



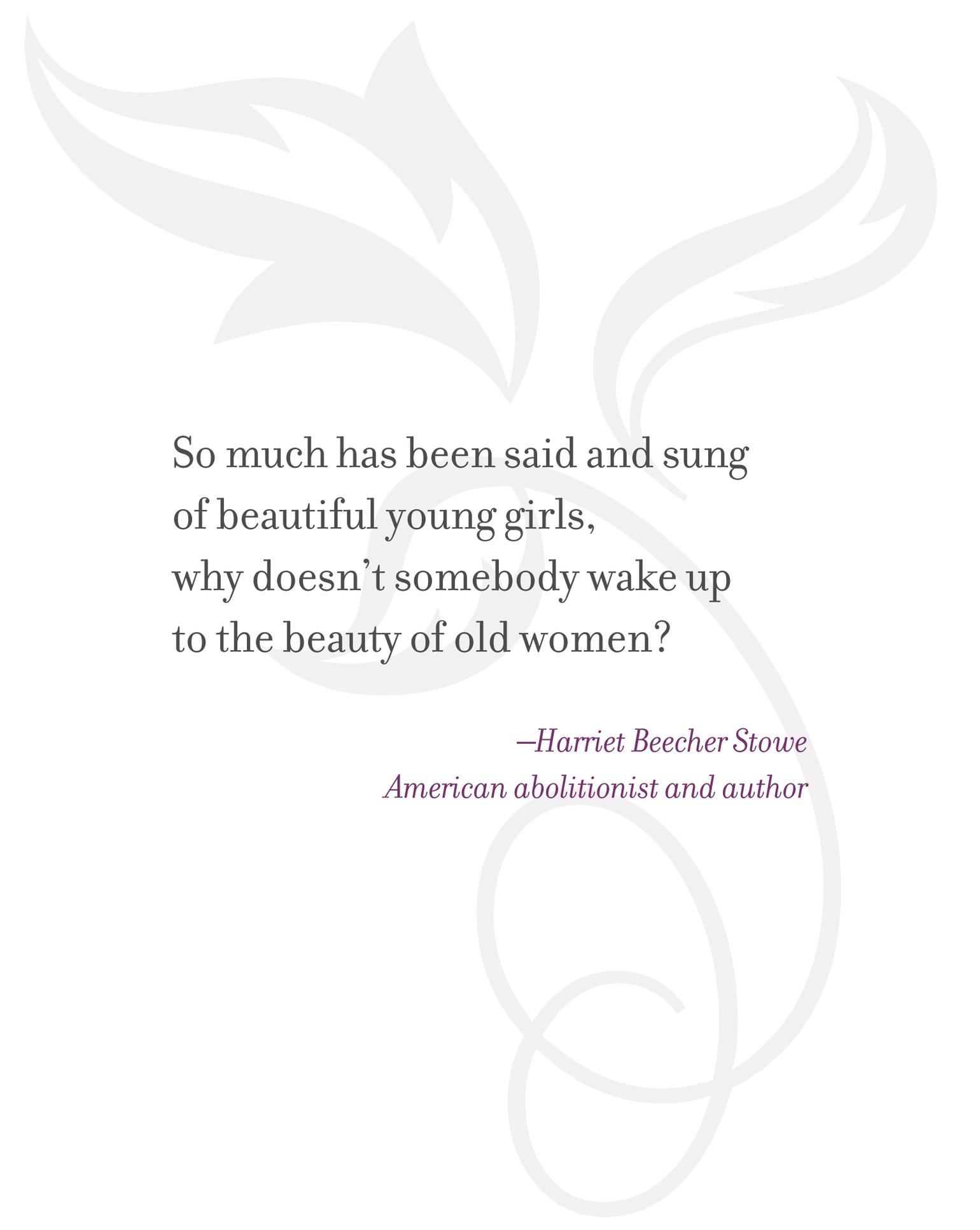
the WOMEN'S
FOUNDATION
of CALIFORNIA

AGenda *for* Action

Building a Movement for Elder Women's Advocacy



October 2009



So much has been said and sung
of beautiful young girls,
why doesn't somebody wake up
to the beauty of old women?

*—Harriet Beecher Stowe
American abolitionist and author*

Table of Contents

Foreword	2
Executive Summary	3
Introduction	6
The Pages Ahead	7
Changing Demographics of Elder Californians	8
Aging and Gender	8
Key Issues for Elder Women	10
Results of the Speak-Outs: What Elder Women in the Community and their Allies are Saying	11
Priority Issues Identified by Elder Women in California	12
Changing Society’s Views on Aging	14
Engaging Participation of Elder Women for Building a Movement	15
Including Intergenerational and Other Partners in Movement Building	16
Additional Themes Identified	17
Results of the State Level Interviews: What Policymakers and Advocates are Saying	19
Understanding the Policy Landscape	19
Building a Movement for Elder Women’s Advocacy	20
Lessons Learned From Past Movements	21
Strategies for Change	22
AGEnda for Action	23
Accomplishments and Next Steps	28
Acknowledgements	30
References	32
Endnotes	34

Foreward

In 2007, World Health Organization (WHO) published *Women, Aging and Health: A Framework for Action* in which they identified nongovernmental organizations as having “a key role to play in advocating and enabling policy and practice changes.” These policy and practice changes must be made in order to reduce the inequities women experience based on race, class and geography and to improve older women’s “access to a continuum of quality of care that is both age- and gender-responsive.” The report does not recommend that organizations simply *act on behalf of* older women but that they help them build the knowledge and skills necessary to act for their own interests. Citing three interconnected pillars of active aging, *health and health Care, participation and economic and physical security*, WHO explicitly links older women’s inclusion, empowerment and capacity-building with better health outcomes for the women, their families and their communities.

The Women’s Foundation of California agrees wholeheartedly with WHO’s recommendations. We believe that those closest to the problem are in the best position to define and advocate for the solutions. Therefore, we are confident that older women hold the key to addressing many of the grim realities facing our aging population today—such as inadequate health care coverage, inability to cover basic costs to make ends meet and lack of culturally-competent social services for non-English proficient speakers. The *AGenda for Action: Building a Movement for Elder Women’s Advocacy*, is rooted in the stories and testimonies of over 350 diverse elder women who participated in the community listening sessions, Elder Women’s Initiative Speak-Outs, in three cities and interviews with policymakers in California conducted in fall 2008. The *AGenda for Action* provides direction for advocates, funders and policymakers to ensure that everyone can age with well-being, economic security and dignity.

Since 1979, the **Women’s Foundation of California** has invested in women and girls to build a more just and equitable society for all. We envision a California that is increasingly healthy, safe and economically prosperous. We will achieve this vision by focusing on women and girls as agents of change because of their central role in families and communities. We simultaneously invest in the strategies of **grantmaking, strengthening organizations, policy advocacy and movement building** in order to accelerate systemic social change. The Foundation’s theory of change rests on a core belief and value that by focusing our work on vulnerable and marginalized populations, we will increase the well-being of all women and girls and, ultimately, their families and communities. Therefore, the majority of our grants and programs support work conducted by, with and for no- and low-income women and girls, particularly those from communities of color and immigrants.

The **Women’s Foundation of California** is humbled and inspired by the bold and brave women who have advocated on behalf of elder women in past decades and strives to grow the movement led by diverse elder women for a California where we can all age with vitality and longevity. The *AGenda for Action* offers a roadmap based on an urgent call to action voiced by elder women and their allies across California for the bright future we all deserve in our ‘golden years’. We are grateful to the support of The California Endowment and The California Wellness Foundation which made this work possible.

Sincerely,



Judy Patrick, President and CEO



photo: Kent Lacin

Executive Summary

California's aging population is rapidly increasing in number and growing in diversity. This burgeoning community of diverse California elders embodies images of aging women who are increasingly rendered vulnerable by financial and health constraints related to growing older and to their roles as caregivers and wage earners. The global economic downturn and deepening state budgetary crises further risk the well-being and economic status of elder women, while federal and state resources for improving the experiences of aging and disability are threatened with massive cuts. These negative trends do not affect elder women alone; they affect each one of us who is sustained, nurtured, or inspired by an elder woman as well as those of us who are caring for elders in our lives.

In recognizing that families, communities, and society thrive when elder women thrive, the Women's Foundation of California created the Elder Women's Initiative in partnership with The California Endowment, the UCSF Institute for Health & Aging and New America Media. In addition, two other collaborative partners joined the Initiative: the California Commission on the Status of Women and the Insight Center for Community Economic Development. Launched in early 2008, the Initiative seeks to achieve the goals of building a movement led by diverse elder women and their allies and for

changing policies so that all Californians can age with well-being, dignity, and economic and health security. Using a community-based approach, the Initiative took the following steps:

- In spring and summer, 2008, the UCSF Institute for Health & Aging conducted research that included forums, focus groups and telephone and in-person interviews with state leaders in aging and in women's issues. The findings served to map California's policy landscape and to assess the potential for engaging elder women and their allies in a movement to positively impact systems that influence the experience of aging in California.
- In fall, 2008, Initiative partners held community Speak-Outs in Oakland, Fresno and Los Angeles. These listening sessions were designed to bring elder women and their allies together to discuss the issues with which they are confronted, to focus on the strengths that they and their communities provide and to examine the possibilities for building an elder women's movement.
- In fall, 2008, the Women's Foundation of California incorporated a new cohort on elder issues in its Women's Policy Institute, an intensive year-long experiential policy advocacy training program. This new cohort trained six advocates of elder issues on shaping and driving policy change in California.

This report presents findings from the Elder Women's Initiative research and Speak-Outs. The report concludes with the *AGenda for Action*—key recommendations and specifically tailored action steps to serve in guiding funders, policymakers, and community organizations in the next steps ahead.

First, the report highlights the voices of the elder women and their allies who spoke out about their experiences of aging, providing us with positive views of growing older and paving the way for the



movement led by and for elder women so that we may all age with well-being and dignity in California. Community Speak-Outs identified five priority issues for elder women:

- Improved benefits, services, programs and policies in the areas of health care, economic security, housing and transportation are urgently needed.
- Access to culturally-competent delivery of quality health care and social services must be ensured.
- Society's negative images of aging must be changed into positive images.
- Elder and near-elder women must be engaged to participate in building the movement envisioned by the Elder Women's Initiative.
- Movement building must be inclusive, crossing barriers between generations and building bridges with unlikely as well as likely allies.

Second, the report includes feedback from California state leaders who legislate and advocate for the vital issues of elder and near-elder women and the critical resources to address the needs of this population. The forums and telephone interviews with policymakers and advocates provided many relevant insights for understanding the policy landscape and building the movement for and with elder and near-elder women and their multigenerational families, communities and society.

The state's budgetary impasse threatens gains made by past and future legislation pertaining to the economic and health security of elder women and complicates the policy landscape of California. Insights by state-level leaders about the policy landscape focused on two closely linked, major concerns for the well-being of elder women: economic security and affordable health care.

In the complex and rocky California policy landscape, there is an urgency for effective legislation and policies to positively secure the

delivery of health and social services for chronic illness, mental health care, housing and long-term care, as well as the provision of in-home health and support services. Elder and near-elder women are vital caregivers of all generations, ethnicities and ages in the state as is the case in other states all over the nation.

An important insight of state-level leaders is their emphasis on health care connections to budget issues, lawmaking and workings of the legislature in Sacramento, with a view that positive resolution of economic security is likely to hinge on affordable health care legislation. In turn, the policy decisions made by policymakers, including legislators, hinge on building the successful movement for elder women's advocacy. Policymakers and advocates believe a strategic, long-term plan based on clear priorities is paramount for the success of the Elder Women's Initiative. Based on lessons learned from past movements and strategies developed for change, state-level leaders emphasized the urgent need for:

- Creating a broad coalition to foster a bipartisan agenda for helping elder and near-elder women obtain affordable health care and economic security.
- Placing special emphasis on addressing the needs of women with low incomes.
- Reaching out to untapped allies such as business, labor and unions and key staffers within the state administration.
- Promoting dialogue among all the stakeholders.

Finally, the report offers the Elder Women's Initiative *AGenda for Action* for building an influential statewide movement to promote the well-being, dignity and economic security of elder women. The rich life experiences and personal wisdom that emerged from the community Speak-Outs and the feedback offered by seasoned state leaders intersected to provide a strong foundation for the

three recommendations. Numerous action steps for implementing each recommendation are detailed within the report.

