

Older Women in Rhode Island A PORTRAIT



40 percent of older R.I. households are low income



Older R.I. women half as likely as older men to have graduate degree



Women comprise 47 percent of R.I. workers age 55 and over



6 out of 10 older Rhode Islanders age 65 and over are women

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WOMEN'Sfund
R H O D E I S L A N D

engage, invest, act

For a small percentage of R.I. women, aging is the good life that they always hoped for. Interviews with these women reveal that they know they're one of the lucky few, but believe that work must be done to ensure that all women are able to age according to their own view of their retirement years.



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{ Why This Report? }

HEALTHY. ACTIVE. CONNECTED. Most women have an idea how they'd like to spend their older years. They want to live these years with dignity, economic security, and access to resources that will allow them to maintain their health and independence and their connections to those around them. Most women attribute a continued bond with family and community as a strong indicator of whether one will have a sense of well-being. But does every woman have a fair shot at achieving these goals?

The older women examined in this report, Rhode Island women age 65 years and over, are a diverse group. They are retirees, still working for a wage, and volunteers in the community. They are sisters, daughters, wives, friends and partners. They are mothers, grandmothers, and in some cases, great-great-grandmothers. They are caregivers, care recipients, and advocates for their peers. While some are affluent, many more are low-income and many live alone.

This report examines the specifics of Rhode Island's older women: their demographics, living situations, economic circumstances, and health status. It provides state-specific data when available, and national data for comparative or illustrative purposes or when no state data was obtainable. To demonstrate the impact of advancing age—to contrast the young-old and the old-old—data is used which accounts for differences between those that are 65 and older, 75 and over, and 85 and over. The report also captures gender-based disparities faced by older women, and notes racial/ethnic differences.

With the first of the Baby Boomers turning 65 in 2011, it is fitting for the Women's Fund of Rhode Island to draw attention to the status of our state's older women. We hope this report will inform those who advocate for older women and provide them with data and direction to form an action agenda that will help us move forward. Our intention is to engage women of all ages to collectively seek changes to ensure a higher quality of life for older Rhode Island women in the coming years.

{ Executive Summary }

Going beyond the numbers to complete the portrait, the report intermingles qualitative information gathered from conversations with older women, revealing how they see their situation, their needs, their concerns, how they feel about their future, and their hopes for the next generation. The conversations took place during four focus groups: one with residents of an elderly housing complex, one with older and near-old women with a background of community/political activism, one with a group of older women from a large senior center, and one with residents of a retirement community that includes both independent and assisted living programs. In addition, three women in their 90's were interviewed separately.

Older Rhode Islanders – persons age 65 and over - comprised an estimated 14.4 percent of the state’s population in 2009. Women accounted for about six out of ten (59 percent) older Rhode Islanders, and among those age 85 and over, slightly more than seven out of ten (73 percent) were women. As the state’s Baby Boomers age, older Rhode Islanders are projected to represent 21.4 percent of the state’s population by 2030. As the first of the Baby Boomers turn 65 in 2011, the Women’s Fund of Rhode Island issued this report to inform public policy decisions and the general public to ensure that this rapidly growing demographic is supported by the necessary public supports.

The report examines the specifics of Rhode Island’s older women: their demographics, living situations, economic circumstances and health status. It captures data on the impact of advancing age and gender-based disparities faced by older women and also notes racial/ethnic differences.

Based on race and ethnicity factors, Rhode Island’s older population is less diverse than the overall state population. U.S. Census estimates from 2009 reveal that 92 percent of older Rhode Islanders were white (one race), compared to 83 percent of the total population. Hispanics (of any race) were the largest minority older group (4 percent) followed by black/African Americans (2.3 percent) and Asians (2 percent). There was a slightly higher percentage of women in the older black population (2.7 percent women vs. 1.6 percent men), but otherwise there were no significant racial/ethnic gender differences. The Rhode Island Statewide Planning Office projects the state’s elder non-white population growing dramatically: from 5.2 percent in 2000 to 13.9 percent in 2030.

Older Rhode Island women are far less likely to be married than older men and almost three times as many older Rhode Island women are widowed than older men. This can have a major impact on both the social and economic circumstances of many older women. Older women in Rhode Island are less likely to live in family households and almost twice as likely as older men to live alone. Of older women who live alone or with non-family members (referred to as “non-family households”), an estimated one in five lives in poverty.

While older Rhode Island women are more likely to have graduated high school than older men, they are less likely to have an undergraduate degree and only half as likely as older men to have a graduate degree.

To gain a complete picture of the economic status of older women, it is important to look at both the percentage who live in poverty or near-poverty and at the sources of income for these women. From 2007-2009, older Rhode Island women were estimated to be 1.6 times more likely to live below poverty than older men (11.4 percent vs. 7.3 percent). Older black women were about 2.5 times more likely to live below poverty than older black men (27.9 percent vs. 10.8 percent). More

than half (61.4 percent) of older Hispanic women lived below poverty. Furthermore, Social Security comprises a greater share of older women's income than older men's. In 2009, the average Social Security benefit for Rhode Island men (\$1,330.80) was almost 30 percent more than the average older women's benefit (\$1,027.50). Older women comprised almost half of Rhode Island workers age 65 and over in 2009. Their average monthly earnings (\$2,139.50) were 58 percent that of older men's earnings.

From 2007-2009, an estimated 23 percent of older Rhode Island households had less than \$15,000 in income and 41 percent had income of less than \$25,000 (about 190 percent of the 2010 federal poverty threshold for a 2-person older couple). For Rhode Island older women in non-family households living alone, estimated median income in 2009 was 85 percent that of male non-family householders living alone (\$18,375 vs. \$21,540).

These income levels cannot sustain basic living costs. In 2009, average consumer expenses for U.S. consumer units in which the homeowner or renter was age 65 and over were \$37,286; for persons age 75 and over the average expenses were \$31,676. To determine what basic living expenses are for older Rhode Islanders, a state-specific basic Elder Standard of Need was developed using six different living arrangement models. One model, based on a single older Rhode Island woman living in her own home without a mortgage, estimated that \$21,355 would be needed annually to meet basic living expenses. This is \$9,025 more than the average 2009 Social Security benefit for older Rhode Island women and almost twice as much as the 2011 federal poverty level for a single person (\$10,890).

Women experience this gap between income and living expenses for more years than men. On average, women age 65 and over can expect to live 2.7 years longer than men (84.9 years vs. 82.2 years.) In 2009, about 21 percent of Rhode Islanders age 65-74 rated their health as fair or poor as did 29 percent of persons age 75 and over. State estimates show that older women can expect to live 2.5 more years in poor health than older men (11.8 years for women vs. 9.3 years for men). Rhode Island women are more likely than men to report having some type of disability (35.7 percent vs. 31 percent), and the percent reporting difficulties increases with advancing age. Older women were also much more likely to have difficulty with ambulation and independent living than men.

Older Rhode Islanders are almost universally covered with Medicare and have one of the nation's highest penetrations of Medicare Advantage Plans. Despite this extensive coverage, out-of-pocket costs can be significant due to services and/or items not covered by Medicare and amounts needed for premiums, deductibles and co-payments. The U.S. government's Medicare website provides comparisons of Medicare Health Plans and estimates enrollee annual out-of-pocket costs for health care and drugs including premiums, co-pays and deductibles. The estimated annual out-of-pocket cost in 2011 for persons in the Rhode Island Blue Chip for Medicare Standard Plan with Drugs is \$4,700. This is about 37 percent of the average Rhode Island woman's Social Security benefit.

Women's greater longevity and greater percentages of disability, especially difficulty with ambulation and independent living, leads to an increase in their need for, and use of, long-term care. Nationally, older women comprise 75 percent of the nation's nursing home residents and have greater out-of-pocket costs for long-term care. In Rhode Island, women age 65 and older comprised 74 percent of the state's Medicaid-funded nursing home residents in 2008 and women age 85 and over, 83 percent of these residents.

During our conversations with older women, we asked them to discuss their greatest concerns as older women. Some spoke of sweeping national issues such as wars and the federal budget deficit, while others spoke of how the new Rhode Island sales tax proposals may negatively impact them. On a more personal level, many expressed a deep desire to remain independent and maintain control of their own choices in their older years, especially when it came to where they will live. Those who lived in elderly housing worried about where they would go next if they got sick. The women in the retirement community worried that their money would run out.

Many older women cited economic security as a paramount concern. This issue came up during discussions about reforms to Social Security, and to a lesser degree, changes in pension benefits that may adversely impact their financial situations. Many were anxious about the rising costs of health care and their ability to afford required co-payments which increase every year. Even those who felt financially secure worried about the ability of their less financially secure peers to deal with increased expenses, especially health care costs. Those who live in elderly housing all felt that they could not afford to live elsewhere and still afford their other living expenses. Several who live in their own homes worried about being able to pay mortgages and some talked of needing employment to meet expenses.

One of the biggest fears of the older women we talked with was the loss of independence. In the focus group of elderly housing residents, all but one was still able to drive. When asked what they would do if they could no longer drive, the responses were profound, ranging from “shoot myself” to “dread the day.” While a few of the women receive some assistance with household tasks, most were independent in everyday living activities.

While the women were generally very positive about the health care available in the state, many felt that access to that care could be an issue due to cost or restrictions put in place by insurer policies. When talking about health care access, one woman said she no longer went to her oncologist due to the \$40/visit co-payment. Many expressed particular concerns about their ability to afford co-payments for needed prescription drugs. Several women were concerned for themselves or for women they knew about the possible elimination of the state’s program that assists elders with the cost of prescription medications. Frequent difficulties when dealing with health insurers were a concern for many of the women. They felt that the information provided by insurers was often voluminous, complicated and hard to understand. They were concerned about claims being denied or being routed from one party to another. Some spoke of the health insurance system itself being too complex and fragmented, and suggested that a universal, single-payer system would help.

There is not much Rhode Island-specific data available on community involvement and civic engagement of older women. National surveys have found older women slightly more likely to volunteer than older men. Older women are also more likely to spend time as caregivers or helping others. Of the three volunteer programs in the state’s Senior Service Corps supported by the Corporation for National and Community Service, 75 percent of the volunteers are women. Older Rhode Islanders are more likely to vote than younger voters. In the 2010 election, 65 percent of registered voters age 65 and over cast votes compared to 23 percent for those ages 25 to 34 years and 46 percent for those ages 35-44 years. Of the 69 percent of Rhode Island registered voters identified by sex, there was no difference in voter participation based on sex in the 2010 election.

Our conversations confirmed that voting was the major form of civic engagement among older women. Some expressed the need for more women in elected office and for more advocates to bring forward the concerns of older women. Several suggested that if older persons were in positions of advocacy, policymakers, as their contemporaries, could best understand their concerns. Some said they would be willing to advocate politically even if they were able to do tasks from home, but would just need direction on what to do. There was a sense among many that greater leadership and direction were needed to increase advocacy efforts for older women.

Several participants opined that women bring a different dimension to political discourse because they are naturally more nurturing and empathetic, or as one woman said, *“we look through a different lens with an estrogen coating on it which means that [we act with regard to] the caring of family, of community, of the elders, of the well-being of society...the human part of it is frequently more important.”* While many participants acknowledged that advances had been made in society to allow them to maintain independence financially, they expressed concern that there was still work that needed to be done.



When asked what advice they would give to younger women, getting a good education and saving for retirement was seen as the most valuable advice. They viewed education as just as important for women as for men and as the key to financial security later in life.

{ Older Rhode Islander Demographics }

Older Rhode Islanders projected to go from 14 percent to 21 percent of population by 2030

There were an estimated 151,784 Rhode Islanders age 65 and over in 2009.¹ Older Rhode Islanders represented 14.4 percent of the total population in 2009 compared to 12.9 percent for the nation.² As the Baby Boomers start turning 65 in 2011, the number of older Rhode Islanders is expected to grow significantly over the next two decades. Older Rhode Islanders are projected to represent 21.4 percent of the population in 2030.³ In 2009, the state ranked 11th in percent of its population age 65 years and over (tie with Arkansas and Delaware) and 7th in percent of its population age 85 years and over.⁴ In 2000, Rhode Island ranked 6th highest (65 years and over) and 5th highest (85 years and over).⁵

TABLE 1 PERCENT POPULATION AGE 65 AND OVER AND 85 AND OVER, NEW ENGLAND STATES: 2009

	Age 65 and Over	Age 85 and Over
United States	12.9	1.8
Maine	15.5	2.2
Rhode Island	14.3	2.4
Vermont	14.5	2.0
Connecticut	3.8	2.2
Massachusetts	13.6	2.1
New Hampshire	13.5	1.9

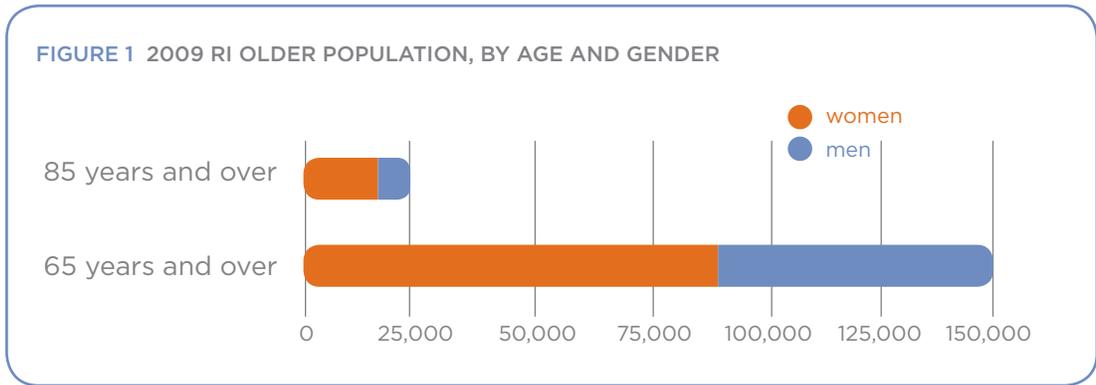
Source: U.S.Census. 2009 American Community Survey. Tables GCT-T4-R and GCT-T5-R. Percent of the Total Population Who are 65 Years and Over and 85 Years and Over.

