

Stories of a Movement

LIVED EXPERIENCE MATTERS

ADVANCING HEALTH EQUITY IN AGING | SEPTEMBER 2023

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— An acknowledgment

This project is a collective exploration of the ways in which we are all connected in cultivating justice and equity in aging. We thank every person we met with for reaching into themselves and sharing their stories, and reminding us who we are doing this work for.

— Supported by



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Executive Summary

The wellbeing of older adults in our society offers us the deepest look in the mirror at the state of health equity, and equity at large. Aging justice, as a social justice framework, invites us into a collective conversation to explore and advance equity and justice for older adults past, present, and future as it relates to race, class, gender, age, ability, and other aspects entwined with oppression and liberation. We are all connected with the experience of aging. We are all impacted by manifestations of health equity and inequity, and the systems and societal environment that brings them to bear. We all have a reason to care.

The [Advancing Health Equity in Aging Initiative](#) seeks to build a movement bringing together older adults and intergenerational communities of lived experience, aging and disability sectors, and racial equity and social justice movements to establish a sustained focus on reducing health inequities and improving the lives of older adults from historically and currently marginalized communities.

As a collaboration between The SCAN Foundation, California Health Care Foundation, Metta Fund, and Greater Good Studio (GGS) in 2022–2023, the GGS team traveled across five counties in California (Butte, Imperial, San Diego, San Francisco, and Shasta County) and connected with 100+ people around their lived experiences with health and wellbeing in older age. Across older adults, caregivers, family members, service providers, and community leaders: this meant spending time with people in their contexts, ranging from an hour to a full day—visiting homes, adult day health care centers, clinics, community gardens, nursing homes and facilities, and more.

Too often, there is a gap between the people most greatly impacted by systems, and those with power to shape systems, policies, and decisions. In listening and honoring the experiences of real people—older adults, caregivers, family members, and service providers—we seek to lift up lived experience as wisdom, and a pathway toward real, systemic change.

This process surfaced patterns around health equity and inequities in aging in order to highlight three essential themes and nine opportunity areas—a collectively shaped answer to how we might transform the state of health equity in aging. Presented at the inaugural [United for Health Equity in Aging Summit](#) in July 2023, attendees were invited to build on the themes and opportunity areas with ideas, tactics, and ongoing initiatives based in their own experiences, spheres of work, and communities.

Themes & Opportunity Areas

For older adults of the present and the future to age with dignity, we must collectively advance the following three themes:

- » **Theme 01 | Health from our first to our final days:** Reframe the paradigm on health & aging to sustain a high quality of life from our first to our final days
- » **Theme 02 | Economic & environmental wellbeing:** Recognize the long-term costs of disinvestment; restructure the system for economic & environmental wellbeing
- » **Theme 03 | Cultures of belonging & care:** Restore the connection across identities, communities, and generations to allow all older adults to age where we belong

Within these themes, nine opportunity areas acknowledge systemic barriers to health equity in aging, and offer insights and ways forward. To continually and systemically eliminate the drivers of health disparities in aging and improve outcomes for all older adults, these three themes and nine opportunity areas offer a roadmap for change to ensure that all older adults experience a state of complete physical, social, mental, and spiritual wellbeing—thriving, not merely the absence of disease.

Lanes of Change

How people experience structural equity or inequity can be unpacked at individual, communal, systemic, and societal levels. Given the focus of the Advancing Health Equity in Aging Initiative is aimed at identifying and shifting the systemic drivers and conditions of health inequity, this requires a systems-level exploration of both problem areas and solution spaces. In addition to each opportunity area, we have articulated five lanes of change as starting points for advancing systemic change.

- » **Perception & Narrative Shift:** escalating the priority, resources & talent assigned toward the aging space via authentic representation, storytelling & cultural shift
- » **Funding Mechanisms:** recognizing the cost of the status quo and backing the business case for solutions through a comprehensive, long-term outlook
- » **Policy and Legislation:** integrating interests across planning and policy, using equity as the primary lens
- » **Data and Technology:** investing in data and technology as infrastructure for equity-centered decision-making, programs, and outcomes
- » **Network and Movement Building:** convening around the universality of health equity in aging to grow collective wisdom, action, and power

Changing the Ecosystem to Advance Health Equity in Aging

THEME 01

Health from our first to our final days

OPPORTUNITY AREAS

01. Recognize discrimination as an ideological root of health inequity and honor identity & culture to deliver whole person care
02. Prioritize preventative & holistic care to sustain higher levels of wellness from our first to final days
03. Cultivate a pipeline of health care & care providers with a heart for the work, who identify with the communities they serve