RECOMMENDATION 1

Refine and Prioritize the Elder Women’s Initiative *AGEnda for Action* for Low-Income, Diverse and Immigrant Elder and Near-Elder Women

The Elder Women’s Initiative calls for preserving, improving, and instituting socially just policies and programs to ensure the economic and health security of elder and near-elder women in California. The *AGEnda for Action* contains specific steps and guidance concerning the required core elements to ensure that low-income, diverse and immigrant elder and near-elder women have respect, dignity, quality of life and basic old-age security. It is designed to affirm the place and the rights of elder women in making choices about formal and informal systems of support and about aging in place with the support they need. These actions necessitate advocacy through established public and private systems of governance and support, involving many partners and stakeholders. Such systems serve to prevent isolation of elder women and encourage their continuing contributions within family, community and society. The *AGEnda for Action* links to health reform, underscoring the importance of chronic illness care management, the strengthening of Medi-Cal (Medicaid) and Medicare, integrated long-term supports and services and cost containment via options for the public provision of health care.

RECOMMENDATION 2

Democracy Works: Develop Leadership, Engage Elder and Near-Elder Women and Build Coalitions

Elder women, including near-elder women and women of diverse and immigrant communities, must be engaged civically and have policy advocacy training opportunities to best lead change for aging with dignity and well-being. Achieving the goals of the Elder Women’s Initiative can only be

accomplished through movement building that is inclusive of all Californians. Coalition-building and mobilization for policy advocacy must cross boundaries among state, local and national policymakers, advocates, community organizations, generations, and cultures. A concerted effort must be made to reach out to more isolated and underrepresented communities.

RECOMMENDATION 3

Undertake a Program of Media Advocacy

A sustained media campaign will be essential in inviting elder and near-elder women of California into full civic engagement. It would present aging women positively, by recognizing the tremendous contributions by elder women to family, friends, communities and society. A media campaign would serve to influence elders, their families and their advocates, as well as policymakers, by underscoring the value of:

- Honoring the vital roles that elder and near-elder women fill in nurturing, protecting and preserving our families and communities.
- Supporting elder and near-elder women as they establish and maintain intergenerational bonds.
- Implementing the *AGEnda for Action* to ensure that women in California can age with well-being, dignity and economic and health security.

The success of the Elder Women’s Initiative is vital to the well-being of *all* Californians. Elder women are community treasures and play vital roles in family, community, and society. When elder women thrive, all Californians will thrive as well, because it’s not only about elder women—it’s about family, community and our larger society. *It’s about all of us.*

Introduction

Toward Building a Movement for Elder Women's Advocacy

By harnessing their energy into revitalizing a movement of women working for positive social change, we will not only enhance the wellbeing of women—we also will strengthen families, communities and society as a whole.

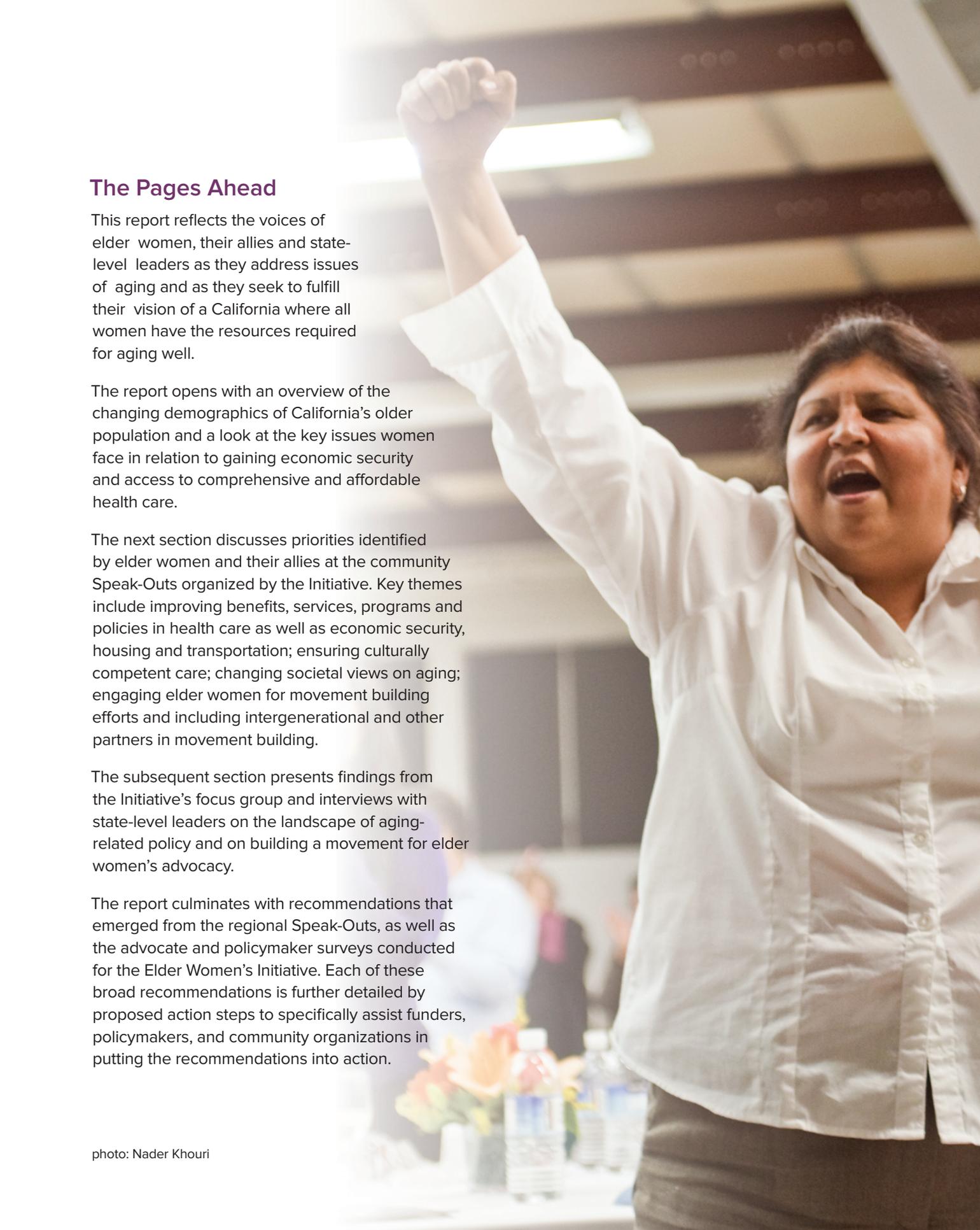
Women in California play crucial roles as caregivers, wage-earners, advocates and contributors to the economy. As a result, when women thrive, so do their families and their communities. With the wisdom that comes from a lifetime of experience, elder women have a unique understanding of this reality.¹ By harnessing their energy into revitalizing a movement of women working for positive social change, we will not only enhance the wellbeing of women—we also will strengthen families, communities and society as a whole.

Elder women and their allies hold a particularly vital position as stakeholders in policies affecting all older adults in California. Recognizing the crucial need for advocacy in this area, the Women's Foundation of California created the Elder Women's Initiative in partnership with The California Endowment, the UCSF Institute for Health & Aging and New America Media. The California Commission on the Status of Women and the Insight Center for Community Economic Development joined with the partners as collaborators. Launched early in 2008, the Initiative has two long-term goals:

- To build a movement led by elder women and their allies from diverse communities that challenges and redefines the current state and perception of aging in California.
- To lead policy change which ensures that all Californians have the option to age in their own homes with well-being, dignity and economic security.

To make this vision a reality, the Initiative takes a community-based approach, employing a range of methods for engaging in outreach, gathering information and building the elder women's movement:

- **Holding community listening sessions in Northern, Central and Southern California.** Elder women and their allies at these gatherings (called Speak-Outs) were invited to talk about the issues they face, the strengths that they and their communities have to offer, and how to build a constituency for a movement of elder women. Participants in the Speak-Outs reflected a diversity of ages, ethnicities, sexual orientations and gender identities, as well as a wide geographical distribution, including rural, suburban and urban communities.
- **Mapping policy and advocacy efforts related to diverse and vulnerable elder women in California.** In focus groups and telephone interviews with key state leaders in aging and women's issues, researchers from the Institute for Health & Aging assessed the policy landscape and the potential for elder women and their allies to engage in a movement to change the systems that affect their lives.
- **Developing advocacy training for elder women and their allies.** As part of the yearlong advocacy-training program of its Women's Policy Institute,² the Women's Foundation of California incorporated a new cohort focused on elder issues.

A woman with dark hair, wearing a white button-down shirt, is shown from the chest up. She has her right arm raised, with her fist clenched. Her mouth is open as if she is speaking or shouting. The background is a blurred indoor setting, possibly a conference room or meeting space, with other people and tables visible in the distance.

The Pages Ahead

This report reflects the voices of elder women, their allies and state-level leaders as they address issues of aging and as they seek to fulfill their vision of a California where all women have the resources required for aging well.

The report opens with an overview of the changing demographics of California's older population and a look at the key issues women face in relation to gaining economic security and access to comprehensive and affordable health care.

The next section discusses priorities identified by elder women and their allies at the community Speak-Outs organized by the Initiative. Key themes include improving benefits, services, programs and policies in health care as well as economic security, housing and transportation; ensuring culturally competent care; changing societal views on aging; engaging elder women for movement building efforts and including intergenerational and other partners in movement building.

The subsequent section presents findings from the Initiative's focus group and interviews with state-level leaders on the landscape of aging-related policy and on building a movement for elder women's advocacy.

The report culminates with recommendations that emerged from the regional Speak-Outs, as well as the advocate and policymaker surveys conducted for the Elder Women's Initiative. Each of these broad recommendations is further detailed by proposed action steps to specifically assist funders, policymakers, and community organizations in putting the recommendations into action.

Changing Demographics of Elder Californians

California's aging population is rapidly increasing in number and growing in diversity. The number of California elders living in poverty is also increasing. At the same time, California's ability to provide needed economic and health care benefits and services to elders is inadequate.³ The current fragility of the state's economic system and ongoing state budget crises threaten an already fragmented network of services.

- The population of Californians ages 65 plus is close to 4 million people,⁴ constituting the largest older population in absolute terms of any state. It is projected that between the years 2010 and 2030, the state's population in this age group will nearly double.⁵
- The rise in California's diversity as its population ages is often referred to as the "browning of the graying of the population."⁶ Latino/Hispanic⁷ elders comprise 13.6 percent of the older adult population in California, followed by Asian Americans/Pacific Islanders at 10.1 percent and African Americans/blacks at 5.2 percent.⁸ By 2040, it is projected that the nearly 55 percent of California's older adult population will be people of color, many of them with limited English proficiency.⁹
- California has the fastest growing older immigrant population in the nation.¹⁰ More than one-quarter (28 percent) of current California elders were born outside of the United States, three times the national average.¹¹ Latino and Asian elders have comprised most of the growth in California's older adult population and will continue to do so for the foreseeable future.¹² Developing policies for immigrant communities is difficult because of concerns including language, acculturation, health and economic characteristics.¹³
- In California, lesbian, gay, bisexual and

transgender (LGBT) people comprise 3.2 percent of the adult population¹⁴ and live in all 58 counties in the state.¹⁵ Research indicates that LGBT elders may face discrimination based on their sexual orientation and gender identity when seeking health care, housing, benefits and employment, and are more likely to live alone than are older people overall.¹⁶

- California leads the nation with the most elders living below federal poverty levels. Approximately 10 percent of California elders live in poverty, with African American/black, Latino/Hispanic and Asian American/Pacific Islander older adults being three times more likely to have low incomes than their non-Hispanic, white counterparts.¹⁷ Close to 400,000 Californians ages 65 plus live in poverty—the majority are women and people of color.¹⁸

Aging and Gender

Aging is a gender issue for a number of reasons.¹⁹ This observation is reflected in statistics about elder women in California and in the United States as a whole:

- Women comprise the majority of the older adult population in both California and the United States.²⁰
- In the United States, among women age 65 and over, poverty disproportionately hits women of color:²¹
 - 9.9 percent of non-Hispanic, white older women
 - 20.8 percent of Hispanics older women
 - 26.7 percent of African American older women
 - 40.5 percent of older Hispanic women **who live alone**
- Among elders 65 and older who live alone, women make up 53 percent of the population.²²



- A 65 year-old woman in the United States has a life expectancy of 20 years, compared to 17.2 years for her male counterpart.²³
- In California, 60 percent of those ages 85 plus are women.²⁴
- More than 75 percent of low-income elders in California are women.²⁵
- In the United States, by the time a woman reaches age 65 she is almost twice as likely as her male counterpart to have a low income or live in poverty.²⁶
- In 2007, 54 percent of elder women living alone in California did not have enough income to cover even their most basic expenses such as housing, food and out-of-pocket medical costs, as measured by the Elder Economic Security Standard Index.^{27,28} By comparison, 44 percent of elder men living alone in California faced the same income limitations.

