OLDER WOMEN OF COLOR WERE MORE LIKELY TO LIVE IN POVERTY THAN THEIR WHITE COUNTERPARTS. Among those ages 50 and over in 2021, the poverty rates as measured by the official poverty measure were much higher for Black women (17.9%) and Latinas (16.3%) than for older white, non-Hispanic women (8.7%) and men (7.2%). Over one in five (20.5%) older women with disabilities fell below the official poverty line. Poverty rates for women of color ages 65 and over were even higher.

FACING AN UNEVEN ECONOMIC RECOVERY, OLDER BLACK AND LATINA WOMEN EXPERIENCED A SLOWER DECLINE IN UNEMPLOYMENT RATES AND WERE MORE LIKELY TO REPORT LOST EMPLOYMENT INCOME. Older women of color, especially those who are disabled and who are LGBT people, also faced higher risks of housing insecurity and food insufficiency. For example, Black women ages 50 and over were over three times more likely than older white, non-Hispanic men to report being behind on their housing payments (15.9% and 5.0%, respectively). The share of older disabled Black women facing housing insecurity rose to 22.1%.

OLDER WOMEN OF COLOR AGES 50 AND OVER WERE OVERREPRESENTED AMONG ESSENTIAL WORKERS AND DISPROPORTIONATELY PROVIDED CAREGIVING. Among adults ages 50 and over in 2021, Native women (32.5%), Black women (27.1%), and white, non-Hispanic women (27.2%) were more likely than white, non-Hispanic men (20.8%) to be regular caregivers. Among caregivers ages 50 and over, over half of Asian women (51.1%) reported spending 20 or more hours per week on caregiving, followed by 44.9% of Latinas, 43.4% of Native women, 35.2% of Black women, and 31.6% of white, non-Hispanic women, compared to 25.5% of white, non-Hispanic men.
These data clearly demonstrate that we do not have a moment to lose to address the economic security and health of older women of color. The brief calls for immediate policy solutions so older women of color can age with economic dignity and with the health supports they need:

**IMPROVE** data collection on the well-being of older women, and in particular older women of color.

**REDEFINE** what it means to be economically secure in our society using more accurate measures like the Elder Index, as the Federal Poverty Level fails to capture millions of people who can’t meet their basic needs.

**EXPAND** key federal and state income supports, including Social Security and Supplemental Security Income, refundable tax credits, and housing assistance.

**INVEST** in the paid care and Medicaid home- and community-based services infrastructure.

**EXPAND** eligibility for Medicaid and Medicare Savings programs, and expand Medicare benefits.

**LOWER** prescription drug costs.

**INCREASE** access to mental health.

**GUARANTEE** low cost, quality health care across the lifetime.

**ELIMINATE** medical debt.

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**KEY FINDINGS FROM THE ISSUE BRIEF INCLUDE**

**HIGHER SHARES OF OLDER WOMEN OF COLOR REPORTED HAVING LONG COVID SYMPTOMS, WHILE STARK RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE AFFORDABILITY PERSIST AMONG OLDER ADULTS.**

Among adults ages 50 and 64, more than one in six older Native women (18.1%) and older Latinas (17.8%) reported they needed but could not afford health care, followed by 12.3% of Black women, 7.9% of white, non-Hispanic women, and 6.1% of white, non-Hispanic men.

**OLDER WOMEN OF COLOR WERE ALSO MORE LIKELY TO HAVE TROUBLE AFFORDING A PRESCRIPTION OR PAYING A MEDICAL BILL.**

Among adults ages 50 to 64, 14.1% of Latinas and 13.3% of Black women experienced a prescription disruption due to cost in the last year as compared to 9.1% of white, non-Hispanic women and 6.2% of white, non-Hispanic men. 21.4% of Black women and 18.6% of Latinas had trouble paying a medical bill in their family as compared to 13.8% of white, non-Hispanic women and 10.8% of white, non-Hispanic men.