Poverty in Older Adulthood: A Health and Social Crisis

Marleen Thornton, PhD, RN
Katherine Bowers, MSN, RN

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Article

Abstract

In the transition to older adulthood, people often experience health, social, and economic challenges related to increased chronic health conditions, retirement, decreased social connections, a reduction in income and earning capacity, and increased health related costs. These factors can contribute to financial insecurity, social instability, and even poverty for older adults. In the United States, one in ten older adults is living in poverty. However, standard poverty measures do not account for inflation and many costs specific to older adulthood, and thus underestimate the number of older adults living in poverty. Older adults in poverty conditions experience early mortality and high rates of disability, depression, anxiety, and loneliness. It is estimated that more than a third of older adults experience loneliness. Loneliness within this population is associated with poor physical and mental health, cognitive decline, and early mortality. Poverty and loneliness are independently detrimental to older adults and when experienced together impact the health and wellbeing of older adults in ways that are unique compared to other age cohorts. Nurses are well positioned to address these intersecting issues. The purpose of this article is to discuss the challenges of poverty in older adults, with particular focus on the intersection of poverty and loneliness within this population. Nursing implications for education, practice, research, and policy implications are discussed.

Key Words: Aging, older adults, poverty, loneliness, low-income, social isolation, nursing implications, social determinants of health

Poverty for older adults looks slightly different than for other age groups.

While older adulthood may ideally be characterized by a comfortable quality of life and financial security, the transition into this stage of life for some individuals is often marked by retirement, decreased social connections, a reduction in income or earning capacity, and increased health related costs. These changes can all impact the income of older adults in a variety of ways that can lead to living below the poverty level. Poverty for older adults looks slightly different than for other age groups. Older adults are more likely to have fixed incomes, higher healthcare costs, and experience a high prevalence of loneliness – a dangerous problem in older adulthood that occurs in epidemic proportions in the United States (Office of the Surgeon General, 2023). The purpose of this article is to discuss the challenges of poverty in older adults and highlight the relationship of poverty to loneliness within this population, including implications for the nursing profession.

Background Information: Poverty and Older Adults

At least 1 in 10 older adults is living in poverty.

There are currently more than 55 million older adults, or individuals aged 65 and older, living in the United States, representing almost 17% of the total population (U.S. Census Bureau [USCB], 2023c). At least 1 in 10 older adults is living in poverty (USCB, 2023a). In 2022, the official poverty rate for all Americans was 11.5% and the Supplemental Poverty Measure (SPM) was 12.4% (USCB, 2023a). The SPM is a necessary consideration as it extends the official poverty measure to account for geographic variations in housing expenses, taxes, work expenses, medical expenses, and several government programs that

assist low-income families. While the official poverty rate showed little change from 2021 to 2022, the SPM increased during that time. It is possibly more important to note the SPM when conceptualizing poverty in the context of older adulthood because this measure accounts for both increased inflation rates and costs that are more common for this population.

The *Elder Index* measures income that older adults need to meet basic needs while aging in place with dignity...

Some assistance programs use multiples of the federal poverty guidelines to determine eligibility. For example, the Supplemental Nutrition Assistance Program (SNAP) uses 130% of the federal poverty guideline. Individuals and families are often referred to as "low-income" if they fall below 200% of the federal poverty guideline. In addition to the SPM, other measures like the *Elder Index* (Gerontology Institute, 2022) also provide a clearer indication of an older adult's financial stability. The *Elder Index* measures income that older adults need to meet basic needs while aging in place with dignity and considers not only the number of people of living in a household, and their ages, but also location by zip code, housing tenure, and health status. The SPM and *Elder Index* are receiving increased attention as advocacy groups and other stakeholders recognize how traditional measures of poverty are no longer adequate. The current official poverty measure is over 50 years old and assumes that spending on basic needs decreases with age as individuals reach 65 years, or older adulthood (USCB, 2023b). For example, the current poverty measure, or annual income, for those 65 and older living in a one- or two-person household is significantly lower than the poverty threshold for those under 65.