LANES OF CHANGE

THEME 02

Economic & environmental wellbeing

OPPORTUNITY AREAS

04. Invest in housing, transportation, and food security to mitigate long-term, compounding health challenges over time
05. Reimagine the social contract between employment, retirement, and benefits to equip all older adults with economic security
06. Design accountability into health & social services systems to reduce fragmentation and distribute fair access to resources and levels of care

LANES OF CHANGE

THEME 03

Cultures of belonging and care

OPPORTUNITY AREAS

07. Return to social & communal forms of care to offset social isolation and the fragility of family caregiving
08. Honor elderhood as a source of connection across generations past, present, and future
09. Emphasize belonging as the criteria for where, how, and with whom we age in place

LANES OF CHANGE

Taking the Next Steps

To support systems-level solution development, The SCAN Foundation will continue to coordinate and invest in movement-level collaboration that advances outcomes around health equity in aging. This includes issuing a Request for Proposals for Equity Community Organizing (ECO) Groups in collaboration with the California Health Care Foundation, facilitating a series of virtual community-building opportunities around Harnessing Momentum toward greater health equity for older adults, developing cross-sector funding to advance health equity in aging solutions and community organizing, and planning for the 2024 Summit. All are invited to participate in this movement; we can all find our lane for affecting change.

Over the course of this Initiative, hundreds of people across California and nationwide have put their voices, perspectives, and expertise toward this exploration of how all older adults can age with dignity. This work is not an uncovering of the new—rather, it functions as a convening of many critical perspectives and actors across aging, health equity, disability, racial justice, social justice, older adults and communities with lived experience, and more. It is a return to the knowledge that lives deep within people, communities, and places.

Across the 100+ people we met, we invite you to let these stories move through you: to see yourself in these stories, to see your communities in these stories—to help us all deepen and find our way toward the reasons why we care. All together, it is an invitation to continue to connect, convene, and collectively build toward systems that support all older adults across California and nationwide in aging with equity and dignity.





— Introduction

How are we connected in

advancing health equity in aging?

Aging offers us the deepest look in the mirror at the state of our society, and how inequity translates and compounds into our older age. It is an experience that unveils how systems impact all of us in particular and universal ways—from a retired caregiver who does not qualify for in-home supportive services, after a career of caring for others; to a former Black Panther now managing chronic disease and complex health needs.

Simultaneously, aging highlights what's most important to us in our lives. From a daughter returning home to take care of a parent, to a retired farmworker choosing to continue working and staying active, to a former nurse committed to aging in place at home: across the country, people navigate aging, health, and care with fortitude and grace. The everyday actions and wisdom of older adults and the people who surround them and love them offer grounding and inspiration to help us chart our way toward a transforming future.

The [Advancing Health Equity in Aging Initiative](#) seeks to build a grassroots and grassroots movement bringing together older adults and intergenerational communities of lived experience, aging and disability sectors, and racial equity and social justice movements to establish a sustained focus on reducing health inequities and improving the lives of older adults from historically marginalized communities. As a collaboration between The SCAN Foundation, California Health Care Foundation, Metta Fund, and Greater Good Studio, this project aims to highlight the diverse experiences of older adults in California in order to create solutions advancing dignity and equity in aging for all.

— The people & places we met

Over the past many months, we have had the honor of hearing peoples' stories across the state of California, and their lived experiences around health and wellbeing in older age. We set out to speak with 10 older adults and the systems of support surrounding them, and in turn, connected with over 100 people—we've sat with older adults, caregivers, family members, community organizations and leaders. Across Butte County, Imperial Valley, San Diego County, San Francisco County, and Shasta County: this included ad-hoc interviews, observations, and in-depth interviews ranging from an hour to a full day spent with people in their contexts.

We visited homes, adult day health care centers, clinics, community gardens, nursing homes and facilities. We shadowed preventative visits at a mobile clinic; karaoke, gardening, and bingo at community centers; and meal delivery across backcountry and metro routes. We walked south to the border of Calexico and Mexicali, and drove north above the snowline in Shingletown. We witnessed daughters caring for their mothers, caregivers for their patients, older adults for each other.

Their stories help us see into the past and into the future: how inequity compounds over a lifetime, and what is ahead for all of us as we age if the system does not change. Their stories illuminate the strain of a system that is not working, and the necessitated resilience as people navigate aging, health, and care. Their stories show us how aging is a foundation for justice in and of itself.

We invite you to let these stories move through you: to see yourself in these stories, to see your communities in these stories—to help us all deepen and find our way toward the reasons why we care.



