

GOING GRAY IN THE GOLDEN STATE

THE REALITY OF POVERTY AMONG SENIORS IN OAKLAND, CALIFORNIA



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ACKNOWLEDGEMENTS

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Contributors: We particularly want to acknowledge the Seniors and staff at St. Mary's Center for their tremendous contribution to the understanding of poverty among Oakland Seniors. We also want to acknowledge Tania Rose and Carolyn Purcell who provided valuable editorial support. The Oakland Institute's 2007 Intern Scholar Jonathan Stewart provided research assistance and conducted interviews with the Seniors.

We are grateful to the Presbyterian Hunger Program (PHP) and to Andrew Bartlett, Associate for National Hunger Concerns at the PHP, Domitila Barrios de Chungara Fund, Further Foundation, the He-Shan World Fund, and the individual members of the Oakland Institute for supporting the publication of this report.

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Photograph Credits: Seniors at the St. Mary's Center. Photos of artwork by Seniors are by Susan Werner

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Publisher: The Oakland Institute is a policy think tank dedicated to advancing public participation and fair debate on critical social, economic, and environmental issues. Founded in 2004, as a non-profit education and advocacy organization, OI's goal is to come up with a list of new policy solutions and to create an informed citizenry as a positive force of social change.

This report is published in collaboration with the St. Mary's Center, an organization that provides comprehensive services for Oakland's homeless and poorest elderly population, age 55 and older, from all racial, cultural, and religious backgrounds.

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INTRODUCTION

“Retirement kills more people than hard work ever did.”

— Malcolm Forbes¹

“I live at the San Pablo Hotel. Across the street is the Welfare Building – Alameda County Social Services. The Welfare Building is surrounded by luxury condos. How are folks on welfare supposed to feel going into this building with all the condos around it that they can’t afford?”

— Roland Duplessis²

For a startling number of seniors in the United States, aging is marked by intensified physical deprivation, insecurity, isolation and humiliation. Approximately 39 million Americans live below the poverty level, and of this group, seniors constitute nine percent.³

California, the Golden State, whose economy accounts for 17 percent of the total national GDP and, were it an independent country, would economically outpace all but nine countries,⁴ leads the nation with the most elders living in poverty.⁵ Close to 400,000 Californians 65 and older live in poverty, the majority of whom are women and people of color.⁶

Within California, the city of Oakland in Alameda County has the largest population of impoverished seniors in the state. According to the 2000 census, 41,788 of Oakland’s 420,000 population are 65 years or older.⁷ Of these seniors, *one in eight currently lives at or below the poverty line*, and many more are at risk of facing severe hunger and homelessness.⁸

Although national poverty levels among seniors are supposedly dropping, California leads the United States in the number of elders living below federal poverty levels. Oakland has the largest population of impoverished seniors in the entire state of California.

As recession spreads in the country, there is a growing number of urban elderly poor in California whose situation is worsening. Governor Schwarzenegger’s \$510 million last-minute line item veto cuts in the 2008-2009 budget make deep reductions to safety-net services for seniors. These include cuts in the Medi-Cal program, Multi-Purpose Senior Services Program, Long Term Care Ombudsman Program, Senior Employment Program, Home Delivered Meals Programs, Adult Protective Services and several community-based programs that provide vital services to vulnerable seniors, and permanently suspends the state’s Cost of Living Adjustment in 2008 and 2009.

Already the seniors have been deeply affected by the succession of cuts which have reduced the value of the SSI grant to just 77 percent of its’ 1990 value, making it harder for recipients to remain housed. This however is not their only budget problem. The cost of food has increased substantially since 2005. According to the U.S. Department of Agriculture (USDA), the cost of a carton of eggs has increased 50% since 2007 and the cost of a loaf of bread has gone up 32% and milk 26% since 2005. Prices of other staples such as flour, meat, and vegetables have increased as well.

Going Gray in the Golden State: The Reality of Poverty Among Seniors in Oakland, California, a report from the Oakland Institute, examines the root causes of poverty among low-income senior citizens in Oakland, California — the city with the largest population of impoverished seniors in the entire

state. Drawing upon survey data as well as first-hand testimonies from seniors, advocates and social service providers, the report examines these seniors' lived experiences vis à vis several myths that are regularly invoked to justify existing public assistance strategies and to explain their failure in adequately providing for the welfare of seniors.

Embedded throughout the report are photos of clients and photos taken by clients of St. Mary's Center, an organization that provides comprehensive services for Oakland's homeless and poorest elderly population, age 55 and older, from all racial, cultural, and religious backgrounds. These photos and testimonials are part of St. Mary's Center's Documenting Poverty project. The report also highlights successful strategies, for both elder care and advocacy, undertaken by local service providers in Oakland. Finally, the report makes policy recommendations that we hope will tangibly, equitably, and sustainably improve the lives of at-risk seniors in Oakland and beyond.

Documenting Poverty Project, St. Mary's Center

St. Mary's Center recognizes that people whose lives are affected by social policies are informed and impassioned spokespeople for change in public policy. In August 2007, St. Mary's Center invited seniors to document their experience of living in poverty to contribute to the Oakland Institute's study about poverty and solutions to ending poverty amongst seniors in Oakland.

Eleven men and women, ranging from fifty eight to eighty years old, met for six weeks to address how they live on extremely-low income. These elders received either General Assistance (GA), \$400 a month, or Supplemental Security Insurance (SSI), \$856 a month. The seniors were asked to discuss the following questions: How do you meet your basic needs? What are your hardships in meeting your needs? What assistance do you receive from people and agencies? What enhances your life in our community? What do you passionately care about in your life? Each senior received a disposable camera to photograph their lives and the resources upon which they depend: income, housing, food, medical care, social services, and social relations.

These elders shared their stories of living in poverty for the first time in their lives. Many felt ashamed of living in poverty as it related to the circumstances of their lives: hardships of immigrant status, health disabilities, and being raised in poverty and impacted by emotional and physical traumas. These elders had personalized unworthiness that is reinforced by the American culture that values independence and self-sufficiency.

As each senior shared their story, they recognized their resilience and resourcefulness in obtaining needed resources. They expressed gratitude for the financial benefits, health insurance, subsidized housing, food programs, and community agencies that enable them to survive. They shared their daily, incessant worries about allocating their monthly income. They acknowledged that any sense of stability in their lives is fraught with perilous uncertainty given the erosion of benefits in medical insurance, affordable housing, food, and transportation. Most of these elders had experienced homelessness, and its memory remained etched as a haunting possibility.

The seniors listened to one another with respect. They appreciated each person's intelligence and ingenuity in living their lives. Their recognition helped each person to realize their own self value: an antidote to the isolating humiliation and shame of being poor. Silenced voices and hidden lives emerged replete with aliveness, creativity, beauty, and love for life.

The seniors chose to participate in this documenting poverty project with the hope of benefiting the lives of other poor people. They emerged through the project with self-value and became emboldened to speak about the validity of their basic needs.

Though these elders live in poverty, they do not feel poor as people. They see themselves as rich with self-value, strong spirits, and care for one another. They wisely appreciate and enjoy their lives while living with hardships. Making their lives visible became life changing for the participants. At the final session of the project, one woman voiced that she is more than a lifetime of self-denigration about being poor. She unabashedly affirmed her survival smarts and exclaimed to her peers, "Thumbs up for all!"

WHAT DO WE MEAN BY POVERTY?

The United Nations Committee on Economic, Social and Cultural Rights defines poverty as “a human condition characterized by the sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights.”¹

Meanwhile, U.S. policymakers annually calculate the number of people living in poverty through the U.S. Census Bureau by measuring those who live below the poverty threshold. The current measure of poverty, established in 1964 by a Social Security Administration economist named Mollie Orshansky, is based on food consumption data of low-income families from 1955. She found that a family spent, on average, one-third of its income on food. So she tripled the value of the “economy food plan” to obtain the official poverty line.

