



OLDER WOMEN & POVERTY

SPECIAL REPORT • DECEMBER 2018

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

OLDER WOMEN ARE INTEGRAL TO OUR COMMUNITIES, YET A SIGNIFICANT PERCENTAGE OF THEM ARE STRUGGLING TO STAY OUT OF POVERTY.

This three-part special report takes a closer look at the lives of older women to better understand the challenges they face and how we can address them. The first section explores why a significant portion of older women live near or in poverty, while also shedding light on intersectional issues that make women of color and LGBTQ women even more likely to age in poverty than their white counterparts. The second section discusses important anti-poverty programs that older women rely on, and the third lays out specific policy recommendations for increasing women's economic security and access to supports as they get older.

Authored by Amber Christ, Senior Staff Attorney, and Tracey Gronniger, Directing Attorney.

Research assistance from Justice in Aging fellows Alana Murphy, Colin Alexander Health Law Fellow, and Prathyusha Chenji, Racial Justice Fellow.

Acknowledgement

This paper and its accompanying videos were made possible by a gift from the English family in honor and memory of their Aunt, Anne Perlmutter. Anne was a strong woman who worked for a legal organization for many years. When she was offered the legal secretary job that she would hold for over 50 years, the firm wanted to pay her \$10 a week. She refused. She was then offered \$25 a week. She refused again.

"I'll do it for \$50 and no less," she responded.

"Why should we pay you so much?" they asked, amazed at the gall of a woman to demand any salary on the heels of the Depression, much less one that high.

"Because I'm worth it," she replied easily.

They hired her on the spot with a starting salary of \$50 a week. Throughout her life, she gave to progressive organizations, and, when she passed away, her family chose to donate the remainder of her estate to organizations she would have approved of.

In honor of Anne and her family, Justice in Aging produced this paper to educate policymakers about the causes of poverty among older women and provide recommendations to improve their lives.

INTRODUCTION

Living a secure life as an older woman in America can be challenging. Ever since the federal government began calculating the poverty rate in the 1960s, women have consistently experienced higher levels of poverty compared to men, with women of color, LGBTQ women, and single women struggling most acutely. The challenges older women face offer a lens into the larger problem of economic insecurity among older adults, with women representing nearly two-thirds of all individuals age 65 and over living in poverty.



In order to understand and address the economic and health issues affecting the older adult population, we must look more closely at the issues affecting older women specifically, including systemic discrimination, the costs of caregiving, and the shortcomings of important programs aimed at keeping older adults out of poverty.

Venorica (pictured at left) is just one of over four million women, or 16% of all women 65 and over, who are living at or below poverty according to the Census Bureau's Supplemental Poverty Measure (SPM).¹

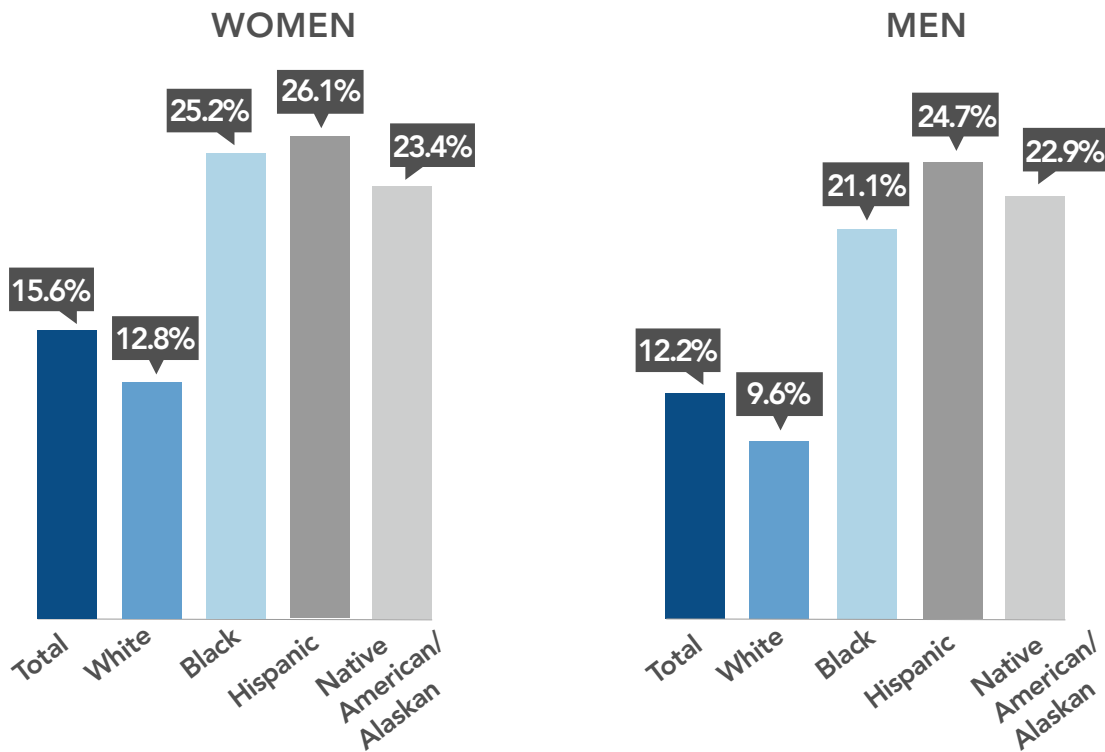
What Does Poverty Look Like for a Woman?

Venorica has spent her life taking care of others. She was a single mother to three children, and struggled as their primary provider, often working multiple jobs just to pay the bills. Today, at 70 years old, she works three physically demanding jobs simply to pay the rent and buy food. She also takes care of one of her sons who is a cancer survivor. Her full-time catering job requires her to work all day on her feet, sometimes more than 12 hours a day. She also picks up work on evenings and weekends bartending at a convention center and clerking at a Salvation Army store. She won't ever be able to afford to stop working.

