequences of the COVID-19 pandemic is going to reduce the number of people were economically secure and expand the number the number of people who were struggling. Especially those people in the gap. To use the elder index to summarize economic security we need to know more about the income people actually have. This figure helps us visualize that. As shown here Social Security makes up about one third of all the income older units have. Older units are Social Security Administration language for single people and couples who are age 65 and older. Social Security makes up about one third of that income. Another third is from assets and pension. That last third is from earnings. Making clear that many older people rely on paid work to make ends meet. In fact, about one third of people age 65 to 69 work for pay at least on a part-time basis. A report I saw today indicated that among men aged 65 to 69 that statistic is about 40 percent.

We see a lot of older people relying on their earnings in order to get by. The loss of that income such as likely happening today would jeopardize economic security for many of them. I think we've been reading a lot about the impact of the crisis is having on pension and assets but we need to reflect more on impact it's having an older people's wages which represents an important source of income for many older people. In this figure we’re looking at the balance between income and resources. We compare the income people have to the elder index value. We learn many more older people are economically insecure than we might've thought. As illustrated here older people that live alone are at especially high risk of economic insecurity we can see that on the left. Our calculations suggest that 18 percent of older people that live alone are poor. That is their income falls below the poverty line. Another third are in the gap. That is there incomes fall between the poverty line and the elder index threshold. The result of that is that half of older people living alone are economically insecure. That's considerably higher than the estimated 23 percent of older couples that are economically insecure which is what shown on the right. Even for those couples you can see economic insecurity is far higher than suggested by the federal poverty line. Note. These calculations are based on comparison of elder index with current income reported by older singles and couples in the American community survey. We did a quick check using the data to see what difference wages are making in these figures. We learned that when we removed wages from the calculation of income the percentage of singles falling below the elder index rises to 59 percent from 50 percent.

For couples the percentage rises to 33 percent up from 23 percent. You can see working on a part-time basis has a sizable impact on risk of experiencing economic insecurity. To the extent older people are losing their jobs in this crisis many of them are certainly experiencing a financial squeeze. My last illustration offers of glimpse of the geographic disparities that are evident using the elder index. This map shows us what percentage of singles have incomes that fall below the elder index in for the state in which they live. The darkest shading indicates states in which at least half of older people living alone have incomes that fall below the elder index. As you can see, we very high rates of economic insecurity in New England, New York, and New Jersey. Places where the cost of living is a very high. Especially housing costs. We also see that in Hawaii and California and occasional places elsewhere. High rates of economic insecurity are found in the deep South. We see high rates in Mississippi, Louisiana, and Arkansas as well as in Georgia. These areas cost of living can be pretty low. The incomes are lower still. The light yellow shading on this map indicates states where under 48 percent have incomes below the elder index. The lowest states are in Nevada at 41 percent, Utah at 43 percent.

Note that even in the states that fare pretty well on this calculation at least 40 percent of singles have incomes below the elder index. In other spatial analyses that I am not going to share here today we find in every single county in the United States the average Social Security benefit is lower than the elder index. That means that in every single county people living just on Social Security are struggling to make ends meet. We’vseen rising interest in the elder index in recent months since releasing the 2019 elder index we've had media coverage from many outlets. Our 2019 report on insecurity in the states has been downloaded 7500 times since its release in November. Our elder index website has had 12,000 users in this timeframe. And organizations are finding that the elder index is useful for their work whether their work involves advocacy or consumer education , policy analysis or research. Before I turn this over to my colleague from New Jersey I am going to share a brief demonstration of how you can retrieve the elder index and learn what it looks like for your location.

Are you able to see the website? Always good to check. This is our elderindex.org website. Anyone can go to it. It's a free resource. I went ahead and filled what I want to show you. But if you go to the location section you would be able to pull down any state or county and you can look at up to four locations at the same time. You choose whether you're interested in learning about the cost for singles or couples you indicate which housing status you're interested in. Here I've chosen all three. You get to choose whether you're interested in people in poor health, good health, or excellent health. Once you've made those choices push apply and the result come down. This is what the results look like. The first visual we have is a bar graph for each of the scenarios you select. In this case it tells us for this location for Lafayette county Mississippi which is where Oxford Mississippi is, Ole Miss is. You can see that for renter who is single and good health it's just about $2100 a month. About $2200 a month if you have a mortgage and it's around $1700 for someone without a mortgage. You can hover over the values or the blocks and see how the values compare.

