



Low Income Women Growing Old: Facts, Baltimore City Issues, Options for Advocacy

Prepared by the Grantee Assistance and Public Policy Committee

FACTS

- Nationally and in Baltimore, the population is aging. In 1950, 8.1% of the U.S. population was 65+ and 0.4% was 85+. In 2000, the percentages were 12.4% and 1.5%, respectively. By 2020 the percentages are predicted to be 16.3% and 2.2% and in 2030, one in five Americans will be over 65. Women are more likely to live to old age than men. At age 65, the average life expectancy for women is 19.8 more years; for men it is 16.8 years. In 2002, among 55-64 year olds there were 92 men for every 100 women; among 85 year olds there were 46 men for every 100 women. As a result, the proportions of women who are widowed rise with age -- in 2004, 10% of women age 55-64 were widows, as were 41% of 65-84 year olds, and 79% of women 85 and older. (BOC)
- **POVERTY AND RACE:** Seventy percent of the poor elderly are women. (NASI) Elderly women are almost two times as likely to live in poverty as men. Twenty-five percent of elderly African American women live in poverty. (WOW) Poverty rates have been steadily declining since the early 1990s for the 75+ and 85+ populations, but poverty seems more persistent among 65-74 year-olds, and increased to 9.4 percent in 2004. Black women have lower life expectancies than white women. (BOC) Note: It is generally agreed that the federal poverty level is lower than subsistence, particularly for the elderly, who have significant medical expenses. (WOW)
- **HOUSING AND LIVING ARRANGEMENTS:** Women are more than twice as likely as men to be living alone at ages 65+. (BOC) In 2002, over 40% of the expenditures of the poorest quintile of households headed by 65+ year-olds were for housing. (BLS) Individuals have difficulty living independently if they can no longer perform some or all of the six activities of daily living (ADL) -- bathing, eating, dressing, walking, toileting, and moving in and out of beds and chairs. Most seniors require services, including social stimulation and transportation, in order to successfully age in their homes. Affordable housing with supportive services is needed to keep seniors in their communities. Assisted living residences are usually unaffordable for the low- and moderate-income elderly.
- **INCOME:** Social Security has accounted for roughly 40% of income for elderly units (couples and non-married individuals) for the past decade. (BOC) Almost 50% of the poorest elderly rely solely on Social Security for income. About 60% of elderly poor women are widows. They have generally earned less than men or not ever worked, which affects their Social Security benefits. Studies estimate that widows' income falls 20% upon the death of a husband, which may reduce them to poverty. Paradoxically, if spouses' earnings are approximately equal, the widow will experience larger declines in Social Security income. (NASI) The Supplemental Security Income Program for the Aged (SSI) is a guaranteed income program for the elderly age 65+, blind, or disabled. Social Security benefits are included when calculating income for SSI eligibility, which varies by state.
- **WORK:** Since 1984, the share of the income of the elderly derived from earnings has been growing. Among women age 65-69, 14% were in the workforce in 1985 and 24% in 2005. Seven percent of women 70+ are in the workforce. (BLS) Tax, pension, and age discrimination laws discourage employers from hiring and retaining older workers and Social Security policies create disincentives for individuals to work beyond 65, though this is changing. (UI)
- **HEALTH:** Poor elderly people are more likely to have trouble seeing and hearing, have no natural teeth, and to say they have limitations with activities of daily living and routine chores than non-poor people. Poor elderly women are much less likely to have mammograms. Fewer than 10 percent of the poor elderly have good dietary quality. Fewer than 20 percent of elderly women engage in regular physical activity. Almost 70% of 65+ women were overweight in 2003-04; over 30% were obese. (CDCP, NIA) In 2004, almost 30% of 65+ women Medicare enrollees were unable to perform one or more basic physical functions (reach over head, write, walk 2-3 blocks, etc.) The rates were higher among Black and Hispanic women. (CMMS).
- **MENTAL HEALTH:** Almost 20% of people 55+ experience mental and cognitive disorders that are not part of the "normal" aging process. In 2002, over 11% of women 65+ had moderate or severe memory impairment. (FIFARS) Almost 2/3 of older adults with a mental disorder do not receive needed services. Older people are especially unwilling to be identified with traditional mental health system. Older adults have the highest suicide rate of any age group; the rate for 85+ is double the rate for the general population. As many as half of all people with serious mental illness develop alcohol or other drug abuse

problems. The number of older adults with mental illness is expected to double to 15 million in the next 30 years. Late-life mental disorders pose difficulties for family-member caregivers. (NCOA) Depression is one of the most widely under-treated diseases and the leading cause of disability among women, a situation that is worse for low-income women. (LBE) Untreated hearing loss has been linked to depression, anxiety, and social isolation (NCOA). Over 17% of women 65+ had clinically relevant depressive symptoms in 2004. (FIFARS)

