



## **The Upcoming Third Age—How Will We Respond?**

**A Review of Issues and Programs for Addressing the Older Adult  
Population of the Catholic Diocese of Evansville**

“There is an appointed time for everything,  
and a time for every affair under the heavens.” ~Eccl. 3:1<sup>1</sup>

## **Introduction.**

The use of the term “Third Age” has come to mean by those involved in the study of gerontology to be the span of years between retirement age and the advent of age imposed limitations. It is an age, if you are fortunate enough to have adequate resources, adequate health, and limited responsibilities, where you may well enjoy a sense of self fulfillment, freedom, and self-directed purpose and involvement with those of your choosing. In many ways, this Third Age, this period past 65 years of age may well represent a very positive time. Much of this is due to people living longer and because of advances in medical care they are tending to be healthier and more functionally able to enjoy their years after retirement. In fact, people living to enjoy these “Third Age” years tend to come from much varied lifestyles, tend to be better educated and more interested in being active and involved than those of previous generations. There was a time when the only distinguishing events of this period of life were retirement and death.

Within this growing age grouping above 65 years of age, one particular age group, the oldest of the old, those above 85 is of particular interest. The individuals in this rapidly growing age grouping, the oldest of the old, are presently a rather small segment of the population, but they are the fastest growing segment of the American population. In the year 1994 people 85+ comprised 1 percent of the United States population. This population group totaled 3.5 million persons in 1994, 28 times more than in at the turn of the century. This group increased 274 percent between the years of 1960 through 1994. Overall, the oldest of the old are projected to be the fastest growing part of the elderly population into the next century. By the year 2040, just thirty years down the road, those living in the Third Age years will comprise over 20 percent of the Indiana state population (See Table 1).

A larger and larger percentage of people in the United States are reaching age 65 and beyond. Our society faces unprecedented questions, challenges and opportunities brought about by this rapidly growing segment of our population. For those of this age group there is growing questions and concerns about how to best live-out these years. This age group is growing beyond the means of those who tend to design and mold lifestyles—writers, advertisers, and movie makers and the result is an uncertain frame work by which to determine how one should

fashion for themselves these years between retirement and death. For others there are likewise numerous questions and challenges as the number of Americans over the age of 65 sharply rises and will continue to rise dramatically over the next 25 years providing with it an increase in the demands for social services. The question is for all of us, and in particular Catholic Charities of the Evansville Diocese, how will we respond? For years there has been talk of how as a society we will respond when the Baby Boomers arrive, that time has arrived; the first of the age-wave of Baby Boomers are here; we need to be asking ourselves how do we intend to respond?

The onset of what will be a tidal wave of people entering this Third Age is here and it will continue to increase in intensity for the next 25 years at which point it will level off (See Table 2.). This dramatic aging of our society here in the United States, and in particular here in Southwestern Indiana, calls for an increased focus on the part of Catholic Charities and other area agencies in working with older people and their families. This brief study presents various areas of concern that will need to be looked at as the population here locally grows older. Nationally the current population of Americans over age 65 is 12.9 percent, whereas locally the population of individuals age 65 or older is, but for Warrick County, above the national percentile of 12.9 percent (See Table 3). With the exception of Warrick County all of the counties that comprise the Catholic Diocese of Evansville are above the national percentage of the population 65 years of age and above. Of the total population of 490,638 that makes up the 11 county geographical area of the Catholic Diocese of Evansville 71,379 of those individuals are 65 years of age or older (See Table 4). By the year 2040 the oldest of the old of our population, those at or above age 80+ will be equal to the number of Americans currently just below retirement age (See Table 5 and Table 6). All eleven (11) counties are anticipated to dramatically increase in the number of older citizens (See Table 7), but the overall percentage of growth will likely be less than some other areas of Indiana or the country which is likely due to the overall older percentages that currently exist locally (See Figure 1). Over the course of the next couple of generations all eleven (11) counties but for Knox County will increase anywhere from 50 percent to 150 percent in the number of older citizens (See Figure 2).

The following report will highlight concerns of the aging population and offer some key areas of social service delivery and concern that will need to be addressed as our population gets older. As the late Pope John Paul II noted in a letter to the United States Bishops, it is now the time to recommit ourselves to the “building of a culture of absolute respect for life” which includes “respect for the life of the elderly and the infirm.”<sup>ii</sup> These key areas of review will be broken down into four general categories: Home and Community-Based Care, Fiscal Well Being, End of Life Care, and Responding to Catholic Social Teaching. Beyond looking at the needs of older persons as recipients this report will likewise look to the issues of ways older individuals may be engaged in responding to the increasing age of the local population. The shift in age amongst the population will have important implications toward helping to ensure that older adults

remain healthy and active as they age. One way of assuring this will be in engaging older adults in providing meaningful volunteer activities. Shelia Zedlewski and Simone Schaner, in Older Adults Engaged as Volunteers, suggest that volunteer activities have unique personal benefits for older people.<sup>iii</sup> Some really encouraging news for nonprofit organizations for, recent research conducted by the RTI international suggests that volunteering among baby boomers is highest amongst others in the workplace.<sup>iv</sup> Older members of our community can be both providers of services as well as recipients of services. Services provided by Catholic Charities of Evansville are designed so that the participants and users are not just recipients, but are empowered to help themselves and others. Overall, older adults, those 65 years of age and older tend to volunteer more than that of other age groups (See Table 8). For some time now Catholic Charities has been a sponsor of the **Wisdom Program**. The Wisdom Program is an annual program that meets in Evansville, Jasper, and Vincennes to facilitate the sharing of ideas, knowledge and techniques useful for those of the Third Age. This annual program offers opportunities for the exchange of ideas among older adults and volunteer organizations. These exchanges offer insight and awareness into thoughts and ideas that add to the appreciation, enjoyment and security of the Third Age.

### **Home and Community-Based Care.**

“In addition to the obvious psychological need of the elderly themselves, the most natural place to spend one's old age continues to be the environment in which one feels most “at home”, among family members, acquaintances and friends, where one can still make oneself useful.”<sup>v</sup>

~Pope John Paul II

The increase of people in the community over age 65 will bring about a need to provide more continuing-care retirement communities, assisted living facilities, and other types of facilities that meet the needs of older adults with limited mobility as well as services to meet the needs of those individuals who wish to remain in their homes. Traditionally in this country the care of older family members has been the responsibility of family members and was provided within the extended family home. The 1950's saw the introduction of nursing homes or long-term care facilities into the American culture. Increasingly, due to the decrease in the size of families, the geographical dispersion of families, two-income families, greater life expectancy, and overall changes in lifestyle, families have turned to private or government run facilities to attend to the needs of their loved ones. As the population over age 65 continues to grow, there will be an increasing need for assisted-living facilities that people with limited income living can afford. Nearly 10.5 percent of people in Indiana age 65+ are living in poverty. The 1990 US Census reports that about 28% of people age 65 and older live at or near the poverty level. Almost 30 percent of persons age 65 and older lived in non-family households compared with only 18 percent of persons ages 18 to 64.

Most older people want to stay in their homes for as long as possible. Research has found that when older adults are reluctantly moved to unfamiliar surroundings, many become much less active, and less social. Therefore their

overall physical and mental well being is significantly affected by being moved from familiar surroundings. In light of this, housing services for older people should be directed toward the least amount of disruption to the familiar as possible, with all efforts being directed as possible toward not disrupting them from their homes or community. There are programs that assist in allowing older people to remain in their homes and communities, with various levels of outside involvement. These various programs are designed to help frail older people with complex care needs to remain living in their own home.