6 out of 10 older Rhode Islanders age 65 and over are women

7 out of 10 older Rhode Islanders age 85 and over are women

Almost 60 percent of Rhode Islanders age 65 and over are female (90,374) compared to 50 percent of the female population under age 65 years. The female proportion increases to 73 percent for the population age 85 years and over.⁶ The state median age is 39.2 years ranking it 8th oldest in the nation for this measure.⁷ The median age for Rhode Island males is 37.5 years, and for females 41 years.⁸ For persons age 65 and over, the median age is 75.3 years.⁹

In 2009, the sex-ratio (the number of males per 100 females in the population) of the Rhode Island total population was 94.4, compared to 97.3 for the U.S., ranking it 46th in the country (from highest number of males to females).¹⁰ As Rhode Islanders age, this ratio continues to drop, resulting in a 37 to 100 (men to women) ratio for those over age 85.¹¹



ON BEING AN OLDER WOMAN...THEIR VOICES...THEIR WORDS... When asked if they felt they were treated differently than their older male counterparts, some women responded that they felt there was a stigma attached to being old, which was worse for older women. Many think that these feelings reflected their generations’ role in the workplace and tendency to be more conscious of what others thought of them than their male counterparts, and were hopeful that these factors would change with future generations of older women.

“I realized that after 65 I became invisible to my co-workers. I would contribute ideas as I always had and suddenly my comments would go unnoticed, only to be restated by a younger employee a few minutes later during the same meeting, and then everyone would listen.”

“Men seem to have the upper hand. Sometimes you are treated as if you don’t have a brain or they look down on you a little bit, a little discrimination.”

“After I became a widow, I felt so invisible, even when at the store. It was like ‘look I’m here!’ but people did not see me. I couldn’t believe the difference that it made.”

“Women live longer than men because they are more apt to seek help from friends, family, and doctors, and generally take better care of their health.”

Diversity

Non-white older Rhode Islanders projected to double by 2030

The Rhode Island older population is less diverse based on race/ethnicity than the overall state population. In 2009, 92 percent of older Rhode Islanders were white (one race) compared to 83 percent for the total population, 2.3 percent of older Rhode Islanders were Black/African American, 2 percent Asian, and 4 percent Hispanic (of any race).¹ There was a slight gender difference in percent of blacks in the state's older population (2.7 percent for women vs. 1.6 percent for men); otherwise there were no significant racial/ethnic differences between older R.I. men and women.² Rhode Island Statewide Planning projections show the state's non-white elder population growing from 5.2 percent of the elder population in 2000 to 13.9 percent of the elder population in 2030.³

TABLE 3 OLDER RHODE ISLANDERS BY AGE, RACE/ETHNICITY

	White one race	Black one race	Asian one race	Hispanic any race
RI Total All ages	82.6%	6%	3%	11.9%
RI 65 Yrs/Over	92.2%	2.3%	2%	3.9%

Source: American Community Survey. Table S0103 Rhode Island 2009 1-Year Estimates.

There are racial/ethnic differences in the median age of Rhode Islanders in addition to gender. In 2009, the median age for white women was 43.5 years; for white men, 40.3 years. For black women, the median age was 27.9 years; for black men, 29.1 years. For Hispanic women the median age was 27.3 years; for Hispanic men, 25.6 years.⁴

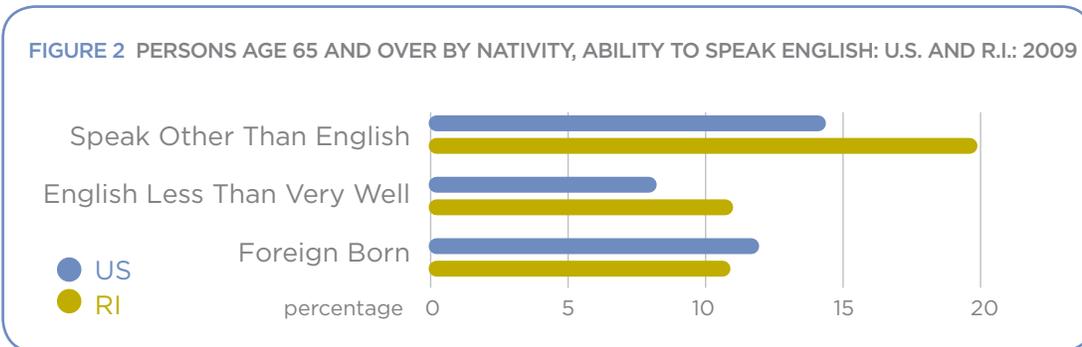
It's worth noting, however, that Rhode Island's diverse populations include many individuals of mixed race, which many census estimates and surveys do not accurately capture.



Almost 60 percent of Rhode Islanders age 65 and over are female

12 percent of older Rhode Islanders speak English “less than very well”

In 2009, an estimated 14 percent of older Rhode Islanders were foreign-born.⁵ Of those who were foreign-born, 83 percent entered the U.S. prior to 1990 and 67.6 percent were naturalized citizens.⁶ 22 percent of older Rhode Islanders speak a language other than English and 12 percent speak English “less than very well,” which is higher than the U.S. percentage (8.3 percent) of persons age 65 and over who speak English “less than very well.”⁷



Source: U.S. Census. American Community Survey 2009 1-Year Estimates. Table S0103 Population Age 65 and Over: United States and Rhode Island

The U.S. Census does not collect data on sexual orientation or gender identity. Using estimates from the American Community Survey, one report estimated that there were more than 27,000 gay, lesbian, and bisexual people (single and coupled) living in Rhode Island in 2007.⁸ Percentage of same-sex households among all unmarried-partner households has been used as one indication of the Lesbian, Gay, Bisexual, Transgender (LGBT) population. In 2009, 9.84 percent of Rhode Island’s unmarried-partner households (2,097 households) were estimated to be same-sex households,⁹ ranking the state 13th highest nationally in percent of unmarried partner households that are the same sex.¹⁰ Of the unmarried-partner households in the state, 5.52 percent are estimated to be male same-sex households and 4.32 percent female same-sex households.¹¹ Of the estimated 142,280 older Rhode Islanders living in households, an estimated 0.8 percent are unmarried partners.¹²

As the state’s older population grows and becomes more diverse, services and policies will need to be flexible and sensitive to meet the needs of an increasingly varied older population.

{ Social Characteristics }

Marital Status

Older R.I. women are far less likely to be married than older men

Older R.I. women are almost three times as likely as men to be widowed

Older women in Rhode Island are far less likely to be married than older men and almost three times as many are widowed as are older men. This can have major implications for the social and economic well-being of many older women. Among other factors, marriage may influence living arrangements, social supports, availability of caregivers for those with an illness or disability, as well as the income and resources of older adults.¹

TABLE 4 MARITAL STATUS OF RHODE ISLANDERS AGE 65 YEARS AND OVER BY SEX

	Female	Male
Married	37.9%	67.9%
Widowed	43.8%	16%
Divorced	10.6%	9.1%
Separated	0.8%	1.3%
Never Married	6.9%	5.7%

Source: American Community Survey, 2007-2009 3-Year Estimates, Rhode Island, Table S1201, Marital Status

In the last fifty years, marriage and habitation patterns have drastically changed. Many women no longer stay married or marry in the first place, and many live alone. These factors, combined with a longer life span, continuing gender wage gap, and lack of opportunities to invest in retirement options significantly impact the economic well-being of women. We were interested in examining how these new living situations impact women's economic and social well-being. Our conversations revealed that in general, married women are economically more secure, largely based on the previously mentioned factors.

ON LIVING ALONE, BECOMING A WIDOW...THEIR VOICES...THEIR WORDS... About two-thirds of the focus group participants were single, mostly due to widowhood, and some had been widowed more than once. A few of the women had never married and a few were divorced. One woman who had never married and had always lived alone noted the importance of being self-reliant and preparing for emergency health situations—she always had her medical history and other vital documents ready and had someone lined up to attend to household tasks if necessary. The need for these preparations was echoed by many participants, although most had not yet taken these steps themselves.

“Once I was widowed, I really had to adjust my social life. It isn’t easy for some women to do things alone such as go to a restaurant. It’s a couples’ world.”

“ When my husband died, I cried for four years. Then I woke up one day and realized that I needed to pull myself together and get on with things.”

“I had difficulties with a contractor after my husband died. He took forever, made a mess, and he and his workers were frequently not working while they were on the clock. I was hesitant to stand up to him the way my husband would have done. I should have been more assertive, but I didn’t want to seem like a bitch. I should have said something.”

Living Arrangements

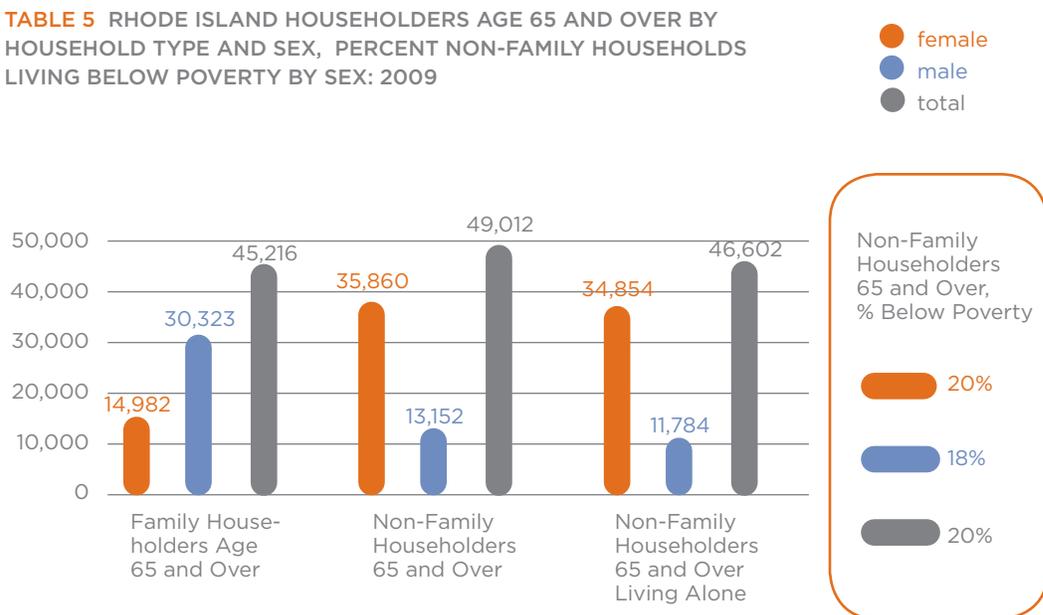
Older R.I. women are almost twice as likely as older men to live alone

20 percent of older women “non-family householders” live below poverty

In 2009 there were about 94,000 R.I. households with a householder age 65 or over.¹ Older Rhode Island women are far less likely to be family householders than are older men and more likely to be non-family householders (defined by the Census as a householder living alone or with non-family members).² Of these non-family households, about 70 percent are female householders living alone.³ This represents an estimated 39 percent of the total female population age 65 and over as compared to an estimated 19 percent of older men living alone.

These numbers are similar to national data that shows that older women twice as likely to live alone as older men (40 percent vs. 19 percent).⁴ This high number of older Rhode Island women living alone has implications for the state’s policy makers as older persons who live alone are more likely to live in poverty.⁵ There are an estimated 9,269 older Rhode Islanders (approximately 6 percent) living in group quarters (such as nursing facilities and group homes) and 75.5 percent of these older persons living in group quarters are women.⁶

TABLE 5 RHODE ISLAND HOUSEHOLDERS AGE 65 AND OVER BY HOUSEHOLD TYPE AND SEX, PERCENT NON-FAMILY HOUSEHOLDS LIVING BELOW POVERTY BY SEX: 2009



Source: U.S. Census American Community Survey 1-Year Estimates 2009. Table B09017. Relationship by Household Type (including living alone) for the population 65 years and over. B17017. Poverty Status in the Past 12 Months by Household Type by Age

40 percent of older R.I. homeowners are housing cost burdened

Almost half of R.I. older renters are housing cost burdened

In 2009, an estimated 71.7 percent of older R.I. households lived in owner-occupied housing units and 28.3 percent were renters.⁷ Almost half of the renters (47.2 percent) were housing cost burdened, paying more than 30 percent of their income on rent. 40 percent of older householders in owner-occupied housing units were housing cost burdened, with housing costs taking up 30 percent or more of their household income.⁸ About two-thirds of older homeowners have paid off mortgages.⁹

For those older homeowners with a mortgage, median monthly costs were \$1,438 compared to \$617 for those without a mortgage.¹⁰ In 2009, the median home value of “age-65” homeowners was \$262,600 compared to \$267,100 for all owner-occupied housing units. Gross rent for renters age 65 and over was \$535, considerably lower than the median rent of \$890 for the total population.¹¹ This difference may be due to the number of older Rhode Islanders living in rent subsidized housing units.

R.I. Housing reports that there are 19,425 subsidized housing units for elders in the state.¹² Generally these units are in multi-unit complexes with rental subsidies based on income. Data based on occupant gender and household characteristics was not available. However, it is reasonable to assume from available population data on older Rhode Islanders that the majority of these units are occupied by single women with low and moderate income.



Almost half of older R.I. households live in owner-occupied housing units

ON LIVING ARRANGEMENTS...THEIR VOICES...THEIR WORDS... Most women were comfortable with their living situation, and all of the women in the elderly housing group were very pleased with their living arrangement. A number of the women living in their own homes had concerns about their ability to afford their mortgages or household expenses, and some women had to keep working into their seventies or eighties in order to pay for a mortgage. The women in the retirement community group felt very fortunate to be living there, and pointed out that they do not represent most older women in Rhode Island, and wished all older women had this opportunity. One concern these women did have was what would happen to them if they ran out of money.

“I would not want to be any place else...not that it’s perfect, but I hope to stay here until they carry me out,” said a woman living in a retirement community.

“I had to get used to living in an elder-exclusive setting. I missed the stimulation of having younger folks around. It can be a bit depressing to live among all older people and having the rescue truck come almost daily to take people to the hospital.”

“With limited access to transportation, we need more access to cultural events in senior housing. Perhaps local music or theater groups might be persuaded to come in to provide entertainment.”

“It’s good to be among people my own age, because family members can only do so much. It’s nice to walk down the halls of the senior housing unit and see friendly faces.”

“I felt broken-hearted when I had to move out of the home I’d loved for so many decades. But I had to move to subsidized housing because I could not afford my property taxes.”

Educational Attainment

Older R.I. women are more likely to have graduated high school than older men

Older R.I. women are less likely than older men to have undergraduate degrees



Older R.I. women are half as likely as older men to have graduate degrees

Educational attainment impacts socioeconomic status at all ages. Higher educational attainment decreases the risk of poverty and is generally related to higher income and better health.¹ Estimates for 2007-2009 show the same percentage of older Rhode Island women and men have less than a 9th grade education, a significantly higher percentage of older women graduated high school, and about the same percentage of older women and men have an associate degree. Gender differences in higher education become distinct at the bachelor's and graduate degree level with older men more than twice as likely to have a graduate or professional degree as older women.²

TABLE 6 EDUCATIONAL ATTAINMENT OF RHODE ISLANDERS AGE 65 AND OVER BY SEX

	Men	Women
Less Than Grade 9	15%	15%
9 to 12 (no diploma)	15%	17%
HS, GED or alternative	27%	38%
Some College, no degree	13%	12%
Assoc Degree	4%	4%
Bachelor's	14%	8%
Graduate or Prof Degree	13%	6%

Source: U.S. Census. American Community Survey. 2007-2009 3-Year Estimates. Table B15001. Sex by Age by Educational Attainment for Population 18 Years and Over.