Although Social Security was never meant to be the sole source of income for older adults (Mutchler & Roldan, 2022), over 40% receive it as their only income (National Institute on Retirement Security, 2020). More than half of older adults rely on Social Security for at least 50% of their income (Mutchler & Roldan, 2022). This poses great financial challenge though, as Social Security is only estimated to replace approximately 40% of pre-retirement earnings (Social Security Administration, 2023). Social Security covers nearly 70% of basic living expenses for an older adult who is in good health, lives alone, and pays rent. It covers just over 80% of basic living expenses for a couple in that same situation (Mutchler & Roldan, 2022). The average Social Security benefit in August 2023 was approximately $22,080 annually, with females earning approximately $2,200 less annually than their male counterparts (Social Security Administration, 2023). While this average income provided by Social Security situates an older adult above the federal poverty threshold, it does not accurately account for the high costs of healthcare, rising costs of living, and inflation.

More than half of older adults rely on Social Security for at least 50% of their income.

Various safety net programs, such as Medicaid, the Older Americans Act Nutrition Program (senior community lunch programs), Supplemental Nutrition Assistance Program (SNAP), and the Senior Farmers' Market Nutrition Program (SFMNP), exist to help older adults with overall nutrition, and food and healthcare costs. Unfortunately, many older adults who could benefit from these programs do not because eligibility is based on the federal poverty threshold (U.S. DHHS, 2023b); this leaves a large group of older adults technically above poverty threshold but still in need of assistance. Geography can also be important as some states calculate need and eligibility for programs differently than the federal government and use up to 200% of the poverty level as an eligibility threshold (U.S. DHHS, 2023b).

Poverty measures and programs designed to prevent and support people who live in poverty, and lift them out of these conditions, need to be updated to reflect present-day costs of living. Regardless of the measure used to define poverty in older adults, the picture is clear. There are a significant number of older adults living in poverty and the economic, social, and health-related consequences of poverty within this population have profound individual and societal-level impact.

The Experience of Poverty in Older Adults

Income levels and different measures of poverty are not enough to explain the actual experience of poverty for older adults.

Poverty in older adulthood is technically defined by income levels, however, it is far more complex. Income levels and different measures of poverty are not enough to explain the actual experience of poverty for older adults. Individuals who live in poverty as older adults are increasingly vulnerable and their income influences almost every aspect of their lives. This vulnerability can be heightened for marginalized groups of older adults, influenced by the normal costs of aging, and intensified by poverty related poor health outcomes.

Marginalized Groups

Poverty is not an equal opportunist in older adulthood and impacts various groups differently. This is not surprising given long-standing gender and racial pay gaps, inequalities in caregiving responsibilities, and systemic oppression that exists in the United States (Beech et al., 2021; Cohen et al., 2019; U.S. Department of Labor, 2020). Older women, those from historically disadvantaged racial and ethnic groups, those age 80 and older, and older LGBTQIA+ individuals are more likely to live in poverty compared to their white, male, heterosexual, and cisgender counterparts (Cubanski et al., 2018; Badgett et al., 2019).

Poverty rates for women aged 65 and older are almost twice that of older men, and over 60% of Black and Hispanic older adults have incomes below 200% of the federal poverty level compared to 37% of white older adults (Cubanski et al., 2018). Poverty rates steadily increase as one advances in older age, growing from 35.8% of 65-69 year olds to 52.6% of adults ages 80 and over (Cubanski et al., 2018). This is particularly problematic as the number of adults ages 80 and over is expected to triple by 2050 (World Health Organization [WHO], 2022).

Poverty disproportionately impacts marginalized groups of older adults...

Older adults who identify as LGBTQIA+ are another population that is growing exponentially (American Psychological Association, 2021). LGBTQIA+ older adults also experience significant economic hardship with greater disparities existing in sub-groups of this population related to discriminatory housing, employment, and marriage laws (Badgett et al., 2019; Emlet, 2016; Movement Advancement Project, 2022). Collectively, LGBTQIA+ individuals experience a poverty rate of nearly 22%, and transgender individuals fare even worse, with a poverty rate of about 30% (Badgett et al., 2019). Poverty disproportionately impacts marginalized groups of older adults, thus calling for nursing care, program development, and policy change to protect and support these vulnerable populations.

Cost of Aging

Approximately two thirds of older adults consider healthcare costs to be a financial burden...