You can also download the images or download an Excel sheet that has the values included in it. If you go down a little bit further you can learn a little bit more. It just presents the monthly information and different formats. It also gives you the annual total and tells you how that value compares to the national average. There's a lot of content in here and I encourage you to look at it and experiment with it. Contact us if you have any questions. >> Now going to turn the conversation over to Grace Egan who will tell us how the elder index has been used in New Jersey. Grace.

I'm presuming you can hear me but thank you for the introduction. I wanted to say before we get going that in 1992 I became Executive

Director of the New Jersey Association of area agencies on aging. I know you are all familiar with AAA. I just wanted to mention that because the New Jersey foundation for aging grew out of the AAA Association and in 1998 we formed a new nonprofit with a goal to do policy work locally to work on educational forms and different educational opportunities for professionals in the aging network and to look at fundraising opportunities that might enable the AAA to have reliance on complementary services within their areas. I just want to mention that. In 2008 the foundation we applied to be part of a national project that was building the elder index across country. We were the eighth state to join wider opportunities. In the beginning we invited stakeholders to join us. We had staff from the state unit on aging, area agencies on aging, safe base, seniors center staff as well as community action agencies and other advocates to join us in learning about the elder index and how we might use it across New Jersey.

Another point we also did from the very beginning was our national partner wanted to increase opportunities for seniors to enroll in public benefits programs. It seemed important have a benchmark of where we were with certain local or state public benefits programs. The easiest one and a good reliance was snap. New Jersey was historically low in SNAP enrollment and even lower for seniors. It seemed like a very good thing. As we moved into the later reports as you can see from the slide the first report we did was 2009. Then we subsequently did others. We broke into other demographic analysis to determine who was living below the elder index so it seemed to me said be important thing to be able to tell our AAA in the state unit on aging and other advocates how and who they might be best able to target. You can see we will also touch on some these other points. It was used by the state on aging for testimony for the Older Americans Act as well as local advocates. Our AAAs were using it for their area plans, funders and policy advocates were using it.

As Jan mentioned was media picking up on it and we will discuss later in 2015 the New Jersey legislature required the state unit on aging to publish it and use it for their aging plan. That was through public law. Next slide. This is the statewide elder index in 2019. You can see the same categories that Jan described housing, food, transportation healthcare, the good health and miscellaneous. You can see we like to focus on the renter because single renters you will see is a very large cohort and so the reality of it is you can see it's 29,616 dollars. This is significantly higher than the federal poverty level which is $12,490. Right away you can see someone solely relying on Social Security doesn't have enough to meet any of the levels. And if someone is a couple they have more assets. With each release of the report we also did local briefings and forums with stakeholders and the state unit and We always share the information with AAA. Next Slide.

Here you can see some of the data we drill down on. You can see 30 percent of New Jersey elders rely solely on Social Security. Again, thinking about that federally poverty level of 12,490 and knowing single renters would need $29,616 if they solely rely on Social Security. You can see how they would fall short. The average Social Security for a woman in New Jersey is $17,000 and for a man $21,000.

This also seems to be a new fact for people. We get questions like why is a woman rate of Social Security lower. I was always surprised by that. We explain that their work history might be different, their level of compensation might different and different things like that. 54 percent of the single elders in New Jersey and 22 percent of elder couples in New Jersey could not cover their basic expenses. Next slide. Here you can see we also wanted to look at what it meant when someone was in poor health and what it meant when they need additional community long-term care services. This is community long-term care. This isnot nursing home care. You can see what six hours, 16 hours and 36 hours would add to the basic cost of somebody living with poor health and who was a renter that would be that would be additional, if they were really getting 16 hours of help, $23,000 on top of their cost of $32,000. You can see the difference. It also illustrate to us how those that were 85 years and above were the most vulnerable. They were the furthest from their earning years. Next Slide. Here you can see the table that Jan has discussed essentially in a bar chart. Here you can see New Jersey values next to Bergen County. Bergen County is one of the closest counties to New York State line. It has one of the highest COVID-19 case rates at this point in time in New Jersey. You can see the cost of living is higher in Bergen County across these categories that are listed here. They're all higher than the state average. Next slide.