Things that contribute to risks for older people are being on a fixed income, frailty or disabilities that prevent attending to tasks of caring for themselves or their home, poverty, and lack of family or social supports. Programs for providing in-home care for elderly tend to not often be readily available and people are often placed on waiting lists. These individuals tend to be at high risk for medical complications, hospitalizations for acute illnesses, falls, and further loss of functioning. In many cases, informal care networks, such as family, neighbors, and friends tend to be overextended, stressed and vulnerable to break down.<sup>vi</sup> Older adults tend to be centered in rural and suburban areas which often can put them at a disadvantage as many community services or resource agencies tend to be based in urban areas. Nearly 80 percent of older adults throughout the United States have residence in areas considered to be rural or suburban (See Table 9). For those who are located in rural areas a significant hardship exists due to a lack of affordable retail food outlets in many rural settings<sup>vii</sup>

There are various programs in existence that help facilitate older adults staying in their own homes. Some of these programs simply involve providing education or instruction for families on what can be done toward making older family members' homes more senior friendly and safe—removing various barriers that keep older family members from staying independent in their own homes. Sometimes a few modifications can help older family members remain out of harm's way, and allow them to remain in the comfort and familiarity of their own homes. In many instances older adults can function independently in their own homes with just a little help with basic household chores like changing light bulbs, lawn work, and other things that require climbing or lifting. It is often the case that making small home repairs may allow an older person to make it over the uncertainties of home maintenance, and some minor adjustments around the home like grab bars, tub seats, and offset hinges can really enhance the safety and utility of their home. Local faith communities can serve as a remarkable source of providing these types of services. Confirmation groups can be utilized for short term and seasonal needs such as raking leaves in the autumn or sprucing up the yard in the spring. Parish volunteers could be utilized toward providing minor home repairs and adjustments toward reducing or eliminating age related physical barriers. Parish volunteers could likewise be utilized in providing other services such as companion services, in-home visits, errands, and transportation. A phone poll was done with the 72 Catholic Churches throughout the eleven (11) county area that comprises the Catholic Diocese of Evansville. Of those 72 parishes 26 reported an average of over 18 home-bound parishioners ( $n=26$ ,  $\bar{x} =$

18.81). The other parishes did not have information available or they were not able to be contacted at the time of the phone survey. A significant source for many, if not all of these services, is the availability of other older adults. This not only serves as a benefit for the recipient of the services but likewise serves as a benefit for the older provider of services. Numerous studies document that active and engaged older people remain in better health. <sup>viii</sup>

**Grief Support Services**—Another area that could be addressed at a parish or local community level is that of helping older adult members of a faith community adapt to living alone following the loss of a spouse. Because many older couples have enjoyed lengthy marriages, the loss of a spouse can be emotionally difficult and require significant adjustments. Support groups and various parish activities can prove to be quite beneficial in helping an older adult better deal with the loss of a spouse. Here again many older people could be utilized as volunteers. Older adults who engage in this type of volunteer work find renewed meaning in reaching out to others, especially those who have suffered similar losses. <sup>ix</sup>

There are other services that involve more oversight and structure that can be beneficial in maintaining the independence of older adults. One of these is Adult Day Services or Adult Day Care Programs.

**Adult Day Services**--provide daytime, community-based services for adults who are in need of supervised support, stimulation, and care and who return home in the evening. Services are designed to maintain or improve social, psychological, and physical functioning. Health, social, educational, and/or supportive services are offered to individuals who need some supervision and assistance but are not in need of intensive medical monitoring, rehabilitative services, more than minimal assistance with activities of daily living, or overnight care.

Individuals who participate regularly in Adult Day Services achieve and maintain an optimal level of well-being, functioning and health, and remain in their preferred community residence. There are two general types of Adult Day Care Programs—a medical model and a social model. The social model offers supervised activities, peer support, companionship, and recreation. Both models assist older adults and those with chronic conditions to remain as independent as possible, for as long as possible. The preponderance of research on Adult Day Services focuses on medical model services and on Adult Day Services as a form of respite care for caregivers. While there is little research specific to social or mixed model Adult Day Services, available research concludes that there is little difference between social and medical model adult day programs with respect to caregiver and care recipient outcomes. <sup>x</sup>

**Home Care and Support**—Another group of services are those of Home Care and Support services. These services provide individuals with assistance and care so they can live safely at home independently or with care givers. Individuals may

need and choose from an array of care provider services and support that can include:

- with supervision, extension of basic skilled services, such as assistance with and monitoring of self-administered medication, provision of paramedical care and procedures, assistance with basic levels of rehabilitation, routine exercise, safe lifting, and healthy movement routines to maintain ambulation, and education on prevention of falls, injuries, and decline to address the value of independent functioning; sometimes known as home health aide services;
- assistance with personal care and basic activities of daily living, such as maintenance of physical, cognitive, and social function through physical activity and socialization; sometimes known as personal care aide services; and
- housekeeping, meal preparation and food safety, transportation, grocery shopping, managing finances, help with medication, and other instrumental activities of daily living, sometimes known as homemaker services.

Individuals who receive Home Care and Support Services obtain a maximum level of independence, functioning, and health, and extend the time it is possible to live safely at home and in the community.<sup>xi</sup>

**Group Living Services**—There is also Group Living Services which provide community-based care or support and supervision on a short- or long-term basis to individuals living in a group setting. These programs generally work well and are far more affordable for the older adult and their family than a more traditional nursing home (Skilled Care Facility). Individuals who receive Group Living Services regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.<sup>xii</sup>

### **Fiscal Well Being.**

"...charity must animate the entire lives of the lay faithful and therefore also their political activity, lived as "social charity."<sup>xiii</sup> ~Pope Benedict XVI

The United States, according to new census data, is confronting significant demographic shifts that could have critical implications for policy and progress throughout this decade. Our population exceeded 300 million in 2006, and we are on track to hit 350 million in the next 15 years. America in 2025 will be significantly older. The number of seniors and boomers already exceeded 100 million this past decade. America in 2025 may have cities that can't support their aging citizens.<sup>xiv</sup> Older adults delaying are now working longer and taking more complex routes toward getting out of the labor force. Individuals who were born between 1943 and 1947 did not retire by age 65, compared with only 20 percent of those born 1933 to 1937. People are much more likely to move to part-time

work at older ages and return to work after retiring instead of following the traditional route of retiring from full-time employment.<sup>xv</sup>

The fiscal well being of the older adult population bears a direct correlation to physiological well being, good mental health, and the overall quality of life. Without adequate financial resources, the physical and mental health of the older adult population will be lower. Without proactive steps to create individual and environmental changes that promote aging well, the escalating costs of health and social support systems for an aging population will be unsustainable.<sup>xvi</sup> As noted in the above quote by Pope Benedict from his Encyclical, *Deus Caritas Est*, which makes reference to the Catholic Catechism on the issue of solidarity, socio-economic problems can be resolved only with the help of all.

As a share of the state's population, as seen in **Table 1**, the group 65+ will move from about 12 percent (one in eight people) to more than 20 percent (one in five people), this extreme shift in the number of older adults will place extreme pressures upon health care dollars and resources. Educational and wellness programs directed towards promoting a healthier older population needs to be encouraged, and many of these issues could be addressed at the parish level, and are currently part of what the **Wisdom** program sponsored by the Evansville Catholic Foundation and Catholic Charities offers.

**Health Ministry Programs**—Some Catholic Diocese provide for Health Ministry Programs. Health Ministry Programs focus on promoting health within parish communities, as well as ministering to parishioners' physical, emotional and spiritual needs. Parish Health Ministry Programs often involve a nurse who serves as an educator, referral agent, advocate, personal health counselor, developer of support groups, coordinator of volunteers, and integrator of faith and health. The nurse performs all duties with a special emphasis on the intentional care of the spirit. The spiritual aspect is generally seen as key to parish nursing and nurses actively promote wellness, wholeness, and preventive health.

Being prepared to address the challenges of aging requires thorough planning for fiscal well being as well as physical well being. Indiana had a population of 5.8 million people in 1995. Among the 50 states and District of Columbia, the state ranked as the 14th most populous. By 2025, it is projected to be the 16th most populous with 6.5 million people. Baby boomers (persons born between 1946 and 1964) presently make up over 25 percent of Indiana's entire population and over 52 percent of its current workforce. Presently the oldest boomers are reaching retirement age. Not all of these boomers can expect pensions in retirement. This means that Indiana boomers, employers, and government must take responsibility for planning for financial security for this population. Persons must plan to provide for their own basic necessities for possibly 20 years after retirement. These necessities are adequate food (for proper nutrition), clothing, appropriate housing, and access to adequate medical care including prescription medications. For Hoosiers in the middle and lower-middle income groups, their

opportunity for privately saving and investing are already fairly limited, and their financial future less certain. For the poor and near-poor, Social Security will become more important than ever. Social Security has been the financial foundation for nearly 60 percent of today's older population. For many Hoosiers now turning 65, Social Security is their only financial safety net. Currently, 12.9 percent of Indiana's population is age 65 and older. At present there are over 3 working age people for each retiree and by the year 2040 the population of workforce aged individuals will decline significantly (See Table 1).