There is an assumption that Social Security and Medicare benefits cover all financial and healthcare needs of older adults as they age, although this is simply untrue. Approximately 20% of older adults spend more than $2,000 per year on out-of-pocket costs for healthcare (Jacobson et al., 2021). According to a West Health-Gallup survey, more than 70% of older adults are concerned about the cost of healthcare (West Health, 2023). Many older adults find it difficult to pay for healthcare services not generally covered by Medicare, including hearing devices, dental care, and prescription drugs (Montero et al., 2022). Approximately two thirds of older adults consider healthcare costs to be a financial burden (West Health-Gallup, 2022). A recent Kaiser Family Foundation survey found that in the previous 12 months, 17% of older adults or another family member living in their household had not received a recommended medical test or treatment due to the cost, and 22% delayed getting needed healthcare due to the cost (Montero et al., 2022).

Most healthcare expenses for older adults are from premiums for Medicare Part B, Medicare Part D, and Medicare supplement/Medigap insurance. While most individuals do not have a premium for Part A (CMS, 2022a), the standard premium for most Medicare Part B beneficiaries is almost $2,000 annually in 2023 (CMS, 2022a). The average premium for Medicare Part D is approximately $378 annually (CMS, 2022b). Medicare supplements/Medigap plans are sold by private insurance companies and premiums vary. These costs do not include those for long-term care, one of the most expensive costs of older adulthood, which is often not covered by Medicare.

Healthcare costs can become so high that individuals delay or forgo healthcare to pay housing costs or purchase food.

Healthcare costs can become so high that individuals delay or forgo healthcare to pay housing costs or purchase food. This can result in delayed diagnoses, poor health outcomes, and increased healthcare costs. Housing costs vary among older adults yet represent another major cost of aging. Approximately half of older adults spend more than 50% of their income on housing (Molinsky, 2022). A recent American Association of Retired Persons (AARP) survey highlighted the continued desire to age in place and found that over 75% of individuals 50 and older want to age in place within their own homes. This number has been consistent for more than a decade (Binette & Farago, 2021) although rent and home maintenance costs have continued to rise, making it increasingly difficult to age in place.

The true financial costs of aging are often coupled with other age-related concerns that impact economic security, such as retirement, the experience of ageism while in the workforce as an older adult, and higher likelihood of living alone. Retirement can be planned or unplanned, with nearly 40% of older adults leaving the workforce earlier than planned due to job loss, age discrimination, and changes in health status (Choi-Allum, 2022; Munnell et al., 2019). Conversely, many older adults remain in the workforce longer than planned related to increasing life spans and healthcare costs, and the demand for skilled and experienced workers (Bureau of Labor Statistics, 2017; Choi-Allum, 2022). Despite the immense value they bring to the workforce, older adults experience significant ageism in these settings (Choi-Allum, 2022). This discrimination is particularly insidious as evidence suggests that it correlates with poor health and early retirement, which in turn feed economic insecurity in older adults (Chang et al., 2020; Cubanski et al., 2018). Furthermore, there can be a decrease in social connections as a byproduct of retirement which can also result in higher risk for loneliness (Holt-Lunstad, 2017).

When examining the true costs of aging, it is imperative to consider financial, health, and social perspectives.

Approximately 27% of older adults in the United States live alone, with higher rates for women compared to men; these numbers further increase as individuals advance in age, particularly related to the higher likelihood of losing a partner

(Administration for Community Living, 2022). Older adults who live alone are three times as likely as those who live with others to be poor and almost two times as likely as those who live with others to report not having enough to meet basic expenses (Stepler, 2016). Given the modest average Social Security income post-retirement, a one-person household may experience both decreased financial stability as well as a higher potential for decreased social network and connections (Holt-Lunstad, 2017). When examining the true costs of aging, it is imperative to consider financial, health, and social perspectives.

Health Outcomes Related to Poverty in Older Adults

In the United States, most older adults have at least one chronic condition that requires access to healthcare (U.S. Department of Health and Human Services [U.S. DHHS], 2023a). High out of pocket costs and the lack of healthcare options in rural areas can make access difficult for any older adult, but especially one who is experiencing poverty conditions (U.S. DHHS, 2023a).Poverty and poor health outcomes are a cyclical challenge in older adults. Older adults in poverty experiencedecreased access to healthcare, which in turn leads to higher morbidity, which can further the impact of poverty (McMaughan et al., 2020). The wealth-health gradient, which establishes a positive relationship between wealth and health, increases with aging. The opposite is also true, with lower socioeconomic status related to poorer health. This can result in a dangerous cycle that can lead to further impoverishment.