- **HEALTHY AGING -- EXPERIENCE CORPS:** Remaining physically active; participating in structured, productive social activities such as volunteering; having opportunities for generativity (leaving a legacy); social networks and support; and regular exposure to complex environments help improve well-being and cognition, and protect against major chronic diseases of aging, depression, disability, and mortality. This knowledge is the foundation of the design of the Experience Corps program pioneered by Dr. Linda Fried and her colleagues at Johns Hopkins, which provides structured opportunities for groups of 60+ adults from all backgrounds to volunteer in Baltimore City (and now other cities') public schools. Results include improved health for seniors and children's school performance. A new (July 2006) National Institute on Aging study found that expending higher levels of energy through usual daily activities was associated with lower risk of mortality for older adults.
- **HEALTH CARE AND LONG-TERM CARE:** Informal caregivers – family and friends – provide 80% of the long-term care needed by the elderly. Caring for an older parent increases the risk of living in poverty and relying on Supplemental Security Income. Older spousal caregivers (overwhelmingly women) are at risk of depression, illness, and death. The federally-funded Aging Network in every community is intended to provide supports for independent living, but is dramatically under-funded, especially in comparison to institutional (nursing home) alternatives. Services include home health, personal care, homemaker chore services, adult day care, respite care for caregivers, senior center programs, telephone reassurance, friendly visiting, home repair, and alternative community living arrangements. Home- and community-based services can be provided for about ¼ the cost of institutional care. Most are available to all elderly citizens, but providers try to target those who are most vulnerable. Area Agencies on Aging such as CARE in Baltimore serve as the single point of entry and most manage or receive funding from multiple sources in addition to the federal government. Complementary affordable housing and transportation improvements are necessary components for an “aging in place” or “aging in community” system. The cost of nursing home care is a primary issue in long-term care. Nearly 70% of all nursing home residents are on Medicaid and use most of their personal income for the remainder of the cost of care. (OWL) The poor elderly are four times as likely to receive care in a long-term care facility as wealthier Medicare enrollees. (CMMS)
- **HEALTH CARE COSTS:** Medicare covers 80% of an elderly person's medical costs. Poor elderly people (and those who have become poor as a result of medical expenses, as well as disabled adults) qualify for medical assistance through Medicaid, which helps pay Medicare insurance premiums, and cover the 20% gap and prescription drugs and long-term care. The majority of Medicaid funds are spent on long-term nursing home care. States must obtain waivers in order to allow Medicaid to pay for community- and home-based services. (R&L) As a result of low awareness, complex processes, and welfare stigma, it is estimated that only a third of the eligible elderly poor have obtained Medicaid coverage. States co-fund this program and set eligibility and coverage standards, and their policies affect enrollments. (Pezzin) Until 2006, Medicare did not provide prescription drug coverage. Newly introduced plans are confusing and may not cover all drugs needed. (HJK) Over the past decade, average prescription drug costs of non-institutionalized Medicare enrollees 65+ have more than tripled. The average out-of-pocket costs paid by the elderly more than doubled and in 2003, they consumed 27.8% of the household income of the 65+ poor and near-poor (FIFARS).
- **HEALTH CARE WORKERS:** Paid and unpaid caregivers are over 80% women. Direct-care workers (both in institutional and community/home settings) are among the lowest paid of all health care workers and many lack health insurance, which leads to high turnover, which produces inconsistent care. One-quarter of the direct-care workers live in poverty. To accommodate the growth in the elderly population, five million direct-care workers will be needed by 2030 -- two times the number employed today. (OWL)
- **LEGAL ISSUES:** The elderly face legal issues related to income, health care (including advance directives), long-term care, nutrition, housing, utilities, protective services, guardianship, abuse, neglect, age discrimination, and exploitation (AOA). Low-income individuals most often face family-related, housing, and employment-related legal matters, for which they seek legal help in only a small minority of cases. (WA) Custodial grandparents face legal tangles when seeking benefits for their grandchildren, enrolling them in school, and acting on their behalf if they have not obtained formal legal custody of their grandchildren. The federal Administration on Aging funds 1,000 legal services providers nationwide. (AOA) In Maryland, the Legal Aid Bureau, the Bar Association of Baltimore City, and the Commission on Aging and Retirement Education provide legal services to low-income seniors, including help deciphering eligibility requirements for health care and housing. (LAB, BABC)

