



EXECUTIVE SUMMARY

National Center on Women and Aging **2002 National Poll** **Women 50+**

National Center on Women and Aging
The Heller School for Social Policy and Management
Brandeis University

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The aging of America is greatly influenced by decades of change in roles and expectations of women – changes that affect workforce participation, family structure, informal caregiving, and even how women age. If current trends continue they will produce a new generation of elders quite different from their mothers and grandmothers. But, to date, this new generation of aging women – those 50 and older -- have largely been ignored or been treated as a “problem” that burdens, or threatens to burden, the younger population.

Now, with support from the U.S. Administration on Aging, the National Center on Women and Aging (NCWA) has conducted a poll focused on the evolving issues that confront women as they age. The poll moves beyond enumerating the vulnerabilities that face aging women to share the opinions and advice of this growing population of vibrant, vital, and engaged women.

Focused on midlife and older women, the poll is the first of its kind. Participants completed a telephone survey, which examined health status, finances, life satisfaction, and concerns with a specific concentration on the different images, perceptions and attitudes that women have about aging. Among other unique contributions, the poll reports the experiences, attitudes, and opinions of women over age 80, a group that is rarely the focus of national polls.

HIGHLIGHTS

STEREOTYPE BUSTERS...

- Over fifty percent of the women surveyed say the *experience of aging is better than they expected it would be* – this holds true even among a majority (53%) of women aged 80+.
- Old age does not guarantee limitations, nor does youth promise good health. The poll found that when asked about health problems that limit daily activities, *older women are no more likely than younger women to report they have a disability.*ⁱ
- Women 80+ *are significantly more likely to report that they are in good health than are younger women.*ⁱⁱ Overwhelmingly, they report that their mental health is good.ⁱⁱⁱ Though most of these women live alone, they are no less likely than are younger women to report that they have someone to take care of them if needed.
- Despite being among the poorest women in the NCWA sample, *the opinions and concerns of women 80 years of age and older* were, for the most part, similar to those of younger women on key issues such as poverty among older women, affordable housing, and environmental protection.

AGE IS NOT NECESSARILY THE ISSUE...

The study found many significant differences between and among midlife and older women; almost all have to do with income and health, not age. *Poor health and disability are the story*

- Disability can hit any age and it has devastating effects when it does. The disabled, on every measure (e.g. ease of paying for basics), say that it is more difficult for them to pay for key expenses.
- Those with a limiting health condition are over twice as likely as those with no physical limitation to have trouble paying for health care (39% compared to 17%), housing (17% vs. 7%), food (16% vs. 6%), transportation (20% vs. 9%), home maintenance (29% vs. 16%), debts (21% vs. 10%), dependent care (16 %vs. 8%), and energy costs (28% vs. 14%).
- Those with limitations are significantly more likely not to save (45% don't save; only 28% of those with no limitations do not). They don't save because they can't afford it (43% vs. 24%) and because they don't know how to invest the money they save (42% vs. 33%). They are more than twice as likely to say that they do not save because savings would affect their eligibility for public benefits (23% vs. 10%).

IF YOU ARE WILLING TO TAKE SOME CONTROL, YOU CAN MAKE A DIFFERENCE...

There is strong evidence, across all socio-economic statuses, that women have concerns about their personal future and the future of the nation and the world. But there is also abundant evidence that the *elements*

that are within our control can be modified to improve our chances of aging well.

From their advice and their experience, these women tell us that there are *four keys to being able to age well*:

- Stay as active as you can, not just physically but mentally and socially.
- Be a saver. Savers are found in all income brackets, at all ages.
- Live within your means.
- Keep the connections to family, friends, and community alive and strong.

WORKING IS GOOD FOR YOUR HEALTH AND FINANCES...

Working women are healthier and they have a more optimistic reaction to aging and their financial future than their non-working "sisters."

- Women who are working are significantly more likely to report that their experience with aging has been better than expected (58% vs. 49%) and they are almost twice as likely to believe that their financial future will be better than the present (44% vs. 23%).
- Working women are significantly more likely to be saving money (78% vs. 61%) and overwhelmingly, their savings goal is retirement (61%). They identify saving for future needs as a primary reason to save (82% of workers believe that they do not have enough saved to pay for future needs).

- But women who are working can use help from their employers in establishing a path to financial security in retirement. Almost a third of the working women (32%) cite lack of a retirement plan at work as a barrier to saving.

BUT WORKING WOMEN KNOW THAT AGE DISCRIMINATION IS A PROBLEM...