- **Advocacy**—Catholic Charities should be actively engaged with the Indiana Catholic Conference ([icc@archindy.org](mailto:icc@archindy.org)) the official public policy voice of the Catholic Church in Indiana regarding state and national legislative matters. Catholic Charities needs to be actively representing the older adults of the Evansville Diocese and engaged in influencing policy that impacts older adults' lives.
- **Networking**—Catholic Charities should be networking with other like minded service agencies toward building visible presence within the local community and toward collaborating in the effort to provide for the needs of the older adult citizenry.
- **Education**—Catholic Charities should be actively engaged in providing education on issues concerning health and fiscally related concerns of the older people of the Evansville Catholic Diocese.
- **Wellness**—Catholic Charities needs to continue to support the Wisdom program, and study and facilitate programs that provide for the wellness of the older adults of the community.

### **End of Life Care.**

“It is not death that will come for me, but the Good God.”<sup>xvii</sup> ~Saint Theresa of Lisieux

In 2007, 53,882 Hoosiers died. According to research many of those individuals who experienced a terminal illness did not likely receive hospice care. A study published in July 2007 *New England Journal of Medicine* found that in 2005, only 1/3 of the 2.4 million Americans who died were receiving hospice care, this despite its relatively low cost. The largest percentages of hospice recipients are referred due to cancer, although patients with dementia, heart disease, and fatal lung conditions are increasingly entering hospice care. Diane Meier, director of the Center to Advance Palliative Care at the Mount Sinai School of Medicine in New York, argues that “palliative care and hospice are the only medical disciplines where nurses and physicians focus on the whole person.”<sup>xviii</sup> The National Hospice and Palliative Care Organization (NHPCO) indicates that 2/3 of eligible patients do not receive hospice care services.<sup>xix</sup> Most folks want to remain independent and in their home as long as possible. Older Hoosiers should have access to the best health care and personal care in their homes toward providing for the emotional, physical and spiritual needs of the patient and their family that best provides for their dignity and the sanctity of life. Much greater use of home

and community-based care of chronically ill and frail is considered an essential strategy for coping with the predicted increase of older adults in Indiana. Hospice care is not limited to older adults. In 1998, 77 percent of persons receiving services were age 60 or older. Despite federal and state laws that establish this right, completion of advance care directives is infrequent, and their use by health care personnel is erratic. Nursing home and rest home personnel care for many dying elders but have limited training to prepare them to provide comprehensive end of life care to residents and their families. Palliative care is essential for maintaining health and the highest possible quality of life for the terminally ill, their families, and caretakers.<sup>xx</sup>

- Hospice Care—The whole hospice movement was quite revolutionary when it happened upon the world of healthcare in the 1960's. Rather than medicating and engaging in heroic efforts to heal a person at or near the end of their journey, hospice care provides opportunities for people to experience the highest quality of life possible with their family and when possible within the comfortable settings of their home. Sometimes people look to hospice as "giving up" on life. This is just not the case. Hospice provides people opportunity to complete the important work of one's life, such things as forgiving and seeking forgiveness, sharing love, and saying goodbyes.<sup>xxi</sup>
- Health Care Coalitions—Some Catholic Charity agencies respond to end of life issues through collaborating with other community service and health care organization in developing coalitions for educating community members about options for assistance with the high costs of health care and services available that best meet their needs. These Health Care Coalitions are generally comprised of health care providers, administrators, educators and representatives from the law, religious communities who work together toward improving how their communities care for those near the end of their lives. These programs help in educating the community on available resources for offsetting health care costs and educate the public on what support services are available and how to access/qualify for such services.
- Counseling—Other Catholic Charity agencies offer Counselors who are available toward helping individuals and families cope with the social, emotional and financial stresses associated with life-limiting illness. Counselors make scheduled visits are available for emergency visits or consultations.
- Respite Care Ministry—A program that families often find helpful is Respite Care Ministry, a service of volunteers who can provide relief from the care of a family member to allow for personal or household errands or respite from the stress involved in caring for a loved one.
- Children Bereavement Care—Some agencies offer bereavement groups for children. These group programs provide opportunities to share with other children their experience of losing a parent or close loved one.

## **Responding to Catholic Social Teaching.**

The social teaching of the Catholic Church is based upon a very rich treasure of information based upon centuries of writings and scriptural study. It offers for us all a way to look toward responding to the issues of our time in a just and virtuous way. A true appreciation of the depth of the points made in the following outline is best arrived at through a reading of the documents behind the seven key points developed over time by the United States Council of Catholic Bishops. The following outline highlights those themes that are at the core of our Catholic tradition.

**Subsidiarity and Preferential Option for the Poor**—Our efforts to serve the common good certainly are directed at all, yet throughout scripture and the writings of the Church we are called to especially set aside for those who are the most vulnerable; it is an essential part of who we are. We can no more neglect the call of those in need than everything else that makes us church.<sup>xxii</sup> We indeed are in challenging and uncertain times, and there is much already that as an agency we are already attending to with great skill and Christian zeal, but there is much more as an agency we could be doing toward offering support and services for the Third Age members of our faith community. Throughout church teachings and the scriptures we are challenged to provide preferential care for the frail and needy.<sup>xxiii</sup>

Catholic Charities in response to the social teachings of church is called to serve as a vehicle to empower the people of God at its most basic and fundamental unit—the family. It should be defended and strengthened, not redefined or undermined, but given the support and tools they need to live independently and whole. Part of being able to respond to the needs of our most vulnerable, in particular those of the Third Age, is to be attentive to the word of God, to listen and hear the needs of the community and beyond, to be committed to work for the greater good, and to be willing to collaborate with others at and beyond the parish community. Part of responding to the challenging and uncertain times demands that we go forth in search of ways to best utilize the gifts of every baptized Catholic and recognizes and respects the distinct resources and diversity of each faith community. The task of reaching out to the various parishes throughout the Catholic Diocese of Evansville is to mobilize the faithful in being mutually supportive in addressing the needs of their unique faith community. The task of Catholic Charities is to collaborate, consult, and facilitate as needed with each parish responding to their own unique needs. With an inordinate increase of public agencies it is the responsibility of Catholic Charities to attend to the needs of older adults from a perspective that suggest people’s needs are best understood and satisfied by people who are closest to them.<sup>xxiv</sup> Part of the struggle in working with some of the parishes within the Evansville Diocese could be the geographical disposition of parishioners in some of the parishes (See Table 10).

**Dignity of the Human Person**—Human life is sacred. This belief is the foundation of all the principles of our social teaching, and to large degree at the foundation of all that we do as church; the dignity of the human person is the foundation of any moral, free society. As a Catholic agency we are called to in “truth, justice, and love” work together toward providing for the dignity of all from the point of conception to the point of natural death.<sup>xxv</sup> In our society, as never before, the sanctity of human life is under direct attack.

“...there is a widespread questioning in our society of what respect for the elderly requires, and even a questioning of whether certain sections of the elderly population are owed any respect at all. By respect in this context I mean, at a minimum, recognition of basic human rights. In view of this questioning the position of many elderly people in Western societies has become distinctly precarious. There is a need to reflect on this situation, to identify its roots, and to see at least in broad terms what response to it is called for.” ~ Luke Gormally<sup>xxvi</sup>

It has been previously noted that the percentage of frail elderly who are dependent on the support of others is increasing precisely when the resources for state provision of welfare are under stress, and revenue for funding government programs will continue to decrease as the number of dependent older adults dramatically increases.<sup>xxvii</sup> There is within current society an alarming growth in ideology that suggests that unborn children, individuals with serious mental incapacities, those suffering from advanced senile dementia, and those who are in unconscious states lack value and offer nothing to society and so lack any right to the protection of their lives.<sup>xxviii</sup> In light of these concerns it behooves us as a Catholic agency of the Catholic Diocese of Evansville to be actively engaged with those individuals and organizations currently involved in providing for the needs of Third Age individuals and to be actively engaged in looking to ways to bring about programming still needed and educational opportunities toward bringing about an increased awareness of these issues.

**Rights and Responsibilities**—As Catholics and as citizens of a free and democratic union we are well aware of the God given rights to fundamental things required for human decency—food and shelter, education and employment, health care and housing, freedom of religion and family life, and most especially life itself.<sup>xxix</sup> These rights are proclaimed throughout the history of the church dating back to the passing of the laws by Moses to the Israelites<sup>xxx</sup>, and in our Declaration of Independence. We likewise are reminded in the current day writings of the church, that working for a just order in our society comes as an obligation through baptism.<sup>xxxi</sup> As a Catholic service agency for the Catholic Diocese of Evansville we need to be diligent in attending to the protection of these rights through active involvement through our personal vote, networking with other community service organizations and cooperative engagement with the Indiana Catholic Conference.