- **GRANDPARENTING:** Single women, African Americans, and low-income individuals are more likely to be custodial grandparents. (F-TMD) In the wake of the HIV/AIDS and crack cocaine epidemics and high rates of incarceration in poor urban communities, growing numbers of poor aging adults are responsible for their grandchildren. The children's parents are either dead, incapable of parenting, or may join the households only sporadically when released from incarceration. Over 25% are renters, which makes them particularly vulnerable, and 250,000 are living below the poverty line. (TM) Some of these grandmothers are well below senior citizen age, and therefore not eligible for programs for the elderly. Four-fifths of African American grandmother caregivers below the poverty line were not receiving public assistance. (MK) The physical and emotional costs of caregiving may provoke or worsen health problems of elderly grandmothers.
- **UTILIZATION:** Only about a third of the elderly have taken advantage of Medicaid and Food Stamp benefits to which they are entitled. Coverage is not enough -- there are wide disparities between blacks and whites in utilization of Medicare services and Supplemental Security Income. Different levels of information, particularly beliefs about eligibility, have been identified as key barriers to expanded participation. (Gornick, Coe) The National Council on Aging hosts a website where seniors can find out about all the benefits in their state for which they are eligible: www.benefitscheckup.org.
- **PHILANTHROPY:** A national Grantmakers in Aging survey revealed that only 2% of philanthropy is directed specifically to aging.

BALTIMORE CITY ISSUES

- In 2000, there were 53,424 women age 65+, 15.4% of all women in Baltimore City. In the State of Maryland, 13% of women were 65+. (BOC)
- In Baltimore City in 2000, there were 7,554 non-institutionalized women 65+ with a mental disability, 18,742 with a physical disability, 7,237 with a self-care (ADL) disability, and 16,081 with a go-outside-the-home (IADL) disability. (BOC)
- In 1999, there were 3,124 women age 65-74 and 4,263 women 75+ living below the poverty level in Baltimore City (7,387 total, 31% of all elderly women). Of these poor women, 6,413 (87%) were living alone. Of Baltimore County's 26,104 elderly women, 14% live below the poverty level, 79% of them living alone. (BOC)
- The overarching issues for poor elderly women in Baltimore City, like elsewhere, are 1) the bias in the funding system toward addressing the needs of the disabled elderly by placing them in nursing homes, and 2) the fragmented, uncoordinated, and under-funded system of community supports that might provide an alternative to institutional care. This fragmentation also contributes to the limited availability of information useful to seniors and their caregivers.
- Maryland's Medicaid Home and Community-Based Services Waiver administered by the Maryland Department of Aging and local agencies on aging (including Baltimore City CARE) had funding in FY2006 to support an active enrollment of 2,975 participants statewide. There is a waiting list.
- "Aging in place" or "aging in community" in many Baltimore City neighborhoods is complicated by housing types with no bedrooms or bathrooms on the first floor.
- In 2000, there were 13,707 grandparents (age 30+) in Baltimore City who were responsible for grandchildren under 18 living with them. (BOC) Grandparents may be caring for multiple grandchildren and occasionally their adult children in crowded quarters. Separate public housing has been developed for seniors and for families. Grandmother-headed households in public housing built for families need far more supportive services than young families, as well as services for their grandchildren. Chronic poor health may have left them with disabilities, limited personal mobility, and increasing isolation.
- Seniors in public housing are in worse health than other poor elderly. (UI) In Baltimore, the resolution of an anti-discrimination lawsuit has resulted in the housing of disabled individuals, often not elderly, in formerly seniors-only buildings. Seniors have become frightened by these disabled tenants, some of whom have brought criminal activity – prostitution and drugs – into their midst.
- Most of the elderly women in Baltimore City are doing well. Though their challenges are serious and multi-dimensional, the number of low-income elderly women needing help is modest enough to be addressed by a concerted effort at the intersection of the multiple systems that can improve their lives.