Life for Venorica is a constant worry. [Watch and listen as she tells her story.](#)

In comparison, 2.8 million men—approximately 12% of all older men—are living in poverty. Like Venorica, older women of color experience poverty at significantly higher rates than their white counterparts. The SPM shows that Black, Hispanic, and Native American women are almost two times more likely to live in poverty than older white women.²

Supplemental Poverty Rates for Individuals Age 65 and Over*

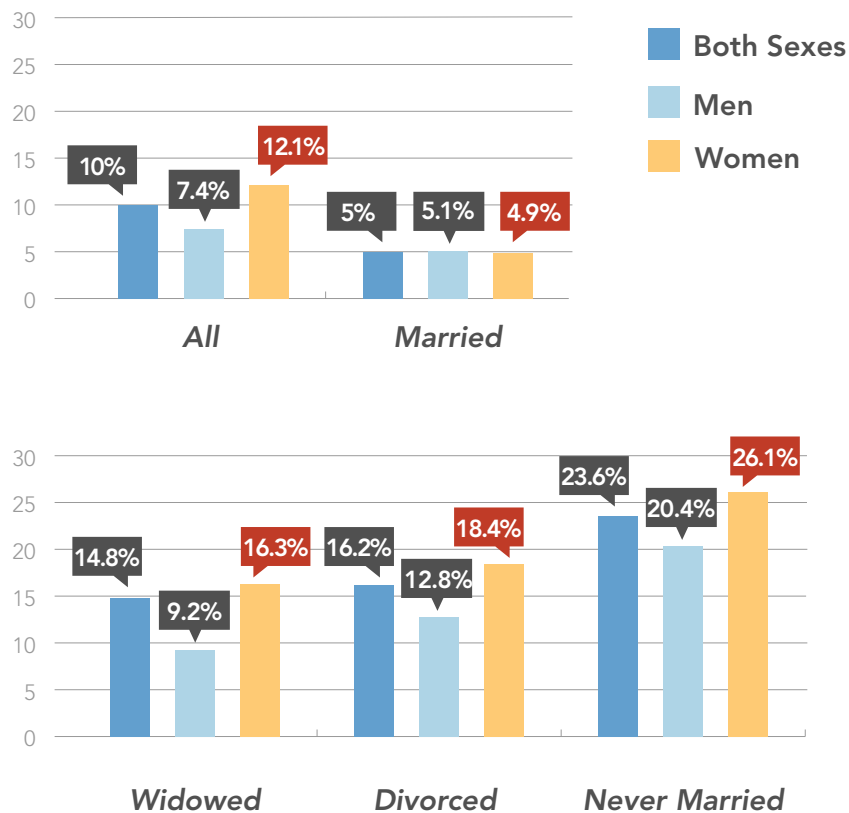


*Source: Kaiser Family Foundation, *How Many Seniors Live in Poverty*.

Marital status also significantly impacts whether an older woman is living in poverty. While there is no calculation under the SPM for this subset, the Official Poverty Measure shows high levels of poverty for unmarried women. For example, 26.1% of women who never married live in poverty compared to just 4.9% of married women.³

“ The Supplemental Poverty Measure (SPM) shows that Black, Hispanic, and Native American women are almost two times more likely to live in poverty than older white women.

Official Poverty Rates for Individuals 65 and Over by Marital Status and Sex*



*Source: Social Security Administration, *Marital Status & Poverty*.

LGBTQ older women also experience high rates of poverty due to historical discrimination, magnified by oppression based both on sex and gender identity (among other categories), and only recent access to legal recognition and marital protections. Nearly half of bisexual and transgender women live below 200% of the federal poverty limit.⁴

The Official Poverty Measure Versus the Supplemental Poverty Measure

The Official Poverty Measure (OPM) was developed in the 1960s in order to determine how many Americans are living in poverty. The OPM is calculated by taking the cost of food in 1963 and multiplying it by three and adjusting for inflation.

In 2011, the US Census Bureau started reporting the Supplemental Poverty Measure (SPM), recognizing that the official poverty measure did not accurately represent household income and expenses. The SPM calculation reflects more current expenditures and accounts for regional costs in housing. Additionally, it reflects household expenses, including medical expenses, making it a more accurate measure for older adults in particular. Because it more accurately reflects an older adult's financial situation, this special report uses the SPM when available.

As a young lesbian, Shessa did not receive support and acceptance from her family. She moved to San Francisco because she wanted to live in a place where she could be herself and be out and visible as a lesbian. She supported herself as a massage therapist and was there to support her friends and chosen family through the AIDS epidemic.

As she grew older, disabilities made it impossible for her to work, and, with no family to turn to, she faced homelessness. She's still financially vulnerable today, but she is able to survive on a very low income because she was lucky enough to get a space in a subsidized senior housing building where her rent is based on her small Supplemental Security Income (SSI) benefit. Because of those simple, minimal supports she is able to get by and remain a contributing member of her community. [Watch and listen as Shessa tells her story.](#)



THE DRIVING CAUSES OF POVERTY AMONG OLDER WOMEN

Economic security, or the lack thereof, underpins much of the adversity that older women in America face as they age. The compounding effects of gender disparities in both access to work and access to equal pay, coupled with societal norms that position women as the primary caregivers in many families, lead to more women aging into poverty.