With very few changes, and only with adjustments for inflation, the Orshansky measure remains the official poverty measure to this day. In 2006, the U.S. Census poverty threshold was \$9,669 for one individual over 65 years of age and \$12,186 for a couple.² This method, however, grossly underestimates poverty in the United States.³ Food consumption, until recently has been a much smaller share of family budgets, than was the case 50 years ago, while housing and energy, for example, comprise larger shares. At the same time, medical expenses have increased, and more single parents work and pay child-care expenses. Simply updating the official thresholds for this change would lead poverty thresholds (and poverty rates) to be much higher today. For instance, in the early 1960s, when this method of calculating poverty was devised, food accounted for 24 percent of the average family budget and housing 29 percent. In 1999, food took up only 16 percent of the family budget, while housing had soared to 37 percent.”⁴

Another problem with the way poverty rate is calculated is that since it doesn’t account for taxes or non-cash income, it does not take into account programs for lower-income families which have been greatly expanded in the last four decades, including food stamps, housing vouchers, medical care assistance and tax credits. Poverty statistics thus make it depressingly easy to claim that public spending on the poor has had little effect.⁵

OAKLAND’S SOCIO-ECONOMIC LANDSCAPE

Situated in Alameda County across the bay from San Francisco, Oakland is a port city of nearly 412,000 people.⁶ Currently one of the most ethno-linguistically diverse cities in the U.S. (second only to Queens, New York), it was first incorporated in 1852 when San Francisco was just a military garrison. Oakland enjoyed an economic and population boom during the transcontinental rail and manufacturing expansion of the 1920s and the shipbuilding frenzy fueled by World War II, but its economy began to decline during the post-war closure of naval bases and shipyards. Over the subsequent decades, and particularly in the wake of the 1989 Loma Prieta earthquake, many manufacturing jobs were outsourced from Oakland to less expensive locations, leading to an economic downturn during the 1980s and 1990s.⁷

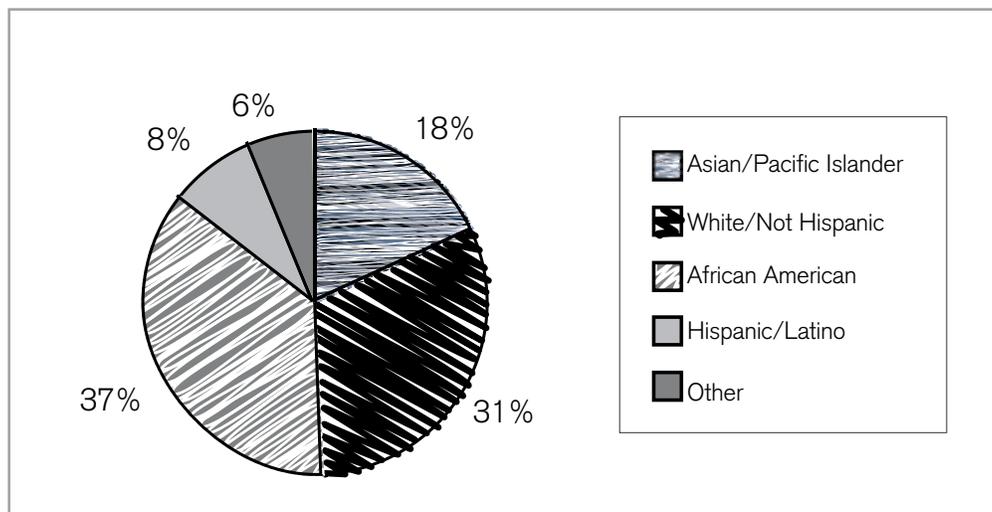
SENIOR DEMOGRAPHICS

In an effort to make its Comprehensive Plan for Seniors more responsive to the changing needs of the elders, Oakland’s Department of Human Services conducted an extensive survey of seniors and

service providers in 2004. The purpose of the survey was to identify environmental, economic, and demographic issues affecting Oakland's aging population and to determine services they need in order to be independent and secure. The survey characterized Oakland's seniors as follows:⁸

- According to the 2000 Census, Oakland is home to 41,788 residents over the age of 65, constituting 10.4 percent of the city's population. About 8.6 percent of Oakland households comprise of a single person 65 years or older. Thirty-eight percent are African-American, 32.5 percent Caucasian, 18.8 percent Asian-American, and 8.4 percent of Latino ancestry.
- 40 percent of Alameda County's approximately 5,800 linguistically isolated adults, 65 and older, live in Oakland.
- Thirteen percent of Oakland residents over age 65 reported incomes less than the federal poverty level.
- Although Caucasian and African-American seniors comprise the majority of Oakland residents age 55 and older, Oakland seniors of Hispanic/Latino and Asian/Pacific Islander ancestry are more likely to live in poverty than are African-Americans and Caucasians.
- 50 percent of Oakland senior residents have some type of disability.
- 61 percent of Oakland Seniors have a high school degree or higher, and 19 percent have a bachelor's degree.

OAKLAND RESIDENTS AGE 55 AND OVER BY ETHNICITY IN 2000



Source: U.S. CENSUS

- Less than 12 percent of Oakland seniors report that they are currently working.
- 11 percent reported heavy alcohol usage. Thirty-six percent of those who identified themselves as heavy alcohol users were living alone.

- Forty-three percent of Oakland seniors live alone. Three times as many seniors from a self-identified sexual minority group (LGBTQ, or lesbian, bisexual, gay, transgender, or queer) live alone compared to heterosexual seniors. One of the biggest fears shared by LGBTQ seniors is that social service providers and policies will not recognize or include their partners in health and social service planning.
- Twenty-five percent of Oakland seniors living below the poverty level need assistance with one or more activities of daily living. Twenty percent reported receiving services from the city, county or other social service agencies, assisting them with paying bills, cooking, cleaning, transportation, and legal services. Thirty-seven percent reported that physical pain interfered with their daily living and social activities.
- Monolingual seniors of Chinese and Vietnamese descent are the most populous users of Oakland's public assistance programs. Lack of bilingual capacity in the administration of health care and social services greatly limits the access these seniors have to services.
- Eight percent of seniors interviewed said they have no one who would deliver groceries or medicine to them if they were ill. Fifteen percent reported they would have no support if they were to become incapacitated.

Hunger Among the Seniors

According to a 2005 University of California Center for Health Policy report, 20 percent of lower-income seniors in California experience food insecurity and 4 percent hunger.¹⁷ The Alameda County Community Food Bank reports that 33 percent of clients who visit emergency food program sites, including shelters, soup kitchens and pantries, are over age 50.¹⁸ Food insecurity and hunger can have very serious effects on the elderly, who are already more susceptible to disease and chronic health conditions, including cancer, heart disease, and diabetes.



"This is a store by my house where I sometimes go to buy my food like eggs, milk, and bread. Their prices are very high. I sometimes go there because it's hard for me to get around on the bus with a shopping cart."
—Darlene Thomas

"Chinatown is a cheap place to get produce"
—Melvin Tolliver



According to Carol Johnson, there is a growing awareness about the link between poverty and obesity — that unhealthy food is killing poor people. According to a study conducted by the University of Washington, Seattle and the University of California, Davis, evidence supports findings that “the highest rates of obesity occur among population groups with the highest poverty rates and the least education.”

They found that there was an inverse relationship between energy density and energy cost food, which means that “energy dense foods composed of refined grains, added sugars or fats may represent the lowest-cost option to the consumer. They also found that “poverty and food insecurity are associated with lower food expenditures, low fruit and vegetable consumption, and lower quality diets.”¹⁹

“In addition, food insecurity causes depression, which in an extreme form may mimic dementia. Depression, the most common form of mental illness in the elderly, can lead to social isolation and self-destructive behavior and even suicide.”²⁰ Given that hunger amongst seniors demoralizes, isolates, and increases morbidity and mortality, programs that enhance nutritional status of the elderly are essential.

THREE MYTHS ABOUT SENIOR SECURITY

Pervasive and powerful myths stand in the way of effective strategies to counter the hardships faced by Oakland's low-income seniors.

MYTH 1: IF YOU WORK HARD AND MANAGE YOUR MONEY WELL, YOU'LL BE SECURE IN RETIREMENT.