The confluence of aging and gender likewise is reflected in disparities that elder women face

regarding needs for public services:

- Because of higher poverty rates, longer life expectancy, family responsibilities, ongoing discrimination and lower work opportunities, elder women and elder women of color are more dependent on government programs and benefits than are elder men.²⁹
- Women's dependency on public benefits and programs grows with aging, widowhood, divorce, retirement and associated declines in economic, health and mental health status.³⁰
- Elder unmarried women are two to three times more likely to be uninsured or to rely on public programs such as Medicaid when compared to elder married women.³¹

Such dependency makes elder women more vulnerable to fiscal crises, budget cuts and changes in state and local policies. As a result, decreases in the California budget and ensuing cuts in health and social services programs and benefits will have a greater negative impact on elder women.

Key Issues for Elder Women

Since elder women in California experience greater financial and health vulnerability, the keys to supporting their quality of life include economic security and access to comprehensive and affordable health care.

ECONOMIC SECURITY

Factors related to gender make economic security in old age a particular concern for women. Many elder women have experienced a lifetime of lower wages due to workforce discrimination and work gaps resulting from family and child-rearing responsibilities. Furthermore, women's incomes overall decline with age. Elder women who have adequate incomes at the beginning of their working lives later years often slide into poverty, and some women who become widowed see their incomes dwindle to half the former amount as they grow elder.

For elder women in California, the state's high cost of living creates an additional challenge to economic security. The extent of the challenge is clearly indicated by data from the California Elder Economic Security Standard Index (Elder Index), which calculates the annual cost of meeting basic needs—housing, food, out-of-pocket medical expenses, transportation and other necessities—for retired older adults in each county in California. As measured by the Elder Index, the average minimum income needed by an older Californian who rents is \$21,011.³² Moreover, findings of the Elder Index indicate that elder women living alone with average retirement income find themselves more than \$3,000 below the economic-security threshold in low-cost counties, and more than \$10,000 below in high-cost counties.³³



ACCESS TO COMPREHENSIVE AND AFFORDABLE HEALTH CARE

Deeply connected to economic security is the issue of health care. Not only do economic constraints prevent elder women from addressing all of their health care needs, but poor health also drains elder women's economic resources. Gender inequalities as well as racial and ethnic disparities persist for health insurance coverage, out-of-pocket expenditures and access to health care services. In addition, elder women pay a higher percentage of their income for out-of-pocket health care expenses than do elder men.

Elder women's health also is affected by lack of health care coverage in the years preceding Medicare eligibility. In California 17 percent of women ages 45–54 and 12 percent of those ages 55–64 are without health insurance, and the statistics are even higher for women of color.³⁴ Once they do become eligible for Medicare, women encounter the limitations faced by all participants in the program. In 2002, for example, Medicare covered only 45 percent of beneficiaries' total medical and long-term care expenses,³⁵ and approximately one in 10 older beneficiaries had more than \$5,000 in out-of-pocket expenses.

Results of the Speak-Outs

What Elder Women and Their Allies Are Saying

In fall 2008, more than 350 elder women and their allies attended community listening sessions entitled “Women Speak Out: Changing the Way Californians Age.” For the San Francisco Bay Area, a gathering was held in Oakland, for the Central Valley, in Fresno and for the Greater Los Angeles area, in Los Angeles. Participants were representative of the three regions’ rich diversity in terms of age, income, ethnicity, sexual orientation, gender identity, ability, geographic residence, languages spoken and immigration status.

They came together to share stories about critical issues in their lives and to offer their own solutions to the challenges faced by elder women in California. The Elder Women’s Initiative coordinated the Speak-Outs in partnership with local planning committees for each region. The committee members’ depth of knowledge and trusting relationships with their local communities were invaluable in recruiting a diverse intergenerational group of women to provide testimony and share their stories in roundtable discussions at each meeting.

Preceding the public testimonials and roundtables of elder women and their allies, each speak-out featured opening remarks from the staff of the Women’s Foundation of California, a keynote speaker who was a leader in her local community and a panel of youth discussing elder women who had made a difference in their lives. The introductory speakers launched the sessions by framing a larger set of issues, as this comment from Roberta Achtenberg’s keynote at the San Francisco Bay Area meeting suggests:

“We are building a self-led movement to change policy perceptions. We are summoned to rise one more time to take on one more cause—this time one of our own. I will join you.”

The youth panels helped set a unique perspective for the Speak-Outs, acknowledging obstacles and challenges while highlighting the ways young and old can come together to build bridges of recognition and support. This comment from a youth panelist at the Speak-Outs provides a striking example:

“I thought my grandmother was invincible and knew everything. She left her job as a nurse in the Philippines to take care of us while my Dad snorted his way into prison. She showed me love. She took care of me. She taught us who we are and where we come from. It would take years to realize the lessons my grandmother taught me. Without her, I would not be proud and have the courage to be a writer.”

Following the youth panels, the elder women at the gatherings stepped forward to speak for themselves and to act as their own advocates.³⁶ Individual speakers offered testimonials and roundtable dialogues identified the needs and priorities of elder women, helped participants network and learn from each other about existing services and advocacy efforts and formulated action recommendations for the Elder Women’s Initiative.

Each roundtable reported key recommendations for action to the entire gathering. At the close of the day, Speak-Out leaders attended a strategic planning meeting where roundtable recommendations were synthesized for a succinct list of recommendations to help in shaping next steps for the process.

Priority Issues Identified by Elder Women in California

Five broad themes emerged from the regional community listening sessions. In this section, we address each of these primary concerns:

- Improving benefits, services, programs and policies in health care as well as economic security, housing and transportation.
- Ensuring culturally-competent care.
- Changing societal views on aging.
- Engaging elder women for movement building efforts.
- Including intergenerational and other partners in movement building.

Later in the report we discuss solutions that the participants identified, as well as recommendations for action.

IMPROVING BENEFITS, SERVICES, PROGRAMS, AND POLICIES

Elder women and their allies at the Speak-Outs focused on improving benefits, services, programs and policies in a number of key areas, each of which is looked at in detail below. For many of the speakers, needs for support in these areas were intertwined, as comments from a Hmong elder and a Cambodian elder at the Central Valley gathering in Fresno reveal:

“ Our health suffers because there is a lack of interpreting services in hospitals. Especially in emergency rooms, there are not the interpreters there should be as stated under Title VI in 1964. We have to wait for many hours in waiting rooms and still cannot receive care. Since we work in low-wage jobs, we are growing poorer and cannot afford housing. I ask that you and our elected officials improve this situation.”

HEALTH CARE

Speak-out participants across the state strongly advocated for universal, comprehensive, affordable and accessible health care. Some spoke of health care as a right for all, regardless of immigration status. The elder women and their allies also called for an array of specific reforms in health-related policy and practice:

- Inclusion of long-term care and mental health care in the definition of accessible health care.
- Expanding in-home supportive services and other community-based services to support aging in place.
- Maintaining and enhancing benefits and services for elders, including Medicare Part D and Medi-Cal.
- Identifying health care service gaps and avoiding service duplication.
- Adopting methods of health care delivery such as mobile resources and neighborhood-based public health programs.
- Adopting health care approaches focused on early intervention and prevention.
- Developing one-stop facilities to offer health care and other services directly to elder women.
- Providing public health education to advance healthy lifestyles across the life span.
- Promoting health by cleaning up the environment and ensuring access to healthy food.

ECONOMIC SECURITY

Participants in all three regional gatherings emphasized the central importance of economic security, with some noting that economic security for elder women enhances both their overall quality of life and their ability to age in place. Speakers suggested that several interconnected factors play a key role in this area. The first factor is employment, which provides an economic foundation for women of all ages. To strengthen this foundation, speakers called for several key changes:

- Secure employment for women of all ages.
- Ongoing access to job training and career development for women in midlife and older women.
- Parity in women’s wages and benefits.
- Flexible schedules to enable women to balance work and family responsibilities.
- Financial compensation for informal caregivers.
- Job opportunities for elders who must transition to less physically demanding work.

Effective management of personal finances was a second factor cited as vital to elder women’s economic security. To support elder women in this regard, participants recommended that financial services and education in financial literacy be made available to all elders. Such support would help elder women at all income levels make the most of their financial resources.

Speakers also highlighted a third key factor in elder and near-elder women’s economic security: the need for an intact social safety net to support the financially disadvantaged. Elder women and their allies commented that a more effective safety net could be developed through the application of relevant economic instruments for estimating poverty, notably through use of the Elder Economic Security Standard Index.

HOUSING

The economic difficulties of elder women in California also are reflected in the area of housing. Speak-Out participants pointed to the need for affordable housing with universally accessible design features, as well as for communities that are safer, more livable and more environmentally healthy. In addition, the elder women and their allies talked about the need for collective housing, in particular for immigrant communities. The Speak-Outs also noted the interdependence of Californians across generations and cultures, with improved living conditions offering the prospect of greater well-being for everyone in the state. Said one participant:

“ We [Cambodians] are facing extinction and face many barriers to connect as a community. Our kids are growing up without knowing our culture. Lack of affordable housing and accessible transportation are main problems. We live so far apart, we can’t see each other. If we can get transportation and housing in a shared neighborhood, we would be able to see each other.”

TRANSPORTATION

Participants in the Speak-Outs advocated for accessible and affordable public transit systems to enhance elders’ ability to age in place, decrease their feelings of isolation and more adequately connect them to jobs, volunteer opportunities, and friends and family. The speakers also underscored the importance of improved transportation to ensure that elder women can gain access to community-based health care and social services.

Accessing health and social services is particularly problematic for rural elder women as evidenced by testimonies and roundtable discussions in Fresno. Lack of transportation is a barrier to receiving adequate health care, and also makes it challenging

to attend educational classes and social gatherings. For one elder woman, lack of transportation in rural Fresno County increased her feelings of isolation by preventing cultural and community interactions:

“We live in situations where there is no transportation, no books to read, no TV, no magazines, no radios in our language to understand what is going on in our community. The temple is 15 miles away from where we live, so we can only meet there three times a year for main events. In Cambodia, as people age, they go to temple daily. Here, it’s only three times a year. We feel extremely isolated and lack the social support that exists in communities in Cambodia.”

ENSURING CULTURALLY COMPETENT CARE

Another topic emphasized by speakers at the regional gatherings was the importance of breaking down language and cultural barriers that limit access to existing benefits, services and care for many elder women. They also noted a need across California for more linguistically and culturally competent delivery of health care and social services. The story of an elder woman who spoke at the San Francisco Bay Area session wove together these concerns:

“I live in Alameda County and will be speaking about the need for interpreters for older people. When I came to America 18 years ago, I lived in Contra Costa County. When I went to the clinic, I needed to bring my 12-year-old daughter to be my interpreter, as they did not have one—but she was too young to be an interpreter, so I had no choice but to come home without seeing a doctor. I then had to travel a long distance to see a doctor who had an interpreter. My health was getting worse to

the point I could not drive the long distance to the doctor, so I had to choose between my business, which supported my family, and seeking health care. I had to move close to the clinic with the interpreter, and due to my serious illness, I was able to get Medi-Cal, which provided me with a no-cost surgery to improve my condition. Without Medi-Cal I would not have received this service, and my health would have gotten worse.”

Elder women and their allies who took part in the Speak-Outs noted that effective health care delivery requires a multicultural approach. To advance this goal, they called for cultural competence training for services providers as a means of ensuring full access for elder women from the wide diversity of cultures in California. In addition, they called for the use of translators to ensure access and respectful services for elder women with limited English proficiency.

Changing Society’s Views on Aging

Participants in the Speak-Outs were united in advocating for a cultural shift in the way society regards elders, highlighting the need to redefine aging and to promote respect for elder women. Participants underscored the importance of valuing the assets, strengths and contributions of elder women as a vital step in this process of cultural change and began their own reframing of the role of elder women by characterizing them as mentors, role models for youth and community treasures.