- **Wage gap & low-paying work**
- **Caregiving**
- **Health care costs**
- **Domestic violence**
- **Wealth gap**

Wage Gap and Low-Paying Work

Currently women are paid 80 cents to every dollar a man is paid, creating a wage gap of 20 percent.⁵ While the wage gap has been narrowing, conservatively it is estimated that women will only attain pay equivalent to men in the year 2059.⁶ Women of color fare far worse. If women's earnings are taken as a percentage of white men's earnings, white (non-Hispanic) women earn 77% of white men's earnings. In contrast, Black women earn 61%, American Indian or Alaska Native women earn 58%, and Hispanic women earn 53% of white men's earnings.⁷

LGBTQ women also face discrimination in both hiring and salaries. Women in same sex relationships, for example, have a median household income of just \$38,000 compared to \$47,000 for men in same sex relationships.⁸

Regardless of education level, race or ethnicity, citizenship status, or parental status, women are also overrepresented in the low-wage workforce compared to men.⁹ Seven in every ten workers in jobs which pay \$10 or less per hour are women.¹⁰ This is, in part, due to the fact that jobs men traditionally perform pay more than jobs women traditionally perform despite requiring the same level of skill.¹¹

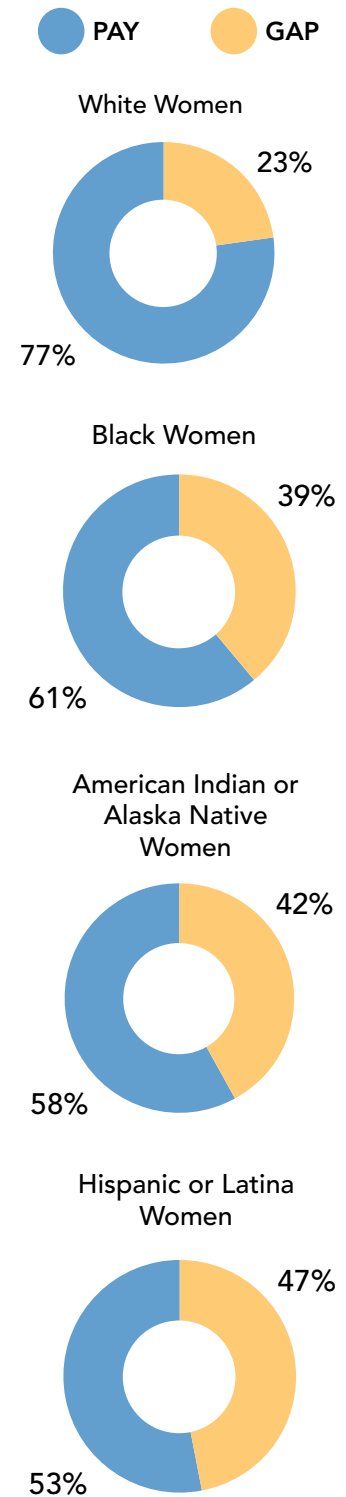
Caregiving

Women are the primary caregivers in the United States, both of children and of adults who require caregiving services later in life. As such, women are more likely to take significant time out of the workforce, lowering their ability to both make ends meet and save for retirement.

As primary caregivers for children, women are more likely than men to interrupt their career when they become parents, especially in the early childhood years. In heterosexual married households, 68.6% of mothers participate in the labor force versus 93.5% of fathers.¹² Mothers in same-sex marriages, divorced mothers, and never married mothers participate in the labor force at higher rates (76.5%), but still significantly lower than fathers similarly situated (88.1%).¹³

While the number of mothers who engage in work outside the home has increased significantly over the last forty years, studies show that women with children earn less than childless women. Low-income women see their

Women's Earnings as a Percentage of White Men's Earnings, 2017*



*Source: AAUW, *The Simple Truth About the Gender Pay Gap*

“ As of 2015, approximately 67% of caregivers for older adults in this country were female, either wives, daughters, or other family members.

earning capacity most adversely impacted by having children. The reasons for the “motherhood penalty” are numerous, including the interruption in years of job experience from leaving the workforce, discrimination, and taking on lower-paying jobs that allow for more time to be dedicated to caregiving, among others.

The uncompensated value of the critical caregiving women provide to children leaves them more financially vulnerable when they reach old age, because their contributions to Social Security are lessened and it is harder to save for retirement. Fathers, on the other hand, face no such penalty. In fact, most fathers receive an increase in pay when they have children.¹⁴ While this can act to

offset the decrease in income the mother experiences in married households, it does not help single mothers. Having children still has long-term inequitable financial consequences for women. The lifetime earnings of a mother with one child are 28 percent less than the earnings of a childless woman, and each additional child decreases a mother’s lifetime earnings by another 3 percent.¹⁵ Because Social Security benefits are calculated based on an individual’s earnings over 35 years, these benefits are affected as well. Mothers with one child receive 16 percent less in Social Security benefits than non-mothers, and each additional child decreases the benefit another two percent.¹⁶

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Women are also very likely to take time out of the workforce, reduce hours, or change jobs to care for older adults in their lives. As of 2015, approximately 67% of caregivers for older adults in this country were female, either wives, daughters, or other family members.¹⁷ Six in ten caregivers report having to make employment changes as a result of caregiving. Caregivers provide significant time and services without pay, often while simultaneously working in another job for pay.¹⁸

Female caregiving and poverty are interlinked on multiple levels. First, becoming a caregiver increases women’s risk of aging into poverty. The typical female caregiver is 50 years old. When women leave the workforce or reduce their hours to care for a family member or friend, it is more difficult to reenter the workforce.¹⁹ And as previously noted, in addition to the immediate loss of income that ensues when taking on caregiving, it also has negative long-term financial consequences in terms of retirement savings.



“ One study shows that 52% of female caregivers have incomes below \$35,000, but still spend more than 20 hours weekly providing informal family care.

Additionally, the task of caregiving is felt most significantly by low-income women and women of color, who are even less able to absorb the loss of income that comes with fewer hours of work, more “flexible” lower-wage jobs, or leaving the work force entirely. One study shows that 52% of female caregivers have incomes below \$35,000, but still spend more than 20 hours weekly providing informal family care.²⁰ Women of color are also more likely to act as a caregiver, with 21% of Hispanic women and 20% of Black women reporting that they act as a caregiver versus 17% of white women.²¹

LGBTQ women also face significant caregiving costs. Since LGBTQ individuals are twice as likely to age alone and four times less likely to have children, LGBTQ older adults act as caregivers more often than their heterosexual counterparts.²² This means that LGBTQ women find themselves in the position of leaving the workforce or reducing their income to care for their partner or other family members and friends who lack other means of support.