**Dignity of Work**—As a Catholic agency mandated to serve the social needs of the people we again need to be diligent in working those means available to assure that our economic system best serves the people and not the other way around. We need to be watchful toward helping those we serve find just and dignified employment, mindful that work is more than a day's wages, but a continuing participation in God's creation.<sup>xxxii</sup> Employers contribute to the common good through the services or products they provide and by creating jobs that uphold the dignity and rights of workers—to productive work, to decent and just wages, to adequate benefits and security in their old age.

**Solidarity**—At one time in this country the choice of healthcare, and how one might live-out their Third Age years was pretty well determined by your immediate grouping, your family, community, or socio-economic status. This has changed, in part due to the introduction of Social Security or Old Age, Survivors, and Disability Insurance which was enacted under President Franklin D. Roosevelt in 1935 as part of the New Deal. Even before this there was the introduction in 1920 of the Civil Service Retirement Act which provided a retirement system for government employees. Other programs have since been introduced, including, Railroad Retirement Act; 1937, Older Americans Act; 1965, Medicare as part of the social security act and Medicaid; in 1967, Title VII; in 1972 which provided a national nutrition program for the elderly, and 1981 saw the reauthorization of the Older Americans Act which provided for services toward keeping seniors in their homes and mandated Ombudsman to oversee nursing homes.<sup>xxxiii</sup> For the most part these programs have brought about positive changes for older adults in our society, but as we read above with subsidiarity, where the people closest to the problem should, as a general rule, take care of the problem there is always an inclination with government programming for people to let go of their own personal and communal responsibilities. Government control can threaten personal freedom and initiative.<sup>xxxiv</sup> Pope John XXIII, reminding us of the importance of solidarity, offers a good rule of thumb in his Encyclical, Chair of Peter, “in essentials, unity; in doubtful matters, liberty; in all things, charity.”<sup>xxxv</sup>

As Pope Benedict XVI reminds us in his third Encyclical, Charity In Truth, charity should be the driving force behind everything we do as Christians.

“Charity is at the heart of the Church's social doctrine. Every responsibility and every commitment spelt out by that doctrine is derived from charity which, according to the teaching of Jesus, is the synthesis of the entire Law. It gives real substance to the personal relationship with God and with neighbor; it is the principle not only of micro-relationships (with friends, with family members or within small groups) but also of macro-relationships (social, economic and political ones). For the Church, instructed by the Gospel, charity is everything because, as Saint John teaches and as I recalled in my first Encyclical “God is love”: “everything has its origin in God's love, everything is shaped by it, everything is directed towards it. Love is God's greatest gift to humanity, it is His promise and our hope.”<sup>xxxvi</sup>

**Care for God’s Creation**—As Catholic Charities we should encourage the Christian virtue of simplicity in all that we do and teach, to encourage the virtuous assessment of what needs to be done and what can be done with an eye on continuing to meet the needs of future generations. As an agent for the Church of Evansville we have a moral obligation to be good and faithful stewards of the gifts our Creator has given us while offering a safe and hospitable environment for all His people especially those at vulnerable stages of life.<sup>xxxvii</sup>

**Conclusion**— In compiling this document at the request of the Director for Catholic Charities it occurred to me that the involvement of this agency in the area of serving those individuals who are part of that Third Age of life has been perhaps neglectful, yet as we look forward to our future it would be unforgivable if we did not respond in a more meaningful way to the growing needs of our older adult population. I am appreciative of the opportunity afforded me in putting together this brief study, and feel that a more succinct and calculated study would be justified. I would include in that more face to face involvement and interaction with the people in the eleven (11) county areas of the Evansville Diocese. I would propose deanery based meetings calling for input from people at all levels and areas of life within the seven (7) deaneries.

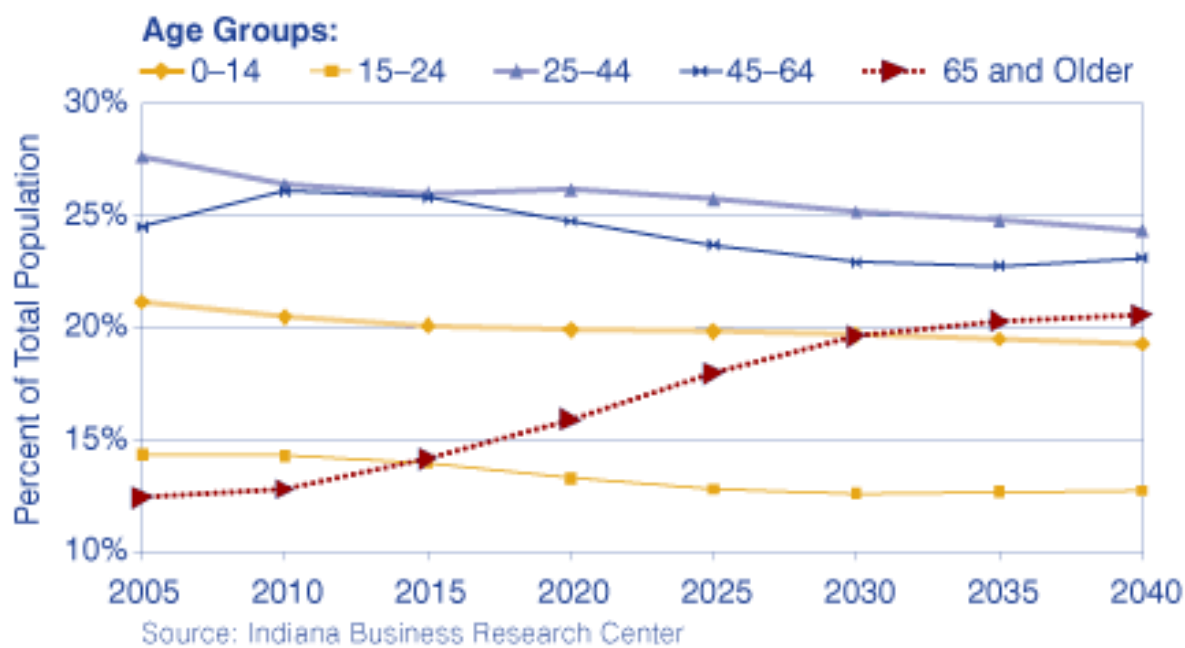
It further occurred to me in the putting together of this report that there are basically three (3) reasons we need to be responding more fully. The first reason is the need to be accepted. As previously noted there is a growing voice within our society that suggest that those who are infirmed and dependent are without meaning and value, and so it is our mission as the social arm of the Church to affirm their meaning and value. It is in this affirmation that all of us come to appreciate our worth as Children of God.

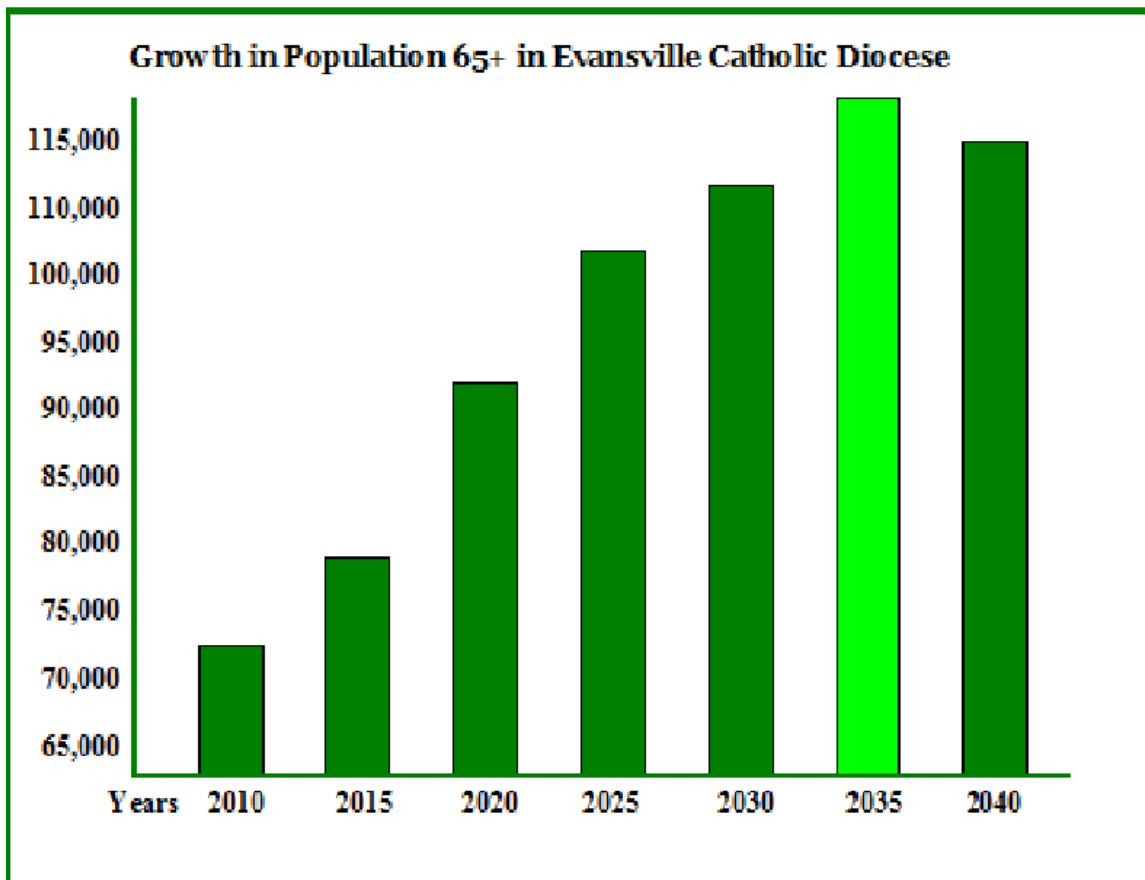
Secondly, these people of the Third Age are our “elders.” I’ve been informed by someone nationally at the forefront of gerontological social service that “elder” and “senior” are terms that are declining in usage due to perceived detrimental connotation. Personally, I’m rather fond of the term “elder” because for me it denotes wisdom and insight. For me the elderly are our ancestors, most of whom leave a path to follow.

