



**INSTITUTE** *for*  
**RESEARCH** *on*  
**POVERTY**

UNIVERSITY OF WISCONSIN-MADISON



**Robert M. La Follette**  
**School of Public Affairs**  
UNIVERSITY OF WISCONSIN-MADISON

# Poverty at older ages

Opening remarks for the IRP Webinar

**Research and Policy to Address Financial Instability Among  
Older Adults**

Tim Smeeding

*Extinguished* Professor of Public Affairs and Economics, and  
former Director, Institute for Research on Poverty (IRP)

May 20<sup>th</sup>, 2026

*Research | Training | Policy | Practice*



**INSTITUTE** *for*  
**RESEARCH** *on*  
**POVERTY**

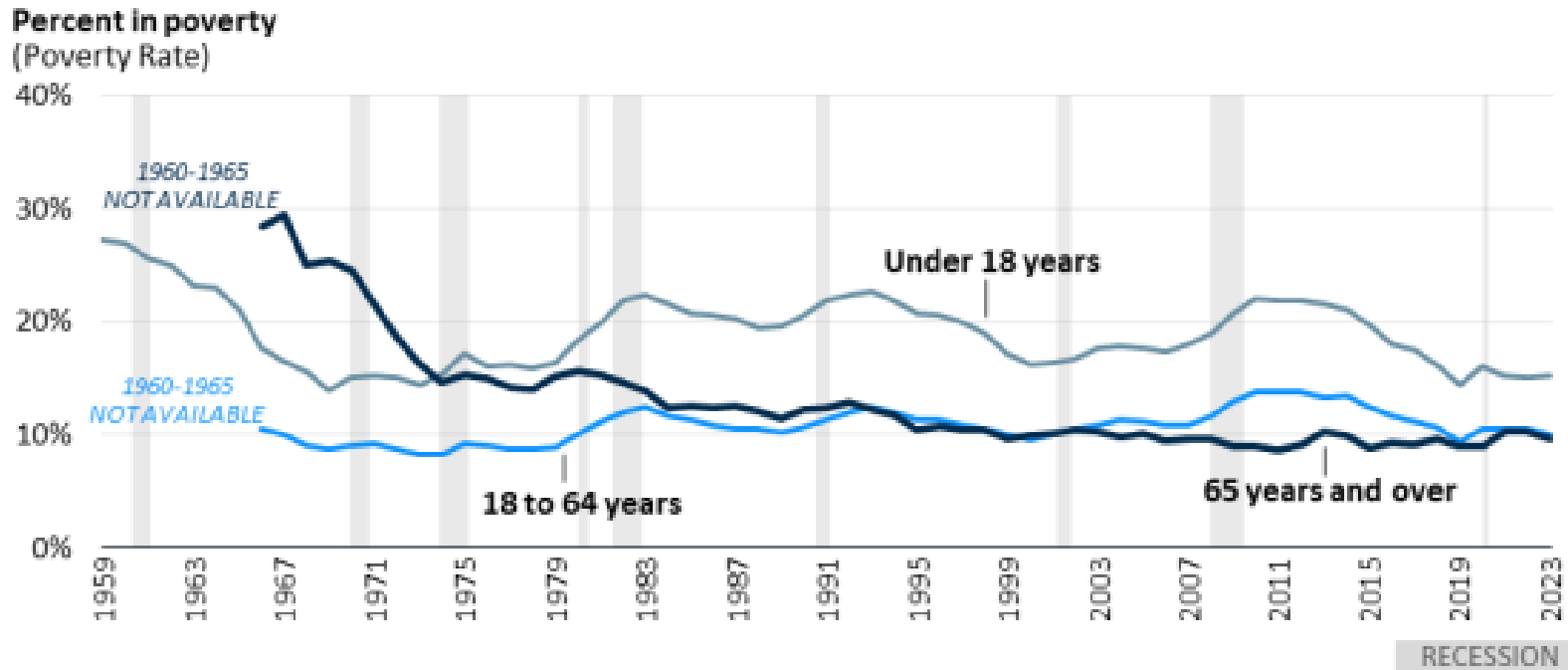
UNIVERSITY OF WISCONSIN-MADISON

# Poverty at older ages back on the radar screen

---

- Poverty is determined by comparing resources (income) to needs (a poverty line measure)
- Elder poverty In USA is measured in two main ways:
  1. The **Official Poverty Measure** ( cash only – most clearly shows longer term effects of Social Security\$\$ on elder poverty)
  2. The **Supplemental Poverty Measure** ( includes non-cash benefits like SNAP and public housing ; some adjustment for medical out of pocket health care costs , “MOOP”, as well )
- In both cases the driving force in lowering poverty over the longer term is mainly the Social Security program, with some supplementation for near cash programs in SPM