— The process



This project started, and continues to be carried, by listening and learning with people and leaders living and working within the spheres of aging, health equity, disability, and racial and social justice. Initial research has focused on California, with potential for national expansion and collaboration. It has evolved across 2022-2023 in three major phases, with a continued roadmap of next steps proceeding into 2024 and beyond:

Part I: Learning Conversations & Secondary Research

- » In fall and winter 2022, we conducted learning conversations with 26 leaders and representatives across aging, health equity, disability, health care, policy, advocacy, community-based organizations, and more. This included members of the Advancing Health Equity in Aging Initiative Steering Committee, leadership and program officers at The SCAN Foundation, and local and national organizations. We conducted secondary research by reviewing a number of articles, interview videos, and reports to understand the various lenses shaping current thought and discourse around aging and health equity.
- » In tandem, this informed and framed our understanding of the current landscape, preliminary themes, and potential research focuses and opportunities prior to community research.



Part 2: Community Research

- » In spring 2023, we conducted primary research with older adults and their care teams (e.g., family members, caregivers, support systems), local service providers, and national and local experts. This primarily included in-person research in California, in addition to a series of virtual interviews over video platform (e.g. Zoom) or phone calls.
- » We partnered with four organizations with deep community ties in order to connect with participants in the research process, and traveled to five counties for in-person research across Southern and Northern California:
 - Area Agency on Aging, Imperial County
 - Meals on Wheels, San Diego County
 - Curry Senior Center, San Francisco County
 - Disability Action Center, Butte County & Shasta County
- » We synthesized the learnings from community research, which was ultimately developed into a key framework, themes, and opportunity areas oriented around advancing health equity in aging.



Part 3: United for Health Equity in Aging Summit

- » In July 2023, we presented the key framework, themes, and opportunity areas at the inaugural United for Health Equity in Aging Summit hosted by The SCAN Foundation through a presentation, series of video portraits, and interactive exhibit. Attendees were invited to share feedback and build on the themes and opportunity areas with ideas, tactics, and ongoing initiatives based in their own experiences, spheres of work, and communities.
- » We had the honor of having several guests from our research process including older adults, service providers, and community partners in attendance at the Summit, and the privilege of hearing directly from them about their experiences on a panel.
- » Following the Summit, The SCAN Foundation will continue to coordinate and invest in movement-level work in order to amplify and sustain continued collaboration across sectors and movements to advance outcomes around health equity in aging. This includes issuing a Request for Proposals for Equity Community Organizing (ECO) Groups in collaboration with the California Health Care Foundation, facilitating a series of virtual community-building opportunities around Harnessing Momentum toward greater health equity for older adults, developing cross-sector funding to advance health equity in aging solutions and community organizing, and planning for the 2024 Summit.



— Defining health equity in aging

A [Steering Committee](#) composed of diverse sectors and perspectives was formed in late 2022 in order to guide facets of the Advancing Health Equity in Aging Initiative, such as critical discussions and key decisions. As part of the inception of the initiative, the Steering Committee aligned on the following working definitions around health, health equity, and health disparities:

- » **Health** is defined as a state of physical, social, and mental wellbeing, not merely the absence of disease.
- » **Health equity** is the state in which everyone has a fair and just opportunity to attain their goals of health and wellbeing regardless of historical and ongoing discrimination and structural barriers based on age, gender, race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, language, immigration status, and other factors, as well as the intersection of those factors that affect access to care and health outcomes.
- » **Health disparities** refer to a type of preventable health difference that is closely linked with social, political, economic, and environmental disadvantage. Health disparities may occur because of race, ethnicity, gender identity, sexual orientation, age, religion, disability, education, income, where people live, or other characteristics.

While phrases such as health equity and health disparities point toward a similar place, the Advancing Health Equity in Aging Initiative made an intentional choice to orient around *health equity* as the fundamental concept underpinning the initiative. Health equity, as an organizing lens, calls for a system where all Californians have the fair and just opportunity to experience a complete state of health and wellbeing.

Alongside these definitions comes the important recognition that many people hold different definitions or viewpoints around language, and that many truths can exist at once. Yet a universal concern exists: what does it mean for all of us to age well? How might we create a society where all older adults have a fair opportunity to live with full health and wellbeing? In rooting this work in the voices of community, the definitions fall away, and what is left is the truth of real people, their experiences, and their stories.





WATCH VIDEO: <https://vimeo.com/thescanfoundation/our-culture-is-the-cure>

Our Culture is the Cure

We open with an acknowledgment of native people and cultures that have always been here, have historically been forcibly erased, and yet are still here. As we enter a conversation on health equity: how do we reckon with a legacy of violence and genocide, and how that trauma manifests into our health, and the health of tribal elders into older age?