Thirdly, we need to be about loving these people of this Third Age as they show for us a path of personal transformation that offers meaning and understanding of life, and helps us in forming a more correct perspective on life as a whole. As Pope John Paul II reminds us,<sup>xxxviii</sup> the our loving embrace in Christian service to the people of this Third Age forces us to look beyond the frontier that lies ahead for each of us—the promise of the Kingdom.

These things being said, it seems to me we have a duty to care lovingly for the elderly in whatever capacity Catholic Charities is able. I was asked to provide a framework for thinking about how we as Catholic Charities should respond and I pray that what I have presented here is of help in doing so.

**Table 1: Projected Share of Total Population by Age Group, 2005 to 2040**



**Table 2: Population Growth 65+ in Evansville Diocese**

**Table 3: Population of Individuals Age 65 or Older**

USA Percent over 65=12.9%

Daviess County Indiana Total Population=	30,620
Davies County Indiana Percent over 65=	13.7%
Dubois County Indiana Total Population=	41,419
Dubois County Indiana Percent over 65=	14.2%
Gibson County Indiana Total Population=	32,750
Gibson County Indiana Percent over 65=	15.2%
Greene County Indiana Total Population=	32,463
Greene County Indiana Percent over 65=	15.8%
Knox County Indiana Total Population=	37,907
Knox County Indiana Percentage over 65=	16.2%
Pike County Indiana Total Population=	12,259
Pike County Indiana Percentage over 65=	16.6%
Posey County Indiana Total Population=	26,004
Posey County Indiana Percent over 65=	13.5%
Spencer County Indiana Total Population=	20,039
Spencer County Indiana Percent over 65=	15.0%
Sullivan County Indiana Total Population=	21,153
Sullivan County Indiana Percent over 65=	13.9%
Vanderburgh County Indiana Total Population=	175,434
Vanderburgh County Indiana Percent over 65=	14.7%
Warrick County Indiana Total Population=	58,521
Warrick County Indiana Percent over 65=	12.8%

**Table 4—Evansville Catholic Diocese Population**

For the Year 2010

<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
500,892	30,201	101,375	31,987	125,198	139,088	73,043

For the Year 2015

<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
504,076	30,484	97,018	33,591	124,365	137,273	81,345

For the Year 2020

<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
508,840	31,130	94,382	32,397	128,153	129,657	93,121

For the Year 2025

<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
515,125	31,565	94,231	31,685	129,302	122,219	106,123

For the Year 2030

<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
520,074	31,457	95,271	30,955	128,563	117,747	116,081

For the Year 2035

<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
522,805	30,918	96,105	31,008	128,948	117,435	118,391

For the Year 2040

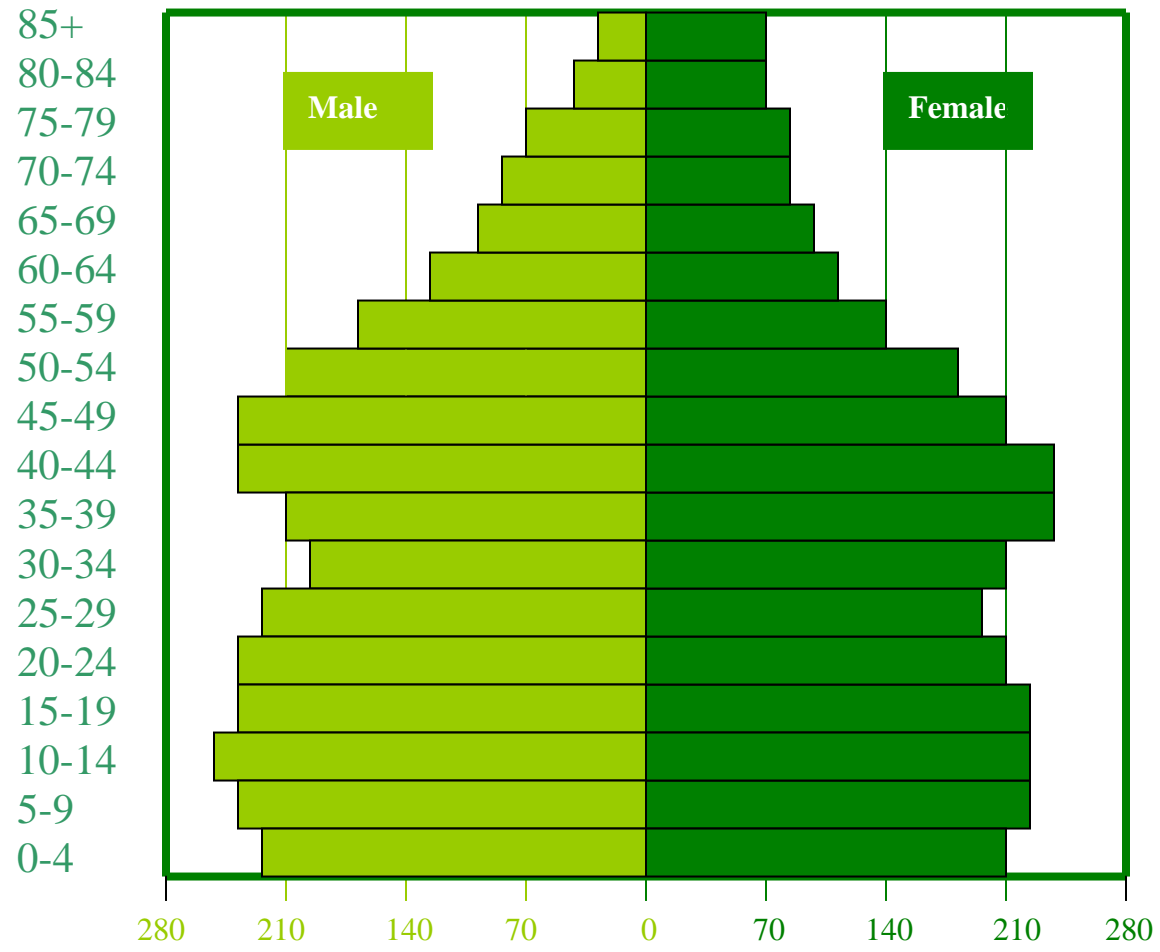
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
524,086	30,629	95,970	31,438	127,541	121,012	117,496

**This region includes the following counties:** Daviess County, IN; Dubois County, IN; Gibson County, IN; Greene County, IN; Knox County, IN; Martin County, IN; Pike County, IN; Posey County, IN; Spencer County, IN; Sullivan County, IN; Vanderburgh County, IN; Warrick County, IN