# Official Poverty Rate: 1967-2023

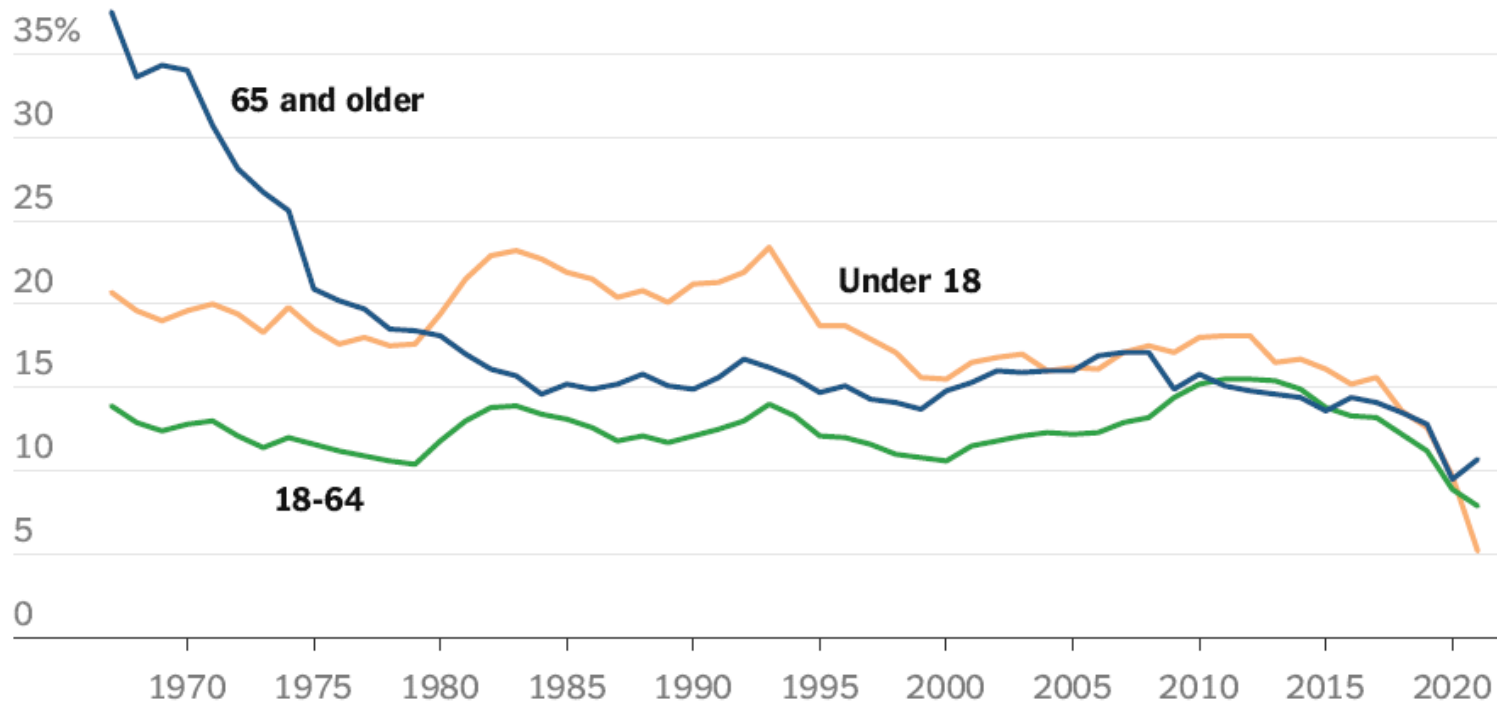


**Source:** Congressional Research Service, using data from U.S. Census Bureau, Current Population Survey, 1960-2024

# Supplemental Poverty Rate: 1969-2021

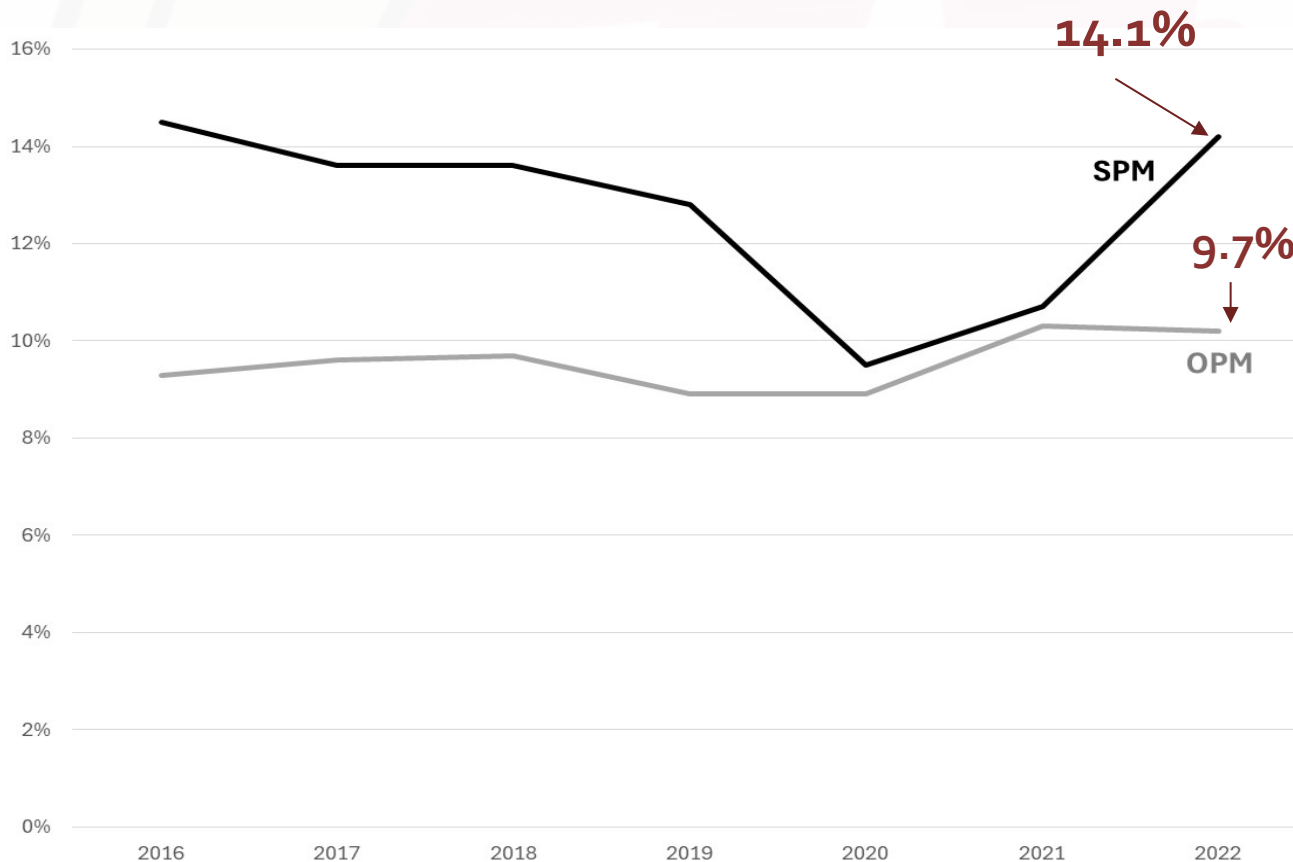
## Poverty Rates by Age Group

In 2021, even as the poverty rate sank for everyone else, it increased among seniors — rising above younger age groups for the first time in 15 years.



Source: Census Bureau and Columbia Center on Poverty and Social Policy • By The New York Times

# Poverty trends for those 65 & older, 2016-2022: Official Poverty Measure (OPM) & Supplemental Poverty Measure (SPM)



**OPM: cash income only with poverty line from 1960's. Main driver of trend is Social Security Benefits**

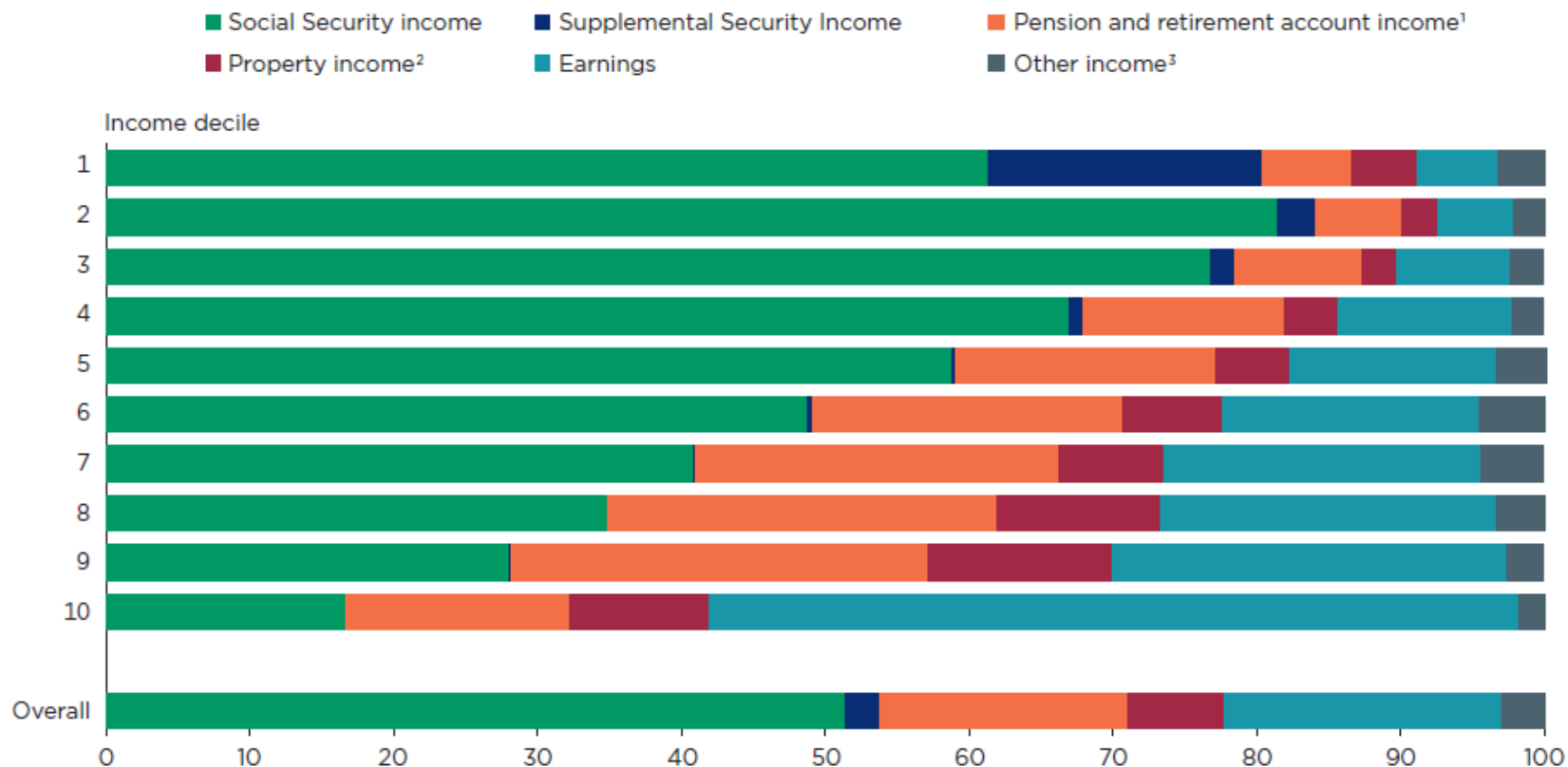
**SPM: cash and near cash income, with higher poverty line, net of taxes, with health care costs subtracted from income. Main driver of trend is rising out of pocket health care costs (MOOP)**

# What is driving resources and needs here ?

---

- Look at make up of elder cash incomes in 1<sup>st</sup> and 2<sup>nd</sup> deciles ; those with incomes of \$21,000 or less ( next and 2<sup>nd</sup> last slide)
- The numbers below show Soc Security is 60-80% of total income
- SSI cash income for the poor adds about 20% to incomes in bottom (1<sup>st</sup>) decile ; almost nothing in 2<sup>nd</sup> or 3<sup>rd</sup> decile
- Not shown in the figures below are the amounts of near-cash income which is counted in the SPM: SNAP or Food Stamps , and public housing subsidies received by some elderly.
- But the SPM also subtracts expected MOOP and it rises much faster than incomes, so the typical retiree has only 71 percent of Social Security income left after paying MOOP.
- But the poor and near poor elderly have much higher MOOP (last slide)

## Percentage Distribution of Income Types in Households Where the Householder Is 65 or Over by Household Income Decile: 2017



<sup>1</sup> Includes retirement, disability, survivor, life insurance, and annuity income.