Reality: Diligent labor *does not* guarantee security in one's older years. Insecurity among seniors is influenced by low wages, high costs of living, rising health care costs, and changing family dynamics that distance elders from previous forms of social kinship and community.²¹



I came to California in 1965. I went to trade school and studied to be a car mechanic. I completed school in 1966 with skills as a brake mechanic and in general repair. I worked at General Electric. I also drove cabs and did construction work for more than fifteen years. In 1993, I had a heart attack. I went back to work for 10 more years. When my body told me it couldn't work anymore, I started volunteering at St. Vincent de Paul.²²

—Melvin Tolliver

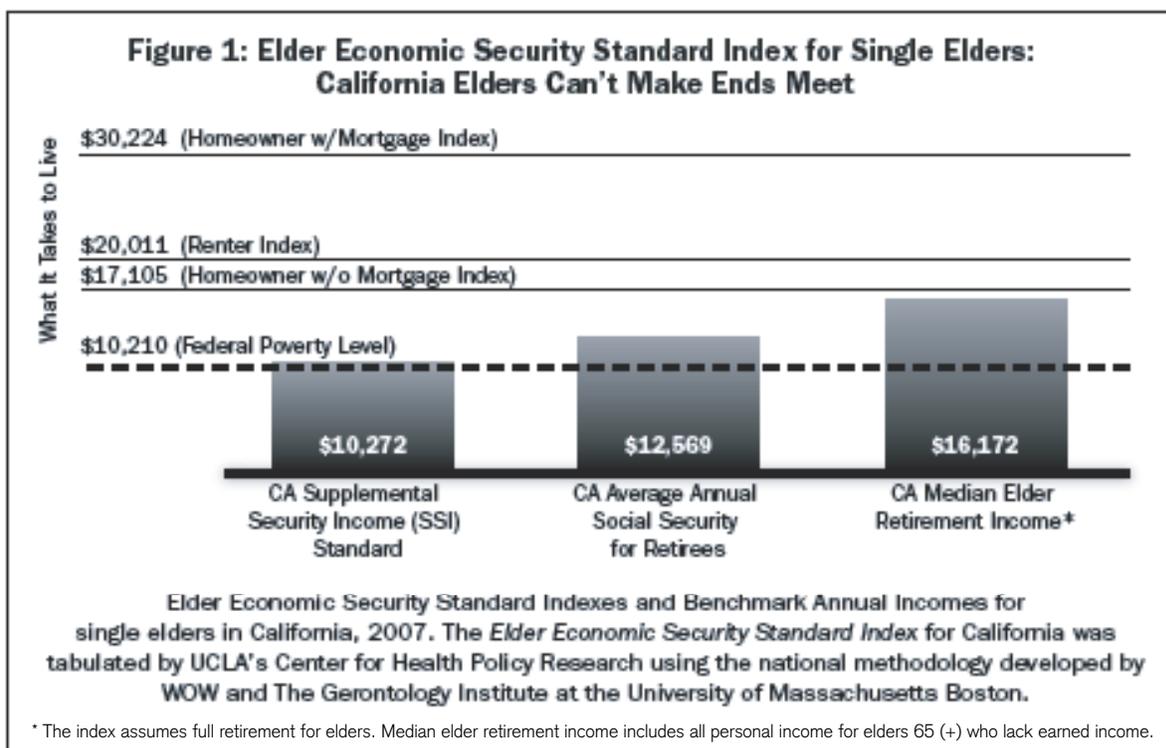
According to projected Census Bureau figures, as baby boomers (those born between 1946 and 1964) reach their golden years, the overall senior population will increase dramatically — by as much as six-fold by 2040.²³ Many baby boomers believe that several decades of hard work and prudent financial management will assure their material security in old age. In fact, a 2005 Merrill Lynch/Harris Associates survey on how the U.S. baby boomer generation is transforming retirement planning has divided retirees into five distinct groups: “Empowered Trailblazers,” “Wealth-Builders,” “Leisure Lifers,” “Anxious Idealists,” and the “Stretched and Stressed.”²⁴ What the survey does *not* capture is the invisible population below “Stretched and Stressed”— the very poor seniors, age 55 and above, who will never be able to access Merrill Lynch's online financial planning website. Their retirement decisions are less about how to balance part-time work with leisure pursuits, and more about whether to use one's monthly Social Security benefits for food, medicine, or rent.

INADEQUATE ACCESS TO LIVING WAGE JOBS

A chief cause of poverty among Oakland seniors is their limited access to jobs that pay a living wage. Low-paying retail and service occupations do not enable workers to accumulate personal savings or purchase a home, both of which can determine the difference between financial security and insecurity in retirement. Additionally, such jobs seldom offer pensions, depriving retirees of an important source of retirement income. Seniors who have worked at low-paying jobs during their earning years are typically left with no savings or investment income upon retirement.

The gross monthly income for one person, working 35 hours a week and 50 weeks a year at the California minimum wage of \$8.00/hour, is \$1,120 – just barely over the federal poverty threshold of \$9,669 making the wage-earner ineligible for Supplemental Security Income (SSI).

ABOVE AVERAGE INCOME BUT STILL FALLING SHORT OF ECONOMIC SECURITY



Source: Elders Living on the Edge. Insight Center for Community Economic Development & WOW.

RISING HOUSING COSTS

“Across all counties in California, elders experience significant housing expenses regardless of homeownership or rental status. A typical elder may **pay four times** as much for housing depending on where he or she lives and whether or not he or she rents, has paid off a mortgage, or is still paying off a mortgage.”²⁵

High costs of living account for financial and psychological stressors that many at-risk Oakland seniors face. According to the Bay Area Council, the San Francisco Bay Area’s cost of living is 40 percent higher than the nation as a whole.²⁶ The 2007 fair-market rental price for a one-bedroom apartment in Oakland was \$1,130, well beyond the reach of a senior dependent upon SSI.²⁷ In fact, 67 percent of low-income Oakland households (those earning less than \$15,000 a year) pay more than 50 percent of their income on rent.²⁸ According to the Elder Economic Security Standard Index, housing expenses can comprise over half of an elder’s budget.

According to Carol Johnson, Executive Director of Oakland’s St. Mary’s Center, housing is the most serious concern of low-income seniors. 2007 was the 10th year that St. Mary’s provided emergency winter shelter, and the numbers of those needing assistance are growing because the seniors cannot afford housing. Johnson says that although many nonprofit developers are building new housing units, the income of low-income seniors is often too small for them to be eligible. “Losing housing throws everything into a spin,” says Johnson. “Too often people think it’s mental illness or drug addiction that causes homelessness when many times it’s homelessness that triggers a recurrence of addiction or new episodes of mental health crises.”²⁹



See more artwork by St. Mary's Seniors on pages 35-39

Jennifer Steinkamp

I am now 67 years old. I have worked hard all my life. I come from a family of God fearing hard-working people. I have continually worked as much as I could. In my total life I have had over 40 jobs. I took any job that I could get, even jobs most women would never take or be able to handle. I have moved many times and have lived in hotels, motels, campers, house trailers and low paying cheap rooms. I just needed a bed and somewhere to cook if possible.

HEALTH CARE COSTS

It is often assumed that once a low-income senior turns 65, they will receive health care through Medicare or Medi-Cal. But the reality is not so simple. Individuals are automatically enrolled in Medicare Part A (hospital insurance) when they turn 65 *only* if they or their spouse worked and paid Medicare taxes for at least ten years. Otherwise, the monthly premium is \$410.³⁰ If hospital services are used, there is a \$992 deductible. Medicare Part B (medical insurance to cover doctor's office visits) is optional, with a monthly premium of \$93.50, an annual deductible of \$131, and 20 percent co-pay.³¹

Maxima D. Bancaso, Age 79

When I received my Medi-Cal and Medicare Cards, I felt so happy. I could not control my tears of joy. I take Celebrex, Pravastatin, Aspirin Hydrocodone, Tylenol and Gabapentin. For my eyes, I take Refresh Plus Lubricant Eye drops, Travatan ophthalmic and Istalol Ophthalmic solutions. Only Tylenol and Aspirin are free. But medicines for my eyes, Refresh Plus costs \$17.50 for only 50 sterile single use containers, which is good for 12 days only, while Travatan ophthalmic and Istalol Ophthalmic solutions cost \$3.10 each. These medicines help me very much, for some ailments are healing, but due to lack of money, I cannot buy all the required medicines. I am still suffering pains all over my body.



Long-term healthcare is another devastating expense for seniors. Currently, there is no coherent federal policy for the provision of long-term care to seniors who require nursing home or residential care. Typically, an individual or married couple must deplete their savings and assets to pay for nursing home care before they can apply for Medi-Cal. This frequently leaves the non-institutionalized spouse in poverty and dependent upon public assistance.