{ Economic Security }

A March 2011 report from the National Council on Aging, *A Blueprint for Increasing the Economic Security of Older Adults*, states that achieving economic security is essential to aging in place with dignity. The report notes that although economic security has been a goal of the Older Americans Act since its passage in 1965, the recent economic downturn and resulting negative impact on employment, savings, and housing values makes the act even more crucial for older adults. The report points out that some 13 million older Americans are economically insecure with incomes less than 200 percent of the federal poverty level. It discusses the inadequacy of the federal poverty level as a measure of financial security, and recommends establishing an explicit statement on economic security when the Older Americans' Act is reauthorized to define what economic security means for older adults.

When asked about financial security, responses ranged from no understanding of their current financial status or whether their lifestyle was sustainable, to concern over whether current events and policy decisions would impact smart investments they'd made throughout their life. Even women who'd been advised or educated themselves on ways to maintain a certain degree of financial stability acknowledged that federal entitlements such as Social Security and Medicare were not sufficient income alone, and that pensions and investments were vulnerable in an unstable economy.

"I have friends who, even with health coverage, still have hundreds of dollars worth of prescription drug costs per month. That's ridiculous."

"I'm in my early 60's and financially responsible for a young grandchild...I cannot imagine not having to work to pay for our daily living expenses."

"I'd say to younger women: plan better for retirement through savings; save 10 cents of every dollar you make; educate yourself financially; take any opportunities you can for further education and job advancement."

ON ECONOMIC SECURITY...THEIR VOICES...THEIR WORDS... Financial security was cited as a concern in all focus groups, and was often viewed as closely linked to one's ability to maintain independence. Some worry resulted from the national discussion about potential changes to Social Security and pension benefits, erosion of assets saved for retirement, and the general state of the economy. The increasing burden of health care costs was also raised by many participants. The women living in elderly housing acknowledged that they could not afford to live elsewhere and still pay for basic necessities, and said they felt financially vulnerable. Some women said that they could not afford to stop working at any time in the near future. Others said that although they currently feel economically secure, they worry that something could happen which would drastically change their financial situation, and worried that their less-fortunate peers had no one to advocate for them and no one to turn to. Many women were concerned that with the economic downturn, loss in home values, and high average debt in young people, that future generations of aging Americans wouldn't enjoy even the meager stability that they live with.

“What will happen if I get sick? How would I pay for health care? Where would I go? The assisted living center where I live is costly, can't be covered by Medicare, and most places do not accept Medicaid.”

“I have difficulties paying for necessities such as my mortgage, property taxes and prescription drugs. I have to stretch every dollar to make ends meet.”

“My husband's unexpected illness wiped out our planned retirement savings. Even when planning takes place over the course of a lifetime, you can still end up financially insecure.”

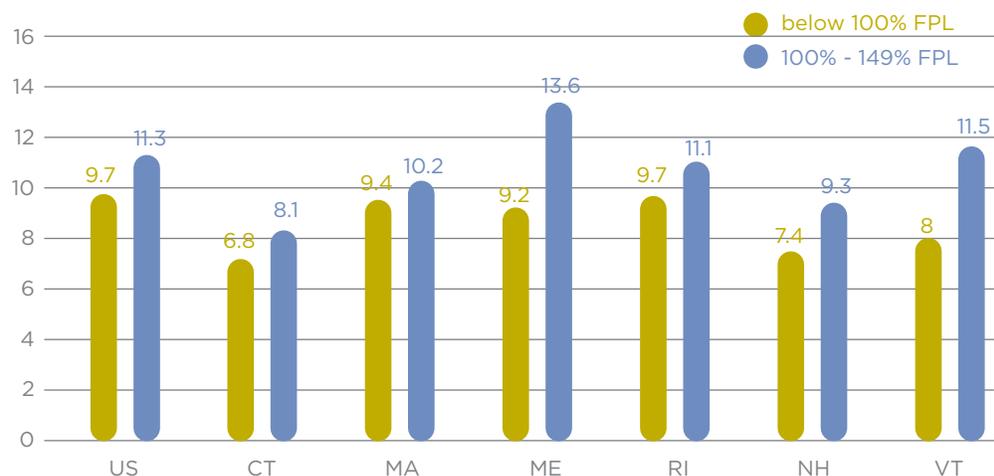
Poverty

Persons who live in poverty risk not having enough money to pay for food, housing, health care and other basic needs. The official poverty definition used by the U.S. Census is based on annual income before taxes and does not include capital gains, earned income tax credits, or noncash benefits.¹

The federal government uses two related measures of poverty. The Poverty Thresholds are the original measures of poverty developed in 1965 based on food costs. They are updated each year and used for statistical purposes by the Census Bureau to estimate numbers of persons living in poverty. The 2010 Poverty Threshold for one person age 65 years and over is \$10,481; for two persons where householder is 65 years or over it is \$13,209. (The 2010 poverty threshold for one person under age 65: \$11,369; for two persons under age 65: \$14,634).² The Poverty Guidelines are a simpler version of the Poverty Threshold published each year in the Federal Register by the Department of Health and Human Services and used for administrative purposes for determining eligibility for a number of programs. Poverty guidelines for 2011 are \$10,890 for a single person and \$14,710 for 2 persons.

Estimates for 2007-2009 show older Rhode Islanders were less likely (10 percent) than the population as a whole (12 percent) to be living below poverty and about the same percent were living at or above 150 percent of the poverty threshold (79 percent vs. 80 percent).³ In 2009, a higher percent of older Rhode Islanders were estimated to be living below 200 percent of poverty than the overall population (35.2 percent vs. 30.5 percent).⁴

FIGURE 3 U.S. AND N.E. STATES, PERSONS AGE 65 AND OVER: POVERTY STATUS (2007 -2009)



Source: US Census
American Community
Survey 2007-2009
3-Year Estimates.
Table S0103: Population
65 Years and
Over in the US, CT,
MA, ME, RI, NH, VT

Older R.I. women are 1.6 times as likely to be living in poverty than older men

More than twice as many older R.I. women live below poverty than older men

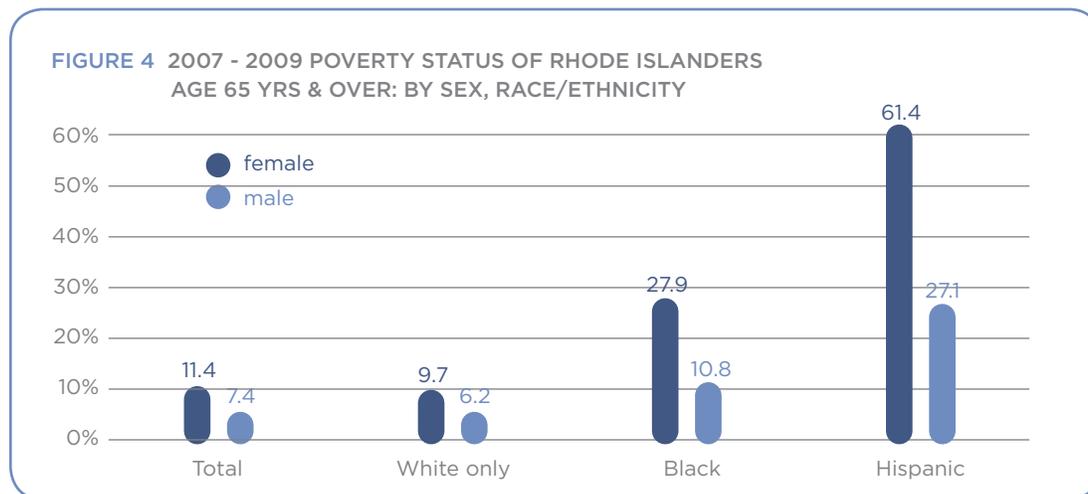
Among older Rhode Islanders for whom poverty was determined between 2007-2009, women were estimated to be 1.6 times more likely to live below poverty than

older men (11.4 percent vs. 7.3 percent).⁵ For those age 75 and over the difference was similar (12.2 percent vs. 7.8 percent).⁶ In absolute numbers there were more than two times as many older Rhode Island women living below poverty than there were older men (9,374 vs. 4,211).⁷

Greater gender-based differences in poverty for older R.I. black women

R.I. older Hispanics of both sexes have highest poverty levels

Older black and Hispanic Rhode Islanders are more likely to live below poverty than white older Rhode Islanders. There are greater differences in poverty among female and male older black Rhode Islanders than the white-only older population. Estimates from 2007-2009 show older black women about two and one-half times more likely to live below poverty than older black men (27.9 percent vs. 10.8 percent). Older Hispanic Rhode Islanders of both sexes experience higher percentages of poverty with more than half (61.4 percent) of older R.I. Hispanic women living below poverty.⁸



Source: U.S. Census. American Community Survey 2007-2009 3-Year Estimates. Tables: B17001, B17001B, B17001H, B17001I.

A New Supplemental Poverty Index

In 2010, in response to a Congressional directive, a federal Interagency Technical Work Group (ITWG) worked to develop suggestions for a new supplemental poverty measure (SPM).⁹ The ITWG work drew on the recommendations of a 1995 National Academy of Sciences report and an extensive 15-year body of research on poverty measurement conducted at the Census Bureau and elsewhere. The ITWG suggests the poverty threshold include dollar amounts needed for four basic goods (food, clothing, shelter and utilities (FCSU)), and a small additional amount to allow for other needs. In addition, non-money family resources available for basic goods (ex. nutrition assistance and housing subsidies) minus necessary expenses not included in the threshold (ex. out of pocket medical expenses) would be considered. Using the ITWG suggestions, an estimated 16.1 percent of elderly in the U.S. were in poverty in 2009 as compared to 9.9 percent using the official poverty measure.¹⁰ The difference is primarily due to subtracting medical expenses from income in the SPM. The new thresholds are not intended to assess eligibility for government programs and will not replace the official poverty thresholds. Pending approval of the President's 2011 budget initiative, the Census Bureau will publish the first set of poverty estimates using the new approach in September 2011.

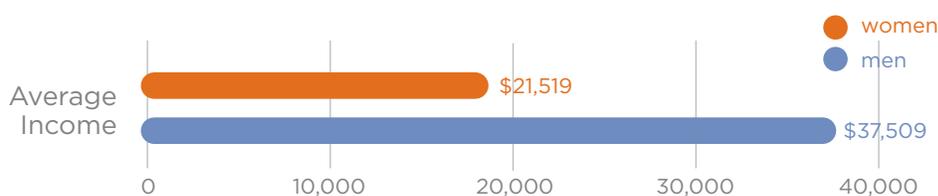
Income

Average U.S. income for older women is 57.4 percent that of older men.

Non-married elders have lower income and income decreases with age

Looking at the percentage of older people living below poverty does not give a complete picture of the economic status of older persons. By examining income sources, income distribution and median and average income of older persons we gain a greater insight into their economic well-being. In the older population there are differences in income associated with age, marital status, educational attainment and gender. The significant difference by age is primarily due to the disproportionate number of non-married women in older age groups.¹ Nationally, in 2008 married couples between age 65 and 69 had median income of \$55,833 compared to \$34,567 for those age 80 and older.² The median income of non-married persons age 65 to 69 was \$20,082 compared to \$15,600 for those age 80 and over.³ In 2010, women in the U.S. age 65 and over had average income that was only 57.4 percent of income for males age 65 years and over (\$21,519 vs. \$37,509).⁴

FIGURE 5 2010: U.S. AVERAGE INCOME AGE 65 AND OVER BY SEX



Social Security

Average Social Security benefit for R.I. men is 30 percent more than average benefit of older R.I. women.

Social Security is the largest source of income for most women age 65 and over. Nationally, Social Security provides at least half of total income for a majority of beneficiaries and 90 percent or more for 21.3 percent of aged beneficiary couples and 43.4 percent for aged non-married beneficiaries.⁵ In 2009, 92 percent of the state's "age-65" households had Social Security income with an average Social Security household income of \$16,015, slightly lower than the U.S. average of \$16,720.⁶ In December 2009, Social Security benefits were collected by 83,099 Rhode Island women age 65 and older with an average monthly benefit of \$1027.50; 56,975 Rhode Island men age 65 and older collected benefits with an average monthly benefit of \$1330.80, almost 30 percent more than the average women's monthly benefit.⁷

Income Sources

Social Security is a greater share of older women’s income than older men

U.S. older women have \$7,000 less employment-based earnings

Average older R.I. women’s wages are 58 percent those of older men’s wages

National data sources for 2010 show significant gender differences in annual average income for persons age 65 and over by income source. Social Security accounted for almost half of the income of older women compared to slightly over one-third for older men. The share of income from Social Security is greater for those with lower total income, accounting for 88 percent of income for those in lowest income quintile in 2008.⁸ Also, as one ages Social Security becomes a greater share of total income. In 2008, elderly persons age 85 and over derived 54.5 percent of their income from Social Security, compared with 29.7 percent for those ages 65–69.⁹

Earnings from employment-based income (includes earnings, pensions and annuities) are significantly lower for older women. Older men have, on average, \$7,000 more in earnings-related income.¹⁰ Over time, employment-based income for older women has increased, going from 10 percent in 1995 to close to 19 percent in 2008 to 19.8 percent in 2010.¹¹

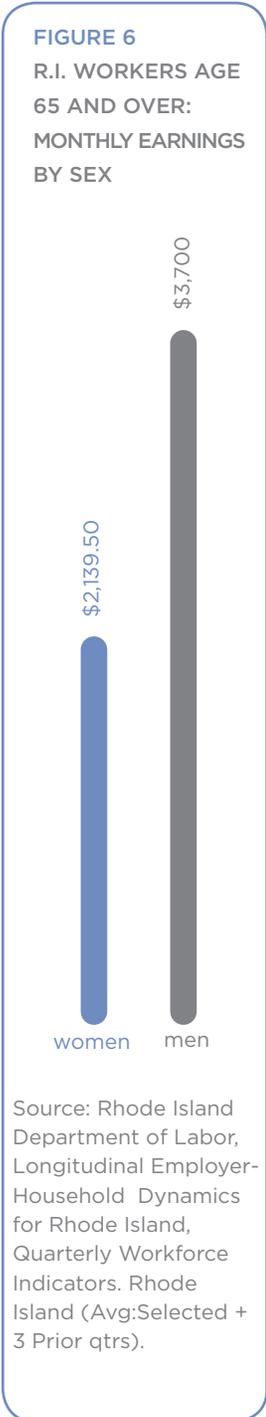


TABLE 7 DISTRIBUTION OF U.S. AVERAGE ANNUAL INCOME FOR PERSONS AGE 65 AND OVER, BY SOURCE AND SEX 2010

	male		female	
	Income	Percentage	Income	Percentage
Total Income	\$37,509	100	\$21,519	100
Social Security	\$13,461	35.9	\$10,552	49.0
Pensions	\$7,948	21.2	\$3,571	16.6
Assets	\$3,798	10.1	\$2,753	12.8
Earnings (employment-based)	\$11,304	30.1	\$4,269	19.8
Other	\$998	2.7	\$375	1.7