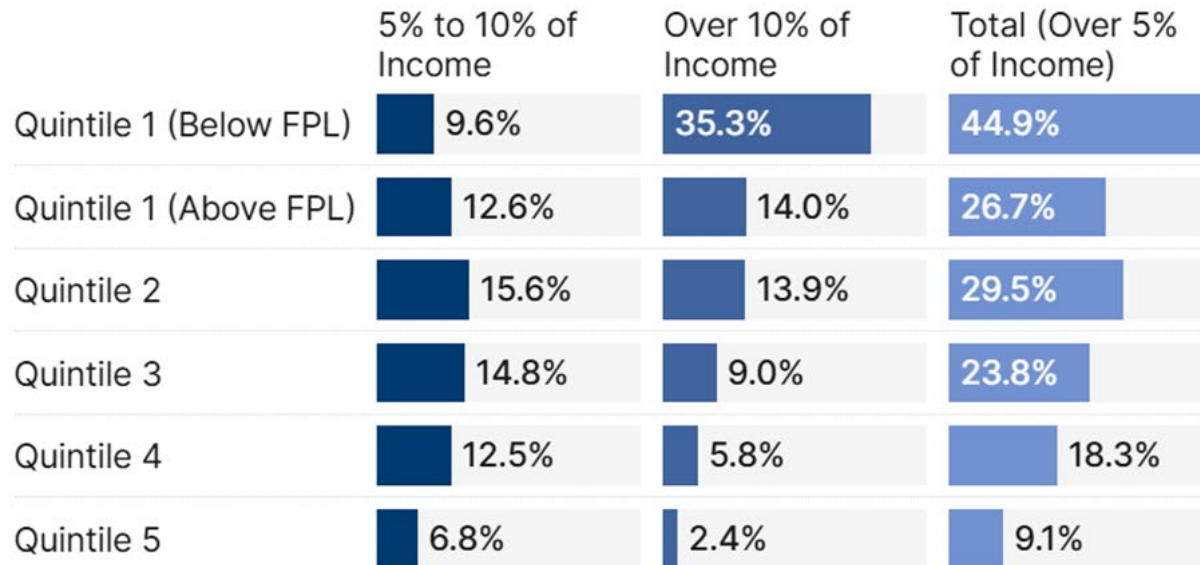
<sup>2</sup> Includes income from interest, dividends, rents, and other assets held outside of retirement accounts.

<sup>3</sup> Includes unemployment compensation, workers' compensation, veterans' payments, and other cash income sources.

Source: U.S. Census Bureau, 2018 Survey of Income and Program Participation.

# MOOP is much larger, as a percent of income for lower income elders

**Figure 7. Percent of Older Adults With Out-of-Pocket Medical Costs Representing Over 5% of Income, by Income Quintile**



**Source:** Authors' analysis of the 2023 CPS ASEC

**Note:** Out-of-pocket medical costs do not include premium payments. The lowest income quintile is divided into two categories: those with incomes below the Federal Poverty Level (FPL), and those with incomes above the FPL.

BROOKINGS



# FOOD *for* THOUGHT

UNDERSTANDING OLDER ADULT FOOD INSECURITY

COLLEEN M. HEFLIN AND MADONNA HARRINGTON MEYER

## Colleen Heflin

Maxwell School of Citizenship and  
Public Affairs, Syracuse University

Institute for Research on Poverty

May 20, 2026

“Sometimes when I look in the fridge and it’s pretty bare, and I’m going, hmm, I worked for fifty years and my life’s going to end up like this.” **Alex (age 65 with low food security)**

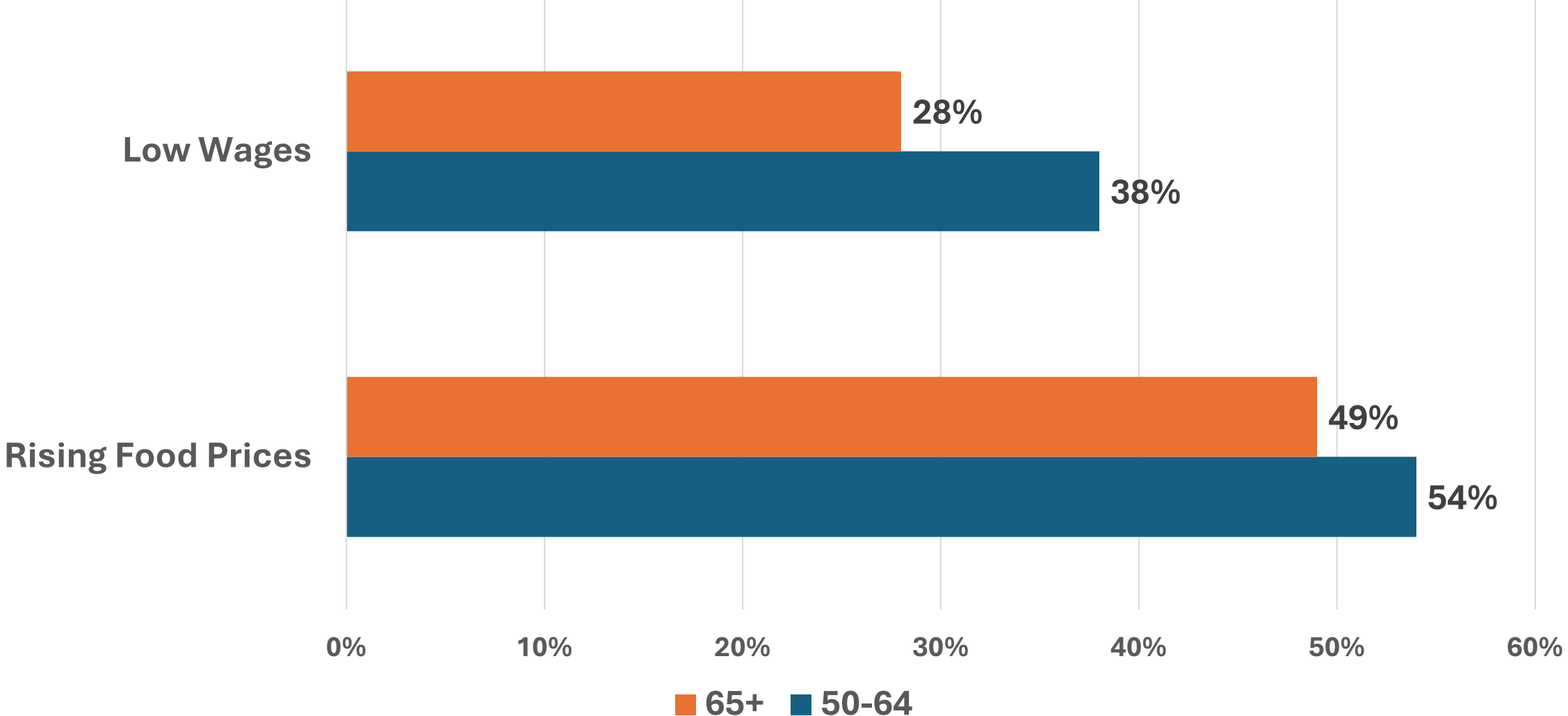
# Why study older adult food insecurity?

- Food insecurity: Lack of access by all household members at all times to enough food for an active, healthy life.
- 9.5% of adults age 60 and older were food insecure in 2024.
  - 22% among those below 185% of the FPL
- By 2034, the number of older adults will exceed the number of children in the US for the first time in history.
- Food insecurity connects to nearly all other dimensions of well-being.
- Food insecurity is a driver for a wide array of negative health outcomes.