From a family of community leaders of the Wintu and Pit River tribes of Northern California, the message is clear: “our culture is the cure.” How might a return to where we come from, and who we come from, transform the state of health equity?



“

Our culture is the cure, put in the most simple way... If you're treating native people with non-native approaches, then you continue to see all of the outcomes that we continue to see. We have the worst outcomes of any ethnicity. And then none of them are getting, it's not getting any better...

My dream vision of health equity would be having our own system based on native values, based on native medicinal healing... For as long as we operate in a non-native system, I don't think we'll have health equity.”

— Vanessa, LCSW, Redding Rancheria Tribal Health Center,
Shasta County

— Health Equity in Aging Framework

Imagine each person as a tree

Inequity, and health inequity, is an unnatural part of the society we live in. The state of a person's health at small scale and large offers a direct reflection into the impacts of systemic oppression, illuminating how inequities affect all of us individually, communally, and generationally. How oppression leaches into our society is akin to pollution, or ecological disaster.

Yet in reckoning with the root causes of inequity and its systemic drivers and conditions, we can work toward a realm of restoration and liberation. Health equity in aging offers a vantage point to begin.

As an analogue: Imagine each person, each older adult, as a tree. Trees are unique—they are born into different conditions; and while the fundamentals are universal, different trees require their own conditions to thrive.

A tree's rings tell its unique record of health. Cool or dry years leave slimmer rings, and abundant seasons leave thicker rings. Stressors like a forest fire will leave a mark. A tree's rings remind us of what is not always visible from the outside, in the present day—how health can change, and compounds over time.

The same trees can thrive in their older years—or just survive. The quality of soil, water, air and overall environment has a direct impact on their health, and the health of older adults. The root causes of inequity are known—supremacy, racism, patriarchy, ableism, ageism, and all other forms of oppression that shape the environments, systems, relationships we exist in. They are in the soil, in the water, in the air. Advancing health equity in aging requires a restoration of the ecosystem, a generational change.

How are we all connected in the thriving of older adults past, present, and future?

Trees and their root systems offer us lessons in interdependence. We grow stronger through our interlocking roots. We must do this work in community, and not alone.



“

When Hurricane Katrina slammed into the gulf coast, almost everything lost its footing. Houses were detached from their foundations, trees and shrubbery were uprooted, sign posts and vehicles floated down the rivers that became of the streets. But amidst the whipping winds and surging water, the oak tree held its ground. How? Instead of digging its roots deep and solitary into the earth, the oak tree grows its roots wide and interlocks with other oak trees in the surrounding area. And you can't bring down a hundred oak trees bound beneath the soil! How do we survive the unnatural disasters of climate change, environmental injustice, over-policing, mass-imprisonment, militarization, economic inequality, corporate globalization, and displacement? We must connect in the underground, my people! In this way, we shall survive.”