Source: EBRI Fast Facts. The Sources of Income of the Elderly Men and Women (Age 65 and Older) Population Age 65 and Over. Sept. 30, 2010, #176. <http://www.ebri.org/pdf/FFE176.30Sept10.IncEld-Gndr.Final.pdf>

In 2009, Rhode Island women working full-time earned a median weekly wage of \$701 (compared to male median weekly earnings of \$901). This was 78 percent of what full-time working males earned that year.¹² Nationally, in 2009 the median weekly earnings for workers age 65 and older were \$656.¹³

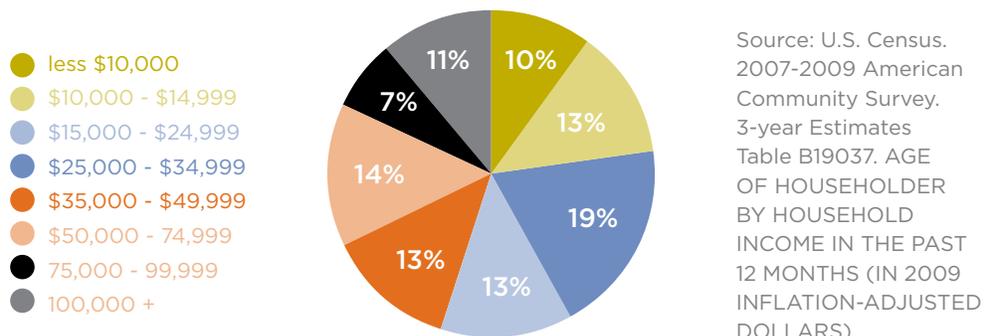
In Rhode Island in 2009, older women comprised 49 percent (9,932 women) of the state’s 20,403 employed workers age 65 and over.¹⁴ The number of older women with employment earnings represented 11 percent of the state’s estimated total population of older women as compared to 17 percent of the state’s estimated population of older men with employment earnings. Average monthly earnings for older women were: (\$2,139.50 vs. \$3,700).¹⁵

Household Income

40 percent of older R.I. households are low income (less than \$25,000 and less than 200 percent of poverty level)

In addition to Social Security, other sources of household income for the nation's older persons and the estimated percent receiving them include: earnings, 26.4 percent; asset income, 54.4 percent; retirement benefits other than Social Security, 40.7 percent.¹⁶ While the percent of older households with earnings declines dramatically over age 75 years, the percent with pensions changes little.¹⁷ In 2009, estimated median household income for Rhode Island households headed by a person age 65 and over, referred to in this report as "age-65" households, was significantly less than that for all households (\$32,520 vs. \$54,119).¹⁸ Among the "age-65" households there are wide differences in income. From 2007-2009, an estimated ten percent had income of less than \$10,000; 23 percent less than \$15,000; 32 percent less than \$20,000 and 41 percent less than \$25,000 which is about 190 percent of the 2010 poverty threshold for a 2-person older couple. Only 32 percent of "age-65" households had income above \$50,000 and 11 percent had income of \$100,000 or more.¹⁹

FIGURE 7 "65" HOUSEHOLDS: BY INCOME CATEGORY



Slightly over one-third of "age-65" RI households were estimated to have earnings in 2009. The average annual reported earnings were \$53,472, higher than the nationwide average earnings (\$43,550) for this age group.²⁰ Retirement benefits (excluding Social Security) were collected by almost half of Rhode Island "age-65" households in 2009 with an average benefit of \$20,799, similar to the national average of \$20,925.²¹ SSI benefits were received by 5.4 percent of Rhode Island "age-65" households with an average benefit of \$7,151, both of which are similar to national averages. An estimated 6.7 percent of Rhode Island "age-65" households received SNAP (food assistance) benefits.²²

Gender gap in income for older R.I. women non-family householders (both those living alone and not living alone)

A gender gap exists in median household income for Rhode Island “age-65” non-family households both for those in which the female householder is living alone and those in which the female householder is not living alone. In 2009, Rhode Island women non-family householders living alone had an estimated median income of \$18,375 which was \$3,165 less than male non-family householders living alone (\$21,540). For Rhode Island older women non-family householders not living alone, estimated median income was \$45,083 which was \$9,068 less than the median income (\$54,151) for non-family male householders not living alone.²³ This data is significant when comparing female non-family household income to the poverty level. The median income for female “age-65” non-family households with the householder living alone (\$18,375) is about 175 percent of the poverty level for a single older person.²⁴ There are an estimated 34,854 female non-family “age-65” householders living alone in the state. Income inadequacy is an important issue for a substantial portion of these households who are poor and near-poor.



40

percent of older
R.I. households
are low income

Net Worth

Net Worth is lower for older U.S. unmarried households and those without college education

The net worth (the value of real estate, stocks, bonds, and other assets minus outstanding debts) of older households varies tremendously, even more so than their income.¹ Greater net worth allows for more economic security when income losses occur in old age due to retirement, health expenses or changes in marital status. While no state-specific data was found, national data from the University of Michigan Institute for Social Research's Growing Older in America *Health and Retirement Study* showed the reported median net worth of households headed by persons age 65 years and over as \$237,000 in 2007.² For most households, the value of their home is the most important part of their wealth.³ Significant differences in net worth were reported based on educational attainment, marital status and race. For those with at least some college, reported net worth was more than five times that of households without a high school diploma. Married households had two and one-half times greater net worth than unmarried households and white household net worth was six times greater than black households with the head age 65 years or older.⁴ While not gender specific, the disparities based on education and marital status are of importance for older women as they are much more likely than men to be single and fewer have graduated college. Analyses done as part of the *Health and Retirement Study* found that changes in marital status due to widowhood or divorce can negatively impact one's financial situation, an important factor for the economic security of older Rhode Island women as slightly more than four out of ten are widows.⁵

TABLE 8 MEDIAN HOUSEHOLD NET WORTH OF HEAD OF HOUSEHOLD BY SELECTED CHARACTERISTICS: 2007

Age of Family Head

65 and over \$237,000

75 and over \$215,000

Marital status of family head age 65 and over

Married \$385,000

Unmarried \$152,000

Race, family head age 65 and over

White \$280,000

Black \$46,000

Education of family head age 65 and over

No High School diploma \$78,000

High School diploma only \$216,200

Some college or more \$434,400

Source: Older Americans 2010: Key Indicators of Well Being, Indicator 10. Errata page from AgingStats.gov web

Debt

11.2 percent of U.S. families headed by persons age 65-74 have excessive debt

Entering retirement years with significant debt can have a serious impact on retirement financial security. Debt payments can eat up income required to meet basic needs or reduce assets built up during one's working years to supplement other forms of income. A study by the Employee Benefit Research Institute of 2007 household debt found debt among those near retirement (ages 55-65) and those age 65 and over was increasing.¹ For families with heads ages 55-74, debt increases were driven by increased housing debt payments. In 2007, the most recent figures available, the percentage of 55- to 64-year-olds who had excessive debt (debt payments exceeding more than 40 percent of income) was 12.5 percent, higher than any other age group. For those aged 65 to 74 years, the proportion with excessive debt was slightly lower at 11.2 percent. Only those age 75 and over did not have significant increases in excessive debt, most likely a result of lower housing debt.²

TABLE 9 DEBT CHARACTERISTICS OF FAMILIES BY SELECTED AGE OF FAMILY HEAD

	All	55 - 64	65 - 74	75 and over
Median Debt	\$43,300	\$60,040	\$40,130	\$14,800
Debt as % of Family Income	10.8 %	12.7%	10%	4.5%
Housing Debt as % of Family Income	7.7%	9.1%	7.1%	3.2%
Debt > 40% Family Income	9.9%	12.5%	11.2%	4.3%

Source: EBRI.org
Notes. October
2009 Vol 30, No. 9.
Debt of the Elderly
and Near Elderly,
1992-2a007, p. 2

The recent recession has contributed to a rising rate of bankruptcy filings by older Americans. Historically, soaring health care costs were the main reason older adults took this extreme step. These days, the rate is pushed up increasingly by lost or reduced income, a weak market and depleted retirement accounts. The Institute for Financial Literacy did an age breakdown of bankruptcy data for 2009. The study found that older people are making up an increasing proportion of the nation's bankruptcy filers. The 55-to-64 age group made up 17 percent of filers in 2009, up from 14 percent in 2006. The 65-and-up group made up 8.3 percent of all filers in 2009, a rise from 7.8 percent in 2006.³ Rhode Island specific data on older persons' debt was not obtainable.

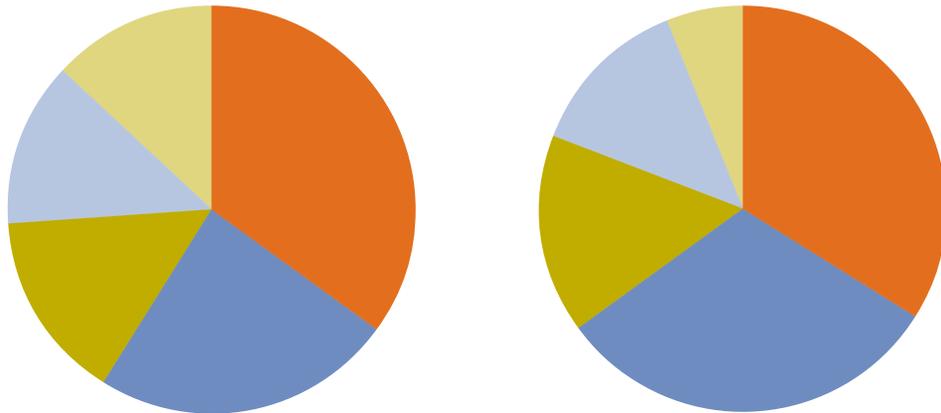
Living Expenses

Housing costs are slightly more than one-third of U.S. older household spending

Despite Medicare older-person households spend more on health care

In 2009, average consumer expenses for U.S. consumer units in which the homeowner or renter was age 65 and over were \$37,286; for persons age 75 and over the average expenses were \$31,676; for all consumer households they were \$49,067.¹ Household spending for older consumer units by major categories were: housing: \$13,196; transportation: \$5,409; food: \$4,901; health care: \$4,846; other: \$8,934. Older consumer households spent a higher percent on health care, about the same for food, transportation and housing and less on all other spending than the total population.

FIGURE 8 U.S. SHARE OF HOUSEHOLD SPENDING BY MAJOR CATEGORY, 2009



Source: U.S. Department of Labor, Bureau of Labor Statistics, Consumer Expenditure Survey, 2009: Table 3. Age of reference person: Average annual expenditures and characteristics. Other miscellaneous includes: apparel and services, personal insurance and pension, personal taxes, cash contributions.

Rhode Island Elder Standard of Need

The Gerontology Institute at the University of Massachusetts Boston and Wider Opportunities for Women (WOW) have developed the Elder Economic Security Initiative™ and Elder Economic Security Standard™ Index, a new geographically-based measure of income adequacy for elders.² The Elder Index incorporates the cost of housing, food, health care, transportation and home and community-based long-term care services. The Elder Index “measures how much income a senior requires to adequately meet his or her basic needs — without public or private assistance. The Elder Index essentially quantifies basic living expenses for elders 65 years and older living in their communities, not institutions.”³ Based on this work, a number of states have worked to develop state-specific detailed Elder Indexes that include adjustments for persons receiving home and community services and for health status. While such a comprehensive Elder Index has not been developed for Rhode Island, the table below shows an estimated monthly/yearly Standard of Need for basic expenses for both a single older Rhode Island woman who is a homeowner (both with and without a mortgage) and an older woman who is a renter. Estimated basic costs for older couples are also included. Costs assume person/s enrolled in the lowest cost Medicare Advantage Plan that includes prescription drugs available in Rhode Island. Any costs for long-term care and support services not covered by Medicare are not included. Fair market rental values are for Providence Metropolitan area. Health care costs for older persons enrolled in Medicare Supplement plans (Medigap) and separate Part D plans would be higher (based on a typical Plan “C” Medigap policy and average Part D plan cost).

Sources: 2009 American Community Survey, Table S0103. Rhode Island; HUD Fair Market Rentals (effective 10/1/2010); Official USDA Food Plans: Cost of Food at Home at Four Levels, U.S. Average, Feb. 2011; 2009 National Household Travel Survey; Poverty Guidelines: Federal Register 01/20/2011; US SSA Office of Retirement and Disability Policy. Annual Statistical Supplement, 2010; Medicare.gov Plan Finder. See Endnotes 4 for detailed Methodology.