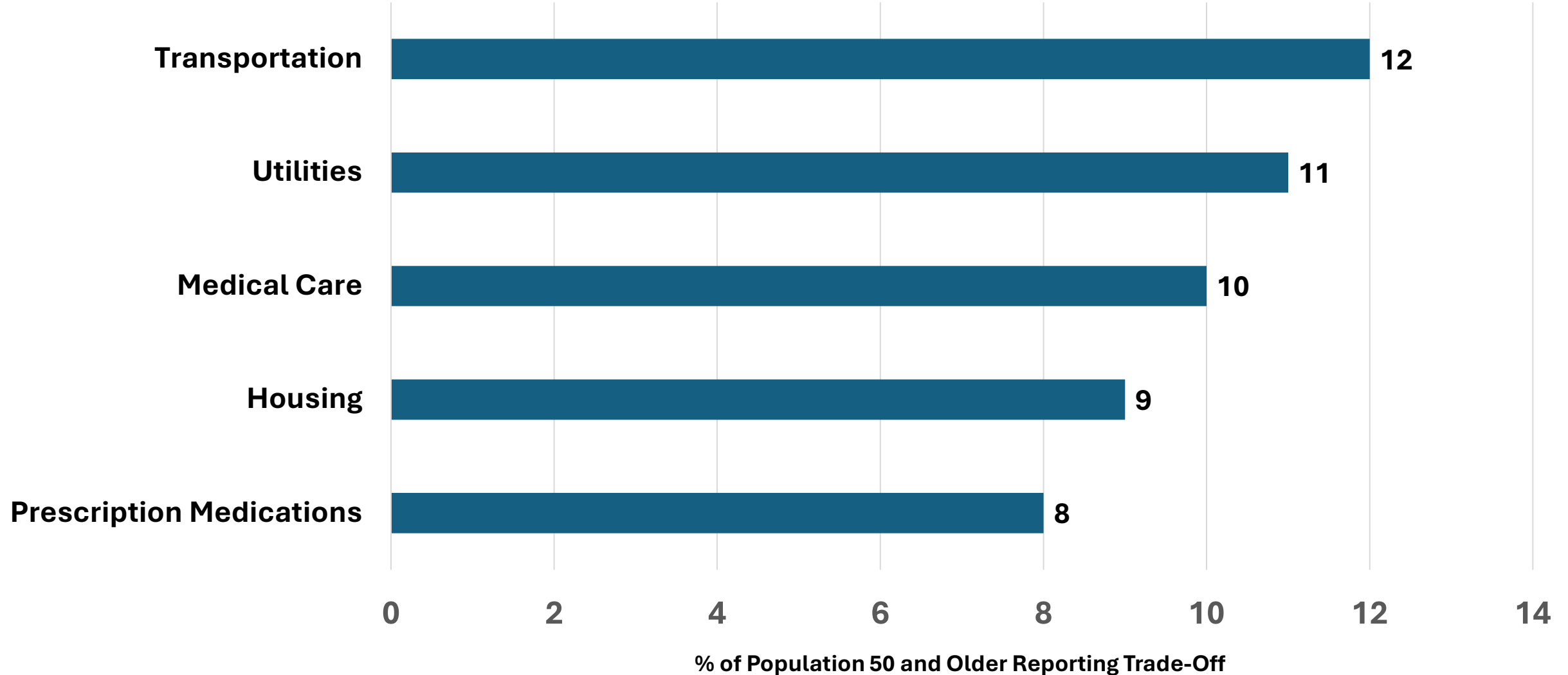
# Economic Drivers of Food Insecurity

# Economic Factors negatively impacting access to food in the last two weeks, by age



Source: Kennan and Lampkin 2023.

**Figure 2.2 Tradeoffs between food and other expenses within the last month  
(aged 50 and older)**



# Interviews described how older adults prioritize basic needs

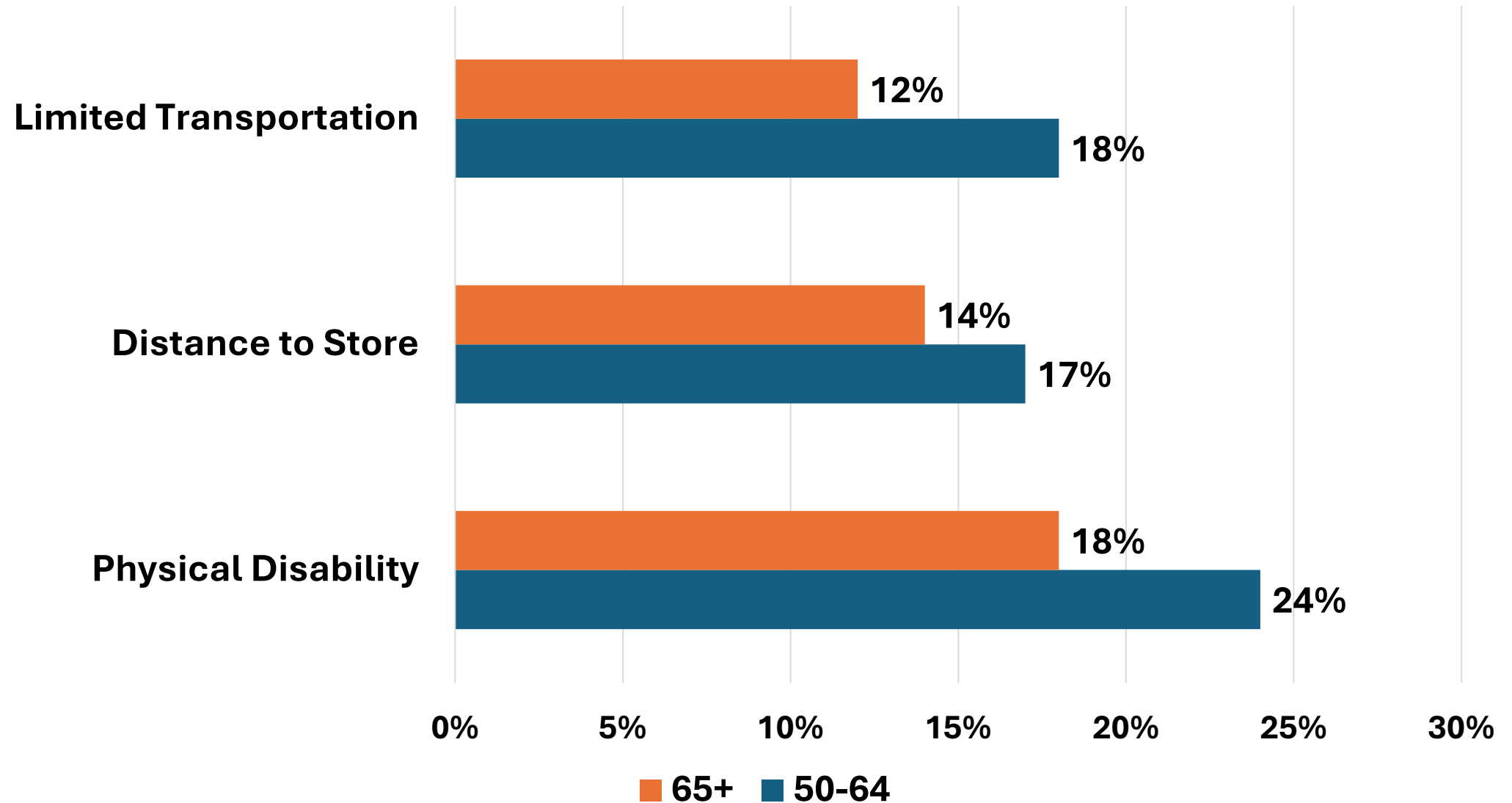
- Housing and energy come first
  - (bill juggling, common among other groups, not mentioned in interviews)
- Monthly battle between food and other basic needs:
  - Medication and medical/dental care
  - Transportation (gas, bus, car maintenance and registration)
  - Personal care items (adult diapers, soap, deodorant, etc.)
  - Cleaning supplies (laundry soap, dish soap, etc.)