Poverty reduces life expectancy more than hypertension, obesity, or high alcohol intake.

Older adults who are financially challenged to meet basic needs are at higher risk for treatable and preventable health conditions (McMaughan et al., 2020). Poverty reduces life expectancy more than hypertension, obesity, or high alcohol intake (Stringhini et al., 2017). In older adults, poverty is associated with higher rates of disability (Choi et al., 2022; U.S. DHHS, 2023a), depression and anxiety (Ridley, et al., 2020), and lower life expectancy (U.S. DHHS, 2023a). It is often difficult to isolate the exact relationship between income and health because many other social risk factors also interact with income, such as race, ethnicity, sex, geography, and educational status (Health Affairs, 2018). Low income and poverty in adults also increase the likelihood of loneliness, which is a current public health concern (Office of the Surgeon General, 2023).

Loneliness

The interconnectedness of poverty and loneliness in older adults is a challenge...

Multiple studies have explored predictors of loneliness in older adults and results have repeatedly identified poverty as a significant risk factor for loneliness in this population (Cohen-Mansfield et al., 2016; Dahlberg et al., 2021). Loneliness, which can be defined as unpleasant feelings and experiences that occur when one's relationships are deficient in quality or quantity, is experienced by a significant number of older Americans (Peplau & Perlman, 1998). It is estimated that over 40% of older adults experience loneliness and the health outcomes related to this challenging social and emotional issue are staggering (Hawkley et al., 2019; National Academies of Sciences Engineering, and Medicine, 2020). Loneliness not only impacts a person's mental health, but negatively influences physical health, cognition, and longevity. Depression, functional decline, and increased challenges with activities of daily living are all consequences of loneliness in older adulthood (Cohen-Mansfield et al., 2016; Shankar et al., 2017). Additionally, older adults who are lonely experience accelerated cognitive decline and are at higher risk for premature mortality (Donovan et al., 2017; Wang et al., 2023). The interconnectedness of poverty and loneliness in older adults is a challenge, not simply because poverty is a risk factor for loneliness, but because each of these phenomena on their own are predictors for poor health and early mortality.

Poverty and Loneliness in Older Adults

Poverty and loneliness are independently detrimental to older adults and, when experienced together, these problems impact their health and wellbeing in ways that are unique compared to other age cohorts. Some issues that arise with the concurrent experience of poverty and loneliness in older adulthood are related to the need to prioritize health-related costs over social costs; the lack of technology access and use; the increased likelihood to experience social risk factors; and the challenges of living in marginalized environments.

...it is likely that health and health-adjacent costs may be prioritized over those associated with social health.

Healthcare expenses in older adulthood and aging-related costs are significant. When faced with the decision of where and how to spend money when income is limited, it is likely that health and health-adjacent costs may be prioritized over those associated with social health. For example, while many senior community centers do not have membership fees, many social activities held within these centers do have associated costs. Additionally, while reduced fare transportation may be available to those who do not drive or who are disabled, older adults who require frequent medical management may need to utilize

transportation (and the fees associated with it) for medical appointments rather than transport to social engagements. Food prices have also climbed sharply in the last few years with an 11% increase from 2021 to 2022 (U.S. Government Accountability Office, 2023). With such an increase, more older adults may need to allocate additional funds for food over social expenditures. These prioritizations may seem like the safest option for older adults with a limited income; however, the profound consequences of limited social interaction and loneliness have demonstrated that social health should receive equal priority.

The digital divide is the growing disparity of technology and internet access between marginalized and non-marginalized populations. This divide is an issue that impacts older adults living in poverty twofold and has the potential to elevate loneliness (Mubarak & Suomi, 2022; WHO, 2021). Both advanced age and lower socioeconomic status are risk factors for decreased digital access, which in turn decreases the use of these resources to connect socially (WHO, 2021). Social connection and healthcare via the internet were crucial for many during the COVID-19 pandemic; in the post-pandemic era, technology devices and internet access continue as a means of socialization and access to healthcare (Bouabida et al., 2022; Cho et al., 2023). Digital inclusion strategies focused on older adults and individuals of lower socioeconomic status, such as computer and internet training and providing affordable devices and internet access, are ways to improve digital access, socialization, access to healthcare; and reduce isolation, loneliness, and poor health outcomes (WHO, 2021).