**Table 5— Distribution of Population by Age**

**Population Pyramid of Indiana— Distribution by Age & Gender**  
(thousands)

2005



**Table 6— Distribution of Population by Age**

**Population Pyramid of Indiana—Distribution by Age & Gender  
(thousands)**

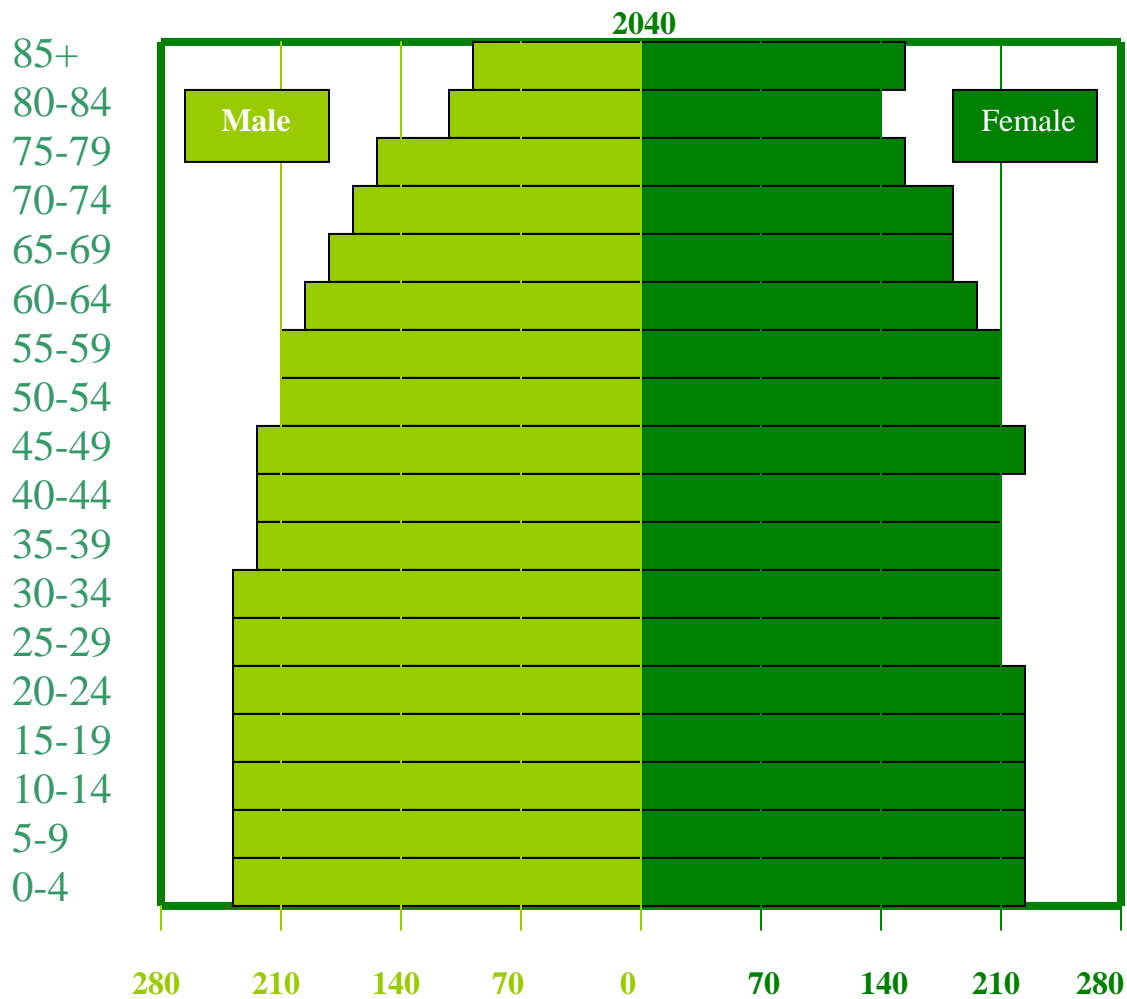
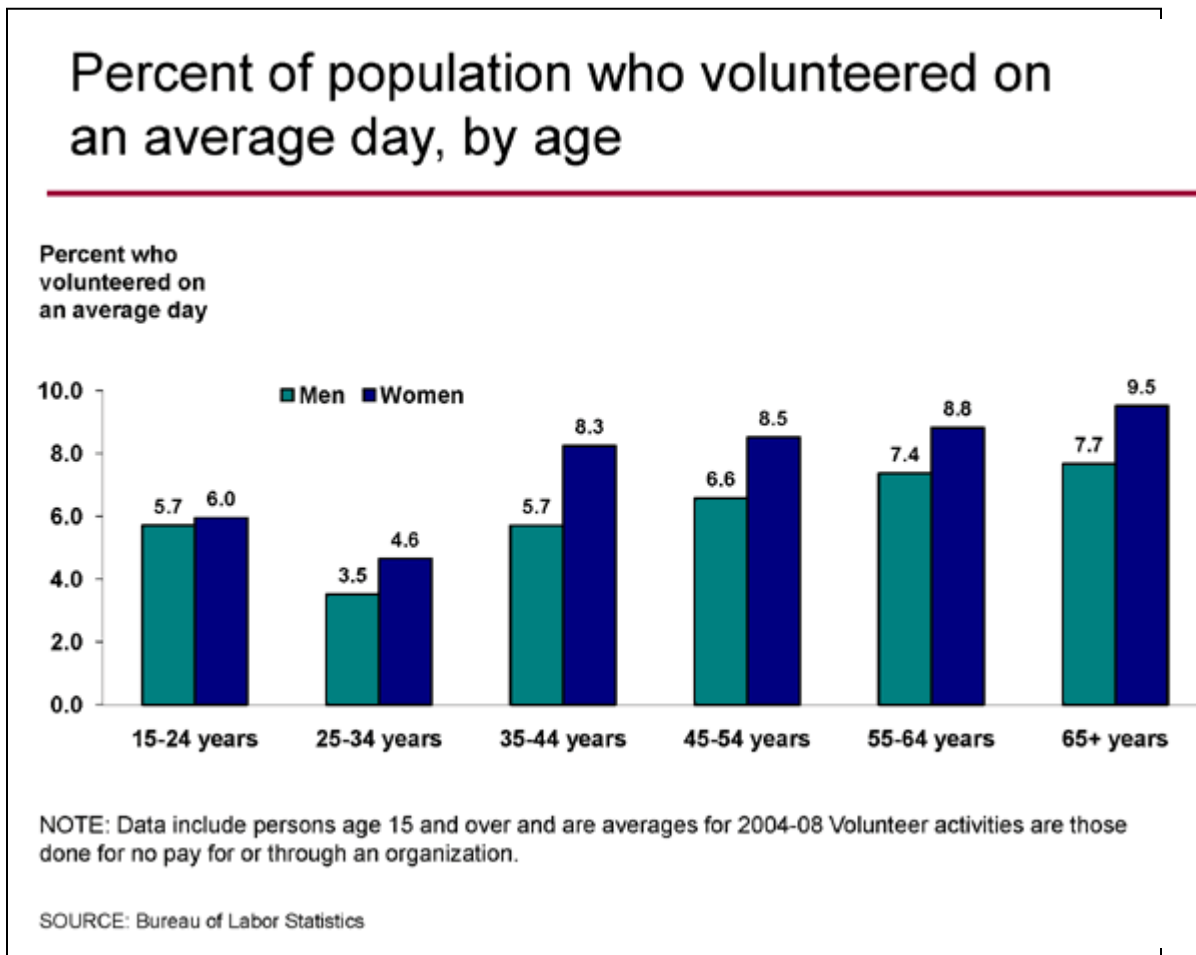
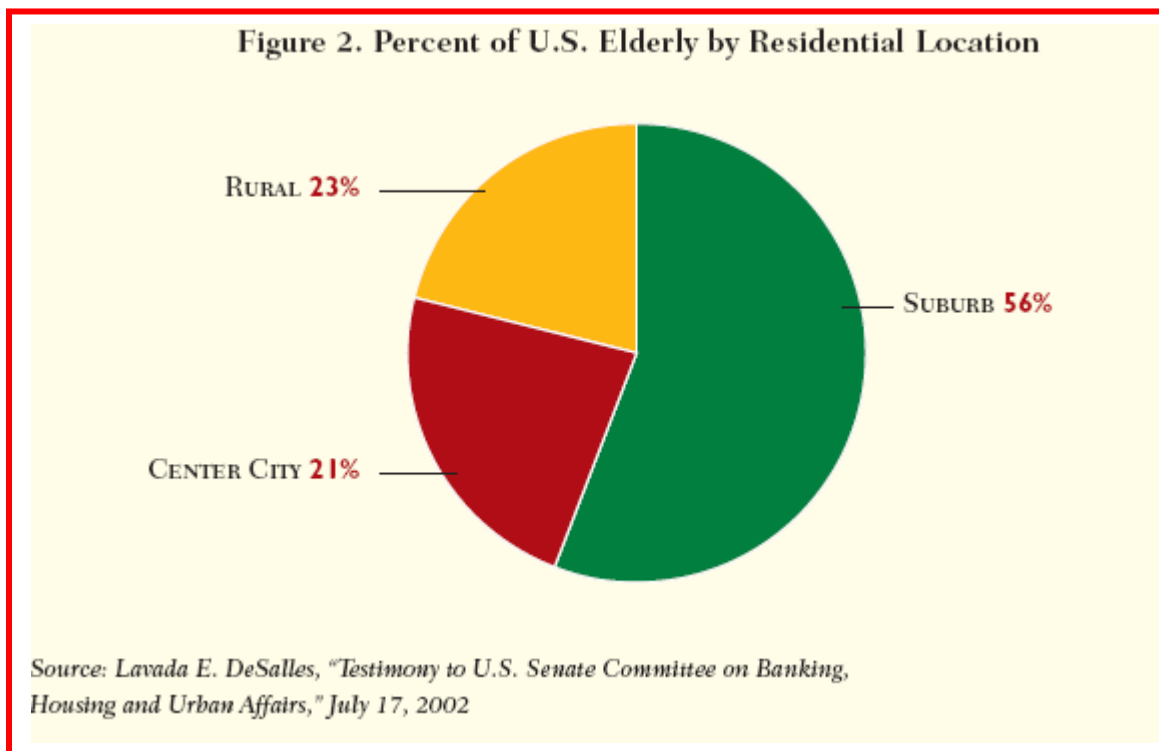