Surveying the current landscape in California and in the United States, participants expressed concern about the ways elder women are marginalized, including their loss of social recognition and the lack of attention to their issues within the wider community. One elder at the San Francisco Bay Area session articulated these power dynamics in a thoughtful and comprehensive way:

“ How does society look at old women? We are considered “others,” not deserving of equal consideration. Even before we got old, we faced many injustices. There is ageism, stereotyping and discrimination because persons are old. It is a double bind, being a woman and being old. It makes elder women devalue themselves and accept domination as “normal.” We become invisible and are not relevant. The media portrays us as poor, weak or incompetent. We feel powerless in controlling our own representation.”

In response to such challenges, participants in the regional gatherings mapped out a number of ways to transform attitudes about elder women in the United States. One approach that could make a significant positive impact is civic engagement for elder women, which speakers noted would bring attention to retired members of communities as highly valued and readily available resources for filling skills gaps. A speaker at the Bay Area session characterized this approach as a chance to “promote assets of aging, not the crisis of society.”

Participants also saw civic engagement as a means for elder women both to build self-esteem and to assist other elders. Speakers underscored the benefits to self-esteem that come from volunteering with advocacy organizations. Others called for volunteer opportunities in peer mentoring, noting that many elder adults are more comfortable receiving information from those with whom they have equal standing. Speakers also suggested that elders with computer skills could help their peers learn to use e-mail and the Internet, thereby strengthening connections among elders and expanding their access to knowledge about aging.

For Speak-Out participants, building support and respect for elder women ultimately will demand a broader change in the ways US society writes,

talks and thinks about aging. Speakers concurred that achieving this goal will require multiple and mutually reinforcing strategies. As one participant put it, “Media advocacy, creative cultural work and policy work” will need to come together in ways that “promote advocating, networking, collaboration and interagency [partnerships].”

Engaging Elder Women in Building the Movement

Comments from participants in the regional gatherings made it clear that they were mindful of the legacy of a generation of elder women who have been largely influential for decades in creating positive social change. The lifelong commitment to social justice and the advocacy and policymaking wisdom of these veterans is manifest in the accomplishments of the feminist movement, the civil rights movement, the LGBT movement, the labor movement and other progressive movements in California, in the United States and internationally.

The personal perspectives that elder women shared at the Speak-Outs also demonstrated their belief that solutions to the challenges they face are to be found in their individual and collective lives. Elder women possess enormous experience, intelligence, drive and resilience, the ability to connect with each other, a sense of hope that they can make a difference and creativity in how they solve their problems. These assets provide a strong foundation for building a movement to advance well-being, dignity and economic security for all elder women in California.

A speaker at the Northern California session offered an example of the ways that elder women are already applying their knowledge and energy to working for social justice:

“ I’m with the Berkeley/East Bay Gray Panthers. We don’t stop at talk—we go out and do it. We have a monthly meeting to discuss political

issues: public housing, peace, justice. We're on the picket lines and go to board meetings and supervisor meetings. Many public policies are designed to break down communities, rather than build them up. We need to encourage people to live together, to support each other and to help each other rather than fight each other."

Inspired by stories of this sort, Speak-Out participants voiced strong support for an initiative to bring the wisdom of elder women into the movement for policy reform. They observed that countering the general invisibility of elder women will be essential to this effort. Speakers likewise emphasized the importance of building broad coalitions and honoring interdependency, as well as ensuring the involvement of elders from diverse and vulnerable groups, including immigrant and refugee women, lesbian, bisexual and transgender women, women with low incomes and women who live in rural areas.

Speakers at the regional gatherings proposed a number of ways to encourage the involvement of elder women in movement building. A central theme was the importance of engaging elder women with the skills and tools needed to participate in policy creation as advocates, lobbyists or legislative leaders. To achieve this end, participants called for training and programmatic support in several areas:

- Leadership and organizing.
- Community building and networking to bring diverse groups together.
- Effective communication with those in power at the state and local levels.
- Public speaking.
- Technology and Internet use.
- Research and policy analysis.

Speakers also suggested a range of approaches for sustaining and advancing the engagement of elder women once they become involved in building the movement:

- Developing more opportunities for elder women to take part in community activism and volunteerism.
- Better informing elder women about ways to become involved in organizing.
- Including elder women in planning for community activities.
- Involving elder women with the legislative process through efforts to get out the vote or through letter writing and making phone calls to state representatives.
- Drawing on the knowledge and experience of elder women immigrants to increase the cultural competence of policymakers and their staff members.

Community building was a final area which participants identified as key to the movement for elder women. On a small scale, this could involve developing conversations among groups of elders, including more isolated elders. Speakers identified friendship, social interaction, and networking as crucial to developing this ability to go beyond "my group" and "my family." The resulting exchange of views and ideas would help ensure that elder women define their own needs, determine how best to meet their needs and organize to press for policies and programs that are responsive to local concerns and cultural norms.

Including Intergenerational and Other Partners in Movement Building

Participants from a wide range of communities at the three regional Speak-Outs agreed that diversity and inclusiveness are a source of strength: To

be effective, the movement for elder women's dignity and economic and health security must be intergenerational and cross-cultural, must actively involve allies across many lines of difference and must welcome the support of biological and chosen families and of friends and neighbors of elder women.

Speakers also noted that the movement to support elder women can be reframed as a family-first agenda—helping elders is synonymous with helping families and their communities. Sandy Close, executive director of New America Media, a partner in the Elder Women's Initiative, offered an example of this shift, while noting the value to the elder women's movement of sustaining family and of calling on allies from multiple generations:

“We cannot survive unless we are a family. The worst thing is not losing your job, your house or your faith in the future, it is when our family falls apart and we go into free fall. Who is a more powerful ally or advocate of the role of older people in society than younger people? Who knows where they would be without the role of older people? There would be no family, safe neighborhood, home or community. Youth need to talk about old people not as a problem for society, but as the glue that holds their lives together.”

An emphasis on intergenerational relationships was common to all the Speak-Outs. Participants highlighted the importance of including near-elders as partners and of engaging youth as advocates for elders. They also suggested that the knowledge and experience of elder women could play a central role in meeting the need for intergenerational activities and youth mentoring. In addition, they noted that elders mentoring youth offered a means of both reducing the isolation often experienced by elder women and demonstrating the importance of

civic engagement to younger generations.

A related theme that emerged from the Speak-Outs was the need to increase elder women's skills and resources in ways that would help them connect with youth. One suggestion was to promote venues where generations can share knowledge with each other. As an example, participants proposed creating an intergenerational center where services for elders and mentorship for youth could be offered in a single location, thus enhancing the opportunity for exchanges among the generations.

The Initiative listening sessions not only called for the creation of a diverse and inclusive movement, but also laid the necessary groundwork for that movement. By facilitating collaboration and community building among women of many generations and from an array of social groups and organizations, the regional gatherings themselves gave rise to a critical mass of advocates. With each participant bringing distinctive skills based on her experience, age and position, the diverse nature of the stakeholders will enable this new network to make a far-reaching impact.

Additional Themes Identified

Beyond the topics which emerged as a common focus at all three Speak-Outs, each of the individual gatherings also developed unique themes reflecting differences among the communities and regions where they took place:

- The San Francisco Bay Area Speak-Out expressed a distinct sentiment that change needs to happen—and happen soon. Themes that were more evident than at the other meetings included the importance of a single-payer health care system, issues affecting incarcerated elder women and the invisibility and strengths of elder lesbians. One participant said:

“I'm 86 and have been an activist since the 70s. I want to talk about the organization, Old

“Lesbians Organizing for Change. Formed in 1989 at SFSU, its primary purpose was to eliminate ageism. We have a national organization that holds gatherings every two years to discuss aging, race and living meaningful lives. One project is to record the stories of elder lesbians so we don’t lose those stories. We are activists who deal with health care, racism, “No on 8.” We help develop social support networks as many elder lesbians don’t have families to rely on as they age. Many have moved into collective living to support each other. We want recognition, inclusion, acceptance and to create positive change for all elder women.”

- The Fresno Speak-Out included a focus on elder women with limited English proficiency and their need for interpretation services, particularly in health care settings. Testimonials came from Cambodian and Hmong elders, as well as a group of Spanish-speaking elders. Because the Central Valley is the most rural of the regions where sessions took place, speakers also emphasized issues of isolation and the need for transportation. One participant noted:

“We are a network of women and men—various Asian ethnicities—Burmese, Cambodian, Chinese, Hmong, Japanese, Korean, Thai, Vietnamese and others. We are immigrants, new Americans, second-, third-, fourth-generation Americans. Our newest members will be in their 20s and 30s, plus we’ll have seniors in their 70s and 80s. In preparation for today, we discussed getting old. I hope this is the beginning of much needed organizing to take action. My recommendations for the Women’s Foundation include helping us access ways

to reach out and participate in movement building—toward action research and document changing demographics in the Central Valley. I hope the Foundation will continue to facilitate the collaboration of these efforts.”

- The Los Angeles Speak-Out featured testimonials of elder women who were farm workers, providing insight into marginalization due to geography, language, literacy and poverty. Distinctive themes at this session included elder abuse and long-term care. Speakers also mentioned the concerns of grandparent caregivers and of middle-aged adults caring for children and elder parents. In addition, participants identified income and service gaps for near-elder women and concerns over how to reach that group. Furthermore, the session had a focus on the role of the media in challenging negative attitudes about aging. One participant commented:

“I would like to profile for you the typical elder abuse victim. She is a elder woman being abused by a caretaker. She does not report this abuse because she is embarrassed to say that someone in her own family has committed this abuse, is afraid of neglect, abandonment and institutionalization. Used to the pattern, often she feels and believes that even if she spoke out, no one would listen. Especially with budget cuts to senior programs, we need to listen to their voices and not be deaf to the needs of elder abuse prevention.”

Results of the State-Level Interviews

What Policymakers and Advocates Are Saying

In addition to gathering community input via regional Speak-Outs, the Elder Women's Initiative mapped statewide policy related to diverse and vulnerable populations of elder women and surveyed the strategic possibilities for building a statewide movement for elder women's advocacy. To carry out this part of the Initiative, collaborators held a focus group with state-level leaders in aging and women's issues in spring 2008, and researchers conducted focus groups and telephone interviews with state-level policymakers and advocates in summer 2008.³⁷ The following two sections provide a summary of the findings.

Understanding the Policy Landscape

According to state level policymakers and advocates, ongoing major issues for elder women in California center on access to affordable health care and economic security. While there was agreement among policymakers and advocates in terms of health care and economic policy where elder women are concerned, both groups diverged in

how they understood these issues within the policy landscape. Advocates tended to link comprehensive health care access to additional concerns about chronic illness, mental health and long-term care. They were more apt to interpret health care in terms specific to the direct experiences of elder women. Some advocates spoke of the inextricable link between health care and economic security. Health care coverage and chronic illness dominated the conversation of policymakers in relation to issues of in-home health services and caregiving. However, policymakers were more likely to focus on the budget, health care legislation and the workings of the legislature in Sacramento. Both policymakers and advocates agreed that the health of elder women needs to be evaluated and looked at critically. A conversation between policymakers and advocates may be helpful in informing policy to meet the needs of elderly women.

By contrast, policymakers were most concerned with health care coverage and chronic illness, especially as related to home health services and caregiving, as well as to the connection between



photo: Erin Lubin

health care and state budget issues, lawmaking and the workings of the legislature in Sacramento. One policymaker summed up the situation in these words:

“ We must create a legislative environment that supports services that allow women to stay in the home as they age rather than being institutionalized. Elder homecare workers need to have skills to deal with an elder population versus general social work skills.”

In respect to economic security, both groups of respondents included Supplemental Security Income (SSI) and State Supplementary Income Payment (SSP), Medicare, Medi-Cal and budgetary cuts as key issues. How policymakers or advocates perceived these key issues was dependent on how each group interpreted the policy landscape. Advocates expressed more concern about the economic security issues of elder women from a policy-based perspective, perhaps because they are not actually informing legislative change. In their focus on poverty and issues that elderly women might face as they fall into poverty, advocates' concerns rested on SSI and benefits programs, both in terms of preserving what is there and looking ahead to what is needed. Policymakers focused on economic security from a budgetary perspective: proposed budget cuts, issues of financial abuse among elder women and issues of elder women in the workforce. The question of advocacy around elder economic security was paramount for these leaders. It seemed that the cornerstone of the movement was advocating for better economic conditions for elderly women, especially in light of the current national and state financial crises.

Marked differences existed between policymakers and advocates with regard to the prospects for policy reform on behalf of elder women. Generally, policymakers were encouraged by existing opportunities, whereas advocates seemed more

cynical. Policymakers urged advocates to obtain relevant, timely information about policy formation that would enable advocates to establish decisive goals. Given their proximity to community elders, advocates may be in a particularly good position to assemble a diverse group of stakeholders who can push for opportunities visualized by policymakers and can prioritize goals on a unified basis.