ADVOCACY OPTIONS

- Ask any candidate running for office who seeks your contribution what he or she has done or plans to do to address the needs of low-income elderly women.
- The policy agenda of the National Council on Aging can be found at www.ncoa.org/content.cfm?sectionID=58. Its National Institute on Senior Housing (NISH) focuses on “aging in place.”
- AARP’s policy agenda for 2006 can be found at http://www.aarp.org/issues/2006_presotu.html
- The Center for Social Gerontology is a non-profit research, training, and social policy organization that has since the mid-1980s focused on the issue of guardianship and older Americans. It has advocated changes in state guardianship systems, including the adoption of standards and alternatives such as mediation. See www.tcsg.org/guard.htm.
- The website of Grantmakers in Aging is www.GIAging.org.
- The National Alliance for Caregiving is a nonprofit coalition of national organizations focusing on issues of family caregiving. Its website is www.caregiving.org
- The National Association of Area Agencies on Aging is the leading voice on aging issues for local Area Agencies on Aging across the country. Its website is www.n4a.org
- The National Caucus and Center on Black Aged has been working for 36 years for fairness and equal access for low-income and minority senior citizens. Its website is www.ncba-aged.org.
- The National Citizens’ Coalition for Nursing Home Reform is a nonprofit membership organization created in 1975 to advocate protections for long-term care residents. Its website is www.nursinghomeaction.org.
- The Older Women’s League is a national grassroots organization focused on aging women’s issues. There is no chapter in Maryland, but the national office is in Arlington VA and its website www.owl-national.org/index.htm, includes “Action Alerts” on policy issues. OWL’s Mother’s Day 2006 report includes policy recommendations for long term care. Download from: www.owl-national.org/owlreports/documents/2006MothersDayReport.pdf
- Wider Opportunities for Women leads a national network that addresses the income required for seniors to age in place. Its website is www.wowonline.org.

SOURCES: Special thanks to James MacGill, Association of Baltimore Area Grantmakers; AOA U.S. Dept. of Health and Human Services, Administration on Aging website; BABC Bar Association of Baltimore City; BLS U.S. Bureau of Labor Statistics; BOC U.S. Bureau of the Census; CDCP Centers for Disease Control and Prevention, Medicare Current Beneficiary Survey; Coe Richard D. Coe, “Nonparticipation in the SSI Program by the Eligible Elderly,” 1985; FIFARS Federal Interagency Forum on Aging-Related Statistics, Older Americans Update 2006; FTM Fuller-Thomson, Minkler, “Housing Issues and Realities Facing Grandparents Who are Renters,” 2003; FTMD Fuller-Thomson, Minkler, Driver, “A Profile of Raising Grandchildren in the U.S.” 1997; Gornick Marian E. Gornick et. al. “Effects of Race and Income on Mortality and Use of Services among Medicare Beneficiaries,” 1996; HJK Henry J. Kaiser Family Foundation, Medicare Chart Book, 2005; LAB Legal Aid Bureau of Maryland; LBE Lennon, Blome, English, “Depression and Low Income Women,” 2001; MFT Minkler, Fuller-Thomson 2005); NASI National Academy of Social Insurance, Widows, Poverty, and Social Security Policy Options, 2000; NCOA National Coalition on Mental Health and Aging resolutions for 2005 White House Conference on Aging website, NCOA “Untreated Hearing Loss,” 1999; NIA National Institute on Aging, “Gradient of Disability,” 2006; OWL Older Women’s League, “Where Will I Live and Who Will Take Care of Me?” Pezzin Liliana E. Pezzin, “Medicaid Enrollment...” 2002; R&L Diane Rowland & Barbara Lyons, “Medicare, Medicaid and the Elderly Poor,” 1996; UI Urban Institute, Robin Smith (housing), 2006, Johnson, Mermin, Steuerle (working elderly), 2006; WA Washington State Supreme Court, Civil Legal Needs Study 2003; WOW Wider Opportunities for Women, 2006.

September 26, 2006