I like to say so what we always knew individuals in our counties might have more difficulty if they were elder or if they were further away from their earning years but this elder index data presented new profiles for seniors living on the edge or in poverty. It was very important to share this with our advocates. The other thing is we wanted to -- when we did share we always saw some surprise comments from policy makers and middle aged adults and younger generations so this was also sort of an ah-ha moment to sort of share this with individuals. And we also thought it could be used to tailor national, state and local policies and discussions to focus on quality of life issues for older adults and in many of their communities and also to provide an enlightened financial planning forum what did it mean to live in the state of New Jersey? What it means to have high housing costs. What did it mean to prevent yourself from aging into poverty. Next slide. We really used it as a myth buster and a reality check. We wanted to make sure we were confronting the mistaken ideas that seniors have free healthcare. You can see from the chart their healthcare costs listed there and if someone is in poor health obviously there costs are greater across the board. We would hear from our housing programs that perhaps the seniors didn’t want to sell their large homes. In reality they had few opportunities to move within the community. That was an opportunity for discussion. There was the myth that seniors were living well in their golden years. When you look at the federal poverty level and the cost for seniors living within the community and trying to make their expenses that wasn't true. 16 percent of single renters had costs for their healthcare that were whether they were in good health or higher 16 percent of the cost of living per month were for healthcare. That's when they were in good health. The percentage is higher when they're in poor health. 30 percent of New Jersey seniors and 65 had mortgages. Again, this was a very surprising factor from our policy people. Why? We would say they had to get a new furnace, they have college payments for their offspring with her grandkids. They have illnesses. The death of a spouse. A significant catastrophe. We also knew 49 percent of the monthly cost for single renters are for housing. This was very important fact to highlight for some of our foundations and our advocates understanding there was no affordable housing in their area. Next Slide.

I said it was important to understand who. When we looked at the elder index across New Jersey you can see a significant number have a mortgage that there were only 48 percent of owners without a mortgage that renters were significant population 26 percent and 63 percent of the people living below the elder index were women. 22 percent were minority elders across New Jersey and you can see 60 percent of all seniors over 75 were living below the elder index. >> By saying who we could also expand the use of the elder index. We increase the data point by looking at the housing status that Jan noted that we could look at gender, race, and age. It became very important characteristic for us. Next slide. We have 21 counties in New Jersey. We have over 9 million people residing in New Jersey. 1.8 million of them are over age 60. This is the county table for Bergen County as I mentioned before. You can see that for a single renter and a one bedroom it was $32,000 for covering their basic expenses.

Again, these folks are in good health. Here when we look at somebody in poor health we can tell their costs are higher. You can see it was $32,000 for somebody in good health. It comes up to $35,000 and then when you add on community long-term care services you can see that you would put another $24,000 on top of that renter and one bedroom apartment $34,000. You can see how significant that is. That's only for 16 hours of care. Probably provided in their home as opposed to adult daycare program. Again, the hard-hit cohort is those over 85. They are the most economically vulnerable. Next Slide. This shows you who lives below the elder index in just Bergen County. You can see 21 percent of these elders have mortgage. Almost 30 percent are renters. You can see 66 percent are women. I will say, these numbers may not look high. In reality it's very important at the local levelto understand 8300 people are renters and probably within that group a great number of them are women. 66 percent of the individuals below the elder index in Bergen County are women. You can see 18 percent are minority elders. 87 percent over age 75 are living below the elder index. As I said from the beginning we worked with stakeholders across the service sector of New Jersey. We developed recommendations that we thought would advance the reality of using the elder index as a tool. Keep in mind, we did try to partner with a lot of individuals that were working with community action agencies and housing agencies, food programs, anti-hunger programs face-to-face organizations.

It seemed clear to us that the most extensive cost beyond health was housing. This was true of our other partners across the state when they were doing the elder index work. Expanding an affordable housing options was a high recommendation. It was the most difficult one to get to. We always maintain that. We recognized early on that snap and food programs could make a difference in a seniors life. Increased access to food and nutritional programs was important. The first report we knew

60,000 individuals were enrolled in snap seniors. By six years later we had 122,000. That the doubling of seniors that were now currently enrolled in snap programs. We knew from national work if they were enrolled in snap and got a farmers market coupon and see nutrition sites they would have an additional asset of $1200-$1800. They can now put it towards their basic housing expenses. In the process of this we new Medicaid and Medicare were expanding through CMS. We were widening the community base long-term services. We wanted to support that. We also recommended exploring economic supports like tax rebates in New Jersey and SSI which had not been increased since 1986. It was always to recognize the important economic supports tax rebates could have. The other thing is that we highlighted for our advocates conveyed to us that the elder index was a strong tool for planning and case management. They use it how to gage how to advance the most vulnerable seniors to improve their economic security by matching them with programs. The other thing in the beginning in 2008 we have different information systems that were now talking to each other. We realize there's a better crossmatch between pharmaceutical assistance programs and the snap enrollment.