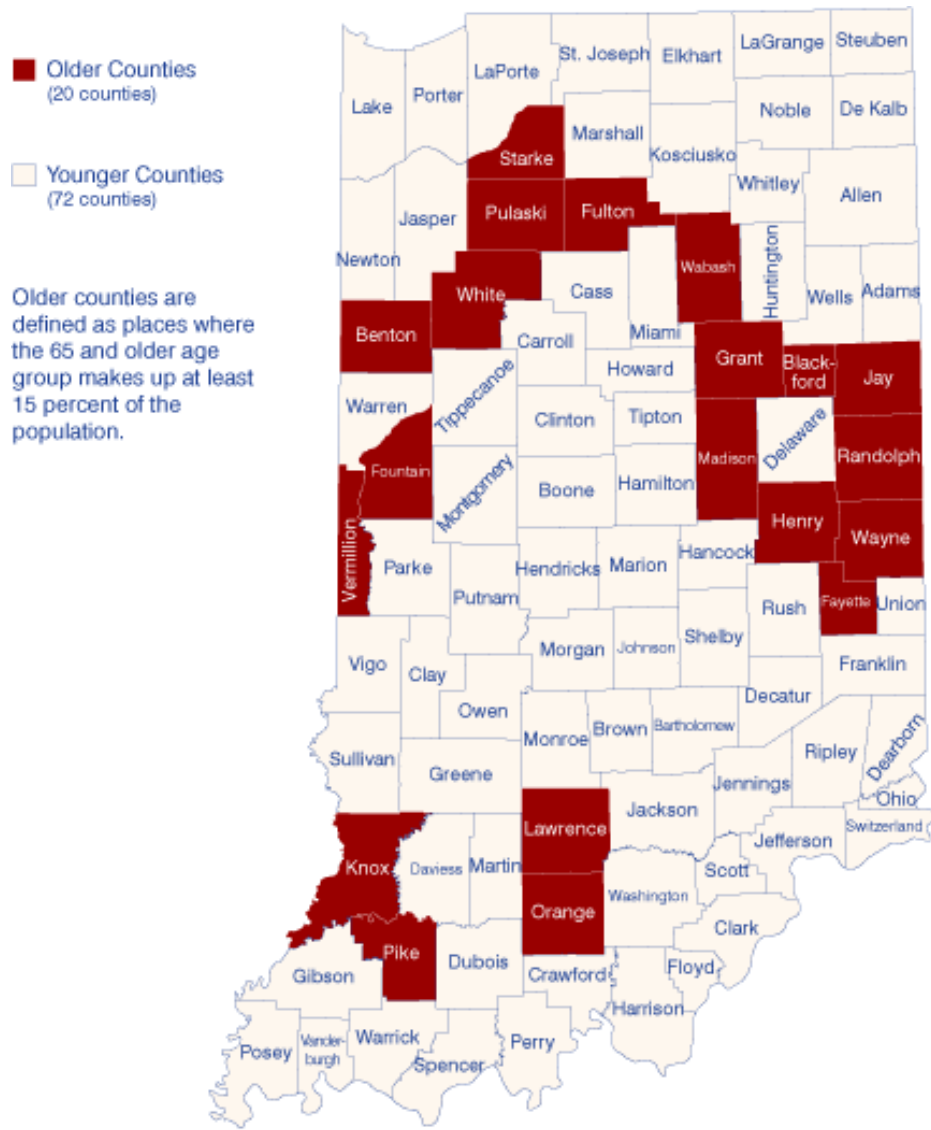
Table 7—Population Projections by Age for the Year 2040

<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
35,626	2,959	8,088	1,934	8,987	7,053	6,605
Dubois County						
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
45,282	3,093	8,866	2,351	10,731	10,050	10,191
Gibson County						
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
36,031	2,222	6,519	1,806	8,683	8,702	8,099
Greene County						
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
33,584	1,977	5,957	1,592	8,050	7,765	8,243
Knox County						
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
38,044	2,011	7,682	2,632	9,104	8,291	8,324
Martin County						
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
10,026	636	1,855	525	2,278	2,114	2,618
Pike County						
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
12,881	766	2,292	645	2,987	3,003	3,188
Posey County						
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
24,540	1,134	3,701	1,230	5,679	6,075	6,721
Spencer County						
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
20,136	1,166	3,418	955	4,679	4,754	5,164
Sullivan County						
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
20,617	1,004	3,135	1,057	5,633	5,048	4,740
Vanderburgh County						
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
183,482	9,913	33,359	13,557	45,472	42,633	38,548
Warrick County						
<b>Total</b>	<b>Pre-School 0-4</b>	<b>School Age 5-19</b>	<b>College Age 20-24</b>	<b>Young Adult 25-44</b>	<b>Older Adult 45-64</b>	<b>Seniors 65+</b>
63,837	3,748	11,098	3,154	15,258	15,524	15,055