LONGER LIFE SPANS AND CHANGING SOCIAL SUPPORT NETWORKS FOR SENIORS

In addition to rising costs of living, several important social trends have converged over the past several decades to alter the experience of old age. Americans are now living longer and enjoying better health. In 1900, life expectancy was 46.3 years for a man and 48.3 years for a woman. In 2000, a man who retired at age 65 could expect to live another 16.2 years and a woman another 19.3 years. Moreover, seniors enjoy better health than a hundred years ago.³²

Yet never before have elder Americans been so isolated. Just two generations ago, most Americans lived in rural areas where family members seldom settled far from their kin. However, shifts towards urbanization and a rapidly changing economy have resulted in the dispersion of a senior's social network. Elders increasingly find themselves isolated and dependent upon strangers at community non-profits and government offices for assistance.

Retirement is a daunting challenge for all but the wealthiest Americans because of longer life expectancy and isolation from family support systems. It is virtually impossible for low-wage workers in service and retail occupations to save enough to support oneself for fifteen or twenty years after retirement. Moreover, a dollar-amount definition of poverty fails to take into account other resources that vary from family to family, and that greatly affect the amount of cash income needed for survival. According to anthropologist Christie Kiefer:

This definition ignores debts, like mortgages and car payments, and fixed assets like houses and land. It ignores unpaid services, like the frequent chores people do for their families and friends; and non-cash transactions of all kinds, like the lending of tools and furniture, then handing down of things no longer needed, as well as swapping without the exchange of money. It ignores environmental qualities that help or hinder survival, like crime rates, climate, and the distance one has to travel to work, to shop or to see a doctor. This definition ignores personal qualities, like mental and physical health, knowledge, and charm; and perhaps most importantly, it is blind to the size, loyalty, and wealth of one's social networks. Because of all these things, some people fare far better on a given cash income than others.³³

Some ask why poor seniors on fixed incomes remain in the Bay Area with prohibitively high and rising costs of living. The answer often lies in the importance of social networks and the fact that they cannot readily be re-established if one moves to a new community. These social networks often mean the difference between poverty marked by physical hardships and poverty psychologically unbearable.



“These two advertisements are right next to each other! This shows a lack of sensitivity. The ads show the extremes – one is for a luxury condo starting ‘low’ at \$200,000; the other ad is about people who can’t even afford food! With a little effort, couldn’t the condo ad be placed elsewhere?”
—Roland Duplessis, Age 60

MYTH 2: “PUBLIC PROGRAMS” SUCH AS SOCIAL SECURITY, FOOD STAMPS, MEDICARE AND OTHER WELFARE PROGRAMS ADEQUATELY MEET THE NEEDS OF LOW-INCOME SENIORS.

Reality: SSI, food stamps and the overall public safety net are grossly inadequate for the elderly poor.

I was surprised that all of my \$366 General Assistance was sent to my landlord directly. My rent costs \$400.00. I want to have a little amount of money for my transportation. About three times a week I go to St Mary's for activities. Sometimes I have to walk to St Mary's Center which is now on 32nd Street.³⁴

—Lolita Cagaanan

The choices seniors are being forced into are horrific, between not having food, medicine, or housing, and sometimes they have to sacrifice all three.³⁵

—Sister Mary Nolan, LCSW

According to the California Elder Economic Security Initiative:

- “The average Social Security payment of \$12,642 is not enough to live on, and yet, one out of three seniors in California relies exclusively on Social Security to cover their basic costs.
- Women—even those few fortunate enough to have a pension in addition to Social Security—struggle to pay the rent and cover other basic needs. And if they own their home but are still paying a mortgage, their annual median retirement income, on average, falls short of their basic expenses by over \$15,000.
- Men, with a pension in addition to Social Security and other sources of unearned income, are still unable to make ends meet if they own their home and are still paying off a mortgage. Men who rent can just barely meet their expenses.
- Public supports are supposed to help close the gap between seniors’ income and their expenses, but many elders fall through the cracks: access to these supports is based on an unrealistically low assessment of what it costs to live: the \$10,210 Federal Poverty Line.
- SSI, the program designed to help the most vulnerable population—the blind, aged, and disabled—puts these individuals hovering right above the FPL, but far below what it really costs to make ends meet.”³⁶

The amount of monthly Supplemental Security Income (SSI) awarded to an Oakland senior by the federal government is determined using the outdated definition of poverty, which by virtue of being tied to the cost of food alone severely underestimates the amount needed to live with dignity.

As mentioned previously, when this method of calculating poverty was devised in the mid-1960s, food accounted for 24 percent of a family’s budget and housing 29 percent. By 1999, food comprised 16 percent of the budget, while housing had skyrocketed to 37 percent.³⁷ According to the U.S. Department of Housing and Urban Development (HUD), over one million seniors pay more than half their monthly

income as rent or live in “severely substandard housing.”³⁸ It is estimated that “there are ten seniors waiting for each Section 202 unit that becomes available.”³⁹ Although it is the Department of Housing and Urban Development’s largest directly-funded construction program providing over 300,000 Section 202 units, it does not meet the serious housing need of low-income elders.

For many Oakland seniors, SSI is their primary and only source of income. “Those in the lowest income quintile obtain an average of 77 percent of their money income from SSI benefits; for half that group, SSI is the sole source of income.”⁴⁰ Among Alameda County Community Food Bank clients, 14 percent reported that Social Security (\$12,455 per annum) was their main source of income and 16 percent reported SSI (\$8,892 per annum) as their main source of income.⁴¹

HERE IS A SAMPLE BUDGET SUBMITTED BY A LOW-INCOME SENIOR AT ST. MARY’S CENTER:⁴²

Monthly SSI Income:	\$890
Rent (subsidized housing):	\$210
Food:	\$140
AC Transit Bus Pass:	\$20
Telephone (Universal Life Line):	\$6
Mobile Telephone:	\$50
Medication:	\$6
Laundry:	\$7
Storage:	\$58
Comcast Cable Television:	\$61

Government assistance for low-income seniors is oftentimes not enough to meet even basic needs for adequate and nutritious food, safe housing, medications, and humane long-term care. One elderly and blind Oakland resident who did not want to be named reported relying on food from Meals on Wheels and St. Mary’s Center to help him meet his basic food security needs. The cost of living adjustment to his SSI ceased in 2007, but his rent continues to rise. He has been forced to cut back on critical services such as transportation to medical appointments, clothing, and food.

Another elderly resident reports:

It costs \$8 - \$10 to do two to three loads of laundry. I wash my socks and underwear in the sink to keep my laundry costs down so I can buy food. Liquid soap is more expensive than powdered soap. I mix powdered soap with hot water and leave it on the counter overnight to dissolve the detergent to make my own liquid soap.⁴³

Almost all forms of public assistance subject recipients to government intrusions into personal decisions, such as where to live and how to manage their health and well-being. One service provider notes that seniors at greatest risk are “those with greatest economic need, limited income, and [who are] older, home-bound and isolated. Many seniors can’t read or deal with the bureaucracy or have a language barrier.” Another Oakland social worker who requested to remain anonymous shares that “it’s common for SSI applications to be denied not once but several times before an applicant is admitted into the program. Is this supposed to be a test of determination for elderly applicants?”

**DARLENE THOMAS, A SENIOR AT ST MARY’S CENTER
SUBMITTED THIS BUDGET:**

Income

Social security	\$604
Supplementary Security Income	\$270
Total monthly income	\$874

Budget

Studio Apartment Subsidized Rent	\$458.
Cable TV	\$61
Cell Phone	\$50
Telephone – land line	\$20
Prescription medication co-pay	\$12
Senior subsidized Bus Pass	\$20
Food	\$180
Toiletries	\$30
Laundry Wash & Dry	\$15
Miscellaneous (includes savings)	\$28
Total Monthly Budget	\$874

MYTH 3: ONLY A SMALL PROPORTION OF URBAN SENIORS LIVE IN POVERTY, AND THEY TEND TO BE ALCOHOLICS, LAZY, OR MENTALLY ILL.

Reality: Substance abusers, felons, and the mentally disabled constitute only a small minority of low-income seniors. Women and people of color constitute the majority.

WHO IS POOR?

Approximately one-third of all Californian seniors have incomes below \$19,600,⁴⁴ and rates are even higher among elderly women living alone.⁴⁵ However, contrary to popular belief, substance abusers, felons, and the mentally disabled comprise only a small minority of low-income seniors, while women and people of color constitute the majority. Women, both young and aging alike, are hit especially hard by challenges in providing for basic subsistence needs.