Health Care Costs

Women have higher health care costs than men due to a number of factors, including health expenditures related to pregnancy, postpartum care, family planning, and longer life expectancy overall. As a result, per capita lifetime health care spending for women is a third higher than it is for men.²³ Two-fifths of this difference between female and male lifetime healthcare costs is a result of women living longer. In dollars, this means that women age 35 to 44 have health care expenses of approximately \$4,000 compared to \$2,000 for men.²⁴ And because women live longer, a woman who is currently 65 years of age will spend approximately \$47,000 more in retirement for health care expenses than her male counterpart. These health care costs increase with age. **Women ages 85 and over spent an average of \$8,574 in 2010 on services and premiums while men ages 85 and over spent an average of \$7,399.**²⁵ This disparity is likely to continue to widen in future years due to rising health care inflation and differences in life expectancies so that a 45-year-old woman today will pay 27.5% more for health care expenses compared to her male counterpart during retirement.

 **A 45-year-old woman today will pay 27.5% more for health care expenses compared to her male counterpart during retirement.**

Domestic Violence

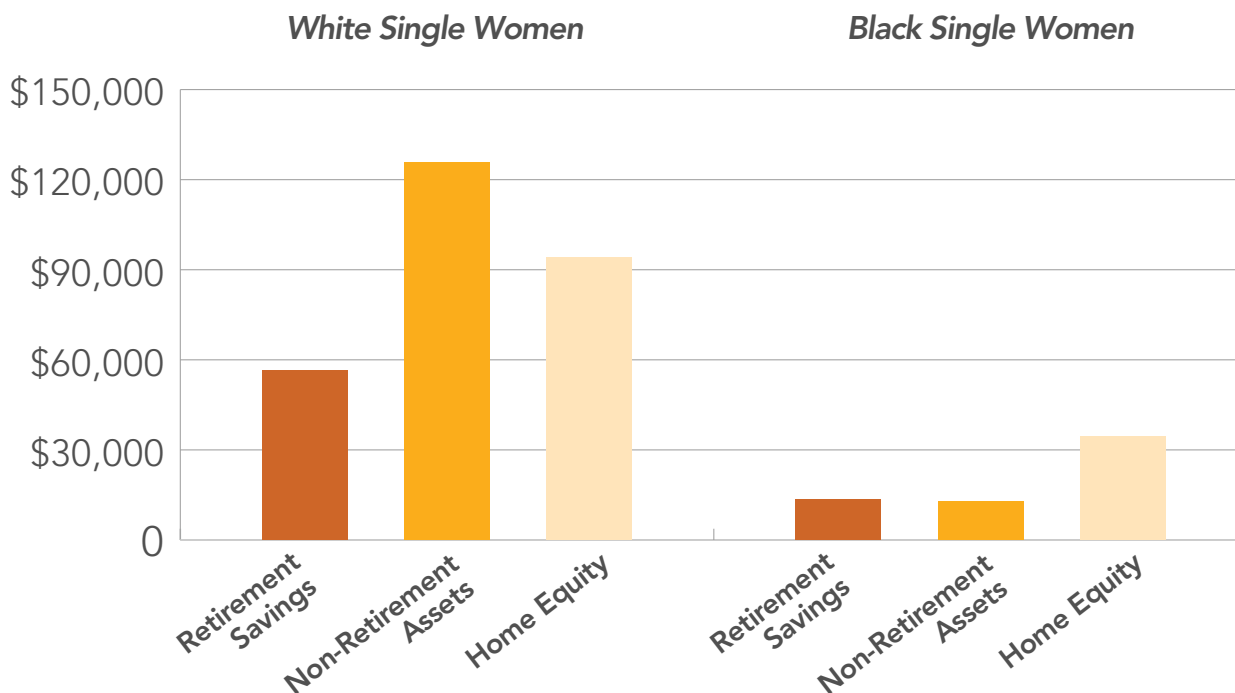
Approximately 1 in 3 women experience rape, physical violence, and/or stalking by an intimate partner in their lifetime.²⁶ Women living in poverty are more likely to be victims of domestic violence, with women in the lowest income category experiencing domestic violence six times more often than women in the highest income households.²⁷ Domestic violence negatively affects not only a woman's physical and mental health, but also her economic situation. A recent study found that the cost of intimate partner violence for a woman totals \$103,767 over her lifetime compared to \$23,414 for men.²⁸ Domestic violence, therefore, acts both to keep women in poverty and increase the likelihood of experiencing poverty.

Wealth Gap

As women earn less than men during their lifetime, they also accumulate less wealth to use during retirement. According to the 2016 Survey of Consumer Finances, households headed by single women have an average retirement savings of \$37,829, vs \$62,078 for households headed by single men.²⁹ The difference between white and Black women is even more dramatic, flowing from the enormous wealth gap between Black and white households generally. While white women overall have an average retirement savings of \$56,514, Black women have only \$13,405.³⁰ Other forms of wealth, such as nonretirement assets and equity in a home

are also much lower for women of color. For example, white women have nonretirement assets (such as checking accounts and stocks) worth approximately \$125,000 while Black women had nonretirement assets of just \$13,000.

Select Assets of Single Women (2016)*



*Source: Urban Institute, *Women are building more wealth, but racial gaps persist.*

While married couples generally fare better than their single counterparts, the reality is that single women (those who are divorced, never-married, or widowed) make up half the households in the United States.³¹ And for older women, becoming single is even more likely. For people over age 85, only 15% of women are married, compared with 54% of men.³² Furthermore, women who are married may still face issues of economic dependency and unequal access to household wealth. Because women, and in particular women of color, have less wealth, they are more likely to experience poverty as they age.

Older LGBTQ women also face specific challenges when it comes to economic security in retirement, including discrimination and the increased likelihood of living alone or being estranged from family because of their identity. A study by Aegon Center for Longevity and Retirement found that LGBTQ women are less prepared for retirement than LGBTQ men, heterosexual men, or heterosexual women.³³ Another study by the Equal Rights Center found that 48% of LGBTQ older adults with a same-sex partner experienced discrimination when seeking housing compared to heterosexual older adults with an opposite sex partner.³⁴ This can lead to LGBTQ older adults living in unsafe or hostile environments, being forced to use more of their income and savings on secure housing, or ending up homeless.