Policymakers and advocates agreed that a number of gaps exist in the statewide policies needed to support elder women. Both groups articulated concerns about growing poverty and a lack of adequate income among this population, especially in light of state budget concerns. Similarly, they were united in recognizing a need to bring *elder* women from the community into policy discussions. Advocates additionally pointed to the absence of ethnic elder women in policy discussions and urged policymakers to tap leadership within communities of color to rectify this lack of representation.

Building the Movement for Elder Women's Advocacy

State-level advocates and policymakers agreed on the basic approach needed to build a movement for elder women's advocacy: creating a broad coalition and reaching out to untapped allies such as business, labor and unions, as well as significant staffers within the state administration. Both groups emphasized that the coalition would need to foster a bipartisan agenda for helping elder women obtain affordable health care and achieve economic security. They also identified promoting dialogue among all the stakeholders as essential and placed a special emphasis on addressing the needs of women with low incomes.

Policymakers raised several other issues that must be addressed in building a movement for elder women's advocacy. They noted that bipartisan legislative efforts based on establishing common ground and common principles among groups with

diverse agendas have been lacking in the area of aging-related policy. To address this problem, the policymakers called for legislators to serve as champions by setting the agenda through their commitment to elder issues and their ability to build bipartisan support and pulling in unlikely allies.

In addition, leaders spoke about the value of putting a human face on aging issues through compelling personal stories recounted by elder women themselves. Such stories help advance needed legislation by showing elected officials the real-world significance of policy issues. Advocates noted that engaging elder women at the local level to act on behalf of their own rights and dignity is one of the keys to gathering these testimonials.

State-level leaders also suggested that the movement could be successful in effecting policy reform if it is clear about the issues and the audience it seeks to address. They noted that developing such clarity depends on analyzing the composition of the legislature, identifying the positions of public interest groups and bringing together diverse stakeholders. Advocates added that in gathering the stakeholders, greater emphasis should be placed on the leadership of elder women themselves and on broadening outreach to include near-elder and younger women in the movement.

Framing policy to specifically address the concerns of elder women is another strategy the state-level leaders put forward. Advocates elucidated a number of key themes in this regard, including closing gaps between what women have and what they need and preparing a stronger safety net. They also mentioned the importance of educating both legislators and the public about policy proposals framed to meet elder women's needs, and noted that such education would require assembling better data from research on health and economic problems related to aging.

Lessons Learned From Past Movements

Policymakers and advocates cited lessons learned from past movements for progressive policy reform as crucial to helping build the movement on behalf of elder women. Both groups described patience and commitment as the main components required for accomplishing policy change. They also concurred on the importance of bringing the issues of elder women to the attention of policymakers—and specifically to the attention of women legislators.

Based on their past experience, policymakers saw strength in bringing together political and community leaders who understand current conditions within state politics—an approach which they described as central to the consensus building that policy change necessitates. Advocates, on the other hand, adapted lessons that concentrated on building bridges outside traditional elder women's organizations, such as the Gray Panthers and the Older Women's League (OWL). They envisioned new sources of advocacy as arising among retired women, union members and the women's movement.

Advocates offered further lessons from the past with regard to addressing issues such as invisibility and sexism, as well as approaches to coalition building among labor and unions. They noted that the realities of daily life for women in the workforce or women caregivers could serve to inform both the movement and politics at the local level. They added that the unity of a movement with a diverse base of support could be advantageous in influencing how policymakers view the issues and in waking voters to the realities women face as they age.

Strategies for Change

Policymakers and advocates noted that meeting with and advising legislative staff about specific legislation would be a key to advancing policy change. In addition, they suggested connecting with the business community, empowering citizens to advocate on their own behalf and educating local elected officials. Policymakers emphasized focusing on small, positive steps as a means of working toward long-term goals, as this comment from one of the state-level leaders suggests:



“ It takes time, resources and patience to build a movement. Pick one or two bills every year to write letters on, show up to Sacramento to testify, hire staff to do more, convene meetings...slowly building pieces together. Figure out the long-range plan for the Elder Women’s Initiative strategically; accomplish small milestones, set clear and realistic goals for the outcome and have tangible goals for policy change.”

Advocates likewise underscored the value of incremental change, but also emphasized power analyses³⁸ as well as advocacy at the state and local levels. Finally, while referring to the necessity of increasing resources through policy change, advocates also pointed out the importance of preserving existing policies that benefit elders, as such policies can be threatened by budget cuts.

Both policymakers and advocates believe a strategic, long-term plan is paramount for the Elder Women’s Initiative. They agreed that the plan

developed must use power analyses, define the problem, have realistic goals and embody clearly stated values. They likewise agreed that putting together pieces of the policy puzzle by promoting five or six smaller policy changes may prove the most strategic approach to meeting the broader needs of elder women.

Ultimately, the policymakers and advocates recommended the formulation of a strategic approach to building the elder women’s movement and to achieving the goals of the Initiative. The most feasible method is to promote change through incremental steps while simultaneously defining problems and solutions that set the priorities of an agenda for action. The state-level leaders added that the key to this approach will be a diverse, engaged base of constituency support. The success of the movement will require drawing on the diverse experiences and skills of all women of all generations working together to make positive changes to the policies that affect the present lives and future prospects of elder women in California.

AGEnda for Action

It's not only about elder women. It's about family and community. It's about all of us.

The Elder Women's Initiative *AGEnda for Action* overarching objective is to build an effective statewide movement to advance the well-being, dignity and economic security of elder women. Three recommendations emerged from the regional Speak-Outs and the advocate and policymaker surveys conducted for the Elder Women's Initiative. First, the policy agenda outlined here is required to ensure the ability of all California women to age with dignity and well-being. The priorities for advocacy and action must be examined and set within the current California and national context. Second, leadership development, elder engagement and coalition building are required. Third, media advocacy is needed. The *AGEnda for Action* specifically refers to the action items under each recommendation.

Following is an overview of the recommendations, along with concrete steps that specifically assist community organizations and advocacy groups, funders and policymakers in putting the recommendations into action. For most effective systemic change, stakeholders from diverse sectors should work in collaboration. For the sake of this report, we organized the action steps in categories under leading sector. Essential strategies include civic participation, raising awareness, policy development, capacity building and work at the grassroots level. Each of these recommendations brings out one of these strategies and one or more of the major partners and stakeholders, including elder and near-elder women and their families, community organizations and advocates at the local, state and national levels, public policymakers and other opinion leaders, private foundations and the media.

RECOMMENDATION 1

Refine and Prioritize the *AGEnda for Action* for Low-Income, Diverse and Immigrant Elder and Near-Elder Women

The *AGEnda for Action* provides guidance for the advocacy and action required to reach the Initiative's mission of establishing, protecting and affirming the rights of low-income, diverse and immigrant elder and near-elder women to health and economic security, dignity and quality of life in old age. For those women who choose to age within their communities, promoting opportunities to age in place requires the provision of home and community-based long-term care options. The *AGEnda for Action* seeks the affirmation of these rights through established formal and informal, public and private systems of governance and support for economic and health security.

Consistent with views expressed in the philanthropic community, "public policy advocacy" seeks "to bring about a change in public policy or the law, its interpretation or its application, typically with the objective of correcting a perceived injustice or achieving specific legislative, legal or other change."³⁹

***AGEnda for Action* Steps**

ELDER WOMEN'S INITIATIVE

- In partnership with the Women's Foundation of California, the California Commission on the Status of Women, the UCSF Institute for Health & Aging, the Insight Center for Community Economic Development and the UCLA Center for Health Policy Research as well as the coalitions of health reform, Medicare, Medi-Cal and aging

advocates promote a proactive legislative and programmatic agenda (*AGEnda for Action*) that addresses the dignity, quality of life, economic and health security of vulnerable elder and near-elder women in California.

COMMUNITY ORGANIZATIONS AND ADVOCACY GROUPS

- Prioritize and promote the *AGEnda for Action*, a campaign for benefits, services, programs and policies to ensure health and economic security for low-income, diverse and immigrant elder and near-elder women in California.⁴⁰
- Engage elder and near-elder women, and their allies to work in coordination with the movement for the Elder Economic Security Standard Index (Elder Index) developed by the Insight Center for Community Economic Development and with Wider Opportunities for Women (WOW). The Elder Index is a new tool that accurately quantifies the annual cost of meeting *basic* needs for retired, older adults in each California county.
- Monitor and advocate compliance with language-access requirements in health, including mental, dental, and long-term care in coalition with other concerned groups.⁴¹
- Work in alliance with national and other coalitions to preserve, protect and improve the bedrock federal social-insurance programs of Social Security and Medicare, including the National Committee to Preserve Social Security and Medicare (NCPSSM), AARP and the Older Women's League (OWL). Four areas are especially important for elder women in California: setting a meaningful minimum Social Security benefit, improving survivor's Social Security benefits, protecting the annual Social Security cost-of-living adjustment (COLA) and instituting caregiver work credits and disability coverage under Social Security.⁴²

FUNDERS

- Prioritize investing in the extension of a health e-App program, a web-based application process for health coverage enrollment, for elders and near-elders and that is culturally sensitive and effective. For example, invest in replicating the e-App program of The California Endowment and the California HealthCare Foundation child-eligibility programs.
- Invest in the preservation of elders' benefits that were slashed by the state's budget cuts.
- Work in coalition with other concerned groups to restore and protect California's safety net and elder abuse programs like Medi-Cal, Supplemental Security Income/State Supplemental Payment SSI/SSP, COLA for Social Security, In-Home Supportive Services (IHSS), the Office of the State Long-Term Care Ombudsman (OSLTCO) and Adult Protective Services (APS). Coalition work must particularly attend to the need for expansion of income-eligibility for program participation and to preventing or restoring cuts in mental health, dental and optometry, as well as protecting elders from abuse.

POLICYMAKERS

- Expand the Department of Health Services (DPS) use of waiver programs in California.⁴³
- Increase enrollment of vulnerable elder and near-elder women in existing safety net programs for which they are eligible.⁴⁴
- Work in coalition with other concerned groups to restore and protect California's safety net and elder abuse programs like Medi-Cal, (SSI/SSP, COLA for Social Security, IHSS, OSLTCO, and APS). Coalition work must particularly attend to the need for expansion of income-eligibility for program participation and to preventing or restoring cuts in mental health, dental and optometry, as well as protecting elders from abuse.

- Secure provision of affordable, culturally-sensitive, quality health care coverage for all Californians, with special attention to coverage for near-elder adults.

RECOMMENDATION 2

Democracy Works: Develop leadership, engage and empower elder women and their allies, and build coalitions

Bring elder and near-elder women, especially women from diverse, low-income and immigrant communities, into full civic and democratic participation by promoting their direct engagement and ability to speak and act on behalf of their own rights and dignity in old age.

Build upon, bring into coalition and mobilize for policy change the existing networks of state and local advocates, community organizations and allies for women, elders, people of color, health care activists, people with disabilities, baby boomers and youth. Grow a movement that is inclusive of intergenerational, invisible and isolated groups.

AGEnda for Action Steps

ELDER WOMEN'S INITIATIVE

- Form partnerships with California county chapters and the state chapter of advocacy groups including, but not limited to, OWL, National Organization for Women (NOW), the League of Women Voters and American Association of University Women (AAUW) to educate and involve their members concerning the Initiative and *AGEnda for Action* through forums, newsletters, meetings and conventions.
- Facilitate the engagement of elder and near-elder women and their allies in movement building around the *AGEnda for Action* with the mindfulness that policy moves best when diverse teams and coalitions are built (multi-generational, cross-issue,

cross-sector, good representation by race and ethnicity, etc).