**Table 8 Percent of Population that Volunteer by Age.**

**Table 9: U.S. Elderly by Residential Location**

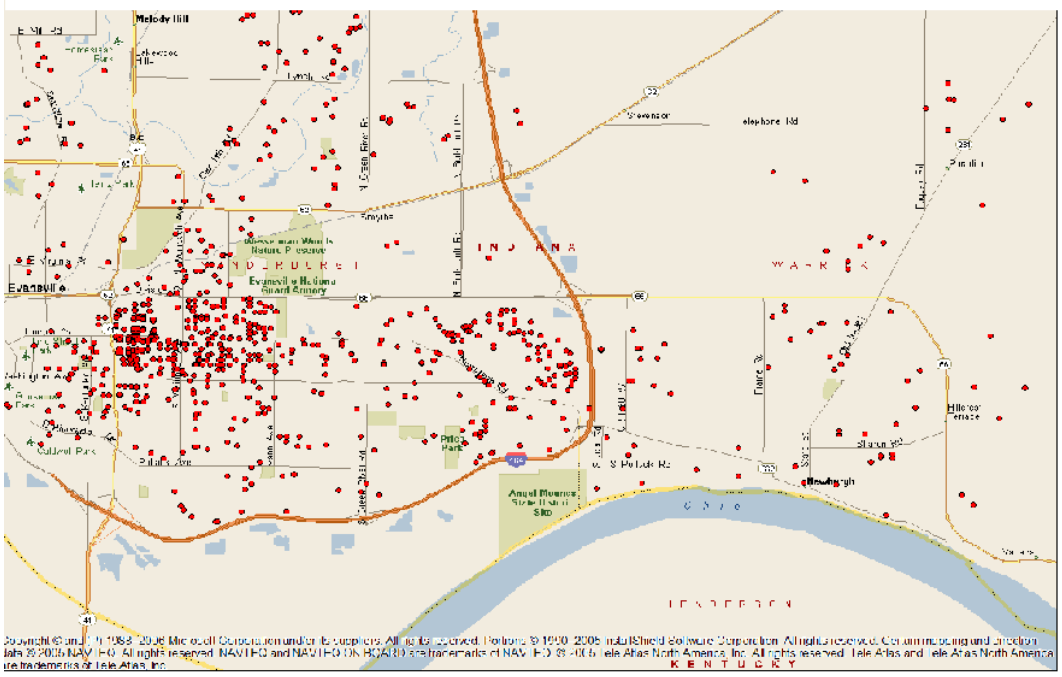
**Figure 1: Indiana's Older Counties**



Source: IBRC, using U.S. Census Bureau data

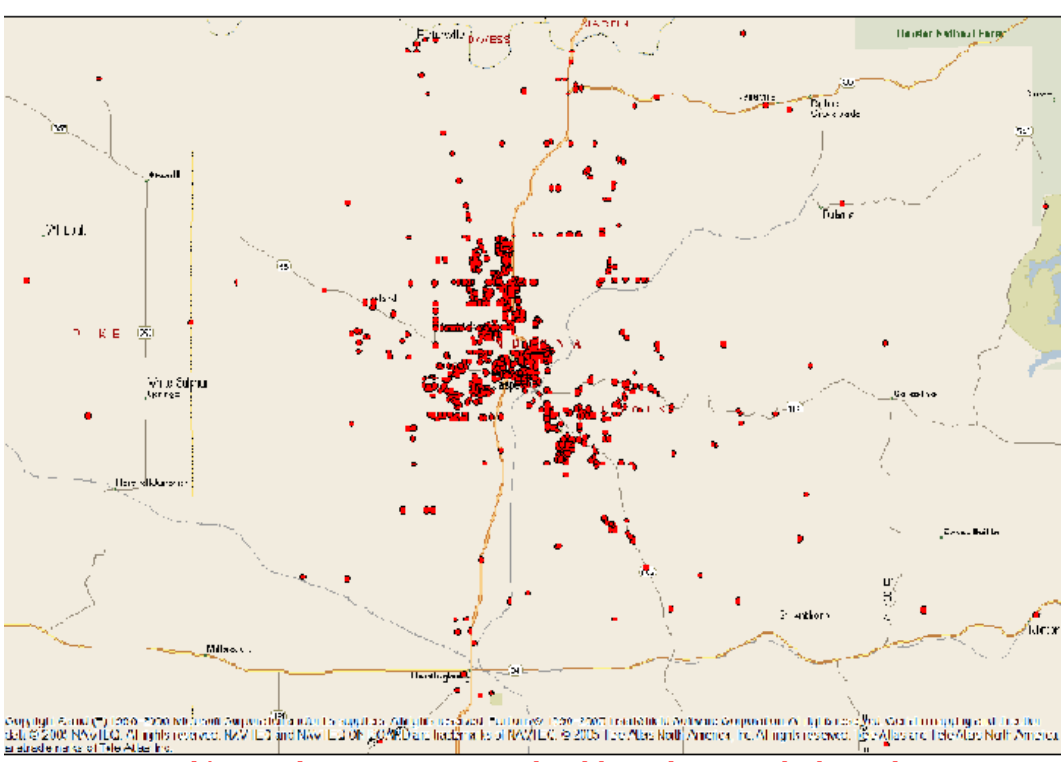


Figure 3--Parish With A Widely Spread Population



Saint Benedict Cathedral Parish-- Considerably Wide Spread of Parishioners

Figure 4--Parish With A Tightly Spread Population



Saint Joseph's Parish in Jasper--Considerably Tight Spread of Parishioners

- <sup>i</sup>. Ecclesiastes 3:1, Douay-Rheims Bible.
- <sup>ii</sup>. Letter of John Paul II to Bernard Cardinal Law, Archbishop of Boston, From the Vatican, 29 December 1997.
- <sup>iii</sup>. Shelia Zedlewski and Schaner, S., *Older Adults Engaged as Volunteers*, Washington, D.C.: The Urban Institute, May 2006.
- <sup>iv</sup>. Annette Green, et al, *Baby Boomers Most Likely Age Group to Volunteer*, RTI International, 2005.
- <sup>v</sup> *Letter of His Holiness Pope John Paul II to the Elderly*, no. 13, 1999.
- <sup>vi</sup>. O'Keeffe, J., Long, S.K., Liu, K., & Kerr, M., How do they manage? Disabled elderly persons in the community who are not receiving Medicaid long-term care services, *Home Health Care Services Quarterly*, 20 (4):73-90, 2001.
- <sup>vii</sup>. The National Catholic Rural Life Conference, *Hunger and Nutrition*, <http://www.ncrlc.com/default.aspx>
- <sup>viii</sup>. Sheila R. Zedlewski, Butrica, B., *Are We Taking Full Advantage of Older Adults' Potential?* Washington, D.C.: The Urban Institute, December 2007.
- <sup>ix</sup>. NCCB/USCC, *A Pastoral Message on Growing Older Within the Faith Community*, United States Catholic Conference, Inc, USCCB Publishing • 3211 Fourth Street, NE • Washington, DC 20017, November, 1999.
- <sup>x</sup>. Council on Accreditation, *8<sup>th</sup> Edition Service Standards*, Council on Accreditation , 120 Wall Street, 11th Floor, NY, NY 10005 ,2008
- <sup>xi</sup>. Ibid.
- <sup>xii</sup>. Ibid.
- <sup>xiii</sup>. *Deus Caritas Est*, no. 29.
- <sup>xiv</sup>. Bruce Katz, An Impending National Transformation, State of Metropolitan America, Brookings Institute, 1775 Massachusetts Ave, NW, Washington, DC 20036, May, 2010.
- <sup>xv</sup>. Richard W. Johnson, Butrica, B, and Mommaerts, C., *Work and Retirement Patterns for the G.I. Generation, Silent Generation, and Early Boomers: Thirty Years of Change (Series/The Retirement Project Discussion Papers)*, Washington, D.C.: The Urban Institute, July 2010.
- <sup>xvi</sup>. United Nations; Department of Economic and Social Affairs, *Population Division World population ageing: 1950-2050*. New York: United Nations; 2001.
- <sup>xvii</sup>. Saint Therese of Lisieux and Rev. Thomas N. Taylor, *The Story of the Soul*, Cosimo Classics, 2007.
- <sup>xviii</sup>. Alexi A. Wright, M.D., and Katz, I., M.D., M.H.S., *Letting Go of the Rope — Aggressive Treatment, Hospice Care, and Open Access*, in *New England Journal of Medicine* 2007; 357:324-327 July 26, 2007.
- <sup>xix</sup>. National Hospice and Palliative Care Organization, *Hospice Care in America*, 2009.
- <sup>xx</sup>. Pontifical Council for Pastoral Assistance, *Charter for Health Care Workers*, no. 117, 1994.
- <sup>xxi</sup>. Pontifical Council for Pastoral Assistance, *Charter for Health Care Workers*, no. 149, 1994.
- <sup>xxii</sup>. *Deus Caritas Est*, no. 22.
- <sup>xxiii</sup>. *Catechism of the Catholic Church*, 2276, 1994.
- <sup>xxiv</sup>. *Centesimus Annus*, no. 48.
- <sup>xxv</sup>. Pontifical Council for justice and Peace, *Compendium of the Social Doctrine of the Church*, 2004.
- <sup>xxvi</sup>. Luke Gormally, *Human Dignity and Respect for the Elderly*, II Jornadas Internacionales Bioetica, Granada, 25 September 1998
- <sup>xxvii</sup>. Ibid
- <sup>xxviii</sup>. Ibid
- <sup>xxix</sup>. *Christifideles Laici*, no. 38)
- <sup>xxx</sup>. Exodus 22:21-23, Douay-Rheims.
- <sup>xxxi</sup>. *Deus Caritas Est*, no. 29.
- <sup>xxxii</sup>. *Laborem exercens*, no. 6.
- <sup>xxxiii</sup>. US Dept of Health and Human Services, Administration on Aging, <http://www.AoA.com> 2008.
- <sup>xxxiv</sup>. *Catechism of the Catholic Church*, 1883, 1994.
- <sup>xxxv</sup>. *Ad Petri Cathedram*, no. 72.
- <sup>xxxvi</sup>. *Caritas in Veritate*, no. 2.

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- <sup>xxxvii</sup>. USCCB, *Forming Consciences for Faithful Citizenship for A Call to Political Responsibility from the Catholic Bishops of the United States*, United States Conference of Catholic Bishops • Washington, D.C., 2007.
- <sup>xxxviii</sup>. *Letter of His Holiness Pope John Paul II to the Elderly*, no. 17, 1999.