

# Psychosocial and Economic Health of Older, Nonpartnered Women in California

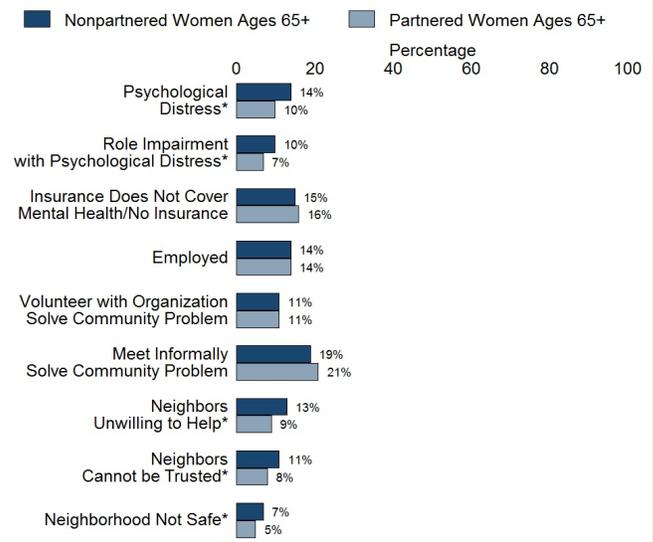
California's women, at birth, can generally expect to live longer than their male counterparts by approximately five years—women to age 82.5 and men to age 77.5.<sup>1</sup> With women outliving men and typically entering different-sex marriages at younger ages than do men, there are many women who find themselves widowed during their golden years.<sup>2</sup> Others find themselves divorced/separated, never married, or otherwise not partnered at and over age 65. This Short Subject employs California Health Information Survey (CHIS)<sup>3</sup> indicators of mental health, social environment, and economic security to focus on nonpartnered (i.e., widowed, divorced/separated, never married, not living with a partner) older women in California.

## MENTAL HEALTH AND SOCIAL ENVIRONMENT

Mental health and social environment are interrelated. The National Alliance on Mental Illness reports that "Older women are at a greater risk [for depression] because women in general are twice as likely as men to become seriously depressed.... Unmarried and widowed individuals as well as those who lack a supportive social network ... have elevated rates of depression."<sup>4</sup>

Figure 1 reveals that California women (hereafter, women), whether partnered or not, appear largely similar across the indicators presented. However, there are some significant comparisons to make. Older, nonpartnered women were 40 percent more likely than were older, partnered women to have had mild to severe psychological distress in the past 12 months (14 and 10 percent, respectively). They were also 43 percent more likely than their partnered counterparts to have experienced some kind of role impairment (i.e., social, family, work, and/or chore) with at least moderate psychological distress. Of those who sought help or thought they should seek help, 15 percent of nonpartnered, older women did not have health

Figure 1. Mental Health and Community Involvement<sup>3</sup>

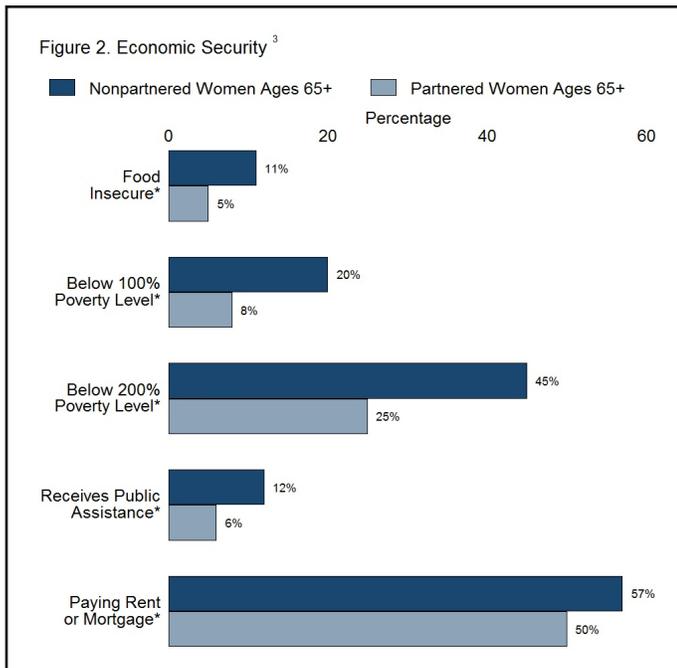


Note: The indicator 'Insurance Does Not Cover Mental Health/No Insurance' only refers to those people who report needing help for mental health problems or who have sought help for mental health problems.

insurance plans covering mental health care or reported having no insurance.