Today, older women are increasingly called on to raise their grandchildren. Single mothers now head more households, and without affordable childcare, turn to their own mothers for free childcare. According to *Families and Living Arrangements: 2006*, there were 12.9 million one-parent families, of which 10.4 million were single-mother families.⁴⁶ The 2006 Census also reported that 5.7 million children were living with a grandparent; comprising 8 percent of all children in the United States.⁴⁷ Accepting this responsibility can place financial strain on older women and may prevent them from seeking employment to supplement their income. In Oakland alone, 21 percent of seniors live with children under 18, suggesting that senior caregivers are working to a greater extent than those who do not have responsibility for young children.⁴⁸ Of these seniors:

- 45% of Oakland seniors living with children under 18 are of Hispanic/Latino descent
- 29% are African-American
- 28% are Asian/Pacific-Islander
- 7% are Caucasian

Over one-third of Oakland seniors who report living with their grandchildren have primary custodial responsibility for those grandchildren. According to the *San Francisco Chronicle*, “custodial grandparents head just under 1 percent of American households, (while) the figure is more than 2 percent in Oakland and Richmond.”⁴⁹

Concomitantly, as the elderly population in the U.S. increases, an increasing number of chronically ill and poor older women are entering the public health insurance system. Restrictions imposed by Medicare and Medicaid and the economic barriers preventing elderly women from purchasing private health or long-term care insurance have created a situation where the majority of elderly women who need assistance rely upon informal, unpaid care from family members and friends, thereby depriving informal care providers – mostly younger women – opportunities to save and prepare for their own retirement.⁵⁰

The divorce rate also contributes to the disproportionate effect of poverty on women. Women who are divorced or widowed in retirement tend to fare much worse financially than women who are married or who never married.

The primary cause for this inequity is the structure of employer-sponsored pension plans, which assume that the worker will be employed continuously for decades. This is insensitive to the reality of women's work experience, which is characterized by leaving and re-entering the workforce, often several times, to raise children and care for ill or aging family members. The discontinuity of women's employment works against them in pension calculations that are based on length of continuous employment and earnings. It is estimated that a woman with a forty-year career who takes seven years out of the workforce may get half of the pension benefits she might have enjoyed with continuous employment."⁵¹



Allene Mohaley Smith, 63

I am not poor – I am just a senior living in poverty. I was born in Emporia, Kansas in 1945. When I got married at a young age I left home and moved to Houston, Texas. I got married too quickly; it was a marriage from hell. I came to California while running for my life. I have one son who is 40 years old. As a senior, I was homeless for a year and was forced to sleep in my car. Then I lived in a shelter for one season. Now I am subletting a room from a member of my church. Besides my room, I have use of the kitchen for cooking my meals and I have access to laundry. But I want very much to have a place that is my own, and I pray that it will happen.

PROGRAMS TO ADDRESS ONGOING CONCERNS OF SENIORS IN OAKLAND

2004 City of Oakland Senior Needs Assessment identified the following priorities, in order of importance:⁵²

- **Health care** was universally ranked as the most important, regardless of age or income.
- **Crime and public safety** was the second issue of importance, particularly among African-American and Native American seniors.
- **Affordable housing** was seen as third most important, especially among men and seniors of Latino descent. *However, low-income seniors cited affordable housing as their most important need.*
- **Income security** was fourth most important, especially for seniors over 80.
- **Transportation** was fifth most important. Hispanic seniors thought nutrition was slightly more important than transportation, and African-American seniors that long-term health care was more important.
- **Utility Cost Increases**
- **Accessing Linguistically Appropriate Information and Legal Advice About Public Services for Seniors**

Federal, state and municipal assistance programs designed to address the aforementioned needs are invaluable for low-income seniors in Oakland. These programs provide Social Security benefits, Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI), USDA food stamps, food from the Alameda County Community Food Bank, affordable housing assistance, and Medicare and Medi-Cal. There are also a number of programs operated by the City of Oakland that focus specifically on seniors and disabled adults:⁵³



EXISTING SENIOR-SPECIFIC PUBLIC PROGRAMS IN OAKLAND

Program	Funding Source	Who is Eligible	Service Provided
Linkages (for Independent Living)	State of California; Alameda County Area Agency on Aging; City of Oakland	Frail and elderly Oakland residents 18 years and older who require in-home assistance with activities of daily living	Links seniors to: •Social/health day care •Home safety modification •In-home chore/personal care •Transportation •Money management •Government benefits programs •Support and respite programs for families •Legal advocacy/assistance •Medical referrals •Friendly visiting •Telephone reassurance •Counseling •Emergency response systems
Multipurpose Senior Services Program (MSSP)	US State Dept of Aging; CA Dept of Aging	•65 years or older •Live in Oakland, Emeryville, Piedmont or Berkeley zip codes 94704, 94705 •Receive Medi-Cal benefits every month •At risk of nursing home placement due to inability to manage without help •Willing and able to accept managed care	Provides in-home social and health services so that low-income frail seniors can continue to live independently at home.
Oakland Para-transit for Elderly & Disabled (OPED)	City of Oakland; Alameda County Transportation Improvement Authority (Measure B)	18 and older with a physician-verified mobility disorder	Provides door-to-door subsidized transportation service to eligible program participants via taxicab or wheelchair van service to their medical appointments, shopping trips, and daily excursions. Senior Shuttle available for West Oakland residents.

Senior Companion and Foster Grandparent Programs	City of Oakland (sponsor); City of Berkeley; Corporation for National & Community Services; Alameda County Area Agency on Aging; City of Oakland Community Development Block Grant	55 years or older with a limited income and willingness to volunteer 15 – 20 hours per week	Provides qualifying seniors with a small stipend, supplemental insurance, an annual physical exam, and training in exchange for supporting frail elderly or needy children.
ASSETS Senior Employment	Senior Service America, Inc; Oakland Workforce Investment Board; Community Action Partnership; City of Oakland	Alameda County resident 55 years or older who meets income guidelines	Offers free job training and placement in minimum-wage positions in early childhood education and office administrative positions.
Senior Centers (N. Oakland, E. Oakland, W. Oakland, Fruitvale, Downtown)	City of Oakland	Open to general public. Oakland residents 55 years and older receive discounts.	Provide a full range of social, recreational, nutritional/wellness and educational activities

In addition to City-sponsored programs, several municipal agencies that serve Oakland’s growing monolingual Cantonese, Vietnamese, and Spanish-speaking communities have been able to access Senior Services “Set-Aside” funds allocated to them from parking fines through Ordinance 111985. Furthermore, Oakland seniors have access to a range of social, nutritional, health, and legal services provided by Bay Area non-profit agencies such as St. Mary’s Center.

ST. MARY’S CENTER: A HOLISTIC COMMUNITY RESPONSE

St. Mary’s Center is a 35-year-old non-profit organization that provides comprehensive services for Oakland’s homeless and poorest elderly population, age 55 and older, from all racial, cultural and religious backgrounds. The mission of St. Mary’s Center is to rebuild the lives of people 55 or older faced with extreme poverty, homelessness, mental illness, or addiction. From its hub in West Oakland, the agency offers comprehensive and intensive outreach, housing stabilization, financial management, meals, community nursing, substance abuse counseling, a winter shelter, and support groups for over 400 elderly clients every year, many of whom are African-American, Chinese-American, and Filipino-American.

The Center’s Outreach Program provides a lifeline to 576 isolated elders who live alone without family support. Advocates provide friendly visiting, safety checks in homes to avoid fall, and problem solving on issues dealing with PG&E, social security, etc. so elders can “age in place.” 59% of the clients are

over the age of 75, 82% are women, and 96% live at or below Supplemental Security Income of \$870/month and 99% are functionally impaired.

The Center also provides a Preschool to address the educational divide of children from extremely low-income families.

According to psychologist Rebecca Proehl, Center's services can be categorized into three groups:⁵⁴

Psychosocial adjustment: Stabilizing the client's housing, food, finances, mental health and sobriety through basic needs provision before initiating longer-range clinical services;

Self-direction: Empowering clients to assume self-direction in control of their lives through participation in health/wellness meetings, Wisdom Center and Music groups, and cross-cultural celebrations;

Meaning-making: Providing opportunities for clients to achieve meaning, affirmation and optimistic purpose in their lives by keeping stabilized clients involved, valued and connected to the center through art therapy and oral history projects, as well as through participation in the Senior Advocates for Hope and Justice Program, through which homeless and formerly homeless elders can advocate against cuts in programs for older adults.