TABLE 11 RI MONTHLY/ANNUAL ELDER STANDARD OF NEED FOR BASIC LIVING EXPENSES FOR SELECTED OLDER HOUSEHOLDS: 2011

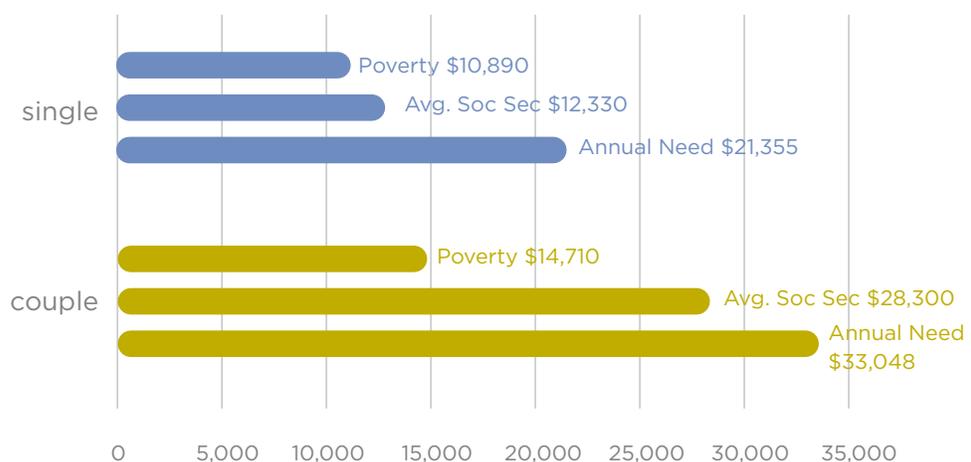
	Single Woman			Couple (man and woman)		
	Owner without Mortgage	Owner with Mortgage	Renter	Owner without Mortgage	Owner with Mortgage	Renter
Housing	\$617	\$1438	\$848	\$617	\$1438	\$848
Food	234	234	234	544	544	544
Transportation	282	282	282	437	437	437
Health Care	350	350	350	700	700	700
Subtotal	1483	2304	1714	2295	3116	2526
Miscellaneous (20%)	297	460	343	459	623	505
Monthly Costs	\$1,780	\$2,765	\$2,057	\$2,754	\$3,739	\$3,031
Annual Costs	\$21,355	\$33,178	\$24,682	\$33,048	\$44,870	\$36,374
Federal Poverty Level (2011)	\$10,890	\$10,890	\$10,890	\$14,710	\$14,710	\$14,710
\$\$ Difference Poverty & Need	\$10,465	\$22,288	\$13,792	\$18,338	\$30,160	\$21,664
Average Soc.Sec. Benefit	\$12,330	\$12,330	\$12,330	\$28,300	\$28,300	\$28,300



Housing costs are slightly more than one-third of U.S. older household spending

The estimated R.I. Elder Standard of Need dramatically demonstrates the inadequacy of the current U.S. poverty level as a basis of economic need. U.S. Census data from 2009 estimated 42 percent of older Rhode Island households with income less than \$25,000. Based on this estimate, there are a high number of R.I. elders who do not have sufficient income to meet basic living expenses without public supports or reliance on use of savings to meet basic needs. Table 11 shows how much average Social Security income can contribute to elder Rhode Island household annual living expenses. Living expenses for older households with no mortgage (an estimated 46 percent of Rhode Island elder households) are the lowest in the R.I. Elder Standard of Need models presented. However, even for these households there is a considerable gap between the average Social Security income and the R.I. Elder Standard of Need: \$9,025 for a single woman and \$4,792 for a couple. The importance of providing subsidy programs to assist with the costs of basic needs (such as housing assistance, food, home and community support services and prescription drugs) is vital, especially for older women who have higher levels of poverty and lower income than older men.

FIGURE 9 R.I. ELDER STANDARD OF NEED FOR HOMEOWNER WITHOUT MORTGAGE COMPARED TO POVERTY GUIDELINE AND AVERAGE SOCIAL SECURITY BENEFIT: 2011



{ Health Status }

Older women can expect to live 2.7 years longer than older men

Life expectancy is a summary measure of the overall health of a population.¹ Older Americans can expect to live 18.6 years after reaching age 65, four years longer than life expectancy at age 65 in 1960. On average, women age 65 and over can expect to live 2.7 years longer than men. At age 75, the difference decreases to 1.9 years. Older black women can expect to live 1.2 years less than older white women.²

Rhode Island specific life expectancy tables (years 2000-2004) show life expectancy (for ages 0-4) at 75.1 years for men and 80.2 years for women. Estimates on “healthy life expectancy” – years spent in good health – showed women could expect to spend 2.5 more years in poor health than men (11.8 years for women vs. 9.3 years for men).³ More recent state specific data has not been developed.

TABLE 12 LIFE EXPECTANCY IN YEARS OF OLDER AMERICANS, BY SEX, AGE, RACE

	All	Men	Women
65 Yrs and Over: All	18.6	17.2	19.9
65 Yrs and Over: White	18.7	17.3	19.9
65 Yrs and Over: Black	17.2	15.2	18.7
75 Yrs and Over: All	11.7	10.6	12.5
75 Yrs and Over: White	11.7	10.6	12.4
75 Yrs and Over: Black	11.2	9.9	12.1

Source: U.S. Centers for Disease Control and Prevention. Fast Facts. Life Expectancy. Table 24. Life expectancy at birth, at 65 years of age, and at 75 years of age, by race and sex: United States, selected years 1900-2007
 Note: This data is for non-institutionalized persons

The leading causes of death for all older Rhode Islanders are: coronary disease, lung cancer, lung disease and stroke. For women age 65-74, breast cancer is the 4th leading cause of death and for women age 75 and over, the leading cause of death is Alzheimer’s disease. For both sexes, stroke is the 2nd leading cause of death for the 75 and over age group.⁴

Older women in US are more likely to have high blood pressure

Older R.I. women are more likely than men to die within a few weeks after heart attack

R.I. adult women are more likely to have arthritis with accompanying limitations

Older women in U.S. have a greater lifetime risk for Alzheimer's disease

Older women in R.I. are more likely to have functional disability than older men

One in four older R.I. women have ambulation difficulty

Older R.I. women are 1.8 times more likely than men to have independent living difficulty

Chronic diseases such as heart disease, cancer, diabetes and arthritis are common among the older population and can lead to increased disability and lower quality of life.

HEART DISEASE. Heart disease (including stroke and high blood pressure/hypertension) is the most common chronic disease for both sexes. National data from 2004 show diagnosed hypertension is more prevalent among older women compared to men (51 percent for women, 45 percent for men).⁵ A comprehensive report compiled by the Rhode Island Department of Health, *The Burden of Heart Disease and Stroke: Rhode Island, 2009*, examined prevalence and disparities in selected heart/cardiiovascular diseases (heart attack, stroke and coronary artery disease) in Rhode Island.⁶ This study found the state's adult men having a greater prevalence of these heart diseases than women (9 percent vs. 7 percent) and adults age 65 and over having a six times greater prevalence than adults age 18-64 years (24 percent vs. 4 percent). Minority groups in general had a lower prevalence of the selected heart diseases. Non-Hispanic whites of both sexes were 1.3 times at greater risk of dying from heart disease as racial/ethnic minorities. Among Rhode Island women 50 years of age and older, non-Hispanic black women had the highest age-specific hospitalization rates for heart disease. They were 2.1 times at higher risk of being hospitalized for heart disease as Hispanic women and 1.3 times at higher risk than white (non Hispanic) women. The risk of heart disease varied with age and gender. Men are at greater risk at age 55 and older; while women have greater risks for these diseases at age 65 and older. In the 65 and older age group, women are more likely to die within a few weeks of a heart attack than men. The report noted that heart attack symptoms may present differently in men and women which may affect the diagnosis and treatment for women. It further noted that once diagnosed, women are less likely than men to receive the most sophisticated treatment for coronary heart disease.

CANCER. Cancer is the 2nd most frequent cause of death in Rhode Island. It is estimated that one out of four Rhode Islanders will have cancer at some point and one out of two will die as a direct result. The likelihood of having cancer increases dramatically with age. Both the incidence and mortality rates for cancer are higher in Rhode Island men than women, largely attributed to cancers of the colon, lung-bronchus and urinary bladder. Recent data shows both the incidence of cancer and mortality rates for Rhode Island black women to be lower than that for white women. Cancer incidence is lower for Hispanic women compared to non-Hispanic women and Hispanic women have significantly lower cancer mortality rates.⁷

DIABETES. Older adults are at increased risk for diabetes. The prevalence of diabetes is highest among Rhode Islanders age 65 and over (16.9 percent). Estimates are that 41.3 percent of the Rhode Island population with diabetes is age 65 and over and 17 percent of older Rhode Islanders have undiagnosed diabetes. There is no significant gender-based difference in diabetes prevalence in the older Rhode Islander population. The prevalence of diagnosed diabetes among Rhode Island adults is highest among black adults (15.7 percent) followed by Hispanic adults (11.3 percent) and white adults (6.8 percent).⁸ Being older and having diabetes accelerates diabetic complications and elderly women with diabetes are at particularly high risk for heart disease and visual problems. Being overweight and physical inactivity are the major risk factors for type 2 diabetes among women.⁹

ARTHRITIS. It is estimated that 59 percent of older Rhode Islanders have arthritis. Adult women in the state report a higher prevalence (33 percent) of arthritis than men (25 percent). A higher proportion (32 percent) of adult white (non-Hispanic) persons had arthritis than blacks (16 percent) and Hispanics (14 percent).¹⁰ Adult women with arthritis more often reported being in fair/poor health than men (24 percent vs. 20 percent), having activity limitations (43 percent vs. 36 percent), and having severe joint pain due to their arthritis (28 percent vs. 17 percent).¹¹

DEMENTIA. An estimated 14 percent of persons age 71 and over in the U.S. have dementia resulting from Alzheimer's disease and/or other conditions and women in this age group are more likely to have dementia than men (16 percent women; 11 percent men).¹² Analysis shows the greater proportion of dementia in older women is primarily explained by the fact that women live longer on average than men and age-specific studies of new cases of dementia have not found a significant difference based on gender.¹³ Due to women's greater longevity, studies show the life-time risk of developing dementia is greater for women.¹⁴ The Framingham Study (a longitudinal health study) estimated the lifetime risk for Alzheimer's disease was nearly one in five for women compared to one in ten for men.¹⁵ The national Alzheimer's Association estimates there were 24,000 persons in R.I. with Alzheimer's disease in 2010.¹⁶ Based on studies showing about two-thirds of persons with Alzheimer's disease are women and the vast majority of persons with Alzheimer's age 65 and over, an estimated 16,000 older Rhode Island women have Alzheimer's disease.¹⁷

SELF ASSESSMENT OF HEALTH. Self-assessment of health status and number of unhealthy days (due to frequent mental distress) relate to one's perceived health-related quality of life. The vast majority of older Rhode Islanders rate their health as excellent or good but with advancing age the portion in poorer health increases. In 2009, about one out of five (20.7 percent) Rhode Islanders age 65-74 rated their health as fair or poor.¹⁸ This was slightly lower than the U.S. (23 percent) and significantly higher than the overall state population (13.7 percent). Twenty-nine percent of Rhode Islanders age 75 and over rated their health as fair or poor, compared to 30 percent for the U.S.¹⁹ Older Rhode Islanders tend to have fewer days in which they experience frequent mental distress than the overall population. Just 5.7 percent of persons age 65 to 74 and 6.6 percent of persons age 75 and over reported having 14 or more mentally unhealthy days. While one in ten (10.4 percent) of the total population reported frequent mental distress.²⁰ In general, Rhode Island women of all ages tended to have more unhealthy days than men.

Data compiled for The *State of Aging and Health in America* report assesses the health status and health behaviors of U.S. adults aged 65 years and older. Rhode Island specific data shows the state was doing well on a number of key indicators relating to promoting good health and a healthy life expectancy including several measures specific to women.

TABLE 13 KEY INDICATORS OF OLDER AMERICANS HEALTH STATUS AND BEHAVIORS, 2006-2007

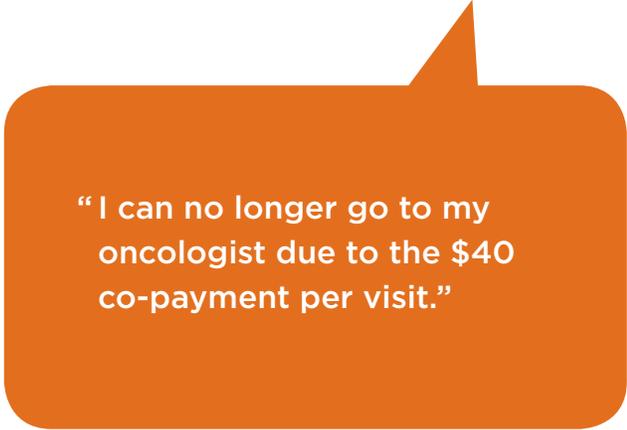
	RI	U.S.	RANK
Flu Vaccine in Past Year %	80	72	1
Mammogram in Past 2 Years % (2006)	84.3	79.0	3
Cholesterol Checked in last 5 years % (2006)	95.6	93.7	4
Ever had Pneumonia Vaccine %	72.4	67.3	4
Colorectal Cancer Screening %	76.6	67.6	4
Obesity %	20.0	23.0	10
Disability %	33.9	36.3	11
Frequent Mental Distress %	5.4	6.2	13
Up-to-date on Preventive Services (women) % (2006)	41.2	37.2	16
Oral Health (complete Tooth Loss) % (2006)	17.9	19.3	17
Current smoking %	8.4	9.0	19
Eating 5 or more Fruits/Vegetables	29.8	28.1	20
Up-to-date on Preventive Services (men) % (2006)	42.1	42.9	29
Physically Unhealth Days (mean number of days in past month)	5.6	5.3	34
No Leisure-Time Physical Activity (%)	36.3	32.5	40

Source: U.S. Centers for Disease Control and Prevention The State of Aging and Health in American Report. Web: <http://apps.nccd.cdc.gov/SAHA/Default/Default.aspx>

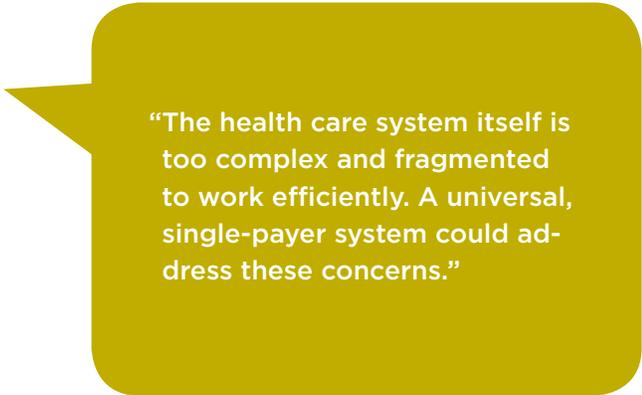
“ Although we know we must exercise every day and eat a healthy diet to stay healthy, the high cost of healthy foods makes this hard...good food should be more accessible.”

ON STAYING HEALTHY AND HEALTH CARE...THEIR VOICES...THEIR WORDS...

The women in all four groups praised the quality of health care services available in Rhode Island. However, women in all the groups except the retirement community group thought that access to care was often a problem due to health insurers' policies or co-payment costs. They spoke about the issues which arise because the information provided by health insurers was often voluminous, complicated and hard to understand, and expressed concern that their claims would be denied or passed off from one party to another. Affordability of health care, especially prescription drugs and insurance co-payments, was a recurring theme, as was the infamous "donut hole" in Medicare, Part D. Several women expressed concern for themselves or for women they know about the possible elimination of the state's program that assists elders with the cost of prescription medications.



"I can no longer go to my oncologist due to the \$40 co-payment per visit."



"The health care system itself is too complex and fragmented to work efficiently. A universal, single-payer system could address these concerns."



"Older women need places to exercise at affordable rates, in a place where they feel comfortable. That will keep people healthy."