**“If I'm really hungry then I guess I just won't get my medicines... Instead of taking it like its prescribed, I may only take it at night and just hope that that will suffice, and I hope I don't get enough that will cause me to have to take more...That way I don't have to buy next month's supply...Probably every month about – every month I have to choose whether I buy disposables [adult diapers] for myself or dish liquid for my dishes.” Barbara (age 68 with very low food security)**



Non-economic  
drivers of food  
insecurity

# Figure 3.1: Factors negatively impacting access to food in the last two weeks, by age



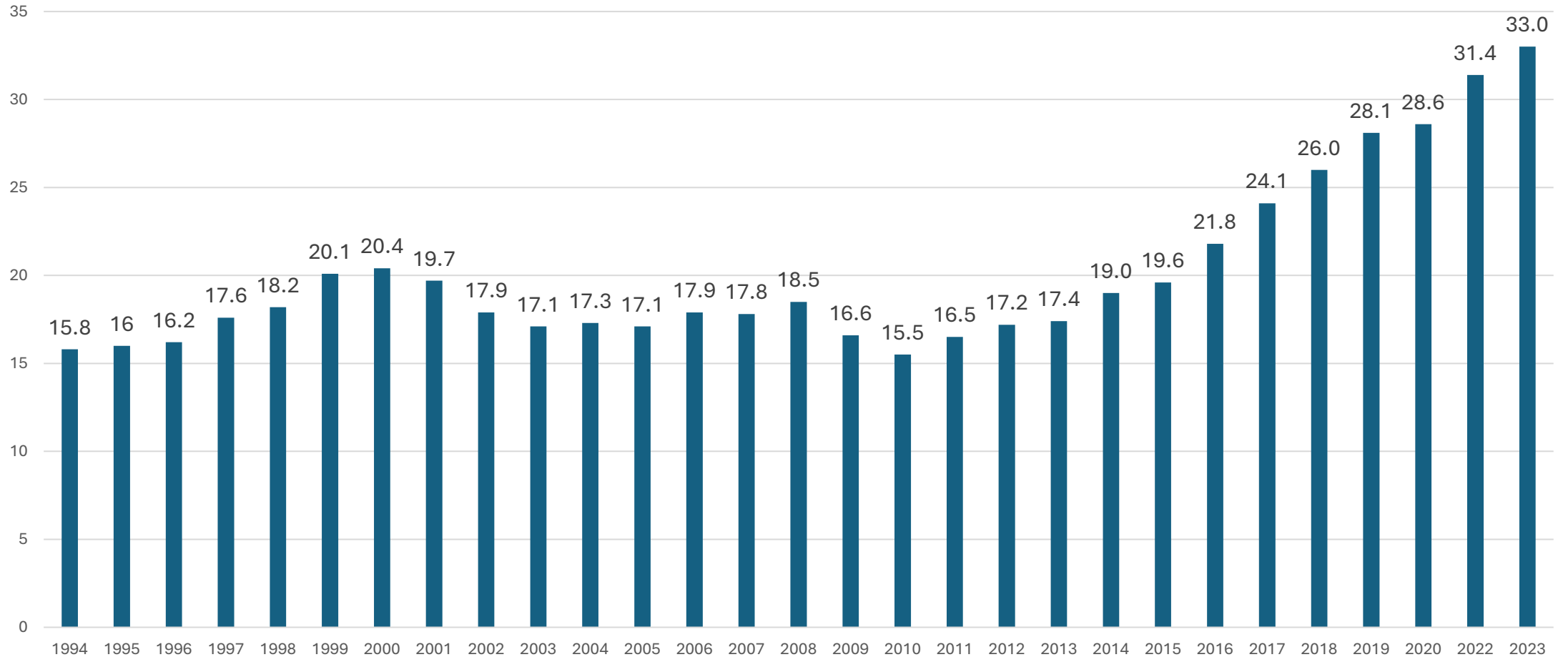
**“I simply can't carry it, and I get too tired to go to the grocery store, too tired to drive there. I have no grocery store close enough that you could walk to. And besides I couldn't carry it anyway.” Anna (76 with low food security)**

**“Yeah, sometimes in the wintertime it's hard for me to catch the bus because I've got to walk all the way down the street and stand in the bus stop and wait for the bus and sometimes it be really cold. But sometimes if I have like, you know, a few dollars to give my friend for gas, I guess she just takes me.” Carmen (age 65 with low food security)**



# Limits of Existing Policies to Address Old Age Food Insecurity

# Figure 4.4: Share of SNAP Caseload Aged 60 and Above, 1994-2023



# The Limits of SNAP for Older Adults

1. Administrative burden associated with applying for SNAP is high
2. SNAP benefits can be difficult to redeem and of low value.
3. Conditions vary greatly depending on where you live.

**“Well, I hate doing all that damn paperwork once a year. I mean, God, I haven’t changed anything, stop putting me through this. I recently recertified for food stamps and I'm just – goodness gracious, I'm poor, leave me alone.” Kira (age 68 with food security)**

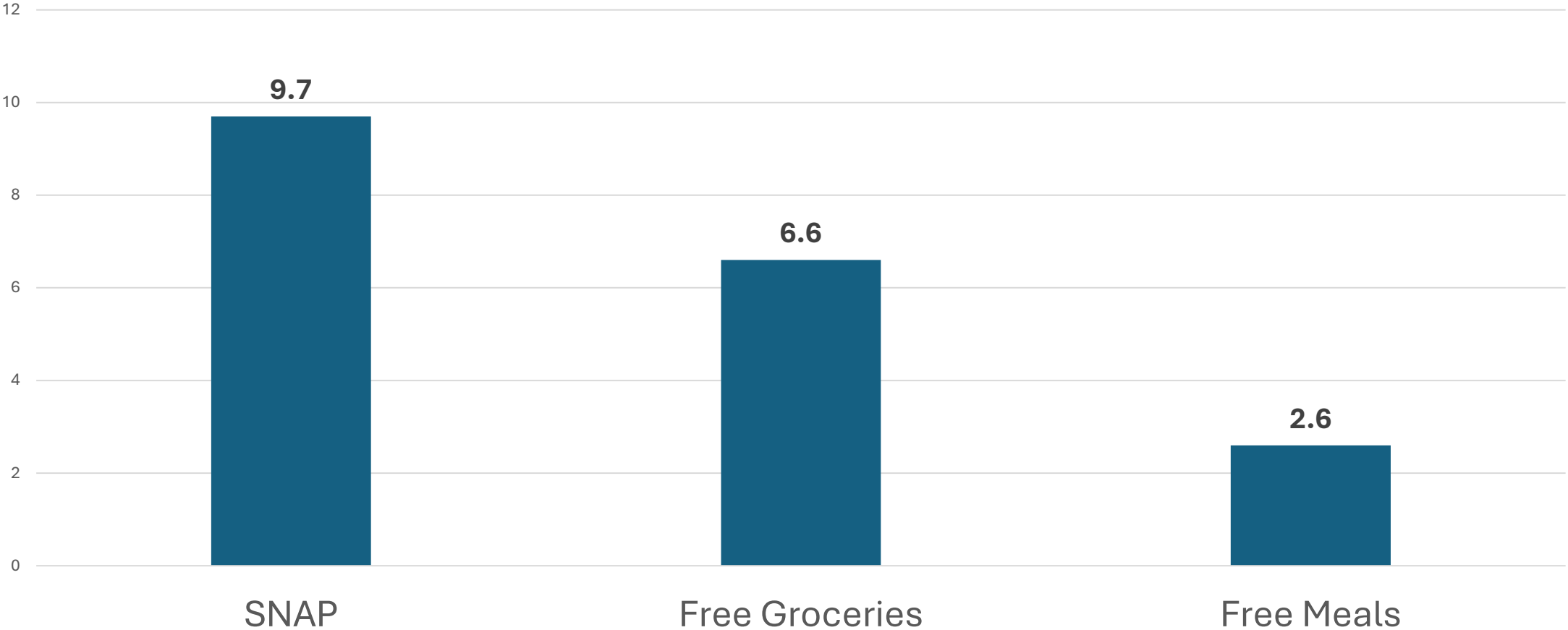
# Community and Subsidized Food Programs

- Group Meal Programs
- Home Delivered Meals
- Sources of Free Groceries (food pantries)
- Funded by federal, state, and local governments; private donations; donations (including food waste)
- Staffed by both paid staff and volunteers
- Availability varies greatly

# Limits of Community-Based Programs

- 1. Quality and quantity of food available varied depending on where the person lived.
- 2. Programs available often limited food choice and the food available did not always meet dietary requirements.
- 3. Physical, cognitive, and transportation limitations reduced participation as did inability to pay fees/donations.