Between other program so there's a better matching and offering at seniors swifter avenues to public benefits programs. You could use the Alameda to determine the impact of but benefits and how you could improve their quality of life by having them enrolled in public benefits program. As we had use this since 2008 2009. Our national partner wanted to advance perhaps the idea of institutionalizing it within New Jersey as a planning tool. In 2013 we began work with their national partner. Next slide. Wider opportunities for women worked with New Jersey foundation for aging to do this work while hired a New Jersey lobbyist New Jersey foundation for aging is not a lobbyist. They hired a lobbyist to open the doors to legislative members. N.J.F.A. the foundation on County specific elders index data and its potential for planning tool and also highly for them their most vulnerable constituents in the district. There was a bipartisan bill that was introduced requiring states to develop the elder index and that was in 2014. In 2015 the bill was passed and signed that may by the governor as a public law. The other thing is that for fiscal year 2016 and since the fiscal note was attached to it so the state unit on aging would have the support to develop the elder index and to use it and they subsequently contract with the state unit -- sorry the state university Rutgers to develop the elder index and so that's how they have been using it consequently. This brings us back to the Jan’s slide about retrieving the elder index for the state and also how will impact COVID-19.

Thank you. I did share with you how to retrieve the elder index. Hopefully you have a chance to look at it. Before we turn this over to Nanette for questions. We would like to talk very briefly about how we see the COVID-19 crisis impacting older people. We think it’s going to have substantial impacts on economic security and to the extent that it does have an impact it will depend on how long and how deep the financial troubles are. We know from past work that there are number of things that can be impacted economically for older people through economic crisis. We haven't seen job loss like we're seeing now in a very long time. We know from past down terms that when older people lose their jobs they take longer to find new employment. Their new jobs have a lower pay and fewer benefits and many become discouraged and leave the workforce. As I mentioned earlier, 30 percent of people age 65 to 69 are in the workforce. We anticipate many of those have become unemployed or have had their hours cut back . A recently large share work in retail and entertainment industries. Those are industries that have been hard-hit by this crisis.

Short-term drops and income are likely to be paired with longer term or permanent job loss. Thinking about how to support older people in the job search activity will become beneficial. Some people who experience unemployment enroll in Social Security sooner than they might have planned. That of course results in permanent reductions and benefits. The cares act has a number of provisions that are meant to provide release and stimulus which is great. It allows people to retrieve up to 100,000 in emergency cashfrom their retirement accounts if they have that resource. People might need information counseling to make sure they're aware of the long-term financial implications of those actions. Similarly, it’s great stimulus checks are coming. They will provide much-needed benefits for people of all ages who have experienced instability in their incomes. Weknow those resources are gonna be delayed for people who haven't recently filed a tax return and those whom banking information is not on record with the IRS. Providing information to older people and their family members about these issues and potential solutions would be valuable. However, because of the delays we can anticipate many older people will need supplementary income support for longer periods of time. We also know from past economic downturns that intergenerational exchanges can be heavily impacted.

Specifically, many older people count on cash contributions from their children. Because their children lost jobs or have their hours cut we might see that support disrupted. As well during the last recession we saw sizable growth in the number of intergenerational households that were formed. Which can have implications for short and longer-term financial stability of older people. Finally, we can anticipate older people and others will come out this crisis carrying a lot of debt which is sure to impact economic security moving forward. So education and support around those issues are going to be needed. We know right now the focus of most organizations that serve seniors are on making sure people have food, they are able to access needed medical care, and get their medications. That's an appropriate emphasis for this time. But as the medical crisis subsides we are going to be left with ongoing financial implications that will be devastating for many older people and create great difficulties for others. We think the elder index can help in understanding the breath of economic security that people experience and may help you consider a path moving forward. We hope this has triggered some thoughts on your part how the elder index can be helpful to you. I am going to turn it back to Nanette for some questions.

Thank you. I want to thank all presenters. If you have questions that have come in just a reminder, the material for today's webinar will be posted to the advancing state website. The link is in the chat box.