Disability and Functional Limitations

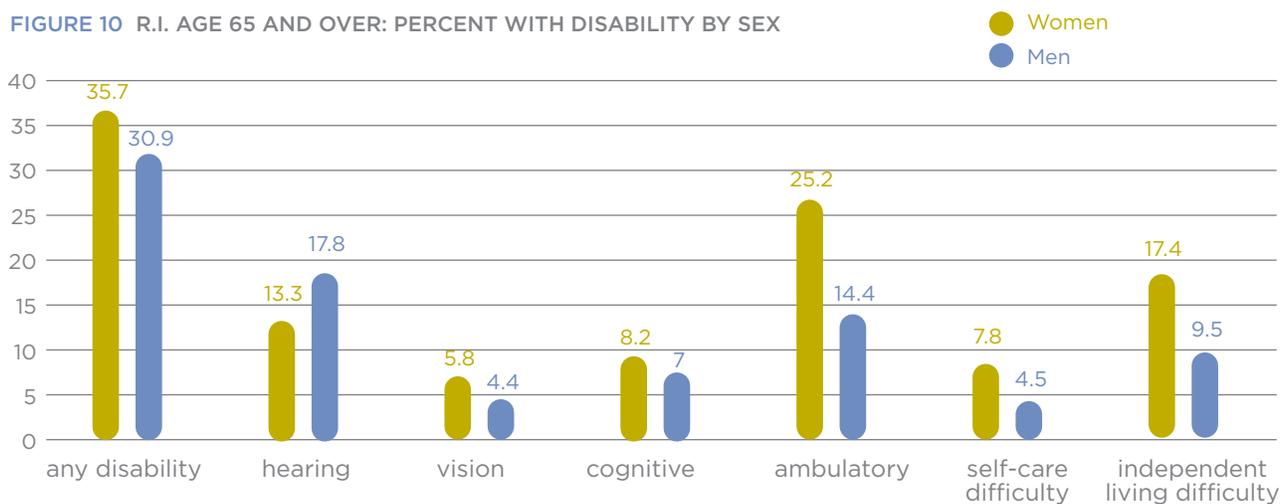
Disability and functional limitations may result from illnesses, chronic diseases or injuries. Reduced function and associated disabilities may impact quality of life and lead to the need for assistance with routine daily tasks and activities from informal sources such as family and friends or paid caregivers. A significant number of older Rhode Islanders report having functional difficulties. This has important implications for the state's health, long-term care, social and retirement policies.

Nationally, in 2009, an estimated 39 percent of older women (non-institutionalized) and 36 percent of older men had any disability. In Rhode Island, the estimated percentages of disability were lower than the U.S. However, similar to the nation, older women (non-institutionalized) were more likely than men to report having a functional difficulty (35.7 percent vs. 31 percent).²¹ The gender difference in disability widened for those Rhode Islanders age 75 and over (48 percent, women; 41 percent men). The largest gender differences in functional difficulty type were in the areas of ambulation and independent living. One out of four older women reported a difficulty with ambulation compared to about one out of seven older men. Women were much more likely than men to have difficulty in independent living (17.4 percent. vs. 9.5 percent). In only one area — hearing — were older Rhode Island men more likely to have a difficulty. Two or more difficulties were reported by 18 percent of older Rhode Islanders and 14.6 percent of those with a functional difficulty were living below poverty. About 40 percent of older Rhode Island men and women with a disability have income below \$25,000.²²

The high proportion of older community-dwelling women in the state with ambulatory difficulty (one out of four) has significant implication for state policy in the area of transportation/mobility supports. Difficulty with ambulation may mean one can no longer safely drive personal vehicles and must depend on family/friends or limited available public transportation for essential trips. A 2002 national study estimated that people who were driving at age 70 will stop driving at some point with women spending 10 years dependent on others for transportation and men six years.²³ Driving retirement for older persons can lead to social isolation and its associated decrease in well-being, an especially important issue for older women living alone. With the older population projected to grow dramatically in the next few decades, programs and policies to help older persons continue to drive safely and to develop alternate means of transport need to be pursued.

Source: 2009 American Community Survey 1Year Estimates. Tables B18101, B18101A, B18101B, B18101I, B18101H, C18101, C18102, C18103, C18104, C1805, C18106, C18107, C18108. Accessed 18 Jan. 2011.

FIGURE 10 R.I. AGE 65 AND OVER: PERCENT WITH DISABILITY BY SEX



{ Health Care Access & Use }

Older RI women are more likely to be on Medicaid

Older women have greater out-of-pocket health and long-term care costs

Older women comprise 75 percent of U.S. nursing home residents

Older women comprise 76 percent of R.I. Medicaid-funded nursing home residents

Medicare is the primary health insurer for older Americans. In the U.S., women comprise over half (54 percent) of Medicare enrollees age 65 years and older and 70 percent of those age 85 and over.¹ In 2009, 99.5 percent of Rhode Islanders age 65 and over had health insurance coverage, primarily through Medicare (97 percent).² As noted in the Table 14 in addition to Medicare, a significant number of older persons have additional types of health coverage. Men are more likely than women to have employer-sponsored and Veterans Administration coverage and women are more likely than men to have direct purchase additional coverage and Medicaid. Rhode Island older women are less likely to have employer coverage than women in the U.S. Otherwise the coverage patterns are similar for Rhode Island and the U.S.

TABLE 14 U.S. AND R.I. AGE 65 AND OVER: HEALTH INSURANCE COVERAGE BY SEX

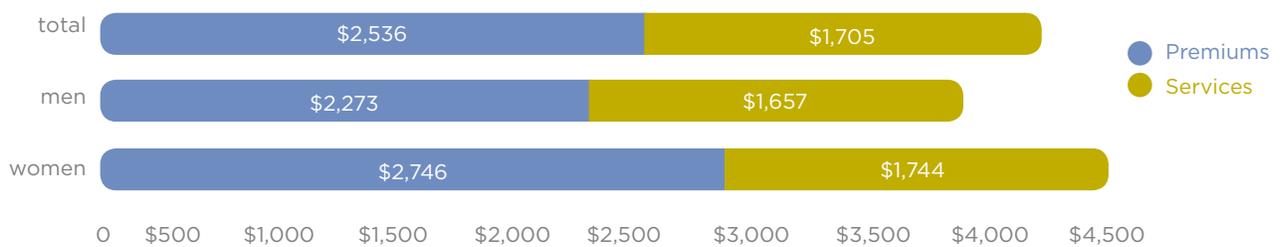
	women		men	
	U.S.	R.I.	U.S.	R.I.
Medicare	97%	97%	97%	97%
Employer	36%	32%	42%	41%
Medicaid	17%	17%	14%	13%
Direct Purchase	39%	40%	36%	36%
TriCare	5%	5%	7%	7%
VA	1%	1%	17%	16%

Source: U.S. Centers for Disease Control and Prevention. Fast Facts. Life Expectancy. Table 24. Life expectancy at birth, at 65 years of age, and at 75 years of age, by race and sex: United States, selected years 1900-2007
Note: This data is for non-institutionalized persons

Persons on Medicare must make choices about whether to stay with original Medicare (sometimes referred to as traditional or fee-for-service Medicare) or to join a HMO-type Medicare Advantage (MA) Plan. In Rhode Island, 35 percent of Medicare enrollees are in Medicare Advantage plans. This is one of the highest penetrations of Medicare Advantage Plans in the U.S.³ In 2010, 68 percent of Rhode Island Medicare enrollees were enrolled in Medicare Part D prescription drug plans, higher than the U.S. percentage (59 percent).⁴

Although the almost universal Medicare coverage of older Rhode Islanders is impressive, it is important to understand that, even with Medicare, older persons may have considerable out-of-pocket health care costs for premiums, deductibles and/or co-payments or services not covered by Medicare such as eyeglasses, hearing aids, dental care and most long-term care. National research found women Medicare beneficiaries' out-of-pocket health costs substantially higher than men's (\$4,490 vs. \$3,930) in 2006.⁵ The median out-of-pocket health care spending burden for women was close to 18 percent of income vs. 14.6 percent for men. Out-of-pocket costs were higher for those in older age groups and those with poorer health.

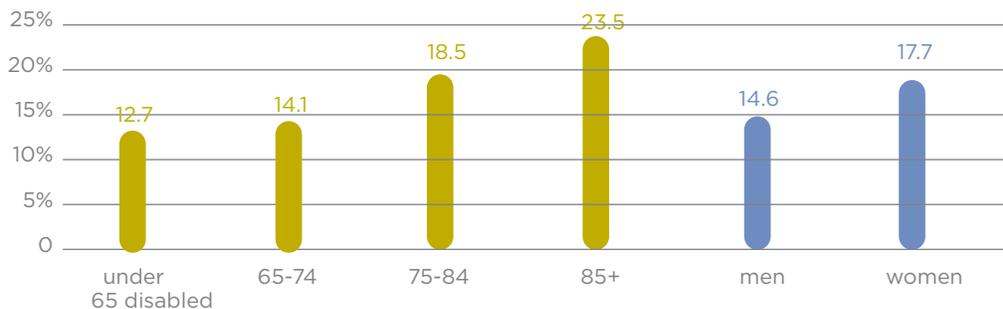
FIGURE 11 AVERAGE PER CAPITA OUT-OF-POCKET SPENDING BY MEDICARE BENEFICIARIES, BY SEX: 2006



Source: Kaiser Family Foundation. Medicare Chartbook, Fourth edition, 2010. Section 7: Out-of-Pocket Spending. Average Per Capita Out-of-Pocket Spending by Medicare Beneficiaries, by Sex, Race/Ethnicity, and Area of Residence. 2006.

Source: Kaiser Family Foundation. Medicare Chartbook, Fourth edition, 2010. Section 7: Out-of-Pocket Spending. Median Out-of-Pocket Health Care Spending As a Percent of Income Among Medicare Beneficiaries, by Demographic Characteristics, 2006.

FIGURE 12 MEDIAN OUT-OF-POCKET SPENDING BY MEDICARE BENEFICIARIES AS PERCENT OF INCOME: 2006



Use of in-patient hospital services for Medicare beneficiaries in the U.S. is comparable for women and men (21 percent vs. 20 percent).⁷ A greater portion of women tend to use Medicare home health services (10 percent vs. 6 percent)⁸ and women have higher numbers of Medicare reimbursed skilled nursing home admissions.⁹

Nationally in 2008, a greater percent of women (19 percent) as compared to men (13 percent) on Medicare lived below the poverty level and at less than 200 percent of the poverty level (52 percent vs. 40 percent).¹⁰ In 2009, half the state's Medicare enrollees (all ages) had income under 200 percent of the federal poverty level; 28 percent below 150 percent of poverty and 18 percent income below the poverty level.¹¹ About 15 percent of older non-institutionalized Rhode Islanders are on Medicaid with a greater proportion of women (17 percent) on Medicaid than men (13 percent).¹²

Long-Term Care

Long-term care refers to any type of help that someone receives over a long period of time which allows them to eat, walk, bathe, get dressed, move about in the home, or perform other necessary daily tasks such as preparing meals.¹ Long-term care also includes therapies that help improve or maintain a person's functioning including the use of special equipment (such as walkers, wheelchairs, and grab bars).² Long-term care may be needed as a result of a disability, chronic disease or injury and may be needed for a period of months, or for a lifetime. An estimated 70 percent of persons age 65 and over will need long-term care services at some point in their older years.³

Persons may need long-term care at any age. However, because functional limitations and disabilities increase with age, the majority (an estimated 63 percent) of long-term care users are age 65 and over.⁴ As older women live longer and have greater needs for assistance with daily living activities, they tend to have greater long-term care needs than older men. Nationally, 75 percent of nursing facility residents are women as are two-thirds of assisted living residents.⁵ Issues relating to long-term care services — their financing, quality and accessibility — are therefore of special importance for older women and state policymakers need to be aware of their particular significance in the lives of thousands of vulnerable older Rhode Island women.

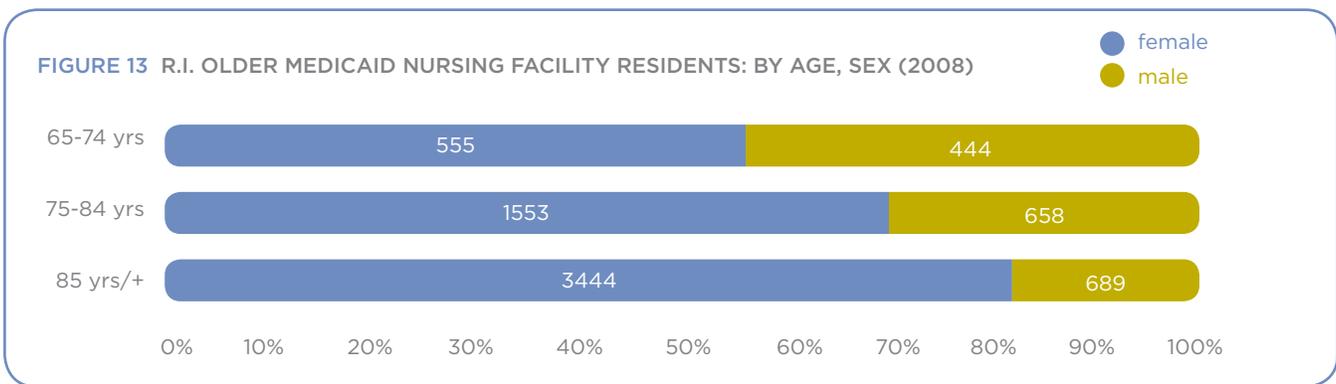
Contrary to what many persons believe, Medicare provides only limited long-term care coverage through its skilled nursing facility and home health benefits. Long-term care insurance usually pays for both nursing home and home and community care services. However, it can be far too costly for many older persons and market penetration is very low.⁶

Elders who need long-term care tend to have insufficient resources to pay privately as costs can be extremely high. Older women have larger out-of-pocket costs for long-term care. In 2005, women averaged about \$1,070 in out-of-pocket costs for long-term care compared to the \$700 average for men.⁷ As noted in Table 15, surveys show median long-term care service costs in Rhode Island tend to be higher than the U.S. median.⁸ For those who go without needed long-term care, functional limitations and health status may worsen. Unpaid family caregivers provide the bulk of long-term care for persons living in the community. However, when unpaid family caregivers do not get additional help when needed, they may suffer from excessive stress and burn-out.

TABLE 15 U.S. AND RHODE ISLAND LONG TERM CARE COSTS: 2010

Type of Care	Median Rate: US/RI	Median Annual Rate: US/RI
Nursing Home—semi-private room	Median Daily rate: \$185/\$264	\$67,525/\$96,360
Assisted Living Residence	Median Monthly rate:	\$32,220/\$47,640

Medicaid pays for nursing home care and certain home and community-based services for persons who qualify due to low income and assets/resources. Rhode Island also helps low-income elders ineligible for regular Medicaid to pay for a modest amount of home and community care. In 2007, 66 percent of the state’s nursing home residents had Medicaid as their primary payer and Medicare 9 percent.⁹ Older women comprised 74 percent of the state’s older Medicaid beneficiaries and 76 percent of the state’s 7,343 Medicaid-funded nursing facility residents in 2008.¹⁰ With increasing age, the percent of women nursing home residents funded by Medicaid increases. Women comprised 83 percent of Rhode Island Medicaid-funded nursing home residents age 85 and over in 2008.¹¹ Of the \$318,325,841 spent by Rhode Island Medicaid on nursing facility care for persons age 65 and over in 2008, 74 percent was spent for women residents.¹²



Source: Medicaid Statistical Information System (MSIS) State Summary Datamart. Rhode Island. Interactive.