COMMUNITY ORGANIZATIONS AND ADVOCACY GROUPS

- Work with Area Agencies on Aging, local Elder Economic Security Initiative coalitions, OWL, the Gray Panthers, the California Alliance for Retired Americans (CARA), the California Senior Legislature (CSL), People Improving Communities through Organizing (PICO) and other elder advocate and faith-based groups to develop and implement programs that engage and build upon communities among low-income, diverse and immigrant communities of elder and near-elder women and their families in California⁴⁵ in support of the *AGEnda for Action*. This step could be advanced through a place-based pilot strategy in two or three parts of the state. For example, a regional and population specific program can be developed in the Central Valley with Cambodian elder women, Northern California with rural elder women or Imperial County with elder women agricultural workers. Each program would train elders to advocate and move policy at the local, regional and state level.
- Convene meetings and other events with elected California state and local leaders to place and maintain elder and near-elder women's issues on the public policy radar and to ensure institutional memory and continuity on these issues, despite the leadership succession produced by term limits.
- Facilitate effective coordinated actions at the local, state and national levels, building strength on and within local organizations as well as state and national movements to advance the *AGEnda for Action*. In particular, facilitate actions with those involved in health and Medicare reforms (e.g., Consumers Union, Families USA, National Committee to Preserve Social Security and Medicare (NCPSSM), AARP and the

Campaign for Better Care project of the National Partnership for Women and Families, funded by Atlantic Philanthropies) and those involved with immigrant reform (e.g., National Coalition of Immigrant Women's Rights (NCIRW), Immigrant Legal Resource Center (ILRC), Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA), National Asian Pacific American Women's Forum (NAPAWF) and Legal Momentum, among others).

- Monitor and advocate compliance with language-access requirements in health, including mental, dental, and long-term care in coalition with other concerned groups.
- Train elder and near-elder women in research and evaluation skills and invest in the strategic placement of elder and near-elder women policy analysts in key research and policy entities in the state.
- Develop and disseminate webinars, tool kits and other educational materials designed to increase public consciousness and knowledge of the assets, strengths and contributions of elder and near-elder women and to reframe US culture to respect the elder woman.
- Take steps to incorporate the AGEnda for Action into the work of existing civil rights, advocacy and social justice organizations like the National Association of for the Advancement of Colored People (NAACP), National Network for Immigrant and Refugee Rights (NNIRR), National Gay and Lesbian Taskforce, Equality California (EQCA), Courage Campaign and pertinent state and national caucuses.

FUNDERS

- Develop and implement a policy advocacy funding strategy to advance the goals of the *AGEnda for Action*.
- Continue to support and nurture community, state, national and international organizations that work across boundaries to engage the

policy advocacy needed to affect the *AGEnda for Action* for elder and near-elder women. As defined by The Atlantic Philanthropies, policy advocacy includes research and dissemination, raising awareness, grassroots mobilization, building capacity, policy development and technical assistance to policymakers, litigation and electoral activity.⁴⁶

- Encourage funding for, and volunteerism within, organizations that bring corporate and nonprofit leaders in aging together with youth who demonstrate leadership potential in order to advance positive intergenerational efforts to advance the *AGEnda for Action*.
- Funders should support the capacity of existing nonprofits and coalitions to provide training, educational tools and technical assistance to build the capacity of member organizations.⁴⁷
- Strengthen links between community advocacy groups and foundations working for the AGEnda for Action.
- Fund the replication of the Women's Policy Institute of the Women's Foundation of California to train elder and near-elder women as policy advocates.
- Invest in ongoing objective analyses of the effects of policies and policy changes (actual and proposed) on the economic and health security of elder and near-elder women, such as the Center for Health Policy Research at the University of California, Los Angeles.
- Work with the National Institutes of Health (NIH) and the National Center of Excellence in Women's Health to create a priority for elder women's issues when funding for basic and clinical research and teaching.

Establish a statewide aging advocacy coalition like the model for the formation of family support funders.⁴⁸

RECOMMENDATION 3

Undertake a Program of Media Advocacy

- Engage in a sustained media campaign to bring elder and near-elder women in California into full civic and democratic participation. The campaign will focus on promoting recognition of the enormous contributions of elder women as mentors, role models for youth, community treasures and the vital link to family, community, and society. The campaign will influence policymakers as well as elders, their families and their advocates, by calling attention to:
 - The vital roles elder and near-elder women play in the protection and preservation of both family and community.
 - The importance and the fragility of the intergenerational bonds that elder and near-elder women establish, including their bonds with adult children, grandchildren and great-grandchildren, as well as with any chosen family.
 - The urgency of implementing the AGenda for Action to ensure that women in California can age with well-being, dignity and economic and health security.

AGenda for Action Steps

MEDIA

- Engage New America Media (NAM)⁴⁹ and other print, radio and electronic media, including netroots⁵⁰ in a campaign designed to promote positive messages of elders and to develop new media messengers of elders, especially youth, who are knowledgeable about the key issues, assets, strengths, contributions and challenges faced by elder and near-elder women in California. Examples for achieving this action step follow:
 - Organize and offer an intergenerational

media skills training program for young and old to provide support to inform and to sustain the movement for California elder and near-elder women in the low-income, diverse and immigrant communities.⁵¹

- Adapt the NAM model for training low-income, diverse and immigrant youth in multimedia expression and advocacy to incorporate an intergenerational focus.
- Promote the *AGenda for Action*: Broaden coverage of elder women and their issues by creating media messages in conjunction with those who shape the messages and media content in both traditional media (e.g., television, radio, print) and new media (e.g., Facebook, Twitter, RSS, e-mail):
- Educate journalists on the Initiative and AGenda for Action and connect with the Journalist Network on Generations (JNG), a group with a journalistic focus on aging issues.
- Connect with NAM's extensive network of ethnic media contacts including ethnic media briefings to reach out to ethnic communities.
- Engage existing programs for young writers (e.g., WriteGirl, WritersCorps, Young Chicago Authors, Youth Speaks, Center for Media Justice).
- Create educational campaigns about elder women's issues for editors, writers and bloggers.
- Dialogue with organizations and foundations that are creating new messaging around elder issues (e.g., communications teams at the Kaiser Permanente Thrive Campaign, Ford Foundation, Atlantic Philanthropies, AARP).
- Build a network of contacts among women's magazines and mainstream media in the spirit of boundary-crossing to reach new demographics among strategic populations.

Accomplishments and Next Steps

Momentum is rising around the promising work of the Elder Women's Initiative. The Women's Foundation of California, The California Endowment, The California Wellness Foundation and the key initiative partners—including the UCSF Institute for Health & Aging, New America Media (NAM), Insight Center for Community Economic Development and the California Commission on the Status of Women—continue to build broad-based interest among policymakers, advocates and community-based providers, specifically:

- Sponsors of the Initiative have reached out to other funders in an effort to secure continued support. In addition, the Initiative has identified legislative allies and has kept them informed about its progress.
- NAM has produced a six-minute video that provides an overview of the stories and priorities of elder women who attended the Speak-Outs. Posted on YouTube for wide distribution, the video is a communication tool that can be used to introduce the project to additional stakeholders and to the media. NAM also has initiated an ethnic elders newsbeat and

an intergenerational dialogue and advocacy project. See video at <http://www.youtube.com/watch?v=aQOO64g7opk>.

- The Women's Foundation of California plans to sponsor funder briefings in California and nationally and carry out other forms of philanthropic education on the AGenda for Action. These briefings will serve as vehicles for sharing insights, successful strategies and policy recommendations as gleaned from policymakers, advocates and other stakeholders. The Foundation will present the information from these funder briefings at conferences and will hold an Elder Women's Initiative preconference institute the day before its biannual statewide convening.
- With the generous grant of the California Wellness Foundation, the Women's Foundation of California has incorporated a track to provide ongoing, yearlong advocacy training focused specifically on elder issues in its Women's Policy Institute. The Institute's 2008–2009 Elder Issues Team is advocating for the adoption of AB 324 Elder Economic Dignity Act, and its companion resolution, AJR 6. AB 324, if passed, would require the use of the Elder Economic Security Standard™ Index (Elder Index) to provide a better measure of poverty to plan for the needs of California's growing aging population. The Elder Index is a new tool that accurately quantifies the annual cost of meeting basic needs for retired, older adults in each California county. AB 324 would specifically require California Area Agencies on Aging (AAA) to use the Elder Index to determine poverty in preparing their needs assessment and in developing local area plans.
- AJR 6 successfully passed in both houses with bi-partisan support. The resolution urges Congress and the





President to modernize the Federal Poverty Guidelines to reflect the actual costs to survive in each state and county of the United States. Although the passing of the resolution wouldn't mandate legislative change, it does send a powerful message from the State of California to the federal government that a more accurate measure of economic security for elders is needed in place of the outdated 1960s Federal Poverty Line.

- The Institute welcomes its second elder issues class in 2009–2010.
- The Foundation will present this report to funders, key community leaders and policymakers to serve as an advocacy and planning tool for California's elder women issues. The Foundation also will share the executive summary of the report with those who attended or registered for the Speak-Outs and with the state-level leaders

who took part in focus groups or interviews. The report's executive summary will be translated to Cambodian, Hmong, Chinese and Spanish, the languages represented in the Speak-Outs.

With the Elder Women's Initiative, the Women's Foundation of California has begun to facilitate the work of policy and systems change that will be led by elder women and their allies to benefit those women, their families and their communities. The foundation will continue working with community-based organizations to build the constituency for this movement. At the same time, the Foundation will support elder women and their allies in playing a major leadership role.

The long-term vision of the Initiative is a California that will be the model state for policies improving the lives of all women and girls across the lifespan and enabling all women to age in their own homes with well-being, dignity and economic security.

Acknowledgements

The Women's Foundation of California is deeply appreciative to our many collaborative partners who made the planning of the Elder Women's Initiative Speak-Outs and the research, writing and distribution of this report possible. A special thanks to our funders, The California Endowment, The California Wellness Foundation and Character & Citizenship, Inc. for their investment and continued support in promoting and protecting the well-being, economic security and dignity of our elder women. Because of their generous grants, the Speak-Outs, the creation of the Women's Policy Institute elder issues team and the report were possible.

Our heartfelt thanks to the Elder Women's Initiative Coordination Team partners: Judy Patrick, Karla Rodriguez, Hannah Hill and Surina Khan with the Women's Foundation of California; Dianne Yamashiro-Omi and Sandra Davis with The California Endowment; Carroll Estes, PhD, Sheryl Goldberg, PhD, Eva Williams and Heather Wollin from UCSF Institute for Health & Aging; Sandy Close and Ketaki Gokhale with New America Media; Mary Wiberg with California Commission on the Status of Women and Susie Smith with the Insight Center Community for Economic Development.

We also want to recognize the valuable perspectives shared by the New America Media youth panelists at each Speak-Out concerning the essential role elder women play in their families and communities. Thank you to Janet Latgo, Jazmine Young, Marcus Vega, Maynor Aguirre, Josue Rojas, Valerie Klinker and Chanda Clark.

And, saving the best for last, the leadership and outreach of the local planning committee members is most deserving of the successful participation of diverse sexual orientation and identity, intergenerational and multi-ethnic elders and their allies at the Speak-Outs. Key local planning committee members per region are as follows:

BAY AREA LOCAL PLANNING COMMITTEE

Marcy Adelman, PhD, Open House
Dan Ashbrook, Lavender Seniors of the East Bay
Georgia Burke, National Senior Citizens Law Center
Alice Dueker, JD, Planning for Elders
Aimee Durfee, United Way of the Bay Area
Karen Garrison, Bernal Heights Neighborhood Center
Roma Guy, California Women's Agenda
Honorable Loni Hancock, California State Senate
Katharine Bau Hsiao, National Senior Citizens Law Center
Jennifer Hull, Family Caregiver Alliance
Corinne Jan, Family Bridges Inc.
Marie Jobling, Community Living Campaign
Roxie Kellam, Open House
Lorraine Kennix Provost, Alameda County Commission on the Status of Women

Julia Liou, Asian Health Services/Healthy Nail Salons Collaborative
Ethel Long-Scott, Women's Economic Agenda Project
Betty Mulholland, California Senior Legislature
Wendy Peterson, Senior Services Coalition of Alameda County
Kathie Piccagli, OWL of California
Jodi Reid, California Alliance for Retired American
Margo Smith, Gray Panthers
Susie Smith, Insight Center for Community Economic Development
Victoria Tolbert, Alameda County Area Agency on Aging
Mary Vradelis, Legal Assistance for Seniors
Helen Yuen, Self-Help for the Elderly