PROGRAMS TO SUPPORT THE ECONOMIC SECURITY AND HEALTH OF OLDER WOMEN

To make up the gap between their income and the costs of housing, health care, and other necessities, older women rely on various resources and programs that support older adults. These programs are especially important for low-and moderate-income older women, and can be the difference between having enough resources to afford food, shelter, health care, and other necessities, and living in poverty. Unfortunately, as women age, and the cost of these necessities increases while their resources are depleted, they are still in danger of aging into poverty. The programs described below, although imperfect, are critical to ensuring that older women can age with dignity. They also serve as the foundation for improvement and expansion to increase the economic security of older women.

Social Security

More than 47 million adults over 65 claim Social Security retirement benefits.³⁵ Women make up approximately 56% of all Social Security beneficiaries over the age of 62 and 66% of all beneficiaries over the age of 85.³⁶ Notably, because women have fewer assets than men in retirement, yet live longer on average, Social Security is often their primary source of income, especially as they reach older age. In fact, one-third of older women rely on Social Security for more than 80% of their total income.³⁷ For women over 80 years of age, whose other resources have likely been depleted, that percentage rises to 43.3%, highlighting the difficulty many women face when they have little to no retirement savings left and they can no longer work to supplement their income.³⁸

Unfortunately, not only are women more likely than men to lack other forms of retirement income, but their Social Security income is, on average, lower. According to the most recent data, the average monthly retirement benefit for men is approximately \$1,518 per month compared with about \$1,201 per month for women.³⁹ As discussed previously, this discrepancy can be attributed to a long history of disparate pay for women and men in the United States, and women's traditional role as primary caregivers for children and aging family members, among other factors.

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In addition to Social Security retirement benefits predicated on a woman's own work history, a substantial number of women receive benefits based on their spouse's work history. There are over 2.5 million Social Security beneficiaries receiving spousal benefits.⁴⁰ Women account for over 2.3 million of the 2.5 million spousal beneficiaries.⁴¹ Similarly, the number of widowed women who receive widows' benefits far outnumbers widowed men, with approximately 3.6 million widowed women receiving benefits compared to just over 100,000 men receiving widower benefits.⁴² Unfortunately, becoming a widow usually means a significant reduction in income and wealth. Widows are more than three times as likely to live in poverty as unmarried women.⁴³ The financial expenditures accompanying the death of a spouse could factor into the loss of wealth experienced by widows.⁴⁴ In addition, Social Security benefits decrease significantly when a woman who formerly lived and received benefits as part of a two-person married household becomes widowed and receives only one benefit.

Supplemental Security Income

Supplemental Security Income (SSI) is an essential lifeline for individuals with little to no assets who are unable to earn sufficient income to survive. It is a vital source of income for older adults, particularly women, living in poverty in the United States. In order to be eligible for SSI, an individual must: 1) have a significant disability or be age 65 or older; 2) have little to no income; and 3) have total resources below the amount set by the Social Security Administration—currently \$2,000 for an individual and \$3,000 for a couple.⁴⁵ (Notably, the resource level for eligibility has been unchanged since 1989.⁴⁶) The maximum SSI



“ The maximum SSI benefit in 2018 is \$750 for an individual and \$1,125 for a couple, amounting to 74% of the federal poverty limit.

benefit in 2018 is \$750 for an individual and \$1,125 for a couple, amounting to 74% of the federal poverty limit.⁴⁷ While some states provide a modest supplement to SSI, this varies significantly by state and still does not reach the federal poverty level.⁴⁸

Approximately 8.1 million people receive SSI, more than 2.2 million of whom are over age 65.⁴⁹ Women make up the majority of SSI recipients overall (52.9%) and the nearly two-thirds of SSI recipients who receive the benefit based on age (65.1%).⁵⁰ The fact that a significant majority of older adults receiving SSI are women is unsurprising considering the factors already discussed that affect women’s ability to earn income, save for retirement, and stay out of poverty. Not only

do women live longer, earn less, and have fewer assets, but they are more likely to reach retirement age with very low or nonexistent Social Security benefits, making them more likely to be eligible for SSI. Without SSI, older women with little to no other income would be left destitute.

Medicare

Medicare is the key source of health insurance for Americans over the age of 65.⁵¹ Recent data shows that 55% of Medicare beneficiaries are women.⁵² Medicare is critical for women, who, because they tend to live longer, have more chronic conditions, and are more likely to experience limitations in daily living functions, and memory loss and dementia than men.⁵³ Given high comorbidity rates in women, access to hospital care, physician services, and adequate prescription drugs is imperative for survival.

While Medicare does provide key coverage, it is neither free nor comprehensive. Due to Medicare’s structure, many enrollees must pay for premiums and other costs out-of-pocket. Among individuals over 65 with annual incomes of less than \$20,000, women’s out-of-pocket spending on Medicare costs are higher than men’s.⁵⁴ Similarly, the average woman over 85 spent over \$1,000 more per year than men over 85 on out-of-pocket healthcare costs.⁵⁵

Medicare and Women of Color and LGBTQ Women

Medicare also plays a key role in ensuring the health and well-being of older women of color. Overall, approximately 18% of Medicare recipients are people of color.⁵⁶ Years of structural sexism, racism, and disenfranchisement mean women of color are more likely to age into poverty, and are more likely to experience poor health outcomes in old age. Studies of white, Black, and Hispanic individuals on Medicare show that more women than men account for a majority of Medicare beneficiaries in each demographic.⁵⁷ Older women of color—especially Black women—are more likely to have poor health as they age, including higher rates of chronic diseases and disability.⁵⁸ Even with Medicare, which ostensibly provides equal access



to medical coverage for all older Americans, disparate rates of poor health exist between racial groups, with white people having better health.⁵⁹ Studies do show, however, that access to medical care may have an outsized impact on health outcomes for vulnerable demographics, such as low socioeconomic status groups and racial and ethnic minorities.⁶⁰ Medicare, therefore, provides a baseline of healthcare that is vital for aging women of color.