Traditionally, publicly subsidized long-term care services, primarily Medicaid, have been biased towards care in nursing homes. In Rhode Island, 85.8 percent of Medicaid long-term care spending for persons age 65 and over was spent on institutional care (nursing home and long-term care hospital care) in the first quarter of 2010.¹³ Numerous studies show that the majority of older persons wish to remain at home and out of nursing homes.¹⁴ Efforts are underway in Rhode Island to provide more balance to publicly-funded long-term care services by increasing access to Medicaid-funded home and community-based services such as home health aide/homemaker services, adult day care and assisted living.¹⁵ This effort is particularly important for older women and their caregivers. State policymakers need to continue this effort and ensure that adequate supports such as transportation assistance, home-delivered meals and caregiver respite are in place for the success of the long-term care rebalancing effort.

ON REMAINING INDEPENDENT, ACCEPTING HELP...THEIR VOICES...THEIR WORDS... The focus group conversations revealed deep concerns about what would happen if the women were suddenly no longer able to stay in their current living arrangement or needed extra care. Few seemed to have already planned for an event like this, nor would they necessarily know where to go for help or information other than to family members. Some women were concerned about how cuts might result in elimination of services and neglect of elders. A few women in the elderly housing group received some assistance with household tasks, but others talked of unmet need. When asked what they would do if they could no longer drive, the responses were profound, ranging from, “Shoot me,” to “Dread the day.” Losing independence and dignity and becoming vulnerable in their older years were concerns among many of the women, and many worried that others would have to make sacrifices in order to care for them.

“ When I recently suffered a heart attack, I was eligible to get nursing aide services when I came out of the hospital...I never got them.”

“There are some sources of information on community programs and support services to help us, but it’s still hard to find out about them.”

“There should be personal advocates to help find needed services for older adults, and especially for women.”

“My 93-year old mother lives with me, and I worry that I won’t do enough to help her and keep her happy because she’s sometimes hesitant to ask for help.”

{ Community Engagement }

Community engagement generally refers to participation in community activities, service organizations, volunteer programs and the political decision making process including voting, activism and advocacy. In this section, we've also included data on participation in the workforce and caregiving, considering these activities as forms of community engagement.

“Community engagement is important for people of all ages, but it is particularly so for those whose lives are changing as a result of children moving away from home, retirement, loss of spouse, or providing personal care for a family member. Community engagement...is a primary contributor to successful aging by significantly influencing the health and well-being of adults as they age.”

AARP Beyond 50.05: A Report to the Nation on Livable Communities Creating Environments for Successful Aging

The AARP developed a community engagement index profile of persons age 50 and over based on a survey conducted in 2004 that included a number of measures of community engagement: community attachment, neighboring relationships, organizational memberships, volunteering, charitable giving, and involvement in community affairs, including local political engagement. Using this index, 60 percent of persons age 65-74 had a moderate level of community engagement and 23 percent a high level of engagement. Men, age 50 and over, had a somewhat greater percent of high level of engagement (26 percent) than women (21 percent). However, the combined high and moderate level of engagement was slightly higher for women (79 percent) than it was for men (76 percent).¹

“As a new retiree, I’m still getting my sea legs. You have to think about what you actually want to do with your time once you’re not working and can pursue other interests.”

ON COMMUNITY ENGAGEMENT...THEIR VOICES...THEIR WORDS... Women reported staying engaged in the community in a myriad of ways, including: volunteering, participating in senior center or retirement community activities, helping others, voting, and keeping abreast of current events through the media. Some reported volunteering informally by helping less mobile neighbors with rides or treatment for medical conditions, while others volunteered formally through active membership on non-profit community agency boards. The senior center group spoke highly of the activities available at the center, the socialization opportunities offered, and the helpfulness of the social service staff and other experts available. However, the fees to participate in some programs or activities were problematic for women on a fixed budget. Many women were also concerned about a proposal to end the funding for the City's Retired Senior Volunteer Program, which was seen as very effective at keeping seniors engaged and providing volunteers for the community. Many noted the strains of serving as caregivers in their older years, for ailing husbands, siblings, or even grandchildren in their care.

“ The fees to participate in some of the senior center activities keep going up every year. How am I supposed to go to yoga when the price keeps going up?”

“As a lesbian, I've been considering doing consultant work in my retired years to provide support to queer persons in long-term care. The needs of this group are often not addressed.”

“ Now that I'm retired, I can get to know my community better. I can explore.”

Use of Time

Older women spend more time on household activities and caring for others, and less time on leisure activities

How older persons spend their time is a matter of their personal situations, needs and desires. National studies found older women spent 9 hours per day sleeping compared to 8.8 hours for older men.¹ After sleeping, older Americans spend the largest percent of their time (about 30 percent) on leisure activities.² Main differences in use of time between those age 65 -74 and those age 75 and over are in time spent on working/related activity and leisure time/sports.³ Notable gender differences in use of time include: time spent on work and related activities, with men spending more time on this activity; household activity with women spending more time in this area; and caring for and helping others with women spending more time on this activity.⁴

TABLE 16 HOURS PER DAY SPENT ON SELECTED ACTIVITIES AGE 65 AND OVER BY AGE, GENDER: U.S. (2009)

	Ages 65-74 (male/female)	Ages 75 and over (male/female)
Working and Related Activity	1.57/0.99	0.48/0.19
Household Activity	2.07/3.01	1.84/2.79
Leisure and sports	7.35/6.28	8.34/7.38
Caring for/helping others	0.35/1.05	0.19/0.78

Source: United States Department of Labor, Bureau of Labor statistics. American Time Use Survey. 2009. <http://www.bls.gov/news.release/atus.t03.htm>

For persons age 65 and over, the majority of leisure time activity was spent watching TV, with substantial differences in time spent watching TV between those who were employed (4.4 hours) compared to non-employed (2.7 hours).⁵ Significant differences were reported in non-work time spent alone between older persons who were married or had an unmarried partner and those who did not. Those without a spouse or partner spent almost twice as much time alone (10 hours per day) as those with a spouse or unmarried partner (5.3 hours).⁷ The study found women age 65 and over volunteering more frequently on an average day than any other age/gender group: (9.6 percent vs. 8.2 percent for older men).⁸ Although comparable state data on use of time was not available, the national findings have relevance for those involved with state aging policy and services. Those designing programs need to give special thought to the large amount of time spent alone by older persons who live alone and the negative impact social isolation can have on some elders.

Workforce Participation

Women comprise 47 percent of R.I. workers age 55 and over

Older persons may work out of economic necessity or they may work because they enjoy the socialization, intellectual challenges, or sense of purpose working may offer to them. Nationally, labor force participation among women age 55 and over has increased significantly over the last several decades and the gap between male and female rates has narrowed.¹ In 2008, 19.6 percent of the Rhode Island civilian labor force who were working or actively looking for work were age 55 and older.² Women comprised 47.4 percent of these 55 years and over workers. The labor force participation rate for the 55-64 age group (71.4 percent) was considerably higher than the state average (66.7 percent). The labor force participation rate for the state's workers age 65 and over was 15.9 percent. Men aged 55 and older were more likely to participate in the Rhode Island labor force (48.6 percent) than women (34.5 percent).³ Both nationally and in Rhode Island in 2008, men ages 55 to 64 were more likely to be unemployed than women of the same age group (6.1 percent for R.I. men vs. 4.3 percent for R.I. women; 4.4 percent for U.S. men, 3.7 percent for U.S. women).⁴

ON OLDER WOMEN AND THE WORKFORCE...THEIR VOICES...THEIR WORDS...

A number of the women were still employed or actively looking for work, noting their need for continued income to meet living expenses. There were varied opinions about how the workforce has changed for women, with some noting lingering inequities and others noting positive changes that would continually improve as time went on. Many women advised young women to take advantage of opportunities for upward mobility and not necessarily stay in the same job as many people have done in the past.

"In the current national political situation, there is truly a war on women, and we have to be very careful."

"It is harder and harder for older woman to get jobs. There's definitely discrimination."

"I'm responsible for raising my ten-year old grandchild, and I cannot envision ever not having to work."

"I recently saw a study showing that 90 percent of the new jobs created to turn the economy around have gone to men."

"I hope that as more women go to college and enter careers, that the workplace will lose some of that male chauvinistic, hierarchical, alpha male atmosphere that so often happens."

Women in Business

R.I. women-owned businesses comprise 21 percent of the state's firms

U.S. Census preliminary 2007 data estimated there were 26,456 women-owned businesses in Rhode Island, a 14 percent increase from 2002. This compared to a 10.9 percent increase for male-owned businesses.¹ Women-owned businesses represented 21 percent of the total businesses with their receipts representing four percent of total receipts. The census report did not include data on the age of the business owners but it is reasonable to assume that some of the state's women-business owners are age 65 and over.

While not providing state specific data, the Babson College Global Enterprise Monitor (GEM) program tracked entrepreneurship activity in the U.S., from 2005-2009 and noted trends based on age and gender. It found a narrowing of the gap in Total Entrepreneur Activity of males and females with women entrepreneurs consisting of more than one-third of all entrepreneurs in 2009. The study found a radical shift in U.S. entrepreneur activity based on age. Total entrepreneur activity for the 18-44 age groups, the traditional engine of entrepreneurial behavior in the U.S. declined steadily, while total entrepreneurial activity for the 45 and over age group increased. If this trend continued, the authors noted the over 45 age groups would be the highest in the near future. By age sub-group within the 45 and over grouping, Total Entrepreneur Activity for the 65 years and over group ranged from 1.2 to 2.4 percent during the study period.²

Volunteerism

Older women are more likely to volunteer than men

In addition to the personal satisfaction and social benefits associated with volunteering, research is showing a strong relationship between volunteering and physical and mental health with older volunteers (age 60 and over).¹

A national survey (2010) of persons age 16 and older found older women somewhat more likely to be engaged in volunteer activities than men (24.5 percent vs. 22.5 percent).² Women age 35-44 were the most likely to volunteer (37.3 percent), with the percent who volunteer decreasing with advancing age. This pattern was similar for older men. The median annual volunteer hours for persons age 65 and over (both sexes) was 96 hours. The top two types of volunteer activities were: engagement in "general labor/supply transportation to people" and "collect, prepare, distribute or serve food."

Serve Rhode Island reports Rhode Island ranked 49th in the country in 2009 for volunteers 65+ years old, with 17 percent of older persons volunteering compared to 24 percent for the overall population. Comparatively, Massachusetts' rate for older persons was 24 percent and Connecticut's rate was 29 percent.^{3,4}

Rhode Island has three specific volunteer programs for persons age 55 and over that are part of the Senior Service Corps supported by the Corporation for National and Community Service. The programs are: Foster Grandparents, Retired Senior

Volunteers and Senior Companions. Three quarters of the 3,502 persons in the three programs combined are women; 82 percent of the volunteers of both sexes are age 65 and over, and 15 percent are age 85 and over.⁵

Based on the data reported by Serve Rhode Island, volunteers funded through the Corporation for National and Community Service represent a small portion of the state's estimated 25,500 older volunteers, providing valuable service to numerous non-profit, religious, educational and other Rhode Island entities.

Caregiving

Two-thirds of caregivers in the U.S. are women

61 percent of care recipients are women

The overwhelming majority of long-term care in the nation is provided informally by unpaid family and friends.¹ These unpaid caregivers are most likely women. A 2009 national study by the National Caregivers Alliance and the AARP found slightly more than one-quarter of Americans reported being a caregiver in the last year.² Of these caregivers, two-thirds were women and 61 percent of the persons receiving care were women. A large majority of caregivers are caring for a relative. 36 percent cared for a parent, most likely a mother. About 70 percent of the care recipients were age 50 and over and 44 percent were age 75 and older. Both the age of the caregiver and the care recipient increased from a similar study done in 2004. The average caregiver spent 20.4 hours per week on caregiving with women spending more time (21.9 hours vs. 17.4 hours) than men. The reason for needing care was most often due to 'old age' or Alzheimer's disease. The demand for caregiving information also increased over the five year period with the desire for information most prominent among caregivers of persons age 65 and over.³

In addition to providing the bulk of unpaid caregiving, women also comprise almost 90 percent of the front-line workers in both institutional and home- and community-based settings (nursing, psychiatric, and home care aides).³ Specific data on Rhode Island caregivers is not available. However, it is clear from national surveys that caregiving is an important issue, especially for Rhode Island women, and state policy makers need to consider support for caregivers in program planning.

Grandparents Caring for Grandchildren

Children may be in grandparent care for a variety of reasons including having a parent who is unemployed, abusive or neglectful, on military duty, incarcerated or has an illness. In vulnerable families, grandparents can provide stability and support for children.¹ In 2009, an estimated 18,834 grandparents in R.I. were living with their own grandchildren under age 18. Of these grandparents living with their own grandchildren, 5,856 were financially responsible for any or all children living in the household and 75 percent of the grandparents who had such financial responsibility had their grandchildren living with them for a year or more.² Grandparents on fixed incomes who are responsible for grandchildren are at greater risk of poverty, and grandparent caregivers are more likely to live in poverty than other grandparents.³

Political Engagement

ON POLITICAL ENGAGEMENT...THEIR VOICES...THEIR WORDS... Voting was the primary way that women reported being politically engaged. Several women in the elderly housing group expressed interest in becoming more involved politically to address issues of concern to them, citing testifying at the State House or doing advocacy tasks from home as ways to do so. Several expressed the need for older persons themselves to be in positions of advocacy as contemporaries could understand their concerns best. Several women in the activist group expressed concern that the younger generation of women take for granted the hard fought rights that had been won by and for women. They discussed how the demands of public service are greater now, and further complicated by the many centers of power with large corporations having a major influence on public policy. They were also very concerned with the increasing disparity in the country between the rich and the poor. There was a sense among many that greater leadership and direction were needed to increase advocacy efforts for older women, and some felt there needed to be more women in elected office. The women in the retirement community group felt that it should now be up to the younger women to advocate for women's rights as they were old and had done their part. Many women felt it was important for older women to stay informed about what is going on by reading the paper and asking questions.

"I think it is a joke how few women we have in elected office. We are so under-represented that it's really sad. Women look through a different lens with an estrogen coating on it which means that we consider family, community, elders, the well-being of society when making decisions."