# Share of Older Adults Receiving Support in 2023



# Benefits of Addressing Older Adult Food Insecurity

- Decreased health care costs linked to better diet and medical compliance
- Improved physical, mental and cognitive well-being
- Declines in loneliness and isolation and improved social integration
- Better options for living in the community longer and delaying the transition to residential care facilities



# FOOD *for* THOUGHT

UNDERSTANDING OLDER ADULT FOOD INSECURITY

COLLEEN M. HEFLIN AND MADONNA HARRINGTON MEYER

## Thank you!

Available at

<https://www.russellsage.org/publications/book/food-thought>

Discount code: FOOD

# HOUSING INSTABILITY OF OLDER ADULTS WITH AND WITHOUT DISABILITIES

---

INSTITUTE FOR RESEARCH ON POVERTY WEBINAR

SAFIYYAH M. OKOYE, PHD, MSN, RN

DREXEL UNIVERSITY

MAY 20, 2026

# WHY HOUSING MATTERS IN LATER LIFE

---

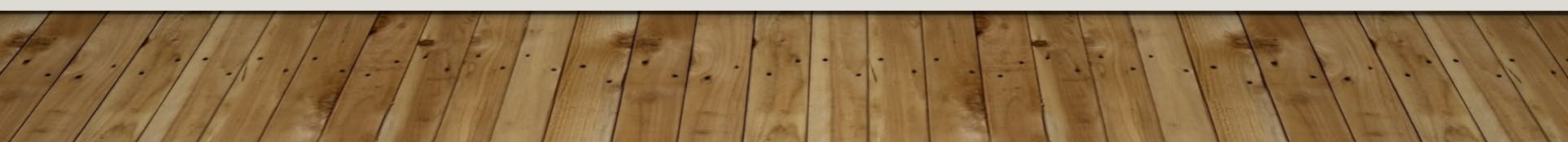
- Housing is a major social determinant of health
- Housing influences safety, independence, and healthcare access
- Housing affects social engagement and quality of life
- Aging in place is a key goal for many older adults in the U.S.

# WHAT IS AGING IN PLACE?

---

- Ability to live safely and independently in one's home and community
- Relevant housing dimensions include:
  - Cost: affordable
  - Condition: sufficient quality
  - Consistency: stability
  - Context: neighborhood and community resources
  - Fit: facilitates daily activities (accessible)

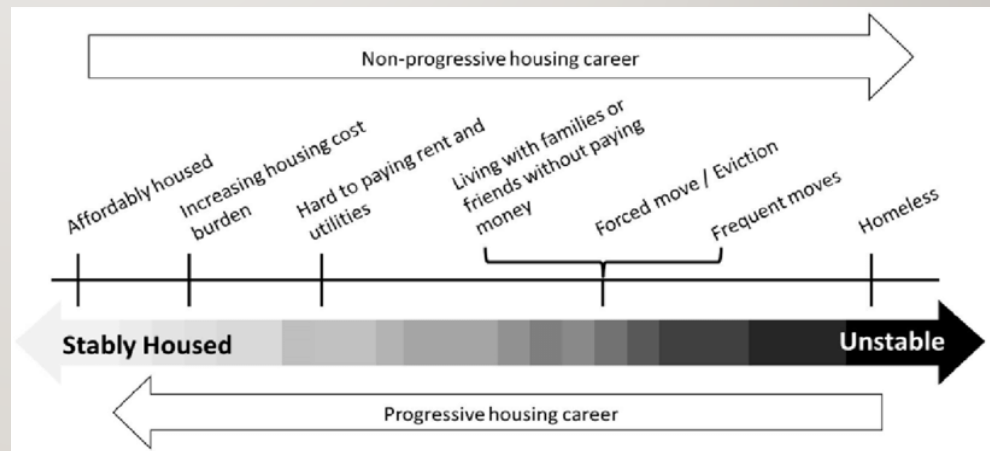
(Lawton, 1983; Swope & Hernández, 2019)



# HOUSING INSTABILITY AND HOMELESSNESS

- Older adults are among the fastest-growing homeless populations – about 1/3 of homeless adults are 55+, with many experiencing homelessness for the first time after age 50.
- Homelessness is associated with disability, chronic illness, and social isolation
- Housing instability exists along a continuum
- Stable housing is foundational to aging in place

(U.S. Department of Housing and Urban Development, 2023; Kleit et al., 2016; Traver et al., 2025)



From Kleit et al. 2016, "Why Do Housing Mobility Programs Fail in Moving Households to Better Neighborhoods?"

# CAUSES OF HOMELESSNESS IN OLDER ADULTS

---

- Booming older adult population (with particular housing needs and challenges)
- Rising rent, taxes, and utility costs – 56% of older renters in the US are cost burdened
- Limited affordable housing supply
- Fixed or limited incomes and pensions
- Limited social supports and caregiving networks
- Inaccessible housing and transportation barriers

(Joint Center for Housing Studies, 2023)

# RECENT STUDY ON HOUSING CHARACTERISTICS OF LOW AND MODERATE INCOME OLDER ADULTS

---




# STUDY OVERVIEW

- Data from the National Health and Aging Trends Study (NHATS), 2015 round
- Described housing characteristics of community living low and moderate income older adults in the US, comparing older adults with and without disabilities
- Examined associations of housing characteristics with adverse consequences of unmet care needs

(Nhats.org)

Geriatric Nursing 62 (2025) 175–181

Contents lists available at [ScienceDirect](#)


 Geriatric Nursing  
journal homepage: [www.gnjournal.com](http://www.gnjournal.com)

Featured Article

Housing characteristics of low and moderate income older adults with and without disabilities

Safiyah M. Okoye, PhD, MSN, RN<sup>a,b,\*</sup>, Laura J. Samuel, PhD, MSN, RN<sup>a,c</sup>, Chanee D. Fabius, PhD, MA<sup>d</sup>, Kasim Ortiz, PhD, MS<sup>b</sup>, Craig E. Pollack, MD, MHS<sup>c,d</sup>, Laura N. Gitlin, PhD<sup>e</sup>, Sarah L. Szanton, PhD, MSN, RN<sup>c</sup>, Jennifer L. Wolff, PhD, MHS<sup>d</sup>

<sup>a</sup> Department of Graduate Nursing, College of Nursing and Health Professions, Drexel University, Philadelphia, PA, USA  
<sup>b</sup> Department of Health Management and Policy, Dornsife School of Public Health, Drexel University, Philadelphia, PA, USA  
<sup>c</sup> Johns Hopkins University School of Nursing, Baltimore, MD, USA  
<sup>d</sup> Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA  
<sup>e</sup> College of Nursing and Health Professions, Drexel University, Philadelphia, PA, USA



# BACKGROUND

---

- Physical housing characteristics may contribute to disability-related outcomes by placing excessive environmental demands on older adults and their care networks relative to capacity.
- Social and economic housing characteristics may reflect older adult's social and financial resources to obtain necessary care services.
- Adverse consequences of unmet care needs are an important quality of life outcome for persons living with disabilities and indicate whether a person has sufficient supports at the interpersonal, community, and health services level.
  - Examples: going without eating because no one was there to help and it was too difficult to do by one's self

# SAMPLE CHARACTERISTICS

---

- N= 4,898 older adults
- Living in the community setting (not nursing home or assisted living)
- With low and moderate income (in bottom 75% of income of the sample, or annual income <\$60,000)
- Represents 24.2 million Medicare beneficiaries age 65 years and older
- 51.4% reported a disability: defined as receiving assistance with a self-care, household, or mobility activity due to health or function reasons, or performing an activity themselves with difficulty.

# STUDY RESULTS

---

# SOCIODEMOGRAPHIC CHARACTERISTICS BY DISABILITY STATUS

---

- Older adults with disabilities were more likely to:
  - Be older (19.0% vs 8.0%  $\geq 85$  years of age)
  - Have lower education and income (27.6% vs 18.8% with below high school education)
  - Experience financial hardship (13.2% vs 5.9%)
  - Live with others yet report social isolation (24.2% vs 14.6% lived with others; 60.9% vs 65.8% socially integrated)

# HOUSING CHARACTERISTICS BY DISABILITY STATUS

---

- Older adults with disabilities were more likely to:
  - Rent versus own (34.5% vs 23.1%)
  - Live in subsidized housing (7.0% vs 3.4%)
  - Live in apartments or mobile homes (20.4% vs 14.8%)
  - Experience home and neighborhood disorder
    - Interior home disorder (36.1% vs 27.7%)
    - External home disrepair (18.0% vs 15.1%)
    - Street disorder (14.4% vs 9.9%)

# HOUSING CHARACTERISTICS AND ADVERSE CONSEQUENCES

---

- Among older adults living with disabilities, housing characteristics statistically significantly associated with experiencing one or more adverse consequences of unmet care needs in the previous year Odds ratio (95% confidence interval):
  - Living in subsidized housing: 1.82 (1.30, 2.55)
  - Renting versus owning: 1.57 (1.28, 1.94)
  - Apartment/mobile home versus house: 1.31 (1.05, 1.63)
  - Interior home disorder: 1.25 (1.05, 1.51)
  - \*Adjusted regression findings were similar\*