The workforce provides a built-in social structure that, for many, diminishes greatly when no longer employed.

Social risk factors more common in older adulthood that can influence both poverty and loneliness are living alone, being unpartnered, and retirement. Not all older adults who live alone are lonely, however, older adults who live alone, and those who are unpartnered, experience an increased financial and social burden compared to those who live with others and are more likely to be lonely (Cheung et al., 2019; Stepler, 2016). Furthermore, while it is common to think about and prepare for income changes and the potential financial strain that comes with retirement, many individuals approaching retirement do not consider this social impact. The workforce provides a built-in social structure that, for many, diminishes greatly when no longer employed (Segel-Karpas et al., 2018). It is critical that retirement and aging preparations include both financial and social planning to curtail the risks of poverty and loneliness.

People who live in poverty often experience neighborhood and environmental conditions that impact their ability to leave their home and socialize. This is particularly salient for older adults who reside in vulnerable environments. Low neighborhood cohesion, poor neighborhood quality, and neighborhood safety issues, are environmental risk factors that place older adults at risk for loneliness. Perceived neighborhood cohesion is an indicator of greater social integration and health within communities and individuals who experience low neighborhood cohesion see the greatest impact on their psychosocial health with higher levels of depression, loneliness, and hopelessness (Kim et al., 2020, Kowitt et al., 2020). The quality of one's neighborhood plays a significant role in the experience of loneliness in older adulthood. Older adults who reside in deprived living conditions have increased loneliness (Stokes, 2020; Victor & Pikhartova, 2020).

The interrelationship and impact of poverty and loneliness in older adulthood is clear.

Neighborhood safety challenges are also prevalent in communities where there is exposure to or threat of violence. Despite longing for social integration, older adults residing in neighborhoods with high crime and violence have less social interaction and social support, and thus elevated levels of loneliness (Portacolone et al., 2018; Tung et al., 2019). Neighborhood and environmental risk factors influence the social wellbeing of older adults and greater attention is needed to address quality and safety in their living environments. The interrelationship and impact of poverty and loneliness in older adulthood is clear. What society believes are the secure golden years of the post-retirement era of one's life are, in fact, often laden with vulnerabilities that increase a person's risk for poverty and loneliness as they age. There are nursing, research, and policy implications that can begin to address poverty and poor health outcomes related to poverty, including loneliness.

Implications for the Nursing Profession

Nursing, research, and policy implications related to poverty and loneliness in older adulthood exist at the bedside, within the community, and in society at large. The known dangers of poverty and loneliness call for nurses to address poverty and loneliness individually and from a perspective that acknowledges their interconnectedness and related risks. This begins with broadening our understanding of health determinants for older adults, identifying vulnerable/high-risk individuals, and identifying resources to support health, well-being, and social support. The nursing profession alone cannot lift older adults out of poverty. We must work alongside other disciplines to expand poverty and loneliness-related research, and advocate for policy change to decrease the number of older adults living in poverty and to positively impact older adult health and wellbeing. Table 1 describes information about specific resources to address poverty and loneliness in older adults with additional discussion in the section below.

Table 1. *Resources to Address Poverty and Loneliness In Older Adults*

BenefitsCheckUp	Assists older adults with identifying program eligibility.
Elder Index	Identify the income older adults need to meet their basic needs and age in place, based on geographic location.
Poverty Measures	Find information on how the U.S. Census Bureau measures poverty using the official poverty measure and the Supplemental Poverty Measure.
Screening Tools	Social Determinants of Health and Health-Related Social Needs: • PRAPARE • Health-Related Social Needs Screening Tool • Health Begins Loneliness: • UCLA 3-Item Loneliness Scale
Supplement Nutrition Assistance Program (SNAP)	Provides low-income families with food benefits.
Supplemental Poverty Measure (SPM)	Additional poverty measure that extends the official poverty measure to account for things like geographic variations in housing, taxes, and other government programs.
Social Security Benefits	Calculate the number of Social Security beneficiaries based on date and the corresponding benefit amount.