In addition to providing a minimum level of healthcare access to women of color, Medicare has proven crucial for LGBTQ women. For example, approximately 200,000 adults age 65 or older identify as transgender.⁶¹ Medicare covers the costs of medically necessary treatments for transgender individuals.⁶²

Divorced Women Are at Greater Risk of Poverty

Vicky once ran a business with her husband, and lived a middle-class life. When her husband left her, she lost not only her partner, but also her business, her livelihood, and finally, her home. Her health conditions worsened and she lost her ability to work.

She ended up living in her car with no help until she was old enough to qualify for Medicare and Social Security. She finally secured a place to live, but her Social Security income is barely enough to make it each month, and rents in her area just keep rising. [Watch and Listen as Vicky tells her story.](#)

Decisions from both the Medicare Appeals Council and the Department of Health and Human Services Appeals Board have affirmed that hormone therapy and surgeries may be medically necessary treatments for gender dysphoria and should be covered by Medicare when appropriate.⁶³ Given that the number of transgender women over the age of 65 will grow substantially larger in the coming decades, Medicare access will be necessary to ensure that transgender women can age with dignity.

Medicaid

The Medicaid program was established in order to provide health coverage to low-income Americans.⁶⁴ Under Medicaid, the federal government establishes certain baseline parameters that must be met, but states generally have discretion in implementing Medicaid programs.⁶⁵ This means there is a huge variety of Medicaid programs across the United States, ranging from states that provide complex comprehensive programs (such as in New York) to states that provide a limited number of services (such as in Mississippi).⁶⁶

Under the Affordable Care Act, which took effect in 2014, states now have the authority to expand Medicaid eligibility to individuals under 65 and to those with incomes below 138% of the federal poverty level.⁶⁷ To date, 36 states and Washington DC have adopted the Medicaid expansion, significantly increasing the number of eligible individuals throughout the United States, including younger older adults ages 55-64.⁶⁸ Overall, there has been a 35.9% increase in Medicaid enrollment in states that have expanded the program under the Affordable Care Act.⁶⁹

Of the nearly 74 million people enrolled in Medicaid and CHIP (the Children's Health Insurance Program), Medicaid provides health coverage to over 4.6 million seniors.⁷⁰ Most of these seniors are also enrolled in Medicare and are known as "dual eligibles."⁷¹ Medicaid is critical for dual eligibles because it provides access to critical services that Medicare does not cover including long-term community and institutional support services. Medicaid is also crucial in making Medicare more affordable for low-income recipients. Through Medicare Savings Programs, Medicaid pays for the costs associated with Medicare including premiums and cost sharing.⁷² Without its support, older women would not have access to long-term care and would not be able to afford the costs associated with Medicare.

Long-Term Services and Supports

Medicaid pays for long-term services and supports that Medicare does not cover, including home and community-based services (HCBS) and institutional long-term care. HCBS programs provide a wide range of health and human services spanning from personal care assistance to skilled in-home nursing care and case management.⁷³ These programs are important for women as they allow older women to stay in their homes and maintain ties to their communities rather than forcing them into more restrictive institutional settings. Paid caregiving through the Medicaid program also acts to ensure that women who care for family members are not faced with making the choice between paid employment or caring for a loved one and falling into poverty. Medicaid also serves as the primary payer for institutional long-term care for the 2 in 3 women in nursing homes.⁷⁴

Unfortunately, LGBTQ low-income older adults who end up living in federally-subsidized institutions for long-term care face additional problems besides cost, including threats to their health and security. LGBTQ older adults report being forced to hide their sexuality when they enter institutions such as nursing homes, assisted living facilities, or other long-term care facilities for fear of harassment, discrimination, or abuse.⁷⁵ These difficulties can create a hostile and unhealthy housing environment for older women in already vulnerable situations. Federal and state laws prohibit such discriminatory treatment, and resources exist to help advocates combat these issues.⁷⁶

Affordable Housing

Housing is generally the highest expense in an older adult's budget. As housing costs continue to rise, older adults who live on fixed incomes have become increasingly unable to afford housing. The number of older adult renters with very low incomes who do not receive government housing assistance and who pay more than one-half of their income for rent has increased by 2.6 percent since 2013, to 40% or 1.85 million older adults.⁷⁷ Women constitute the majority of these severely rent burdened households not receiving any form of housing assistance.⁷⁸ As a result, more women are experiencing homelessness for the first time as older adults.⁷⁹

The U.S. Department of Housing and Urban Development (HUD) provides affordable housing for older adults in the form of public housing, multifamily subsidized housing, and rental assistance through housing vouchers. Three-quarters of all households living in public housing developments are headed by women. An overwhelming 83 percent of households participating in Section 8 Housing Choice Voucher Programs are led by women. Almost three-quarters of Section 202 housing units are also female-headed.⁸⁰ This is unsurprising since women make up nearly three-quarters of all single-person households age 80 and over.⁸¹

“**1.8 million low-income older adults do not receive any housing assistance and pay more than half their income in rent, and the numbers are rising.**”

LIHEAP

The Low-Income Home Energy Assistance program (“LIHEAP”) provides grants to states, which then use these funds to help qualified households with the costs of home heating and cooling.⁸² One-third of LIHEAP recipients are older adults, and this assistance can be vital in helping older adults—and particularly older women who make up the majority of single-person households—remain in their homes when they are faced with prohibitively high heating or cooling costs during harsh weather.⁸³

SNAP Benefits

The Supplemental Nutrition Assistance Program (SNAP) provides assistance to 5.1 million older adults. These benefits help to supplement senior's available income to buy food and maintain adequate nutrition. It is well known that inadequate nutrition leads to adverse health outcomes. Older adults facing food insecurity, for example, are 50% more likely to be diabetic and 60% more likely to suffer from congestive heart failure than older adults that are food secure.⁸⁴ The program is particularly important to older women—who receive SNAP benefits at almost two times the rate as older men.⁸⁵

The Older Americans Act

The Older Americans Act (“OAA”) established an array of programs including grants to states to fund and implement services for seniors to help them continue living in the community.⁸⁶ The programs enacted under the law include nutrition services, abuse and neglect prevention, family caregiver support, community service employment, and support services among many others.⁸⁷

OAA-funded programs make life easier for seniors across the United States. For example, many seniors are not able to drive and the OAA assists by providing funding to nonprofit organizations that provide transportation options for older individuals.⁸⁸ The OAA also provides educational resources and may even provide funding for caregivers who care for an older family member in the home.⁸⁹ Other areas of assistance funded under the OAA include grants for legal services.⁹⁰ Legal services are vital for seniors, especially older women, as they provide a means to uncover and stop instances of neglect and abuse and ensure access to important programs such as Medicare, Medicaid, SSI, and SNAP. Each of these programs benefit greatly from funds designated especially for seniors under the OAA.

