Women Transitioning Through Midlife: A Data Snapshot

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INTRODUCTION

The data presented in this report provide a snapshot of the demographic, social, behavioral, and environmental factors that impact women transitioning through midlife (ages 45-64 years). These factors, including financial security, work and family, caregiving, the built environment, and physical, mental, and emotional health, influence the health and well-being of midlife women and contribute to health disparities. Although this report does not encompass or explain all the health issues relevant to women of this age, it serves as a starting point for a dialogue on the gaps and complexities midlife women face. Developing community and policy solutions that address the unique needs of this population is essential to ensure their health and well-being as they age.

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INTRODUCTION

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POPULATION DESCRIPTION

Presented below is the description of the current and projected population of adults by age and gender with a focus on the changing demographics of midlife women as they age.

- In 2010, women comprised a little over half (51%) of the adult population in Los Angeles County.¹

- Of the 4.0 million adult women in Los Angeles County, 50% are 18-44 years, 34% are 45-64 years and 17% are 65 years and older.¹

- Although a similar percentage of women and men are 45-64 years of age (34%), there is a higher percentage of women (17%) that are 65 years and older compared to men (13%).¹

- By 2050, there will be an estimated 3.1 million women 45 years and older in Los Angeles County; 1.5 million (or 48%) of these women will be 65 years and older.¹

- The percentage of women 45-64 years is projected to remain relatively stable (30%) from 2000 to 2050, while the percentage of women 65 years and older is projected to increase from approximately 16% to 28%.¹

[Figure 1.]
FINANCIAL SECURITY

Important differences are observed in the financial security of midlife women in Los Angeles County when compared to men and women of other age groups and statewide. Measures discussed below include poverty,* home ownership, food insecurity (inability to afford enough food) and food stamp enrollment.

- For all age groups, a higher percentage of women live in poverty or near poverty compared to men.2 [Figure 2].

- Almost 30% of women 45-64 years live in households less than 200% of the federal poverty level (FPL) compared to 24% of men 45-64 years.2 [Figure 2].

- A lower percentage of women 45-64 years in Los Angeles County report owning a home (67%) compared to women in this age group statewide (75%).3

- Although home ownership increases from 61% among men 45-64 years to 74% among men 65 years and older, home ownership stays at 67% for women of both these age groups.3

Among adults living in households less than 200% FPL:

- Food insecurity increased for women 45-64 years from 39% in 2001 to 50% in 2009.3 [Figure 3]

- Half of women 45-64 years report food insecurity compared to 36% of women 18-44 years and 21% of women 65 years and older.3

Among adults living in households less than 300% FPL:

- A higher percentage of women 45-64 years report currently receiving food stamps (8%) compared to men in the same age group (5%).3

- Although, the percentage of women receiving food stamps increased by over 6% from 2003 to 2009 among women 18-44 years (11% to 17%), it did not increase at all among women 45-64 years (8%).3

* Poverty level based on U.S. Census 2009 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of $21,756 (100% FPL), $43,512 (200% FPL), $65,268 (300% FPL).
A midlife woman’s work and family situation has important consequences for her health and well-being. Presented here are some factors including employment status, marital status, family type and age at birth of first child.

- For all age groups, a lower percentage of women are in the labor force compared to men.\(^4\)
- A higher percentage of women 45-64 years (44%) are employed full time (35+ hours/week) compared to women 18-44 years (40%).\(^4\)
- A lower percentage of women 45-64 years (44%) are employed full time compared to men of the same age group (68%).\(^4\) [Figure 4]
- A higher percentage of women 45-64 years (10%) are employed part time (20-34 hours/week) compared to men 45-64 years (6%).\(^4\) [Figure 4]

A lower percentage of women 45-64 years (65%) and 65 years and older (46%) report being married or living with a partner compared to men of the same age groups (73% and 75%, respectively).\(^3\)

The percentage of women 45-64 years that are separated, divorced or widowed (26%) is more than two times higher than men in this age group (12%).\(^3\) [Figure 5]

A higher percentage of women 45-64 years (7%) report being single and living with children in the household than men in the same age group (2%).\(^5\)

A lower percentage of women 45-64 years report being married and living in a household with children (21%) compared to men 45-64 years (28%).\(^3\)
• The percentage of women 45-64 years that gave birth to their first child at 30 years or older increased from 14% in 2001 to 19% in 2009. \[\text{Figure 6}\]

• The percentage of women of all ages that have never given birth increased from 28% in 2001 to 32% in 2009. \[\text{Figure 6}\]

• A higher percentage of women (25%) provided care in the past year to a family member or friend with a long term illness or disability compared to men (18%). \[\text{Figure 7}\]

• A higher percentage of women 45-64 years (30%) provided care in the past year to a family member or friend with a long term illness or disability compared to women 18-44 years (23%) and women 65 years and older (18%). \[\text{Figure 7}\]

• Of those providing care to family or friends, a higher percentage of women 45-64 years (36%) provided long-term care to 2 or more persons in the past year compared to women 18-44 years (27%) and women 65 years and older (30%). \[\text{Figure 7}\]

CAREGIVING

Women in midlife frequently serve in the role of a caregiver and therefore may be at increased risk for the economic, emotional and mental burden associated with caregiving responsibilities.
BUILT ENVIRONMENT

The characteristics of the built environment (the streets, open space, and public transportation infrastructure that makes up communities) can impact the health of individuals and communities. Built environment characteristics presented below include neighborhood safety, access to safe places to be physically active, and access to high quality fruits and vegetables. In addition, health behaviors linked to the built environment, such as use of open space, walking, and fast food consumption, are included.