Being connected to a community through such things as employment, volunteering, or problem solving can facilitate and reinforce mental health, even as being less connected can contribute to and exacerbate poor mental health. Older, nonpartnered women reported that they stayed active socially by working to solve community problems through informally meeting with others (19 percent) and volunteering with formal organizations (11 percent). Fourteen percent reported that they were employed.<sup>5</sup>

Where older adults live and their perceptions of their neighbors and neighborhood might also be related to mental health. Older, nonpartnered women were more likely than were older, partnered women to view their neighbors as unwilling to help (44 percent more likely), to not trust their neighbors (38 percent more likely), and to not feel safe at least some of the time in their neighborhoods (40 percent more likely).



## ECONOMIC SECURITY

According to the Institute on Assets and Social Policy, economic insecurity is increasing among all older adults but is especially so for single, older women.<sup>2</sup> Figure 2 illustrates that older, nonpartnered women experienced less economic security than did older, partnered women across each indicator. They were roughly twice as likely as older, partnered women were to receive public assistance and to experience some combination of not being able to afford food, skipping meals, going hungry, and not eating balanced meals. They were also more likely than older, partnered women to be below 100 percent of the poverty level (150 percent more likely), below 200 percent of the poverty level (80 percent more likely), and to either have a rental or mortgage payment (14 percent more likely).

The 2011 Elder Economic Security Standard Index<sup>6</sup> employs the cost of housing, food, transportation, healthcare, and miscellaneous expenses to offer a best estimate of the income needed for older California adults to meet their basic needs. The average older Californian is estimated to have a shortfall between the income they need and the federal poverty guideline, the maximum Supplemental Security Income (SSI) Benefit, and the median Social Security payment. Home owners with a mortgage payment have the highest estimated average income needed per year whether they are partnered or not. The estimate for a nonpartnered adult (\$32,488) is 298 percent of the federal poverty guideline (\$10,890), \$22,523 more than the maximum SSI Benefit, and \$19,965 more than the median Social Security payment.

## BRIEF DISCUSSION

The Mental Health Services Act, among other things, addresses the needs of seriously mentally ill seniors. The analyses here suggest that there is a need for mental health services for those who have mild or moderate mental health issues, too. It remains to be seen if changes associated with the Affordable Care Act will address this mental health need, and, if so, how they will translate into services.

## ENDNOTES

1. Burd-Sharps, Sarah and Kristin Lewis. (2011). A Portrait of California: California Human Development Report 2011. Retrieved from <http://www.measureofamerica.org/docs/APortraitOfCA.pdf>
2. Meschede, Tajana, Martha Cronin, Laura Sullivan, and Thomas Shapiro. (2011). "Rising Economic Insecurity among Single Senior Women." Retrieved from <http://iasp.brandeis.edu/pdfs/Author/meschede-tajana/Rising%20Economic%20Insecurity%20Among%20Senior.pdf>
3. California Health Interview Survey. CHIS 2011 Adult Public Use File, (Los Angeles, CA: UCLA Center for Health Policy Research, November 2013). Retrieved from <http://healthpolicy.ucla.edu/chis/data/Pages/public-use-data.aspx>. Comparative statements in reference to CHIS data have undergone statistical testing, and comparisons are significant at the 90 percent level unless otherwise noted. Significant differences are noted with an \*.
4. "Depression in Older Persons Fact Sheet." National Alliance on Mental Illness. Retrieved from [http://www.nami.org/Template.cfm?Section=By\\_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7515](http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7515)
5. Nonpartnered women are older, and age impacts some of these indicators. We do not explore this association here.
6. "California, 2011 Elder Economic Security Index." UCLA Center for Health Policy Research and Insight Center for Community Economic Development. Retrieved from <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/EIRD2011/Documents/2011BaseElderIndex.pdf>

*This Short Subject was requested by Assembly Member Mariko Yamada, Chair of the Committee on Aging and Longterm Care.*

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