Meals on Wheels—An Example of How an OAA Program Works for Women

One of the most recognizable OAA-funded programs is Meals on Wheels, which provides vital nutrition services to seniors across the United States through delivery and congregate meal services. In both the home-delivered and congregate meal settings, women account for a majority of Meals on Wheels recipients.⁹¹ Older women utilize programs such as Meals on Wheels to ensure that they get the basic nutrition they need while also being able to stay in their homes and communities. Nutrition programs such as Meals on Wheels are also crucial for women's health and economic security. Generally, access to food improves health outcomes for Americans.⁹² With already higher health care costs, access to food helps avoid even more costs from unnecessary hospitalizations.



By Taking Care of Others, Women Often Put Themselves Last

Ella is the eldest of six siblings and was often called upon to care for her younger brothers and sisters while her parents worked. At 26, she became the sole provider for her three children, often working more than one job to make ends meet—all while balancing her family responsibilities. She was so focused on taking care of everyone around her, that she never had an opportunity to plan for her own future. The low-paying jobs she was able to get also didn't leave much for retirement. Now, as an older woman, she struggles to make ends meet every month, balancing the need for nutritious food, medicine her doctors prescribe, and paying the utility bill that keeps the lights on and the apartment warm. Life for Ella is a constant worry.

RECOMMENDATIONS

The programs discussed above touch on the basic support systems that low-income older women can and do rely on. The safety net provided by Medicare, Medicaid, Social Security, Housing, and the OAA (among other programs) are all interconnected—insufficient access to one program impacts the others. Despite the fact that these programs provide low-income older women with some of the minimum provisions they need to survive, they are not always enough to pull older women out of poverty as they age. However, these programs are important to the goal of reversing deeply ingrained trends that push older women into poverty in the first place. In order to provide equitable health care and economic security to older women, and reduce the number of older women living in poverty, these programs must be strengthened and access to them improved.

This is an issue not only for the millions of older women who currently need assistance, but for the increasing number of women who are aging. By 2030, 1 in 5 individuals living in the United States will be 65 or over, and it will be the first time in history that older adults outnumber children.⁹³ These older women will undoubtedly need these programs, and will hope to retire with dignity after spending their lives as workers, caregivers, and vital contributors to our society. The recommendations below provide some ideas of how to make their hopes a reality.

INCREASE INCOME AND RESOURCES FOR OLDER WOMEN

1. Update the Supplemental Security Income (SSI) program.

The current SSI benefit level and strict eligibility rules are failing to lift the older women who rely on the program out of poverty. As more older women come to depend on SSI when their resources and other sources of income become insufficient to support them, we must ensure that the program meets their needs. The federal benefit amount should be increased, and the financial resource and income eligibility rules (some of which haven't been adjusted for inflation for decades) should be updated.⁹⁴ A woman receiving Social Security and SSI benefits, for example, should not be living below the poverty level.

2. Provide Social Security credits to caregivers.

Because Social Security benefits are based on previous earnings, women who take time out of the workforce to act as caregivers receive fewer benefits in retirement. The substantial value they provide for such caregiving is totally uncompensated. A caregiver credit such as the one proposed

in the *Social Security Caregivers Credit Act*⁹⁵ would provide eligible caregivers with up to sixty months of Social Security work credits, thereby increasing the caregivers’ “wages” for purposes of calculating Social Security benefits. The credits would be progressive and would vary based on income, providing a maximum value of half the average national wage. The credit would phase out once a caregiver’s earnings were equal to the average national wage.

3. Increase income eligibility for tax credits.

The federal Earned Income Tax Credit (EITC) has been proven to increase the income of low-paid workers, who are, as stated above, predominately women and people of color. States can act to expand the credit to higher income households and to older adults working beyond retirement age. Since many older women cannot afford to retire at age 65, expanding the EITC to older adults makes sense. For example, in California, the state acted to increase the EITC to older adults in 2018. Older women represent 2 in 3 of those who are now eligible for the credit in California.⁹⁶

4. Enact paid leave policies.

The Family Medical Leave Act provides 12 weeks of unpaid leave to eligible workers who need to care for their own or family member’s medical needs. Most individuals cannot afford to take unpaid leave. States could go further by offering paid leave policies and expand access to more paid sick time. Four states, California, New Jersey, Rhode Island, and New York have paid family leave policies in place. California provides workers access to six weeks of partially paid leave to care for a newborn or for sick family members. This policy has resulted in fewer women having to leave the labor force.⁹⁷

5. Expand eligibility for 401(k) participation to part-time employment.

Currently, only employees who work 1,000 hours in a 12-month period are eligible for participation in an employer’s 401(k) plan.⁹⁸ This equates to 20 hours a week. Women are more likely to work part-time since they also act as family caregivers, and therefore are less likely to have the option to save through a 401(k). This law should be modified to allow part-time employees who work fewer hours to be eligible for participation. The *Women’s Pension Protection Act of 2018*, for example, would expand eligibility for part-time workers who perform 500 hours of work each year for two consecutive years.⁹⁹