Grace, you as you were presenting about unpacking the use of the index in New Jersey. It was reminding me last year we issued an innovation award to the New Jersey Department of human services for an initiative called NJ save. It's design to help people better learn about and connect to benefits. It's the real value of that kind of work which can happen at the state level. Let me turn to our questions which have come in through the chat and Q&A function. One of our questions asks whether the index shows how many people live on Social Security, work, etc. If the elder index doesn't provide that kind of data you can suggest data sources. You compare with the elder index to help them get that picture of people in their communities. >> The elder index itself is the calculation of cost of living. Income isn't directly part of the elder index calculation. We pair it with income data such as Social Security benefit data. We have on our website, we have maps that illustrate that on a county by county basis. It's certainly possible to compare the Social Security benefit in your area to the elder index was same location and get a good sense of how people may be doing if they live just on Social Security.

Thank you. As you were getting the presentation started one thing that jumped out at me. I was wondering you have your single and couple. We know there are more and more grandparent households. Does the elder index take into account grandchildren that are being fully cared for in the household?

The elder index does not. It focuses on people who live alone and live in a two person older couple household. That could be done. We thought about doing it. It's a great idea. We have not yet done it. >>

We have one of our participants who asked, what age do you define an elder for the elder index. Measure that 65 redefined differently. >> The great question. We focus on people 65 and over. The reason we do that is it’simportant in our calculations of the healthcare costs that we are able to assume people are eligible for Medicare. Our focus is on people 65 and older. We calculate our reports as much as Grace was talking about vulnerability of people who were in their 80s or 70s. Some of our reports do generate results in terms of the percentage of people below the elder index based on different age categories. We don't incorporate age directly into the calculation of the elder index. As I mentioned, and grace as well. We calculate elder index values for three different levels of help. If your focus would be on people who had more substantial health concerns and higher health costs you might want to focus on the elder index for people in poor health.

Thank you. That goes with another question from one of our participants. How do you define poor health versus good or excellent health. >> The health expenses that we use are drawn from Medicare.

They actually allow us to specify what level of health is assumed. That's fundamentally based on survey data about the amount of healthcare consumed by people at different levels of self-reported health. It's not a clinical judgment. It's a self-reported judgment. >> In your presentation you put that community long-term care or service system support. That's important variable as well. Showing how with the new jersey index there able to bring in those kind of factors.

We thought it was important. Because we had a lot of changes going on as we were leasing the first and second and third reports. Thank you for mentioning that.

One of our listeners has a technical question. She mentioned she tried to access the elder index. It required a login.She mentioned a username. Can you review how a user would use the resource online and If any login is required or anything like that.

I'm glad to have that question. The website I share with you to illustrate the data is a fairly new website. It's just been open since November. We don't require any login, any sign in, anything of that sort. If anybody goes that website that I shared with you and the URLs on the screen if anybody goes there has trouble accessing it let us know and we will figure out what is going on. I haven't had people report troubles to me before. In an earlier incarnation the website was on a different platform. That did require a login. >>

If any of our participants today are having difficulties you are welcome to reach out and we can make sure get you connected to the speakers. We have a question in the chat box asking how did you determine the average cost of in home care.

Grace, do you want to talk about that?

Great question. It was determined based on the values that Genesis listed for the different regions. So we had the New York metropolitan area that impacted Bergen and Essex and Hudson in union and some other counties. We had the Philadelphia values for the Philadelphia regions and the southern part. There's a slight difference depending on the county's. That's what we used. Because it was important to understand if you had in-home care whether or six hours, 16 hours or 36 hours and 36 hours might include adult day care. It is important to understand that that was anadditional cost. Thank you for the question. >> As we get to the top of the hour we have one last question coming in. Is there any chance the elder index can be used for all long-term services and support waivers through the Medicaid program.

Those are specific to each state. The general question about whether it can be used in the context of waivers.

Excellent question. If that person wants to reach out to me this is Jan. We can talk it through. I would have to learn more about that.

This is grace. It seems to me some of those eligibility levels are set by states and there's a federal level then there’s the states interpretation of what services they may provide. It's a pretty complicated question. >> I just want to turnover quickly to my colleague. Some questions come in to her as the host. Let me check in Jillian if you received any questions separately? >> I don't believe so. Looking through right now. We got to everything that came in today.

Perfect. We’re at the top of the hour. I want to thank our presenters. Thank all of our panelists and I appreciate it again. We started working on the webinar a little while back.

It's for all of you to bring the current situation in and emphasize the implications. For economic security as you talked about that will outlast the current public health emergency. For all of us at support or work at agencies supporting older adults and people with disabilities there's a lot to think about in really helping families be able to maintain their well-being living communities. Again, thank you so much and thank you to our participants. The materials will be available on our website and with that I'm going to close out the webinar. Thank you. >>

[event concluded]