# DISCUSSION AND IMPLICATIONS

---

- Sociodemographic and housing characteristics associated with housing instability disproportionately distributed among older adults with disabilities (e.g., low income, financial strain, renting, home disorder, home disrepair, street disorder)
- Housing quality and affordability influence unmet care needs
  - Interesting finding of association of subsidized housing with adverse consequences – may signal selection for older adults with extremely high needs as well as insufficient supports
- Housing is relevant to long term service and supports quality

# CONCLUSIONS AND RECOMMENDATIONS

---

- Consider (assess) housing and functional capacity together
- Ask older adult patients if they need assistance with long term services and supports. Older adults who rent their homes, who live in subsidized housing, or who live in apartments or mobile homes may be at higher risk of adverse consequences of unmet care needs.
- Refer to and partner with home repair and modification programs, as well as related services (e.g., legal)
- Advocate for affordable and accessible housing investments and programs as compliments to long term services and supports

# QUESTIONS

---

- Thank you
- Questions and Discussion

# REFERENCES

---

- Kleit, R. G., Kang, S., & Scally, C. P. (2016). Why Do Housing Mobility Programs Fail in Moving Households to Better Neighborhoods? *Housing Policy Debate*, 26(1), 188–209. <https://doi.org/10.1080/10511482.2015.1033440>
- Lawton, M. P. (1983). Environment and Other Determinants of Well-Being in Older People. *The Gerontologist*, 23(4), 349–357. <https://doi.org/10.1093/geront/23.4.349>
- Martín, C., Mallach, A., Swanstrom, T., Harrison, A., & Wedeen, S. (2024). Catalyzing a Movement to Produce Greater Public, Private, and Civil Resources to Improve Housing Conditions Through Home Repair Programs. P. a. F. o. H. College. <https://www.jchs.harvard.edu/research-areas/working-papers/catalyzing-movement-produce-greater-public-private-and-civil>
- National Health and Aging Trends Study (NHATS). Dataset. Available at [nhats.org](https://nhats.org)
- Okoye, S. M., Samuel, L. J., Fabius, C. D., Ortiz, K., Pollack, C. E., Gitlin, L. N., Szanton, S. L., & Wolff, J. L. (2025). Housing characteristics of low and moderate income older adults with and without disabilities. *Geriatric Nursing*, 62, 175–181. <https://doi.org/https://doi.org/10.1016/j.gerinurse.2025.01.042>
- Swope, C. B., & Hernández, D. (2019). Housing as a determinant of health equity: A conceptual model. *Soc Sci Med*, 243, 112571. <https://doi.org/10.1016/j.socscimed.2019.112571>
- Traver, A., Velasquez, R., & Dabelko-Schoeny, H. (2025). Challenges to Aging in the Right Place for Older Adults Experiencing Homelessness. *The Gerontologist*, 65(4), gnaf002. <https://doi.org/10.1093/geront/gnaf002>
- U.S. Department of Housing and Urban Development. (2023). 2021 Annual Homelessness Assessment Report to Congress: Part 2: Estimates of Homelessness in the United States. <https://www.huduser.gov/portal/sites/default/files/pdf/2021-AHAR-Part-2.pdf>
- Joint Center for Housing Studies of Harvard University. (2023). Housing America's Older Adults 2023. [https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard\\_JCHS\\_Housing\\_Americas\\_Older\\_Adults\\_2023.pdf](https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_Housing_Americas_Older_Adults_2023.pdf)

# THANK YOU

---

Safiyyah M. Okoye  
College of Nursing & Health Professions  
Dornsife School of Public Health  
Drexel University  
smo93@drexel.edu

# Research and Policy to Address Financial Instability Among Older Adults

---

Wendell Primus  
Center on Health Policy  
The Brookings Institution

May 20, 2026

# Plan of talk

- Poverty statistics
- Two Social Security provisions
- Reducing Medicare premiums
- Enables SNAP and SSI participation rate increases
- SSI and Housing provisions
- Poverty impacts
- Conclusion

## Poverty Rates Among Older Adults Under Different Supplemental Poverty Measures

Year	Survey Data	NEWS	Difference (Percentage Points)
2016	14.5%	7.4%	7.1
2017	14.1%	7.7%	6.4
2018	13.6%	7.5%	6.1
2019	12.8%	7.4%	5.4
2020	9.5%	4.7%	4.8
2021	10.7%	6.1%	4.6
2022	14.1%	N/A	N/A
2023	14.2%	N/A	N/A
2024	15.0%	N/A	N/A

**Source:** Census Bureau Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC), and National Experimental Well-Being

# Elderly Supplemental Poverty Rates – 2021

	CPS	Baseline Model, Corrected for Underreporting (NEWS)
Aged 65+	10.7	6.1
Male Aged 65+	9.4	5.6
Female Aged 65+	11.7	6.7
Aged 80+	13.6	7.2
Male Aged 80+	11.5	6.6
Female Aged 80+	15.0	7.5
Female 80+, White	14.3	7.0
Female 80+, Black	15.9	7.5
Female 80+, Hispanic	25.2	13.2
Citizen Aged 65+	10.1	5.7
Noncitizen Aged 65+	24.7	19.9

# Social Security Provisions

- Increase survivor protection
  - CL – larger of two benefits
  - Increase protection by larger of two or 75% of combined
- Grandparent Caregiver benefit
  - 1 in 8 children are in a multi-generation household
  - Add a child benefit to grandparents providing over 50% of support to grandchildren
  - If they did not step up, they would have to find stranger foster parents
  - Helps 2 million GP families

[Fixing Social Security | Brookings](#)

[Improving Social Security for children and young adults in need | Brookings](#)

[Reducing premiums for low-income Medicare beneficiaries | Brookings](#)

# Letter of Support from former Senate and House members

- “While we may not agree with every single provision, we firmly believe this is excellent place from which Congress should start negotiations on restoring solvency to Social Security.”
- “We would urge Congress to significantly improve the supplemental security income program and reduce elderly poverty, which has increased by over 50% in the last four years.”

Former Republicans	Former Democrats
1. Rep. Bill Gradison (R-OH)	1. Rep. Thomas J. Downey (D-NY)
2. Rep. Charles Boustany (R-LA)	2. Rep. Mike Andrews (D-TX)
3. Rep. and Sen. Dan Coats (R-IN)	3. Rep. and Sen. Tom Daschle (D-SD)
4. Rep. Phil English (R-PA)	4. Rep. Dick Gephardt (D-MO)
5. Rep. Nancy Johnson (R-CT)	5. Rep. Earl Pomeroy (D-ND)
6. Rep. Jim McCrery (R-LA)	6. Rep. Marty Russo (D-IL)
7. Rep. Tom Reed (R-NY)	7. Rep. Jim Slattery (D-KS)
8. Rep. Fred Upton (R-MI)	8. Rep. Henry Waxman (D-CA)
9. Rep. James C. Greenwood (R-PA)	9. Rep. Joseph Crowley (D-NY)
10. Rep. William M. Thomas (R-CA)	10. Rep. Timothy J. Penny (D-MN)