MAKE HEALTH CARE MORE AFFORDABLE

6. Expand eligibility for Medicare Savings Programs.

Medicare Savings Programs (MSPs) help pay for Medicare out-of-pocket costs including premiums and cost sharing. States have the option to set less restrictive income and resource standards for MSPs. By expanding MSPs, more older women would be able to reduce their out-of-pocket spending on health care. States could expand income limits and eliminate asset tests to match the financial assistance available to younger populations through the Affordable Care Act. For example, Alaska, Connecticut, the District of Columbia, Hawaii, and Maine have higher income limits. Alabama, Arizona, Connecticut, Delaware, DC, Mississippi, New York, and Vermont have eliminated the asset test.¹⁰⁰

7. Add dental, vision, and hearing to Medicare.

A huge portion of out-of-pocket spending for older women is for services not covered by Medicare. By including coverage for oral health, vision and hearing, older women will have these unmet basic medical needs covered by Medicare, eliminating these high out-of-pocket medical expenses that contribute to their economic insecurity. Adding these benefits to Medicare would also act to reduce health disparities since women—and particularly women of color—are more likely to be low-income and unable to access these services.¹⁰¹

8. Maintain pre-existing condition and age protections.

Under the Affordable Care Act (ACA), individuals cannot be charged more for health insurance coverage on the basis of pre-existing conditions, and older adults can only be charged three times more than younger adults, compared to five times more that was in place prior to the ACA. Prior to the implementation of these policies, women were unable to obtain affordable coverage. Forty-seven percent of individuals age 60-64 and thirty percent of women under 65 have a pre-existing condition that would lead to a denial of coverage.¹⁰² If the amount older adults could be charged were increased, older adults over 60 would see an increase in of 22% in premiums.¹⁰³ These protections must be maintained to ensure older women have access to affordable health care.

9. Develop a long-term care benefit.

Investments should be made to develop a benefit that would help individuals pay for long-term services and supports. Hawaii, for example, passed the Kūpuna Caregivers Program in 2017, which will provide up to \$70 a day to cover costs associated with caregiving.¹⁰⁴ A long-term care benefit of this sort would help to both reduce out-of-pocket spending for health care and having

to spend down all resources to meet Medicaid eligibility to obtain these services. Additionally, with the increase of individuals aging, there is also an increasing need for caregiving, most of which is unpaid and provided by women. A long-term care benefit that provides compensation for caregiving is critical to maintain the gains made in reducing gender financial inequality.¹⁰⁵ Compensated caregiving ensures that older adults receive quality care as they age, and such a benefit would address wage inequities for women providing that care.

INCREASE AFFORDABLE HOUSING

10. Increase funding for HUD and other housing programs.

The Section 202 Supportive Housing for Elder program needs funding for both new construction and to help preserve and maintain existing units needing repair. Currently, for every one unit of housing that becomes available, there are 10 older adults in need of a unit.¹⁰⁶ There is also the need to increase funding for other sources of housing assistance including the Section 8 program, Public Housing capital account, Public Housing operating account, Community Development Block Grant, and HOME program.

11. Utilize Medicaid to increase access to housing.

There are a number of innovative ways in which the Medicaid program can be used to connect older women to more affordable housing. For example, Medicaid dollars can be used to connect older adults who are at risk of homelessness to housing programs and services. Washington state is using its Medicaid program to include supportive housing benefits in partnership with the state's low-income housing alliance.¹⁰⁷ Since housing is critical to maintain health care, states should explore innovative ways to deliver housing supports to their Medicaid populations.

12. Increase funding for LIHEAP and other energy assistance programs.

LIHEAP provides critical support for high utility costs, allowing older adults to remain safe in their own homes. However, funding is currently provided as a block grant to states rather than meeting the needs of all those who are eligible. The benefit is also limited in terms of energy assistance sought. While all states offer some form of heating assistance, only 19 states offer cooling assistance.¹⁰⁸ Funding for LIHEAP and other state-based energy assistance programs that complement LIHEAP should be increased to ensure that those in need receive adequate support.

STRENGTHEN SNAP AND OLDER AMERICANS ACT PROGRAMS

13. Improve access to SNAP.

Older adults represent the group least likely to be receiving SNAP benefits despite their need. Only 42% of older adults living alone who are eligible for the program receive these benefits.¹⁰⁹ Common barriers to participation include: lack of knowledge that benefits are available, stigma, difficulty filling out the application, and hard-to-understand eligibility requirements. Increased access to the program can be accomplished through improving outreach materials and connecting older adults to benefits where they are in the community, including at trusted community-based organizations and senior centers.

14. Designate LGBTQ older adults as a “greatest social need” group.

LGBTQ older adults should be designated as a “greatest social need” group under the Older Americans Act. The *LGBTQ Elder Americans Act* was introduced in Congress in 2017, but failed to pass.¹¹⁰ Its passage would ensure greater access to OAA services and prioritize funding for research on the needs of aging LGBTQ adults.

15. Increase funding for legal services.

Older women require legal help when they face loss of their housing through eviction, foreclosure, elder financial exploitation, predatory lending, discrimination on the basis of age, disability, race, gender, and sex, and other forms of emotional, physical, and financial abuse. Legal services can also help older women access crucial safety net programs, such as SSI and Medicaid, and other public benefits to which they are entitled. Increasing funding for legal services through Title IIIB of the Older Americans Act would allow programs to assist more older women in need of legal services. Legal services for LGBTQ women and women of color are even more critical since they face intersecting forms of discrimination.

CONCLUSION

Because of the systemic issues older women face in amassing sufficient resources throughout their lives to carry them through retirement, women are more likely to age in poverty. Caregiving responsibilities that disproportionately fall to women and gender discrimination lead to less pay and fewer opportunities. Lower lifetime earnings impact a woman's ability to save for retirement. Longer life expectancies, higher health care costs, and divorce or death of a partner increase an older woman's vulnerability to poverty. And all of these issues are compounded for women of color and LGBTQ women. But it doesn't have to be this way. The solution is within reach because we already have a system in place to support older women (and all older adults) as they age. We must act on the above recommendations now to ensure the support system is adequate to address the needs of older women, and all of us, as we grow older.

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