Poverty: Residents of Massachusetts, Aged 65 and Over

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Poverty among Older Adults

Poverty affects the well-being of many of the Commonwealth’s older residents. Older adults whose incomes are fixed near the federal poverty level are likely to experience difficulties paying for necessities such as nutritious foods, adequate housing, and medical/long-term care and services that are needed to remain healthy and independent members of their communities.

Services that target older adults can be located strategically to assure adequate access to services by poor older residents.

During the 2008 to 2011 time period, the poverty rate for all older adults (aged 65 and older) has fluctuated slightly (Figure 1). In 2008, the overall percentage of all older adults below the federal poverty rate was relatively high (10.2%). The poverty rate declined in 2009 (8.8%) and 2010 (8.7%), but began rising again in 2011, when the rate reached 9.3%. In general, older women experienced poverty at a greater rate than older men. In 2011, slightly more than 1 in 10 (11.2%) older women in Massachusetts had incomes below the federal poverty level; whereas 6.9% of older men were poor. These gender disparities likely reflect differences in past work histories as well as the longer average life expectancies of women.
In 2011, approximately 82,000 older adults were living on incomes beneath the poverty level in Massachusetts. Figure 2 depicts poverty rates of older adults by county. The county with the largest proportion of poor older people was Suffolk County (19.2%), which contains the Commonwealth’s largest metropolitan area, Boston.

Comparatively smaller proportions of poor older adults lived on Cape Cod. Barnstable County, the outer arm of the Cape, had the lowest rates, with only 6.1% of older adults reporting incomes beneath the poverty level in 2011.

Many state programs targeting older adults are designed to address problems associated with being poor or near-poor. Policy makers and program planners can benefit from knowledge about the general distribution of poor older adults throughout the state. For instance, there may be greater demand for programs that provide congregate or home-delivered meals in areas where poverty levels are high. In addition, many rural areas with high proportions of poor residents, but low numbers of residents overall, may be underserved by public and private service providers who prioritize areas with greater population density. Thus, strategic placement of programs in these areas can improve efficiency and equity of services delivered to poor older residents throughout the commonwealth.

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