- A lower percentage of women 45-64 years in Los Angeles County (56%) report visiting a park, playground or open space in the last month compared to women 45-64 years in California (62%).

- A lower percentage of women 45-64 years and 65 years and older report walking for transportation, fun or exercise in the past seven days (78% and 64%, respectively) compared to women 18-44 years (85%).

- A lower percentage of women 45-64 years (30%) report eating fast food at least once a week compared to men 45-64 years (42%).

- A lower percentage of women 45-64 years (81%) perceived their neighborhood to be safe from crime compared to men of the same age group (88%).

- Among all age groups of women living in Los Angeles County, a lower percentage report always feeling safe in their neighborhood compared with women in California overall.

- A lower percentage of women 45-64 years (83%) report having safe places to be physically active, compared to women 18-44 years (86%) and women 65 years and older (91%).

- A similar percentage of women 45-64 years and 65 years and older (40%) have access to very high quality fruits and vegetables compared to 34% of women 18-44 years.
**PHYSICAL AND MENTAL HEALTH**

Women in midlife experience a range of physical and mental health challenges when compared to men and younger women. Presented here are indicators of health status, disability, inability to work due to physical or mental impairment and psychological distress.¹

- The percentage of women who report poor or fair health increases with age from 16% of women 18-44 years, and 25% of women 45-64 years, to 31% of women 65 years and older.³
- The percentage of women reporting a disability increases with age from 10% of women 18-44 years, to 27% of women 45-64 years and 41% of women 65 years and older.⁴
- A higher percentage of women 45-64 years (10%) report they could not work for at least a year due to a physical or mental impairment compared to women 18-44 years (2%).³
- The percentage of women 45-64 years that had psychological distress in the past year (8%) is higher than for men 45-64 years (5%).³

![Figure 10: Adults that had Psychological Distress in the Past Year by Gender and Age, 2009³](image)

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**EMOTIONAL WELL-BEING**

Given the numerous responsibilities that midlife women manage, balancing work, family, household and social life, the emotional well-being of women becomes an important factor in their overall health and well-being.

- A higher percentage of women 45-64 years that work (14%) report that their emotions interfered with work performance in the past year compared to men 45-64 years (7%).³
- A higher percentage of women 45-64 years report that their emotions interfered with family life (22%), social life (21%) or household chores (23%) in the past year compared to men 45-64 years (13%, 13% and 13%, respectively).³
- A higher percentage of women 18-44 years and 45-64 years report that their emotions interfered with family life, social life or household chores in the past year compared with women 65 years and older.³

![Figure 11: Adult Women Reporting Emotions Interfering with Family Life, Social Life, or Household Chores in the Past Year by Age, 2007³](image)

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¹ “Psychological distress” is based on a six-question short-form scale developed to determine risk for serious mental illness. [REFERENCE: RC Kessler et al., Short screening scales to monitor population prevalences and trends in non-specific psychological distress. Psychological Medicine, 2002, 32: 959-976.]
The data presented in this report describe unique characteristics of midlife women that are important considerations to their health and well-being. Midlife women face significant barriers to attaining financial security, with a high percentage reporting food insecurity. Complex work and family situations, sometimes complicated by child-rearing and caregiving responsibilities, contribute to their financial and emotional burden. Women transitioning through midlife face potential health challenges, with a growing number developing chronic diseases that can contribute to poor health and disability. Although healthy individual behaviors are critical, the built environment plays a key role in fostering the health of individuals and communities.

Improvement of women’s wellness in midlife requires a comprehensive approach that recognizes the impact of work, fiscal, family, and caregiving responsibilities on health, and the need for policy solutions to mitigate the challenges women face in their everyday lives. Policies that create safe, green neighborhoods, facilitate nutritious food choices, allow for flexibility in workplace schedules, and increase access to culturally competent, holistic health care will enhance health among all Los Angeles County residents, and are vital to decreasing health disparities and advancing the health and well-being of midlife and aging women.

REFERENCES

   a. 2007 Data.
4. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Health Assessment Unit, 2007 Los Angeles County Health Survey.

ADDITIONAL RESOURCES

1. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Healthy Women: Wellness Across the Life Span, LA Health; October 2010.
3. Los Angeles County Department of Public Health, Office of Women’s Health, Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level, February 2010.
4. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Informal Caregiving: Implications for Public Health, LA Health; February 2010.