FRESNO LOCAL PLANNING COMMITTEE

Cathy Caples, HandsOn Central California
Lilia Chavez, League of Mexican American Women
Robbie Cranch, HandsOn Central California
Frances Contreras, Fresno–Madera Area Agency on Aging
Reverend Sophia DeWitt, Fresno Interdenominational Refugee Ministries
Francine Farber, League of Women Voters of Fresno
Estela Galvan, Pan Valley Institute
Larry Gonzales, The California Endowment
Edie Jessup, Fresno Metro Ministry
Van Lam, Khmer Society of Fresno
Sherry McMurry, Central California Legal Services
Luisa Medina, Central California Legal Services
Yolanda Moreno, Together for California’s Future
Yolanda Randles, West Fresno Health Care Coalition
Margarita Rocha, Centro La Familia Advocacy Services
Reverend Sharon Stanley, Fresno Interdenominational Refugee Ministries
Janet Trapp Slagter, PhD, California State University, Fresno
Debbie Tom, Central California Asian Pacific Women
Donna Ueland, California Commission on Aging
Mai Der Vang, Central California Asian Pacific Women; New America Media
Dana Wilkie, Community Food Bank
Geri Yang, Central California Asian Pacific Women; Women’s Foundation of California
MaiKa Yang, Stone Soup Fresno

LOS ANGELES LOCAL PLANNING COMMITTEE

Natalie Ambrose, Los Angeles County Commission on Aging
Cynthia Banks, Los Angeles County Community and Senior Services
Cash Benton, Saint Barnabas Senior Center
Dawn Bronsema, California Alliance for Retired Americans
Eleanor Brown, Los Angeles County Area Agency on Aging; Life-Long
Vera Castillo, Los Angeles County Community and Senior Services
Ellen Eidem, MS, Los Angeles County Office of Women’s Health
Kellie M. Hawkins, City of Los Angeles Commission on the Status of Women
Sheryl Hayashida, WISE & Healthy Aging
Reverend Brenda Lamothe, First AME Church Los Angeles
Suguet Lopez, Líderes Campesinas
Sara Mendoza, Los Angeles Indigenous People’s Alliance
Mattye Fegan-Perry, Los Angeles County Council on Aging
Laura Plotkin, Office of State Senator Sheila Kuehl
Arielle Rosen, Los Angeles Gay & Lesbian Center
Milly Treviño-Sauceda, Líderes Campesinas
Susana Sevilla, MPA, Los Angeles County Office of Women’s Health
Martha Spinks, Saint Barnabas Senior Center
Frank Tamborello, Hunger Action Los Angeles
Silvia Berrones-Trevino, Líderes Campesinas
Brenda Vazquez, Partners in Care Foundation
Erin Westphal, City of Los Angeles Department of Aging
Monika White, WISE & Healthy Aging

CREDITS

Lead Writers: Carroll Estes, PhD; Sheryl Goldberg, PhD; Eva Williams; Heather Wollin
Editors: Karla Rodriguez; Judy Patrick; Surina Khan; Nicole McMorrow; Gerard Koskovich
Graphic Design: Yvonne Day-Rodriguez, Y. Day Designs
Printing: Autumn Press

References

- Administration on Aging (AoA) (2001). *The many faces of aging: Lesbian, gay, bisexual, and transgender older persons*. http://www.asaging.org/networks/LAIN/IntroAgingIssues_English.PDF (accessed August 26, 2009).
- American Association of Retired Persons (AARP) (2002). Health care. AARP policy book 2002. Washington DC: AARP, 1-156.
- California Budget Project (August 2008). Planning for California's future: The state's population is growing, aging, and becoming more diverse. *Budget Backgrounder: Making Dollars Make Sense*. http://www.cbp.org/pdfs/2008/0808_bb_demographics.pdf (accessed August 26, 2009).
- California Policy Research Center (2001). Population aging in California 2001.
- Centers for Disease Control. Health, United States (2007). Washington, DC: <http://www.cdc.gov/nchs/data/hus/07.pdf#027> (accessed August 26, 2009).
- Collins, P. H. (1991). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. New York: Routledge.
- Cubanski J., Voris M., Kitchman M., Neuman T., & Potetz L. (Summer 2005). Medicare chartbook (3rd ed.). The Henry J. Kaiser Family Foundation. <http://www.kff.org/medicare/upload/Medicare-Chart-Book-3rd-Edition-Summer-2005-Report.pdf> (accessed August 26, 2009).
- Doherty J., & Price, M. (1998). The cost implications of participatory research. Experiences of a health services review in a rural region in South Africa. *South African Medical Journal*, 88(3 Supplement), 390-393.
- Estes, C. L., & Michel, M. (1999). Social Security and women. In *The American Task Force on Women* (Ed.), Social Security in the 21st Century. Washington, DC: Gerontological Society of America.
- Estes, C. L., Grossman, B. R., Rogne, L., Hollister, B., & Solway, E. (2008). Teaching social insurance in higher education. Occasional Paper Number 6: AARP Office of Academic Affairs. Retrieved from http://assets.aarp.org/www.aarp.org/articles/research/TeachingSocial_Insurance.pdf (accessed August 26, 2009).
- Halpin Schaffler, H., McMenamin, S., Zawacki, H., Levitt, L., & Lundy, J. (2000, June). *Health care trends and indicators in California and the United States*: Center for Health and Public Policy Studies, UC Berkeley and Kaiser Family Foundation.
- Harrington Meyer, M. & Pavalko, E. K. (1996, December). Family, work, and access to health insurance among mature women. *Journal of Health and Social Behavior*, 37, 311-325.
- Hayes Bautista, D. E., Hsu, P., Perez, A., & Gamboa, C. (2002). The "browning" of the graying of America: Diversity in the elderly population and policy implications. *Generations*. Fall, 26(3).
- He, W., Sengupta, M., Velkoff, V. A., & DeBarros, K. A. (2005, December). 65+ in the United States: 2005. *U.S. Census Bureau, Current Population Reports*. Washington, DC: Government Printing Office. <http://www.census.gov/prod/2006pubs/p23-209.pdf> (accessed August 26, 2009).
- Insight Center for Community and Economic Development. (2009). *California Elder Economic Security Initiative (EESI)*. <http://www.insightcced.org/index.php?page=cal-eesi> (accessed August 26, 2009).
- Institute for Women's Policy Research. (2006). *The economic security of older women and men in California*. http://www.iwpr.org/pdf/California_D471.pdf (accessed August 26, 2009).
- Kaiser Family Foundation (KFF) & Alan Guttmacher Institute. (2005). Medicaid: A critical source of support for family planning in the United States. *Issue Brief: An Update on Women's Health Policy* (April 2005). <http://www.kff.org/womenshealth/upload/Medicaid-A-Critical-Source-of-Support-for-Family-Planning-in-the-United-States-Issue-Brief-UPDATE.pdf> (accessed August 26, 2009).
- Kaiser Family Foundation (KFF). (N.D.). Distribution of Medicare enrollees by gender, states (2006-2007), U.S. (2007). Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2007 and 2008 Current Population Survey (CPS: Annual Social and Economic Supplements). <http://www.statehealthfacts.org/profileind.jsp?ind=296&cat=6&rgn=6> (accessed August 26, 2009).
- Lee, R., & Villa, V. (2001). *Population aging in California*. California Policy Research Center; May, No. 2.
- Little Hoover Commission. (2002). *Long term care: Providing compassion without confusion*. <http://www.lhc.ca.gov/studies/140/140es.html> (accessed August 26, 2009).
- O'Hara Deveraux, M., Falcon, R., Li, J. D. X., & Kristensen, H. (1999). *Fault lines in the shifting landscape: The future of growing older in California—2010*. Menlo Park, CA: Institute for the Future; R-110.



Plumb, M., Weitz, T., Hernandez, M., Estes, C. L., & Goldberg, S. (2007). Improving Care and Assistance Security for Vulnerable Older Women in California. Paper commissioned for The California Endowment: *Women, health, and aging: Building a statewide movement*. San Francisco: Institute for Health & Aging: UCSF (May) (9-42).

Scharlach, A., Torres-Gil, F., & Kaskie, B. (2001). *Strategic planning framework for an aging population: Executive Summary*. Berkeley: California Policy Research Center, University of California.

Social Security Administration, Grad S. (1998). *Income of the population 55 or older, 1996*. Washington DC: Social Security Administration.

Spillman, B., & Lubitz, J. (2000). "The effect of longevity on spending for acute and long term care. *The New England Journal of Medicine*, May: 342(19): 1409-1415.

The Atlantic Philanthropies. (May 2008). Why Supporting Advocacy Makes sense for Foundations. *Atlantic Reports: Investing in Change*. http://atlanticphilanthropies.org/news/atlantic_reports (accessed August 26, 2009).

The California Endowment (TCE). (2002). *Access strategic program plan*. San Francisco: CA. http://www.calendow.org/Collection_Publications.aspx?coll_id=10&ItemID=298# (accessed August 26, 2009).

The California Partnership (2009). Statewide Coalition Fighting for California's Families. <http://www.california-partnership.org> (accessed August 26, 2009).

United States Census Bureau (2009). *United States Census 2000: Your gateway to Census 2000*. US Census 2000 Summary Files. <http://www.census.gov/main/www/cen2000.html> (accessed August 26, 2009).

Wallace, S. P., Lee, J. H., & Aydin, M. J. (2008). *Trends in the health of older Californians: Data from the 2001, 2003 and 2005 California Health Interview Survey*. Los Angeles: CA: UCLA Center for Health Policy Research (November).

Wallace, S. P., & Molina, C. (2008). *Federal poverty guidelines underestimates costs of living for older people in California*. Los Angeles: CA: UCLA Center for Health Policy Research.

Wallace, S. P. & Smith, S.E. (2009). *Half a million older Californian living alone unable to make ends meet*. Los Angeles: CA: UCLA Center for Health Policy Research.

Wallace, S. P., Villa, V., & Molina, L. C. (2007). The Eligibility Benefits Gaps for Aging Californians. Paper commissioned for The California Endowment: *Women, health, and aging: Building a statewide movement*. San Francisco: Institute for Health & Aging: UCSF (May).

Weitz, T., & Estes, C. L. (2001). Adding aging and gender to the women's health agenda. *Journal of Women and Aging*. Spring; 13(2): 3-20.

Yeo, G. (2007). Healthy Aging for California's Immigrant and Low-Income Elders from Diverse Ethnic Backgrounds. Paper commissioned for The California Endowment: *Women, health, and aging: Building a statewide movement*. Institute for Health & Aging: UCSF (75-117).