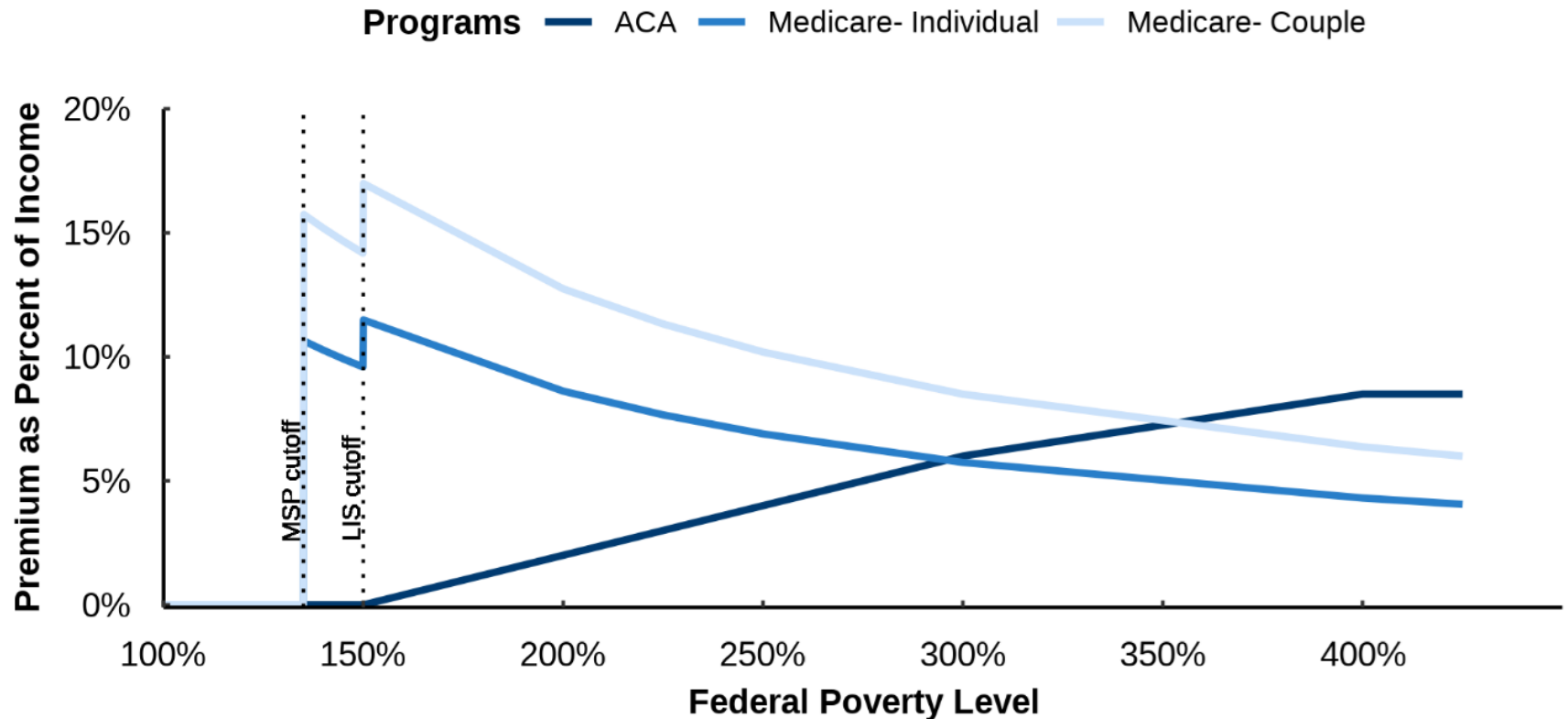
# Premiums are too high for low-income Medicare beneficiaries

- Monthly Part B premium is \$202.90.
- Base monthly Part D premium is \$38.88.
- Combined annual Medicare Part B and D premiums are \$2,901, or 18.2% of FPL.
- Combined premiums are 14 percent of the federal poverty line (FPL), where eligibility for assistance ends.

## Problems with Assistance: Medicare Savings Programs & Low-Income Subsidy (LIS)

- Low participation rates.
- Small change in income can yield large change in government assistance.
- Low-income older adult moving from ACA to Medicare when turning age 65 face a large premium increase.
- <https://www.kff.org/medicare/seven-million-people-with-medicare-spend-more-than-10-of-income-on-part-b-premiums-the-reconciliation-bill-could-drive-the-number-higher/>

**Figure 2. Percent Income Spent on Program Premiums by Federal Poverty Level Including MSP & LIS Programs**



Note: Chart uses Medicare Part B and Part D premiums in calculations.  
 Source: Author's analysis of Medicare premiums, LIS benefit schedule, MSP benefits, and ACA premiums.

**BROOKINGS**

# Solutions to Problem of High Medicare Premiums

- Get rid of Medicare Assistance Programs
- Replace with new federal program administered by the Social Security Administration (SSA)
  - Program modeled after program that assesses income-related Medicare premiums
  - 9% of older adults pay income-related premiums
  - Premiums in 2024 are based upon income reported to the IRS in 2022
- Expensive – 40-45 billion per year
- Singles below \$49,800 and couples below \$85,400 are better off
- Overall, 26.7 million older adults are better off, about 24 million are worse off
- This mechanism can be used to increase SSI and SNAP participation levels

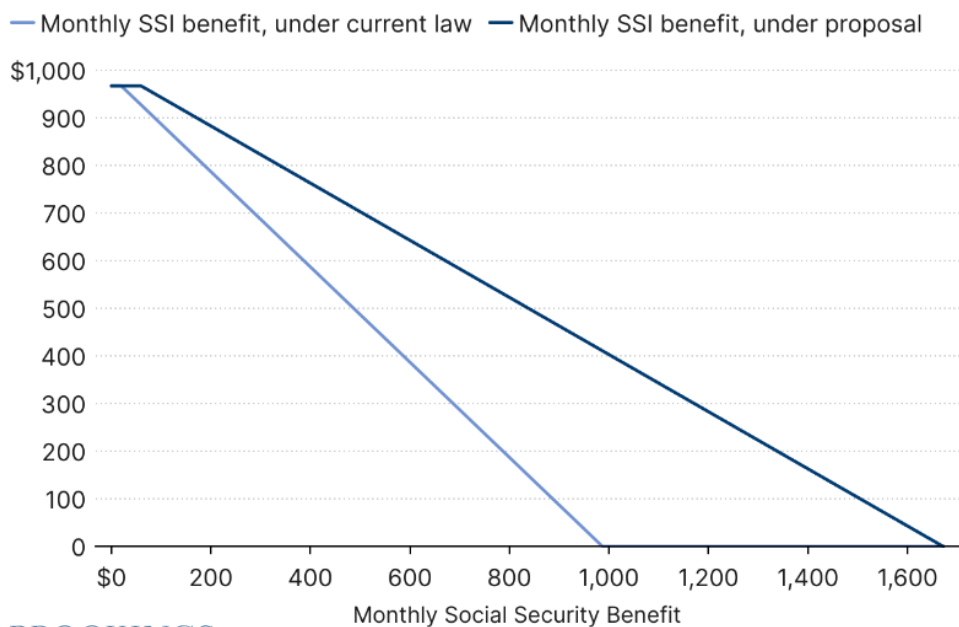
# Additional Proposals to Decrease Elderly Poverty

- Primary changes to SSI:
  - Increase SSI Monthly Federal Benefit Rate by \$60 for individuals and \$90 for couples
  - Disregard 40% Social Security benefits
  - Increase asset eligibility limit to \$10,000 for an individual and \$20,000 for a couple.
- Increase funding by 20% for HUD 202 (15.6k households) and 811(383k households) programs for low-income older adults and people with disabilities. Target on families below poverty
- Cap out-of-pocket costs in Medicare

# Disregard 40% of Social Security benefits when calculating SSI benefit

- In 2026, under current law, someone who pays about \$62,000 in payroll taxes over their lifetime receives only \$20 of additional SSI benefit per month.
- Under our proposal, a Social Security recipient will be able to keep more of their Social Security benefit.

Figure 1: SSI benefit by Social Security benefit



BROOKINGS

<https://www.brookings.edu/articles/modifying-the-interaction-between-the-social-security-and-supplemental-security-income-programs-would-benefit-low-income-retired-and-disabled-workers/>

# Cost table

	2026-2031	2026-2036
<b>SSI</b>	298	822
<b>SNAP</b>	13	35
<b>Grandparent Caregiver</b>	16	42
<b>Survivor Benefit</b>	12	33
<b>Housing Subsidies</b>	10	27
<b>Medicare Out-of-Pocket</b>	76	214
<b>Medicare Premiums</b>	223	628
<b>Total</b>	<b>647</b>	<b>1,802</b>

# Modeled Supplemental Poverty Rate under Current and Proposed Law

Demographic Group	Poverty rate (%)			Poverty gap (\$b)		
	Current Law	Proposed Law	% Change	Current Law	Proposed Law	% Change
Aged 65+	6.2	2.3	-63	34.5	15.9	-54
Aged 80+	7.2	2.5	-65	6.6	2.3	-65
Male Aged 80+	6.6	2.3	-65	2.3	0.7	-70
Female Aged 80+	7.5	2.7	-65	4.3	1.6	-62
Citizen Aged 65+	5.7	2	-65	29.9	13.4	-55
Noncitizen Aged 65+	19.9	10.3	-49	4.5	2.5	-46

# Conclusion

- Elderly poverty can be reduced in many different ways
- Perhaps included with Social Security solvency
- Costs should be offset – reduce Medicare Advantage reimbursement, for example
- The reason why poverty is not reduced further is the existence of many asset rich individuals (which renders them ineligible for assistance) but still income poor.