In 1993 I had a heart attack. I went back to work for 10 more years. When my body told me it couldn't work anymore, I started volunteering at St. Vincent de Paul. That's where I found out about St. Mary's Center, who helped me to get a place to stay and get my Social Security Disability. The people and programs at St. Mary's Center have helped me a lot of to get better focused in my life.

—Melvin Tolliver, Age 63

Among St. Mary's Center's many programs is an exercise program three days a week where several dozens of elders are lead through an exercise sequence of stretches that they are encouraged to do on their own. According to Carol Johnson, Center's staff are often asked why homeless people need to exercise? Her response, "Because of the same reasons we all need it!"

About 70 percent of St. Mary's Center's homeless clientele have struggled with mental illness, substance abuse or both. They may access a wide range of services, in the order they choose and at the time that is appropriate for them.

One client named Joe came to St. Mary's shelter because he wanted food and shelter; he did not know he had a mental illness and did not want help with his addictions. Today, he participates in this holistic program; he has been housed for four years and is usually stable, with episodic setbacks. He has been able to steer clear of heroin and alcohol for 2 years by attending recovery meetings designed for older adults with co-occurring mental illness and addictions. He is a strong advocate for social justice and is pursuing an associate of arts degree in social services. He routinely uses art to explore therapeutic themes. Occasionally Joe's mental illness gets the best of him, and he mismanages his medications and drinks alcohol again. Most important, however, he quickly seeks assistance and recuperates.⁵⁵

A one-year evaluation of 90 clients revealed that St. Mary's Center's therapeutic model had indeed resulted in higher Global Assessment of Functioning scores for 92 percent of the clients. Eighty-four percent of clients said that they were better able to cope with their problems after coming to St. Mary's

Center, and 78 percent reported an increase in confidence and articulating their own needs.⁵⁶ Proehl attributes St. Mary's Center's success to a number of factors:

- Increased funding allowed St. Mary's Center to hire and retain professionally trained staff skilled in dual-diagnosis assessment, counseling and evaluation, including a very well-received on-site psychiatrist.
- St. Mary's Center continued to provide non-counseling support services such as housing, income support and assistance in financial management.
- St. Mary's Center created a welcoming environment for clients and encouraged them to participate actively in the community.
- The organizational culture consistently reflects agency's mission and core values. It is reinforced by the types of activities that the agency sponsors, from interaction between staff and clients, to the pictures on the wall. Clients report that they feel safe and valued for who they are.
- Using creative strategies to transform professional differences among staff, including pro-actively training all staff in mental health and substance abuse care and engaging staff in interdisciplinary brainstorming sessions to create the ongoing holistic treatment model.

*"With the staff's guidance, genuine care and great spirit, I found inner strength, motivation, and hope that I did not know existed in me. I don't feel as alone. I feel like I'm just starting to live. Hopefully the best is still to come."*⁵⁸

—Anonymous senior, St. Mary's Center

St. Mary's Center distinguishes itself by its underlying philosophy to address the deeper social and economic problems that contribute to poverty, mental illness and homelessness. Along with its social justice orientation, a non-denominational spiritual ethos pervades the St. Mary's Center community, observable in the degree of spatial openness and accessibility in the facilities, the respectful and caring way staff treat clients, and the

leadership encouraged of clients to pace their own treatment plan.⁵⁷

If services such as those offered by St. Mary's Center are to continue and improve, senior advocates need to be aware of state-wide developments that could have enormous impacts on the low-income, homeless and disabled elders who participate in St. Mary's Center and other similar community-based treatment programs.

THE CALIFORNIA ELDER ECONOMIC SECURITY INITIATIVE (CA-EESI)

The Oakland seniors may be able to benefit indirectly from the California Elder Economic Security Initiative (CA-EESI). Led by the Insight Center for Community Economic Development, in coordination with the nationally led effort by Wider Opportunities for Women (WOW), the California Elder Economic Security Initiative (Cal-EESI) program is a statewide, research-driven initiative at the forefront of a national effort to raise awareness and promote policy change to ensure that older Americans can live with dignity and economic well-being in their own homes. The State of California is one of five pilot sites for this national endeavor.

The Initiative introduces a new tool that quantifies the costs of

*"I respect my unique life story, where I came from, and where I am going. Every day I wake up I am blessed. My pastor calls me the miracle woman. I never compare myself with other people – ever. I don't feel poor; I am not poor – I am just a senior living in poverty."*⁵⁹

– Allene Smith

meeting the basic needs of older adults: the Elder Economic Security Standard Index (Elder Standard Index). The Elder Standard Index is based on the costs individuals 65 and older face on a daily basis – housing, food, out-of-pocket medical expenses, transportation, and other necessary spending – and provides a complete picture of what it takes for elders to make ends meet. In contrast, the Federal Poverty Line (FPL), which is often used to determine income eligibility for public programs, is based on the outdated assumption that food represents one-third of a family’s budget. The FPL also fails to take into account housing and transportation costs, geography, and, most importantly, medical costs, which can be particularly debilitating for the elderly.

Alameda County, CA 2007

Elder Economic Security Standard™ Index

Elder Standard Per Year, Annual Comparisons, and Basic Monthly Expenses for Selected Household Types

Elder Standard Per Year (based on monthly expenses shown below*)	Elder Person			Elder Couple		
	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
	\$17,602	\$35,569	\$25,153	\$27,237	\$45,204	\$34,788
Annual Comparison Amounts						
Federal Poverty Guideline (2007 DHHS)	\$10,210	\$10,210	\$10,210	\$13,690	\$13,690	\$13,690
% of Federal Poverty (Elder Standard divided by (1) Federal Poverty Guideline)	172%	348%	246%	199%	330%	254%
SSI Payment Maximum, California 2007	\$10,272	\$10,272	\$10,272	\$18,024	\$18,024	\$18,024
SSI Income Gap (SSI Payment Maximum minus (-) Elder Standard)	-\$7,330	-\$25,297	-\$14,881	-\$9,213	-\$27,180	-\$16,764
Average Social Security Payment 2007	\$12,642	\$12,642	\$12,642	\$21,238	\$21,238	\$21,238
Soc Sec Income Gap (Average Social Security Payment minus (-) Elder Standard)	-\$4,961	-\$22,928	-\$12,511	-\$5,999	-\$23,966	-\$13,550
*Basic Monthly Expenses Used to Calculate Elder Standard						
Monthly Expenses	Elder Person			Elder Couple		
	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
Housing	\$426	\$1,923	\$1,055	\$426	\$1,923	\$1,055
Food	302	302	302	557	557	557
Transportation	202	202	202	323	323	323
Health Care (Good Health)	293	293	293	586	586	586
Miscellaneous @ 20%	244	244	244	378	378	378
Elder Standard Per Month	\$1,467	\$2,964	\$2,096	\$2,270	\$3,767	\$2,899

Source: What Elders Need to Live and What They Have in Alameda County. Insight, WOW, UCLA Center for Health Policy Research

Through a combination of coalition building, research, education and media advocacy activities at the community, state, and federal levels, CA-EESI plans to accomplish the following:⁶⁰

- Contribute local refinements to the National Elder Economic Security Standard index that has been designed by WOW and the Gerontology Institute at the University of Massachusetts in Boston. This index is a new measure of the income that Californian seniors need to maintain their independence and meet daily costs of living, including affordable and appropriate housing and healthcare. It is calibrated to household size, geographic area, and life circumstances.
- Educate Californian seniors about actual and projected costs of living in order to help them plan their financial, employment, and life decisions.
- Assist local and state agencies serving seniors to more accurately assess seniors' needs, set goals, design, and implement programs to help older adults.

It is vital that the recommendations of the CA-EESI are incorporated into public agency plans to better serve the needs of Oakland's low-income seniors.

New State Budget Puts Seniors At Risk

Governor Schwarzenegger's 2008-09 California Budget includes budget cuts that will severely and adversely impact safety-net services for seniors, children, families and people with disabilities. According to the Senior Services Coalition of Alameda County, these budget cuts will impact Alameda County and Oakland seniors in the following areas:

SUSPENSION OF STATE COST OF LIVING ADJUSTMENT (COLA) FOR SSI/SSP RECIPIENTS

The Governor's budget permanently suspends the state Cost of Living Adjustment in 2008 and 2009. California's Supplemental Security Income/ State Supplementary Program recipients are 69% disabled, 2% blind and 29% aged. These cuts will be particularly devastating for more than 53,000 seniors and people with disabilities in Alameda County who survive on SSI/SSP income.