Endnotes

1. We use the terms “elder,” “aging” and “older” interchangeably to refer to people ages 65 and over and the term “near-elder” to describe people ages 45–65 (Plumb, Weitz, Hernandez, Estes, and Goldberg, 2007; Wallace, Villa, & Molina, 2007).
2. Launched in 2003, the Women’s Policy Institute is an intensive training program that equips leaders in the nonprofit social justice field with skills to effectively develop and advance beneficial policy reform. Through in-depth training and hands-on policy projects, Institute fellows are instrumental in the creation and passage of legislation that improves the lives of women and girls in California.
3. Administration on Aging (AoA) (2001). *The many faces of aging: Lesbian, gay, bisexual, and transgender older persons*. http://www.asaging.org/networks/LAIN/IntroAgingIssues_English.PDF (accessed August 26, 2009); Little Hoover Commission. (2002). Long term care: Providing compassion without confusion. <http://www.lhc.ca.gov/studies/140/report140.pdf> (accessed August 26, 2009); Scharlach, A., Torres-Gil, F., & Kaskie, B. (2001). *Strategic planning framework for an aging population: Executive Summary*. Berkeley: California Policy Research Center, University of California.
4. United States Census Bureau. (2009). *United States Census 2000: Your gateway to Census 2000*. US Census 2000 Summary Files. <http://www.census.gov/main/www/cen2000.html> (accessed August 26, 2009); Wallace, S. P., Lee, J. H., & Aydin, M. J. (2008). Trends in the health of older Californians: Data from the 2001, 2003 and 2005 California Health Interview Survey. Los Angeles: CA: UCLA Center for Health Policy Research (November).
5. California Budget Project (August 2008). Planning for California’s future: The state’s population is growing, aging, and becoming more diverse. *Budget Background: Making Dollars Make Sense*. http://www.cbp.org/pdfs/2008/0808_bb_demographics.pdf (accessed August 26, 2009); O’Hara Deveraux, M., Falcon, R., Li, J. D. X., & Kristensen, H. (1999). *Fault lines in the shifting landscape: The future of growing older in California—2010*. Menlo Park, CA: Institute for the Future; R-110.
6. Hayes Bautista, D. E., Hsu, P., Perez, A., & Gamboa, C. (2002). The “browning” of the graying of America: Diversity in the elderly population and policy implications. *Generations*. Fall, 26(3).
7. We use both *Latino/Latina* and *Hispanic* to reflect the preferences of the community as well as the language included in the US Census.
8. Yeo, G. (2007). Healthy Aging for California’s Immigrant and Low-Income Elders from Diverse Ethnic Backgrounds. Paper commissioned for The California Endowment: *Women, health, and aging: Building a statewide movement*. Institute for Health & Aging: UCSF (75-117).
9. Scharlach, Torres-Gil, & Kaskie, 2001., A., Torres-Gil, F., & Kaskie, B. (2001). *Strategic planning framework for an aging population: Executive Summary*. Berkeley: California Policy Research Center, University of California.
10. Scharlach, A., Torres-Gil, F., & Kaskie, B. (2001). *Strategic planning framework for an aging population: Executive Summary*. Berkeley: California Policy Research Center, University of California.
11. Yeo, G. (2007). Healthy Aging for California’s Immigrant and Low-Income Elders from Diverse Ethnic Backgrounds. Paper commissioned for The California Endowment: *Women, health, and aging: Building a statewide movement*. Institute for Health & Aging: UCSF (75-117).
12. United States Census Bureau (2009). *United States Census 2000: Your gateway to Census 2000*. US Census 2000 Summary Files. <http://www.census.gov/main/www/cen2000.html> (accessed August 26, 2009).
13. Yeo, G. (2007). Healthy Aging for California’s Immigrant and Low-Income Elders from Diverse Ethnic Backgrounds. Paper commissioned for The California Endowment: *Women, health, and aging: Building a statewide movement*. Institute for Health & Aging: UCSF (75-117).
14. The California Endowment (TCE). (2002). *Access strategic program plan*. San Francisco: CA. http://www.calendow.org/Collection_Publications.aspx?coll_id=10&ItemID=298# (accessed August 26, 2009).
15. United States Census Bureau (2009). *United States Census 2000: Your gateway to Census 2000*. US Census 2000 Summary Files. <http://www.census.gov/main/www/cen2000.html> (accessed August 26, 2009).
16. Administration on Aging (AoA) (2001). *The many faces of aging: Lesbian, gay, bisexual, and transgender older persons*. http://www.asaging.org/networks/LAIN/IntroAgingIssues_English.PDF (accessed August 26, 2009).
17. The California Endowment (TCE). (2002). *Access strategic program plan*. San Francisco: CA. http://www.calendow.org/Collection_Publications.aspx?coll_id=10&ItemID=298# (accessed August 26, 2009).
18. Wallace, S. P., Lee, J. H., & Aydin, M. J. (2008). *Trends in the health of older Californians: Data from the 2001, 2003 and 2005 California Health Interview Survey*. Los Angeles: CA: UCLA Center for Health Policy Research (November).
19. Weitz, T., & Estes, C. L. (2001). Adding aging and gender to the women’s health agenda. *Journal of Women and Aging*.

Spring; 13(2): 3-20.

20. Institute for Women's Policy Research. (2006). *The economic security of older women and men in California*. http://www.iwpr.org/pdf/California_D471.pdf (accessed August 26, 2009).

21. Plumb, M., Weitz, T., Hernandez, M., Estes, C. L., & Goldberg, S. (2007). Improving Care and Assistance Security for Vulnerable Older Women in California. Paper commissioned for The California Endowment: *Women, health, and aging: Building a statewide movement*. San Francisco: Institute for Health & Aging: UCSF (May) (9-42).

22. Insight Center for Community Economic Development. New Elder Fact Sheets. http://www.insightcced.org/uploads/cfess/New%20Elder%20Fact%20Sheets/Statewide_A.pdf (accessed August 26, 2009).

23. Centers for Disease Control. Health, United States (2007). Washington, DC: <http://www.cdc.gov/nchs/data/hus/07.pdf#027> (accessed August 26, 2009)

24. California Policy Research Center (2001). Population aging in California 2001; Lee, R., & Villa, V. (2001). *Population aging in California*. California Policy Research Center; May, No. 2.

25. Plumb, M., Weitz, T., Hernandez, M., Estes, C. L., & Goldberg, S. (2007). Improving Care and Assistance Security for Vulnerable Older Women in California. Paper commissioned for The California Endowment: *Women, health, and aging: Building a statewide movement*. San Francisco: Institute for Health & Aging: UCSF (May) (9-42).

26. AoA, 2002, as cited in Plumb et al., 2007; Doherty J., & Price, M. (1998). The cost implications of participatory research. Experiences of a health services review in a rural region in South Africa. *South African Medical Journal*, 88(3 Supplement), 390-393. Estes, C. L., & Michel, M. (1999). Social Security and women. In The American Task Force on Women (Ed.), *Social Security in the 21st Century*. Washington, DC: Gerontological Society of America; Scharlach, A., Torres-Gil, F., & Kaskie, B. (2001). *Strategic planning framework for an aging population: Executive Summary*. Berkeley: California Policy Research Center, University of California

27. The California Elder Economic Security Standard™ Index (Elder Index) is used to assess the amount of income that is sufficient for meeting the basic living standard of retired adults, age 65 and older, so that other financial assistance is not necessary. In supporting implementation of the Elder Index, the Insight Center for Community Economic Development leads the California Elder Economic Security Initiative, a statewide, research-driven program at the forefront of national efforts headed by Wider Opportunities for Women in Washington, DC. The initiative's objective is to raise awareness and shape policy

to ensure that older Californians have the support and resources they need to live with dignity and economic well-being in their own homes.

28. Wallace, S. P. & Smith, S.E. (2009). *Half a million older Californian living alone unable to make ends meet*. Los Angeles: CA: UCLA Center for Health Policy Research.

29. He, W., Sengupta, M., Velkoff, V. A., & DeBarros, K. A. (2005, December). 65+ in the United States: 2005. *U.S. Census Bureau, Current Population Reports*. Washington, DC: Government Printing Office. <http://www.census.gov/prod/2006pubs/p23-209.pdf> (accessed August 26, 2009).; Plumb, M., Weitz, T., Hernandez, M., Estes, C. L., & Goldberg, S. (2007). Improving Care and Assistance Security for Vulnerable Older Women in California. Paper commissioned for The California Endowment: *Women, health, and aging: Building a statewide movement*. San Francisco: Institute for Health & Aging: UCSF (May) (9-42).

30. Estes, C. L., Grossman, B. R., Rogne, L., Hollister, B., & Solway, E. (2008). Teaching social insurance in higher education. Occasional Paper Number 6: AARP Office of Academic Affairs. Retrieved from http://assets.aarp.org/www.aarp.org/_articles/research/TeachingSocial_Insurance.pdf (accessed August 26, 2009). ; Plumb, M., Weitz, T., Hernandez, M., Estes, C. L., & Goldberg, S. (2007). Improving Care and Assistance Security for Vulnerable Older Women in California. Paper commissioned for The California Endowment: *Women, health, and aging: Building a statewide movement*. San Francisco: Institute for Health & Aging: UCSF (May) (9-42).

31. Harrington Meyer, M. & Pavalko, E. K. (1996, December). Family, work, and access to health insurance among mature women. *Journal of Health and Social Behavior*, 37, 311-325.

32. Insight Center for Community and Economic Development. (2009). *California Elder Economic Security Initiative (EESI)*. <http://www.insightcced.org/index.php?page=cal-eesi> (accessed August 26, 2009); Wallace, S. P., & Molina, C. (2008). *Federal poverty guidelines underestimates costs of living for older people in California*. Los Angeles: CA: UCLA Center for Health Policy Research.

33. Insight Center, 2008.

34. Scharlach, A., Torres-Gil, F., & Kaskie, B. (2001). *Strategic planning framework for an aging population: Executive Summary*. Berkeley: California Policy Research Center, University of California.

35. Cubanski J., Voris M., Kitchman M., Neuman T., & Potetz L. (Summer 2005). Medicare chartbook (3rd ed.). The Henry J. Kaiser Family Foundation. <http://www.kff.org/medicare/upload/Medicare-Chart-Book-3rd-Edition-Summer-2005-Report.pdf> (accessed August 26, 2009).

36. Interpreter services were provided for individuals testifying and for the roundtable discussions.
37. For a full list of interviews please contact the Women's Foundation of California.
38. A power analysis requires advocates to identify and support legislation in women's and aging policy that is proposed by local and state legislators who demonstrate a strong track record in crucial areas producing policy changes that will improve the economic and health security of elder women.
39. The Atlantic Philanthropies. (May 2008). Why Supporting Advocacy Makes sense for Foundations. *Atlantic Reports: Investing in Change*. http://atlanticphilanthropies.org/news/atlantic_reports (accessed August 26, 2009).
40. This particular *AGENDA for Action* step has two objectives: 1) to promote web-based e-APP technology that relies on a single application process to screen and enroll applicants in publicly funded health programs like Medi-Cal; and 2) to support passage of the Elder Economic Dignity Act of 2009 (California Assembly Bill 324). This legislation would institute the California Elder Economic Security Standard Index (Elder Index) to provide a better measure of income adequacy and poverty in planning for the needs of California's growing aging population.
41. Beginning January 1, 2009, people with limited English proficiency in California have the right to an interpreter from their health and dental plans. This is the first law in the nation aimed at dismantling language barriers by guaranteeing access to interpreters.
42. See: Kennelly, B. B. & Estes, C. L. (2009). Policies toward the elderly: Strengthening Social Security and Medicare. In C. W. Hartman (Ed.), *Mandate for Change* (pp 93-101). Lanham, MD: Lexington Books.
43. Certain waivers permit the DHS to forgo specified criteria with Medi-Cal, permitting otherwise unqualified individuals to receive benefits or allowing qualified individuals to receive unavailable or additional benefits. Home and Community Based Service (HCBS) waivers permit creativity in provision of health and social services within communities, thus potentially preventing vulnerable individuals from being hospitalized or institutionalized.
44. SSI: 60 percent of those eligible receive benefits; Medi-Cal: 50percent of elders with incomes below poverty level receive benefits; Medicare: 71 percent of Latino immigrants receive benefits; Hayes-Bautista, et al., 2002; Social Security: without Social Security, 60 percent of Latinas ages 65 plus would be poor, as would 66 percent of older Asian American women and 52% of older white women.
45. The specific organizations identified do not represent an exhaustive list of partners for carrying out this action step.
46. Atlantic Reports. Investing in Change: Why Supporting Advocacy Makes Sense for Foundations. (2008). http://atlanticphilanthropies.org/content/download/5238/79869/file/ATLP_advocacy_report.pdf (accessed August 26, 2009).
47. The California Partnership (2009). Statewide Coalition Fighting for California's Families. <http://www.california-partnership.org> (accessed August 26, 2009); Plumb, M., Weitz, T., Hernandez, M., Estes, C. L., & Goldberg, S. (2007). Improving Care and Assistance Security for Vulnerable Older Women in California. Paper commissioned for The California Endowment: *Women, health, and aging: Building a statewide movement*. San Francisco: Institute for Health & Aging: UCSF (May) (9-42).
48. See Case Study E, "Formation of Family Support Funders for Building an Association for Targeted Advocacy" in M. Plumb, et al., 2007, p. 29.
49. Since the Speak-Outs of 2007, NAM has continued to convene youth panels that focus on elder advocacy and issues first raised at the Speak-Outs. These youth are moving towards creation of a consistent, youth-driven voice for elder advocacy ("Youth Speak Out for Grandparents Who Raised Them") http://news.newamericamedia.org/news/view_article.html?article_id=250f0110deb5db3a17c35daca5d94f19 (accessed August 26, 2009). The Women's Foundation of California will bring one youth panel to present at the AARP convention in mid-June. Inclusion of youth voices in such events is an important means of institutionalizing intergenerational advocacy and the needs of elders as community concerns rather than as special interest issues.
50. Netroots: political advocacy that occurs through Internet sources, especially by blogging.
51. Create a first-of-its kind, intergenerational model in which young people with media and public speaking skills train mentor elders who have interests in gaining such skills. Potential outcomes of such a model include increased intergenerational connection and dialogue, increased numbers of elders with media skills and advocacy capacity and, for the youth, increased knowledge of elder issues and ability to act as "new media messengers" in advocating for elders' issues. Ultimately, "mentorship" is turned on its head, giving youth a much-desired opportunity to give back to a generation to whom they feel indebted. The model's novelty could be to draw media attention to efforts and issues the Initiative seeks to publicize.

340 Pine Street, Suite 302
San Francisco, CA 94104

Phone: (415) 837-1113

Fax: (415) 837-1144

the WOMEN'S
FOUNDATION
of CALIFORNIA

444 South Flower Street, Suite 4650
Los Angeles, CA 90071

Phone: (213) 388-0485

Fax: (213) 388-0405

www.womensfoundca.org