Nursing Education

It is unlikely that [poverty and lonliness] are addressed in relationship to each other, or from the perspective of older adulthood.

Preparing nurses to care for older adults in poverty, and/or those who may be experiencing loneliness, requires that nursing education program curricula address both upstream determinants and downstream factors. Nursing curricula has traditionally included content about poverty in community/public health courses. Content about loneliness is possibly addressed in a course on psychiatric/mental health nursing. It is unlikely that these related topics are addressed in relationship to each other, or from the perspective of older adulthood. Limiting content to select courses discourages students from seeing the greater impact (Thornton & Persaud, 2018) of poverty and loneliness on any age group. When integrating these topics throughout the curricula, it is important to note the actual challenges that older adults face when experiencing poverty or loneliness, such as affording medication and food and maintaining meaningful social connections. Nurse educators must also ensure that student nurses are educated about screening measures for social determinants of health (SDOH) or health-related social conditions (HRSC) and loneliness.

With a recent shift towards competency-based nursing education in academic settings (American Association of Colleges of Nursing [AACN], 2021), nurse educators are encouraged to thread specific content (e.g., SDOH and loneliness) throughout curricula to ensure that students achieve competency before entering professional practice. Competencies recommended by the AACN that are important when considering care for older adults in poverty, and those experiencing loneliness, focus on person-centered care, population health, and professional partnerships. In the practice setting, leaders must work to increase awareness about resources available to specific patient populations in their geographic area, and use of screening tools.

Nursing Practice

Many older adults with significant economic and social risk factors are never properly screened in healthcare settings...

Many older adults with significant economic and social risk factors are never properly screened in healthcare settings and their needs remain invisible (Moen et al., 2020). Screening older adults for SDOH and HRSC supports a more holistic approach to patient care. Multiple screening tools exist for SDOH/HRSC (see Table 1 for specific tools). Nurse leaders in

professional practice should advocate the use of a screening tool as a standard part of nursing assessment across practice settings. As the most forward-facing members of the healthcare team, nurses can collaborate with social workers (e.g., screenings can prompt a referral to social workers) about a patient's need for program enrollment and resources.

Given its profound impact on health outcomes and mortality, screening for loneliness could be lifesaving, and yet, loneliness is not routinely screened in hospital or primary care settings (Mullen et al., 2019). The UCLA 3-Item Loneliness Scale is a short well-validated tool that could be utilized in both inpatient and outpatient settings (Hughes et al., 2004). By screening for SDOH/HRSC and loneliness, and educating patients about available programs and resources, nurses are better equipped to practice patient-centered care that respects an individual's specific needs, values, and preferences. Individuals who screen positive for loneliness and/or SDOH risk factors or HRSC, with the assistance of the interdisciplinary healthcare team, could enroll within the healthcare setting in programs for which they are eligible or can afford.

Many older adults are unaware of eligible programs, or do not know how to enroll.

Nurses should encourage eligible older adults to enroll in programs that mitigate the effects of poverty and loneliness. Many older adults are unaware of eligible programs, or do not know how to enroll. For example, SNAP participation is lower among older adults than other younger age groups, and participation rates decrease with age (Dean, 2022). In 2018, more than half of SNAP eligible individuals over age 50 did not participate in the SNAP program (Dean, 2022). Simple tools, (e.g., the National Council on Aging *BenefitsCheckUp* tool) are available online and can assist older adults with identifying program eligibility. There is no single magic bullet to lift older adults out of poverty, but nursing interventions have the power to identify at-risk individuals and address poverty and loneliness within this population.

Nursing Research

Research influences nursing education, practice, and policy alike. Future research focused on poverty, loneliness, and the relationship between these two variables, must also account for the current financial climate and changing demographics of aging and include the experiences of marginalized older adult populations. The economic landscape is rapidly changing, which influences spending and saving. Future research must focus on poverty and loneliness experienced by present-day older adults who are impacted by inflation and present-day middle-aged adults who are planning for older adulthood. Research in this realm can inform nursing interventions and program development to address loneliness and poverty in older adults. Tailored interventions can target specific needs and desires, and can be especially useful for the most vulnerable within this population.