MEDI-CAL PROVIDER RATES CUT BY 10%

The Governor's budget continues the current 10% cuts to Medi-Cal provider rates until March 1, 2009. At that time, the 10% cuts will be reduced to 1% for some providers and to 5% for pharmacies and Adult Day Health Care Programs. However, the U.S. District Court temporary order to restore the 10% cuts is currently in effect and the state is complying with that order while appealing the ruling. Thus it is not clear how the cuts will impact over 218,540 low-income people in Alameda County – 39,000 of them seniors – who rely on Medi-Cal coverage.

COUNTY MEDI-CAL ADMINISTRATION FUNDING

The new budget cuts funding for county Medi-Cal administration by \$42.2 million (half of that state General Fund dollars, the rest is lost federal matching funds). This cut is made on top of the budget's suspension of cost of operating increases for counties.

ADULT DAY HEALTH CARE PROGRAMS

ADHCs are included in the new budget's Medi-Cal rate cut, but are also included in the court injunction. For now, providers will receive reimbursement at the full rate, while their fiscal future remains unclear. Even at the full rate, Medi-Cal funding covers only part of the cost of providing the care and services that make this program a good alternative to nursing home care. Over 1,600 frail seniors and adults with disabilities participate in eight ADHC programs in Alameda County.

MULTI-PURPOSE SENIOR SERVICES PROGRAM (MSSP) CUT BY 10%

The cut of \$5 million represents \$2.5 million in state funds and an equal amount in lost federal matching funds. Already unable to survive through a summer of protracted budget negotiations, five MSSP programs around the state have already closed.

MSSP, proven to save long-term care dollars through case management, coordinates the care of over 480 very frail, nursing-home eligible seniors age 65+ in the Alameda County, so that they can live at home. Governor's cuts mean fewer slots available, meaning MSSP will not be an option for a growing number of seniors who want to live at home.

ADULT PROTECTIVE SERVICES

Cuts include a total of \$11.4 million in funding for Adult Protective Services (\$6.1 million in state General Fund, the rest is lost federal dollars). APS is a vital safety net for thousands of Alameda County's seniors and dependent adults who are financially or physically abused or neglected. Reports

of abuse have risen 34 percent since 2000. Meanwhile, state funding for APS has remained static – the Governor has shot down attempts to augment funding – and programs are forced to serve only the most critical cases.

LONG TERM CARE OMBUDSMAN

Over \$5 million in funding has been cut for the Ombudsman program. This cut represents 46% of the total funding for this federally mandated program that trains and deploys volunteers to advocate for the dignity, quality of life, and quality of care of residents in long-term care facilities.

AGING SERVICES

The Governor used his line item veto to cut funding to community-based programs that provide vital services to seniors. These include (percentages are approximate and are based on FY 2007-08 funding):

- Senior Employment program funding cut by \$3.16 million, a 30% cut to total funding.
- Home Delivered Meals program funding cut by \$316,000, about .9% of total funding.
- Congregate Nutrition program cut by \$253,000, about .7% of total funding.
- Alzheimer’s Day Care Resource Centers cut by \$416,000, nearly 10%.
- Linkages program cut by \$250,000, about 3%.
- Brown Bag was cut by \$60,000, about 8%.

SENIOR CITIZENS’ PROPERTY TAX ASSISTANCE AND RENTERS’ TAX ASSISTANCE PROGRAMS

Governor’s line item veto eliminated the Senior Citizens’ Property Tax Assistance Program and the Renters’ Tax Assistance Program (a \$190.9 million cut).

SHARE-OF-COST MEDI-CAL PART B PREMIUM

Under the new budget, Medi-Cal will stop paying monthly Medicare Part B premiums for Medi-Cal Share-of-Cost recipients whose Medi-Cal share of cost is \$501 or more. Medicare Part B covers doctors’ services, durable medical equipment, hospital outpatient services, laboratory tests, x-rays, mental health, and some home health and ambulance services. According to the California Department of Health Care Services, the Social Security Administration will begin deducting the Part B premium of \$96 from the Social Security checks of the beneficiaries starting in November 2008, impacting the majority of 5,000 Medi-Cal Share-Of-Cost beneficiaries who live in Alameda County.

* * *

The 2008-09 state budget represents a huge failure in public policy. With this budget, California denies the reality of our aging demographics, turns its back on families and on their futures, and ignores the fact that community investment is a powerful fiscal stimulant. fact that community investment is a powerful fiscal stimulant.

Source: Wendy Peterson, Senior Services Coalition of Alameda County

THE WAY FORWARD: ADDRESSING POVERTY AMONG OAKLAND SENIORS

Seniors in California and across the nation are struggling to make ends meet. Their fixed incomes do not cover their ever-increasing costs while public policies are far from closing the gap. In the wake of this growing crisis, the California Food Policy Advocates, the Alameda Department of Public Health, the City of Oakland Department of Health and Human Services, and non-profit service organizations such as St. Mary's Center have proposed the following changes to local, state and federal policy:

LOCAL

- Emphasize affordable housing solutions which would focus on keeping seniors engaged in community life and not consigned to institutional care. Housing centers should include on-site services or access to these services.
- Consider implementing a commercial/industrial impact fee and drawing from private funding sources to construct more units of affordable housing for poor and disabled seniors.
- Increase Oakland rental assistance programs for seniors and disabled persons.
- Preserve single-room occupancy hotels until new low-low income housing is made available.
- Continue and expand efforts to identify and address elder abuse and neglect.
- Provide tax incentives to local grocers to situate stores in low-income neighborhoods.

STATE

- Call for roll-back of the cuts that the Governor made in social programs in the 2008-09 Budget.
- Support state supplementation level for SSI/SSP.
- Make California SSI/SSP recipients eligible for full federal food stamp assistance. Adjust state supplement level to account for inflation. Investigate why only 42% of eligible seniors are participating in the food stamp program.
- Retain cost of living adjustments for SSI/SSP recipients.
- Raise Medi-Cal income eligibility threshold for single adults aged 50-64.
- Sponsor CA Assembly Bill 97 (a housing bond initiative) to allocate a portion of public housing assistance for seniors specifically.
- Translate benefits documents into Spanish, Chinese, Vietnamese, Russian, and other relevant languages so that immigrant communities can benefit from services.
- Collaborate with local non-profit service providers to ensure that programs are efficient and effective.

FEDERAL

- Adopt the Elder Economic Security Standard instead of the federal poverty guidelines to determine more accurate income needs of seniors by state.
- Raise income eligibility levels for Supplemental Security Income and adjust by state.
- Adjust Social Security Benefits to credit working women for time taken off to raise families or care for ailing family members.
- Streamline the application and accession process for SSI, Food Stamps, and affordable housing.
- Increase funding for the Department of Housing and Urban Development Section 202 and Section 811 Programs.

Many Oakland seniors, especially women and elders of color, find that poor health and food security, low wages, rising costs of living, and impediments to accessing decreasing amounts of public assistance have squeezed them into physically and psychologically intolerable conditions. While Oakland currently hosts the largest number of impoverished seniors in California, it also has strong public capacity and a wide array of community resources to help low-income and disabled seniors grow older safely and comfortably. Municipal and state planners can greatly enhance the quality of services provided to seniors by drawing upon the successes of integrative, community empowerment-based treatment models as exemplified by non-profit service organizations such as St. Mary's Center, and by actively engaging low-income seniors and service providers in their planning processes. In addition to raising assistance eligibility income thresholds and costs of living adjustments, planners need to levy creative tax incentives to develop more affordable and appropriate housing units, increase public safety, improve health care opportunities, facilitate access to mainstream goods and services in low-income communities, and simplify benefits access for poor seniors.



The San Francisco Bay Area is one of the most culturally diverse and desirable places to live in the United States, but currently only a few can afford to make their homes here. Public commitment to taking the above steps will allow all of Oakland's seniors to fully participate in and benefit from the abundance that is rightfully theirs.

AFTERWARD

By Carol Johnson, Executive Director, St. Mary's Center, Oakland, CA.