Twenty-two percent of women who are currently working say that they never plan to retire. And 73% of working women think that there is some chance that they might return to paid employment sometime after they officially retire.^{iv} They think that the chances are pretty good (58%) that they will be able to find a job should they have to return to work. But this does not mean that working women think that staying in or re-entering the workplace will be easy.

- Current workers are much more likely than those who are retired to identify barriers to employment from within the workplace. Current workers are significantly more likely to say that *age discrimination in the workplace is a reason that they might find it difficult to get a job in their later years.*^v

COST OF PRESCRIPTION DRUGS AND HEALTH CARE ARE MAJOR CONCERNS...

One of the *top priorities voiced by all women throughout the poll involved making prescription drugs affordable.*

- Of all the expenses addressed by the poll, paying for prescription medications posed the greatest challenge. Almost one-third (30%) of the women said it was difficult or very difficult for them to pay for prescriptions.

- Even younger women, with relatively better health, expressed problems affording this necessity.^{vi}
- Though women workers find it easier to pay for health insurance, they are no more likely to find paying for health care (i.e. out-of-pocket health care costs) easy than those who are not working.^{vii}

THINKING ABOUT CAREGIVING AND TALKING ABOUT IT ARE TWO DIFFERENT THINGS...

While the poll found that over 90 percent of women can identify a caregiver should they need one, these findings show that *the dependability of a caregiving arrangement is less than secure.*

- More than four in ten women cited their husband as a potential caregiver but one quarter had not spoken with their spouse about arrangements.
- One third of the women listed daughters as a potential caregiver. Yet, 19 percent had not discussed the subject with their daughter. Most striking, women are far more likely to discuss this issue with an identified daughter-caregiver as they are to talk about it with an identified son.^{viii}
- Women's reasons for not discussing the issue of caregiving with the person they are depending on to take care of them varied. Some women said they don't think they'll need care, others take for granted they'll be taken care of, others indicate they don't want to burden or worry anyone.

GOOD NEWS AND BAD NEWS ABOUT SAVING...

The good news is that, though women who are better off (higher income, more educated, in better health) are more likely to save, there are *savers at every level*.

- Women who save are more likely to find aging better than they expected and they are more optimistic about their financial future than non-savers.^{ix} Savers were also significantly more likely than non-savers to be able to name someone they can count on to be a caregiver (95% of savers can name someone that they can count on to be a caregiver compared to 86% of non-savers).
- The bad news is that almost a third of working women (32%) cite *lack of a retirement plan at work as a barrier to saving*.
- The existing *structure of benefits and supports may discourage some from saving*. Previously and never married women, women with a high school education or less, low income women, women of color, and the retired are significantly more likely to agree with the statement “If I save too much, it might affect some benefits I get, like food stamps or public housing” than are white women, those who are married, better educated, have a higher income, or are still working.

PUBLIC POLICY PRIORITIES FOR WOMEN 50+

Women 50+ feel strongly that *many public policy issues are of importance to them*. And these issues are not limited to those that

would affect them. These women demonstrate a strong interest in improving conditions for all Americans.

- When asked to choose the most important issues for women 50+, respondents listed their priorities as 1) getting good health care; 2) cost of prescription drugs, 3) access to long-term care; and of equal importance were 4) affording good child and elder care and 5) access to affordable housing.
- Older women see the public policy issues that are important to them as those that are important to all women. Not surprising is the one exception of long-term care.

IMPLICATIONS

❖ *Health promotion and prevention.*

Since limitations can and do occur at every stage of life, women at all ages and all levels of health must do what they can to prevent or limit disability and its costs. Efforts to educate and remind women about their role in health promotion and disease prevention are as important as ever. But just as important, if not more, is that greater resources must be devoted to research on women’s behavior and attitudes regarding key health promoting activities such as exercise. It is not enough to repeatedly prove the importance of healthy diets and exercise; the environments in which we live must be altered dramatically to help women take more control of their health. These changes must be income-neutral.

❖ ***Private and public pensions.***

There is abundant evidence that a combination of family caregiving responsibilities and inequities in pay and opportunity continue to put many women at an economic disadvantage that deepens as they age. Expanding pension coverage and protecting pensions are of critical importance. Further, as Social Security reform becomes a front burner issue again, there should be no doubt that women have a vital stake in protecting a system that they can depend on and in promoting policies which give women an adequate retirement income.

❖ ***Employment.***

Whether of necessity or by choice, the numbers of women working in later life will increase. Maximizing their productivity and well-being will require vigilance in eliminating age discrimination in the workplace, promoting lifelong learning and workplace training, and advancing efforts to expand the opportunities for flexible work structures.