A woman who had worked for an elected official said, "Open the door of any politician and their office is full of women. The women do all the legwork and make these guys look good."

A woman who had served in the state legislature and as R.I. Secretary of State said, "Women need to be persistent, and be prepared to play the game by the men's rules and know when to compromise... Women have an ability to find answers to problems in as simple a way as possible."

In the 2008 election, an estimated 70.6 percent of Rhode Islanders of voting age were registered to vote and 63 percent voted. This was a higher participation in both registration and voting than for the U.S. (64.9 percent of persons of voting age were registered, with only 58.2 percent voting). However, of the New England states, Maine, New Hampshire and Vermont had greater registration and voting participation among their population.

TABLE 17 PERSONS REPORTED REGISTERED AND VOTING, NE STATES: 2008 ELECTION

	Voting-Age Population	Percent of Voting-Age Population	
		Registered	Voting
U.S.	225,499	64.9	58.2
CT	2,651	66.4	60.8
ME	1,020	78.5	70.2
NH	1,015	74.5	69.8
RI	804	70.6	63.0
VT	487	70.9	63.2

Source: U.S. Census. Current Population Reports. Table. 417. Persons Reported Registered and Voted by State. 2008 <http://www.census.gov/compendia/statab/2011/tables/11s0418.pdf>

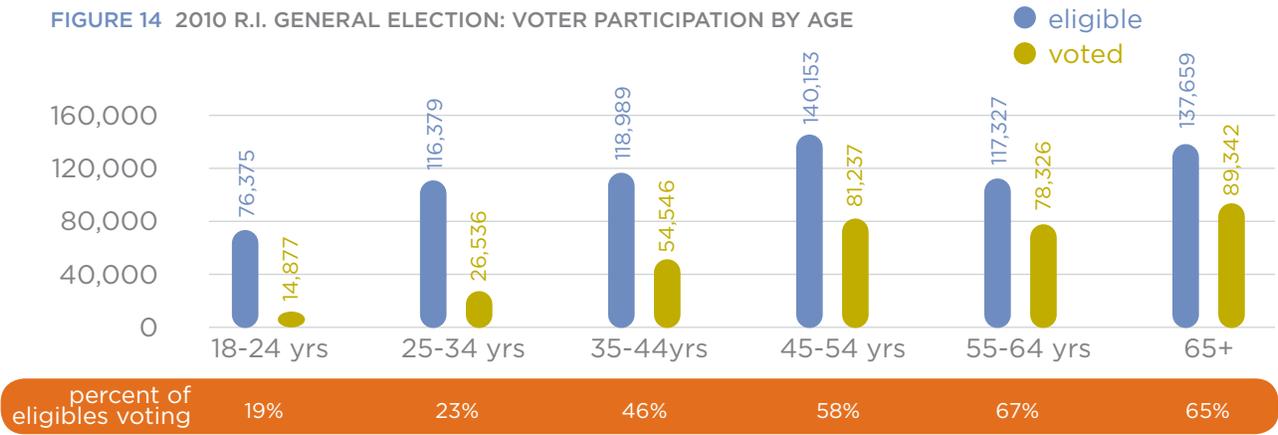
Traditionally, the proportion of older persons registered and voting has been greater than that of younger age groups. For the 2010 election in Rhode Island, state data shows an estimated 91 percent of Rhode Island’s older population was registered to vote.¹ Of the state population of eligible voters, voters age 55 and over were more likely to vote than younger age groups. Registered voters age 55-64 years had the greatest participation in the state’s 2010 general election followed by those age 65 and over.² Identification of gender is optional for Rhode Island voter registration so it is not possible to compare voting patterns of the state’s older population by sex. Only 69 percent of R.I.’s 705,000 registered voters self identified their sex.³ Of those voters identified by sex, there was not a difference in voter participation based on sex in the 2010 election.⁴

“There is a great inequity in how public benefits are provided. Some people get everything, yet others who have worked and saved all their lives often are not able to get any help in their older years.”

“Elected women are honest and hard-working and bring a different dimension and different priorities to political discussions than men.”

“Leaders, mentors and gurus...that’s what role older women should play in politics.”

FIGURE 14 2010 R.I. GENERAL ELECTION: VOTER PARTICIPATION BY AGE



Source: Email dated 28 Jan. 2011 from Rob Rock, RI Secretary of State Office to Maureen Maigret

Political activism is one measure of political engagement. With a number of political issues directly impacting the lives of older persons such as Social Security and Medicare, political involvement of older citizens is critical. While older persons may closely follow the discussion on these issues, their political activism tends to be much more limited than their participation in elections. The Pew Internet and American Life Project conducted a national survey in 2008 to look at political activity both online and offline. Political activity included contacting a government official, signing a petition, sending a letter to the editor, making a political contribution and communicating with a civic/political group. Results showed that 26 percent of persons age 65 and over had participated in at least two civic/political activities offline and 10 percent online. This participation compared to 27 percent offline and 18 percent online for the total population surveyed.⁵

Interestingly, the highest percent of both offline and online participation was in the pre-retirement 55-64 year age group (33 percent offline; 22 percent online).⁶ For the total population, males had a slightly higher proportion of participation than women (29 percent vs. 26 percent). Online participation for both sexes was 18 percent. A 2005 survey conducted by the R.I. Senior Agenda Coalition found between 19 percent and 25 percent of persons ages 60 to 79 years had contacted a U.S. Senator or Congressperson or Rhode Island legislator. For persons age 80 and over, the percent dropped to 10/11 percent.⁷

Perhaps the highest form of political engagement and activism is running for and serving in elected office. Two of Rhode Island's five State general offices are now held by women, as are 26 percent of state legislative seats, the same percent as a decade ago.⁸ In 2009, 21 percent of the 238 elected municipal officials in Rhode Island were women.⁹ In the past decade, women have made progress in attaining influential positions in the legislature including that of Senate President. Of the 29 women currently serving in the 113-member Rhode Island General Assembly, six (21 percent) are age 60 and over and all six serve in leadership positions. One serves as Speaker Tempore in the House of Representatives, one is Chair of the House Judiciary Committee, one is Deputy Chair of the House Finance Committee, one chairs the Senate Committee on Health and Human Services, one is Chair of the House Small Business Committee and one is Co-Chair of the Permanent Joint Committee on Economic Development.¹⁰

Rhode Island has a number of organizations that advocate on behalf of older persons. These include the AARP, the RI Gray Panthers, the RI Senior Agenda Coalition, the RI Forum on Aging and the Silver-Haired Legislature. The Alliance for Better Long Term Care advocates on behalf of persons receiving long-term care and their families and is the designated office of the state long-term care ombudsman program that works to protect the rights of long-term care residents/clients including those in nursing homes, assisted living residences, home and hospice care and the Eleanor Slater Hospital.

{ Safety & Security }

Feeling safe and secure in one's environment is an important human need. Issues of safety and security are of special concern in later life when persons may have some loss of function or actions/reactions become slower and require more concentration. Promoting the safety and security of older persons is important to their life satisfaction and Rhode Island has a number of laws in place to help achieve this goal.

Elder Abuse

A national study estimated that 14.1 percent of non-institutionalized older adults have experienced physical, psychological, or sexual abuse; neglect; or financial exploitation in the past year.¹ However, many experts believe this number is underestimated as studies do not always include all types of abuse nor do they use consistent measures. In addition, protective services program staff who deal with elder abuse, report that caseloads are growing nationwide with cases increasingly complex and difficult to resolve.² To protect older persons suffering from elder abuse and neglect, Rhode Island law mandates persons who have reasonable cause to believe that any person sixty (60) years of age or older has been abused, neglected, or exploited, or is self-neglecting, make a report to the state Department of Elderly Affairs.³ Between 2009 and 2010, the number of elder abuse and self-neglect cases served by the Department of Elderly Affairs increased by 50 percent from 1,121 to 1,684 cases. Of the abuse cases served, 69 percent were women victims as were 61 percent of the cases of self-neglect.⁴

FIGURE 15 R.I. DEPARTMENT OF ELDERLY AFFAIRS, PROTECTIVE CASES SERVED: 2009-2010



Source: email dated 3/7/2011 from MaryAnn Ciano, Department of Elderly Affairs Protective Services to Maureen Maigret

Abuse and Neglect in Long-Term Care

The national Older Americans Act provides for the establishment and funding of long-term care ombudsman programs in the states. In addition to the federal law, Rhode Island has enacted a state ombudsperson law that goes beyond the federal law by providing ombudsperson services to persons receiving home care services.⁵ The long-term care ombudsperson is charged with “advocating on behalf of long-term care facility residents and of receiving, investigating and resolving through mediation, negotiation, and administrative action complaints filed by residents of long-term care facilities, individuals acting on their behalf or any individual organization or government agency that has reason to believe that a long-term care facility, organization or government agency has engaged in activities, practices or omissions that constitute a violation of applicable statutes or regulations or that may have an adverse effect upon the health, safety, welfare, rights or the quality of life of residents of long-term care facilities.”⁶

The Alliance for Better Long Term Care, under contract with the Rhode Island Department of Elderly Affairs, is the designated office of the state long-term care ombudsman. In federal fiscal year 2010 (from Oct. 1, 2009 to Sept. 30, 2010), the state ombudsperson program received 1,115 complaints and opened 896 cases. The highest number of complaints (318) related to abuse, neglect and exploitation; the next highest related to care issues (246). Of the 720 cases in which gender was indicated, 497 (69 percent) related to female residents/clients.⁷

Rhode Island law also requires professionals and other personnel or other persons who have “knowledge of or reasonable cause to believe that a patient or resident in a facility has been abused, mistreated, or neglected” to report to the Department of Health. By law, the Health Department must provide these reports to the Attorney General’s Department. The Medicaid Fraud Unit of the Attorney General’s Department receives these reports and makes follow up investigations.⁸

Rhode Island Attorney General's Elder Abuse Prosecution Unit

The Rhode Island Office of Attorney General has an Elder Abuse Prosecution Unit whose primary responsibility is to investigate and prosecute crimes involving elderly victims of abuse, neglect and financial exploitation. In 2009 and 2010, the unit prosecuted 211 cases. Of the cases in which gender of victims was available (67 percent of cases), females were victims in 60 percent of the cases prosecuted. A majority of the cases handled by the Elder Abuse Prosecution Unit involve some form of financial crime including: obtaining money under false pretenses, exploitation of elders, forgery and counterfeiting, and unlawful appropriation and larceny.⁹ To further promote the safety and security of Rhode Island elderly, a Citizens' Commission for the Safety and Care of the Elderly was established by state law "to act as a liaison between the legislature, public safety officials, the department of elderly affairs, and the older population of Rhode Island in the area of crime against the elderly, fire safety, and protective service options available to the elderly."¹⁰ The Commission works with the Department of Elderly Affairs to educate and train public safety officials about elder abuse and neglect and specific security and safety issues relating to elders. In addition, by law, each local police and fire chief is required to designate a police officer or fire fighter to serve as "senior citizen police advocate" to work as a liaison between the local police/fire department and the elderly community to help address elderly safety and protection issues.¹¹

Domestic Violence and Older Women

According to the National Coalition Against Domestic Violence, "older battered women are a nearly invisible, yet tragically sizable population and uniquely vulnerable to domestic violence."¹² Domestic elder abuse is primarily family abuse. Studies repeatedly show that the overwhelming majority of confirmed cases of elder abuse occur in domestic settings with a significant portion of elder abuse cases reported in the U.S. involving spouse/partner violence.¹³ While all women at risk for domestic violence face challenges, older women victims of domestic violence may face unique concerns. They are often prevented from leaving an abusive situation because they are more likely to be bound by traditional and cultural beliefs that stop them from leaving an abusive spouse or from seeing themselves as a victim. They are very often financially dependent on an abusive spouse without independent resources needed to leave an abusive relationship and fear they have nowhere to go if they leave. Because older women suffer greater rates of chronic illness they may rely on an abusive spouse for assistance with care needs which makes them reluctant or unable to report abuse.¹⁴ Many women fear that if they expose the abuser, they will be institutionalized and things may be worse.

Data from The Rhode Island Coalition Against Domestic Violence for 2010 show a total of 10,410 cases of domestic violence reported to the police. Of these reports, 398 (3.8 percent) involved women age 60 years and over.¹⁵ Of those persons arrested for domestic violence crimes (all ages), 77 percent were men and 23 percent women.¹⁶

{ Conclusion }

Rhode Island's burgeoning aging population presents pressing challenges for policy makers and for those who advocate for the needs of older citizens.

This report illustrates how the rapidly evolving issues which impact this demographic are further complicated by the fact that senior women encounter unique issues and challenges resulting from pervasive gender inequity across the lifespan. The women represented in this report vocalized a need for personal and financial independence, and the right to self determine.

Understanding the needs of older women and addressing these needs must be a priority for Rhode Island policy makers, and others who have both direct and indirect impact on aging women. This sensitivity is not only ethical, but also ensures greater financial stability for Rhode Island. If the needs of this population are not met, further strain will be put on all social services, from homeless shelters to hospital emergency rooms.

A women's well-being is essential to her family, her community and her local economy. Policy decisions should reflect the shifts and changes that have shaped a new reality of the aging experience, and, more specifically, the realities faced by aging women in Rhode Island.

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Cognitive difficulty was derived from question 18a, which asked respondents if due to physical, mental, or emotional condition, they had "serious difficulty concentrating, remembering, or making decisions." Prior to the 2008 ACS, the question on cognitive functioning asked about difficulty "learning, remembering, or concentrating" under the label "Mental disability."

Ambulatory difficulty was derived from question 18b, which asked respondents if they had "serious difficulty walking or climbing stairs." Prior to 2008, the ACS asked if respondents had "a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying." This measure was labeled "Physical difficulty" in ACS data products.

Self-care difficulty was derived from question 18c, which asked respondents if they had "difficulty dressing or bathing." Difficulty with these activities are two of six specific Activities of Daily Living (ADLs) often used by health care providers to assess patients' selfcare needs. Prior to the 2008 ACS, the question on self-care limitations asked about difficulty "dressing, bathing, or getting around inside the home," under the label "Self-care disability."

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**“I’d say to young women:
plan better for retirement
through savings; save 10
cents of every dollar you
make; educate yourself
financially; take any
opportunities you can
for further education and
job advancement.”**

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The mission of the Women's Fund of Rhode Island is to invest in women and girls in our community through research, advocacy and grant making designed to eliminate gender inequity through systemic change. **LEARN MORE AT: WWW.WFRI.ORG**



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Understanding the needs of older women and addressing these needs appropriately must be a priority for Rhode Island policy makers and other decision makers, including the health care community. It is not only ethical, but also ensures greater financial stability for Rhode Island. If the needs of this population are not met, further strain will be put on all social services, from homeless shelters to hospital emergency rooms.

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