Going Gray in the Golden State: The Reality of Poverty Among Seniors in Oakland, California tells a troubling story – one that desperately needs hearing. The Seniors of St. Mary's Center have courageously stepped forward to add their voice and photos to detail the reality of seniors living in poverty in our midst. Their stories echo what is happening around the world – as we saw an 83 percent increase in global food prices over the last three years. The resulting wave of hunger has hit our nation too, making worse an already dire situation for the poor in urban and rural areas.



While California's income gaps continue to widen, according to new data from the Franchise Tax Board, the Governor's most recently proposed State Budget will further increase the ranks of the medically uninsured, and massively reduce access to a range of social services. State funding for individuals who depend on Supplementary Security Income (SSI) and social services, such as the senior grocery bag programs, have been eroded by multiple years without cost of living adjustments.

The solutions, however, lie in our commitment to insure that every Californian has access to the very basic human needs.

It is our responsibility to the community of West Oakland, which has some of the most striking health care disparities in the nation, that drives St. Mary's Center's *Advocates for Hope & Justice*

Program to work towards the full implementation of the United Nations Declaration of Human Rights (UDHR). We recognize that poor people are the first ones to fight against poverty and they are willing to use their expertise to contribute to its eradication. What we see as basic needs – food, shelter, healthcare – are not lofty goals. They are what we need to ensure human dignity!

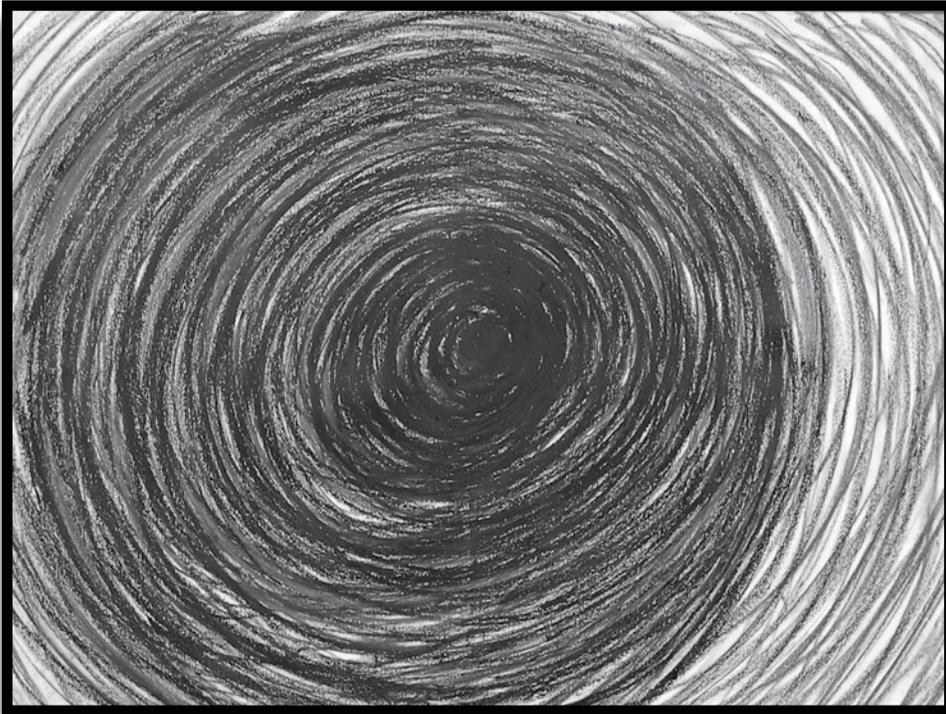
We take inspiration from the stories of our Seniors and from international leaders who have shown that we have the power we have to change things.

"Like slavery and apartheid, poverty is not natural. It is man-made and it can be overcome and eradicated by the actions of human beings."

—Nelson Mandela

May our belief that the eradication of poverty is not only possible, but within our reach, move us to act NOW.

ARTWORK BY SENIORS AT ST. MARY'S CENTER



BLACK HOLE

ANONYMOUS

Poverty is like a black hole in outer space. Into its black abyss it greedily sucks all your means of security, taking with it all your personal wealth, earthly possessions and acquisitions, and your avenues of escape. It strips you to the core of the person you were meant to be and takes with it your worth rendering you society's outcast, taking all your future tomorrows of happiness, peace, and luxury. Poverty's might gravitational pull whirls and spins your life into a completely strange existence leaving you stranded, alone, and destitute in a foreign circumstance of its own making and design. Poverty is a vicious attack and assault on one's life, whirling and spiraling it completely out of control. One is left to struggle and fight for the meager substances and rewards one is ever so grateful to receive or acquire. Poverty's force is so strong it steadily and increasingly whirls spins, and spirals you into its center, a black vortex of death and total destruction. It claims the life of millions every year. Poverty is a formidable foe that too many look away from to avoid seeing its carnage and destruction.



US TOGETHER

CARMEN DEL VALLE—1992

Carmen, 79 years old, cares deeply about all people. Carmen reaches out to poor men, women and children on the streets. She gives people what they need: food, a place to sleep, and lots of encouragement and hope. Carmen gives to help make life better for others. She speaks out for welfare aid for the poor and for a woman's right to free choice.

Carmen says, "There is so much ugliness in our world, people are getting mean and not caring for one another. I painted this picture thinking about my love and respect for a black woman; our different skin color doesn't matter. We are the same at heart. I love everybody.

I believe in women. Women help women to be strong. We need the power of women's care and respect for life now more than ever. Women unite to make the world a better place."



STAMP OUT HOMELESSNESS PREJUDICE

GERALDINE LOWE—2005

Homelessness is a condition. When I drew Stamp Out Homelessness Prejudice I thought about a homeless woman I knew. I liked her; she was nice. She gave me money and food when I didn't have anything.

I would get mad when people wouldn't want to serve her food. People don't need to treat people like that. People assumed that she's a bad, terrible person who doesn't have any values. Just because she was homeless, she's looked at as a human being with no feelings. Nobody knew her like I did.

A homeless person is an ordinary person who has feelings. Homeless people want to be treated like they are important, have value, and mean something. Everybody deserves respect. I treat all people as people. People should not be judged by their situation.

Sometimes people look at me and feel sorry for me that I'm homeless.

I'm not sorry - I'm just glad to be myself.



CRY OUT FOR COMPASSION

DAVID WOLTER—2002

David, 61 years old, is employed with the Title XX senior employment program in Oakland, CA. He works with seniors seeking to re-enter the job market, and provides training in basic computer skills and assistance with online job searches and applications.

David says, “Social injustice, poverty, unemployment and a sense of hopelessness breed anger and anger breeds violence. But the violence is too often directed at the wrong targets, our brothers and sisters. Those who perpetrate social injustice divide and conquer us. All the great religions of the world preach peace, tolerance towards others, and social justice. Yet we kill each other in the name of our religion. The Dalai Lama says, *‘Peace through the internal transformation of individuals is difficult, [but] it is the only way.’*”

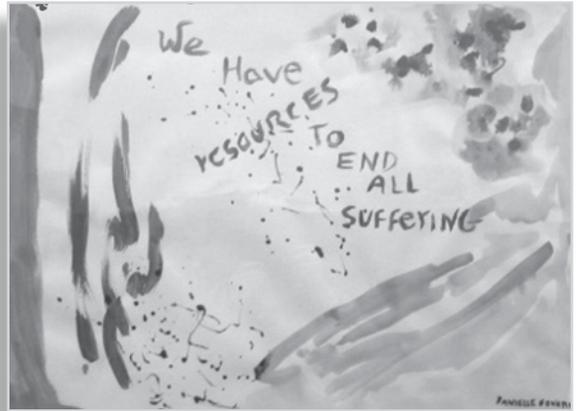
WE HAVE RESOURCES TO END ALL SUFFERING

DANIELLE EDWARDS—1996

Danielle, 66 years old, survived a serious childhood illness. She also survived living in single room occupancy hotels in Oakland for many years. She now receives needed healthcare and lives in supportive housing.

Danielle says, “If your health is a slammer, it stays slammed shut. I needed a lot of health care. It’s very important to have medical services to help homeless people, especially those who are seriously ill. To be homeless is to suffer; there aren’t enough open doors and resources to help homeless people!

People are clustered in the city, and need to feel uncrowded. I go to nature to relax and feel better. We need natural resources in the city, places to walk and expand. Doing art always gives me a sort of a love, understanding and appreciation. Take care of yourself and live well!”



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