❖ ***Cost of healthcare and prescription drugs.***

The women surveyed in this poll add their unequivocal voice to the overwhelming number of Americans who are alarmed about and adversely affected by the cost of healthcare, particularly prescription drugs. Clearly, a solution must be found to the problem of affordability of medications and health care. Two additional imperatives result from this growing crisis. The first would address the need to adequately fund research on health promotion and disease prevention. A healthier population requires less costly healthcare. The second addresses the lack of community programs and

resources that build on what is known about prevention and health promotion so that girls and women of all ages can increase their chances of maintaining good health throughout their life span.

❖ ***Caregiving.***

Informal caregiving is, and will remain, an indispensable component of the individual and collective responses to aging in America. Preparation for the future must include important conversations with family and/or friends to discuss expectations around caregiving. These discussions can be awkward and difficult, but they are critical to help minimize surprises. Planning to discuss shifting levels of independence and interdependence necessitates other important activities. These include, anticipating decisions that must be made should someone become disabled, putting a structure in place that allows for effective caregiving (such as advance directives or health care proxies), and financial planning (insurance, wills). Education and training of professionals and families regarding the importance of these conversations, as well as advice about how to facilitate them, will make such conversations easier and more common.

❖ ***Financial literacy and financial planning.***

Many of the women surveyed said that they thought their financial futures would be the same or better as their present. Perhaps this is good news. Certainly there are many women who, by virtue of planning and/or marital status, can look forward to relative financial security. But how many of the women interviewed do not grasp the role of inflation in weakening future buying power? Many told us that their financial future had to be “the same” or “better” because they

have no resources to manage more financial challenge. Timely and realistic financial planning is built on a foundation of financial literacy. Community resources must be galvanized to promote personal financial responsibility for women and create the structures that support it.

❖ *Long-term care.*

When asked about their concerns, many of these women say they are worried about being dependent in old age. With the coming wave of older people, it is critical to find care that will keep them as independent as possible. To date, few solutions have been found to the great national challenge of long-term care. The scope of the problem, its complexity, and the cost to American families requires creative strategies that employ public and private resources.

End Notes

ⁱ Percentages reporting limitations in daily activities by age: 50 to 59 - 27.6%; 60 to 69 - 33.9%; 70 to 79 - 33.8%; 80+ - 31.8%. There are no statistically significant differences between the age groups.

ⁱⁱ 38.6% for women 80+ vs. 23% for women 70-79 years, 24.8% for women 60-69; and 26% for women 50-59 years old.

ⁱⁱⁱ 89.8% of women 80+ report good mental health, compared to 83.5% of those 70-79, 82.9% of those 60-69, and 76.3% of those 50-59. The differences between the youngest group and each of the older groups is statistically significant.

^{iv} The working group reports a 44% chance that they will return to work. The retired group reports a 10% chance (mean values for both groups).

^v 15% of working women agree that age discrimination in the workplace is a reason they might not be able to find employment post-traditional retirement age, compared to 10% of currently retired women, a statistically significant difference.

^{vi} One quarter (24%) of the youngest women, age 50-59, and almost a third (31%) of women 60-69 report difficulty. 35% of women 70-79 (significantly more than in the 50-59 age group but statistically comparable to the other groups) and 28% of those 80+ report serious challenges.

^{vii} Easy to pay for health insurance: Working women- 59.7%. Retired women – 48.1% (significant difference). Easy to pay for health care costs: Working women – 56%. Retired women – 53.6% (not a significant difference).

^{viii} 81% of women who identified a daughter as a potential caregiver report having spoken with the daughter about the issue; only 67% of those who identified a son report having had such a conversation.

^{ix} 41% of savers find aging better than they expected compared to 35% of non-savers. 37% of savers think their financial future will be better compared to 26% of non-savers reporting that expectation.

The National Center on Women and Aging 2002 National Poll of Women 50+ reports findings from a national telephone survey of 1,000 women ages 50 to 95. Market Facts, Inc. conducted the interviews among their Consumer Mail Panel – a group of over one-half million pre-screened households balanced to be demographically representative of US Census population estimates.

Fieldwork was conducted by Market Facts, Inc. between August 7 and August 25, 2002. The margin of sampling error for responses based on total respondents is +/- 3.1 percentage points. This research was funded by the U.S. Administration on Aging. A copy of the survey instrument and topline survey results is available upon request from the National Center on Women and Aging or on the web at:

www.heller.brandeis.edu/national/poll_2002inst.pdf

www.heller.brandeis.edu/national/poll_topline.pdf