Policy

When advocating for policy change, nurses must first recognize that some older adults feel excluded from social policies.

Policy change is influenced by research and advocacy. Nurses are well-positioned to create policy change through their professional work and personal political involvement. When advocating for policy change, nurses must first recognize that some older adults feel excluded from social policies (Dobarrio-Sanz et al., 2023). This knowledge calls for advocacy that draws attention to sub-groups of older adults who are more vulnerable to poverty and loneliness based on their age, gender, race, or sexual orientation. Programs and policies that support income, nutrition, socialization, and overall health must be more inclusive and reflective of the older individuals who live in poverty.

To address these needs, advocacy efforts at the national and state level should focus on policies that would use a new poverty measure for determining program eligibility (SPM), streamline enrollment processes for eligible programs, and increase older adult eligibility for Supplemental Security Income (SSI) (AARP, 2023). For example, when enrolling for a program like SNAP, an individual who qualifies should automatically be offered enrollment in other programs for which they qualify. As individuals, nurses can use their voice to write/call representatives about these issues, inform others, support organizations that lobby on behalf of these issues, and vote for representatives at all levels who show willingness to support these issues.

There are important actions that nurses can take in each of these areas above to address both poverty and loneliness in older adults. Table 2 provides a summary of these recommendations.

Table 2. *Summary of Recommendations for Nurses*

Education	• Thread content on poverty and loneliness throughout academic curricula. Use exemplars to build competencies that focus on person-centered care, population health, and professional partnerships. • Utilize nursing professional development specialists to ensure that nurses are aware of resources available to their specific patient populations and geographic areas, and screening tools.

Practice	• Screen for SDOH/HRSC and loneliness across health care settings. • Encourage clients/patients to enroll in programs that mitigate poverty and loneliness (e.g., SNAP, congregate meal programs). • Collaborate with interprofessional team members to enroll clients/patients in eligible programs while they are in the healthcare setting.
Research	• Focus research on poverty and loneliness related topics within the context of the current financial climate and changing demographics of aging. • Develop and test nursing interventions and programs that specifically address the implications of loneliness and poverty on health.
Policy	• Advocate for inclusive programs and policies that support income, nutrition, socialization, and overall health for older adults. • Advocate for policies that would use a new poverty measure to determine program eligibility, streamline enrollment processes for eligible programs, and increase older adult eligibility for Supplemental Security Income. • Support organizations that lobby on behalf of older adults with special attention to poverty and loneliness. • Utilize individual voting power to elect representatives who support programs that address poverty and loneliness in older adults.

Conclusion

When poverty and loneliness are experienced together, they increase vulnerability...

Older adults who live in poverty experience early mortality and high rates of disability, depression, anxiety, and loneliness. Within this population, loneliness is associated with poor physical and mental health, cognitive decline, and early mortality. When poverty and loneliness are experienced together, they increase vulnerability and can impact the health and wellbeing of older adults in ways that are unique compared to other age cohorts. Nurses represent the forefront of healthcare with access to patients in multiple settings, and as such can address these issues through professional practice in ways that can improve health and decrease vulnerability for older adults.

Authors

Marleen Thornton, PhD, RN
Email: marleen.thornton@umaryland.edu
ORCID ID: 0009-0004-5665-7308

Marleen Thornton is an Associate Professor in the Institute for Nurse Educators at the University of Maryland School of Nursing. Dr. Thornton has been a nurse for over 20 years and she has 15 years of experience in nursing education at the baccalaureate, masters, and doctoral level. With a background in gerontology and community health, and expertise in nursing education, her interests include integrating the social determinants of health in nursing education, intergenerational education, and the oldest old population. Marleen received a BSN and MSN from Kent State University in Ohio and a PhD in Nursing from the University of Colorado Denver.

Katherine Bowers, MSN, RN
Email: kbowers1@umaryland.edu

Katherine Bowers is a PhD student at the University of Maryland School of Nursing. As a psychiatric nurse working with older adults with mental illness, Katherine became interested in social connection and loneliness as they relate to illness and wellness in older adulthood. Her dissertation will focus on the lived experience of loneliness in transgender older adults. Katherine received a BSN from Villanova University and a MSN from Drexel University.

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