— Naima Penniman

— Health Equity in Aging Framework

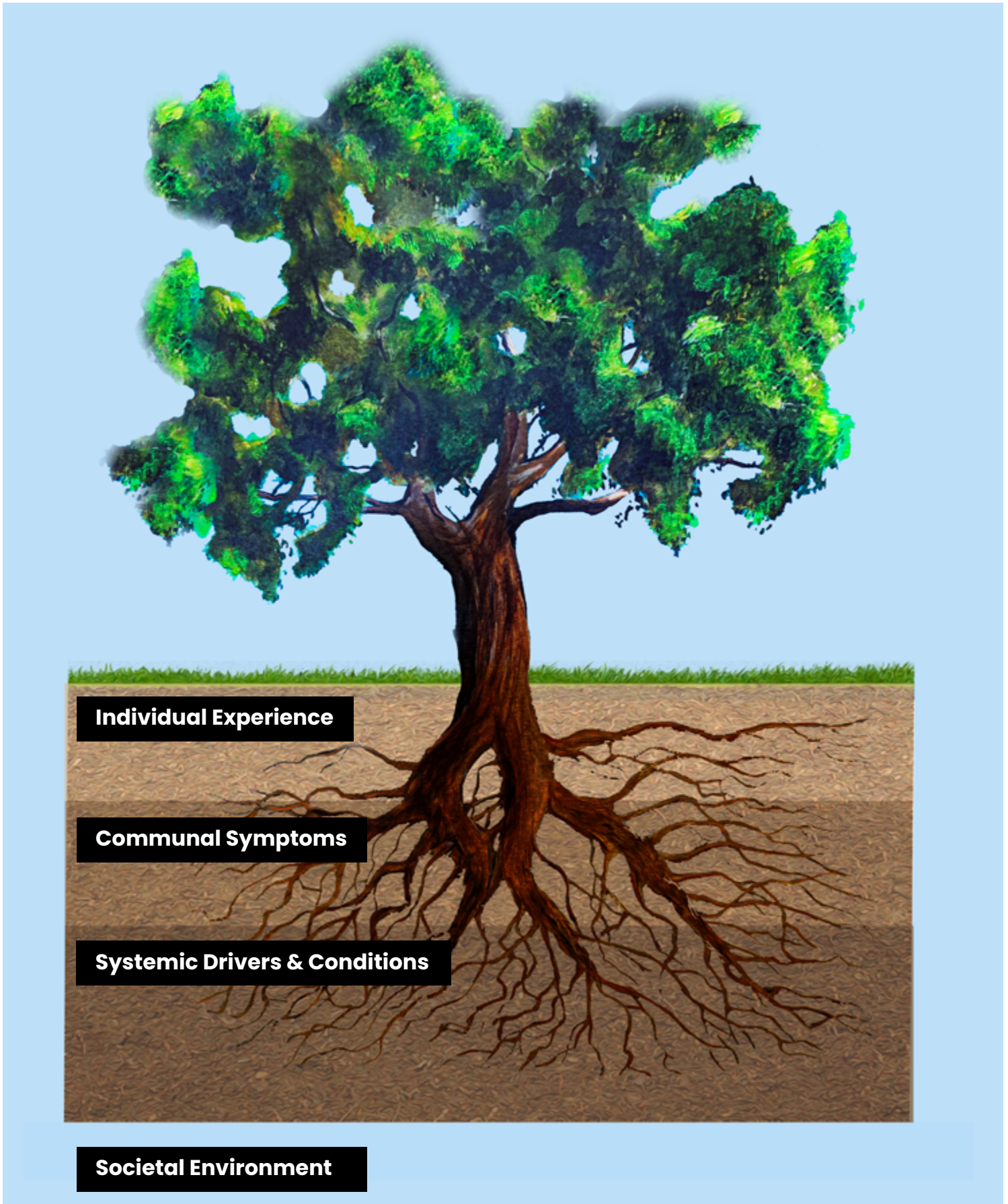
Health Equity in Aging at Four Levels

Advancing health equity in aging is a continual process of eliminating health disparities in aging and improving outcomes for all older adults: where all older adults are experiencing a state of complete physical, social, mental, and spiritual wellbeing—thriving, not merely the absence of disease.

How people experience structural equity or inequity have direct effects on their health, which can be unpacked across four levels:

- » **Individual Experience:** Manifestations of health equity or inequity, based on a person's individual experience.
- » **Communal Symptoms:** Manifestations of health equity or inequity, based on a person's shared experience within an identity or community
- » **Systemic Drivers & Conditions:** Underlying systems contributing to health equity or inequity
- » **Societal Environment:** Environments of oppression vs. environments of liberation, as fundamental forces that shape systems & experiences

The focus of the Advancing Health Equity in Aging Initiative is aimed at identifying and shifting the systemic drivers and conditions of health (in) equity. In doing so, we hope to advance equitable outcomes for communities and individuals, and acknowledge that in working across these levels, there is the possibility and necessity to create an ideological shift in our societal environment—shifting toward liberation as a way to reframe how we move toward health equity.



Original artwork by Dave Anderson, a local artist in Redding, CA with profound ties across health, aging, care, and disability.



WATCH VIDEO: <https://vimeo.com/thescanfoundation/derrion>

Derrion's Story

The stories of real Californians help us trace the manifestations of health inequity in aging across the four levels—individual, communal, systemic, and societal—in order to illuminate pathways toward change.

Born and raised in the Bay, when we met Derrion in March 2023, he was about to enter a period of dialysis for his kidneys. When we asked if he knew what caused his health challenges in the present, he traced it back for us—to alcohol and drugs starting in his youth to escape the pain of an abusive stepfather, to growing up in an underinvested neighborhood which impacted his choices from employment to the food he ate. Watch his video to hear it from him.



“

I have kidney failure. I'm in the process of getting ready for dialysis.

Growing up in the Bay Area has been both positive and negative. I grew up during the sixties and seventies. Civil rights was pretty evident and I was a member of the Black Panther Party for a while... I came up under a really strict household. Unfortunately, my stepdad was brutal. So my younger years was filled with a lot of violence and negativity. I ran away quite a bit... I started messing with heroin at 15 and it was love at first fix because I was able to, through the effects of the heroin, escape all that brutality...

I feel like this interview could possibly be helpful for somebody else in the future.... So over the years, I had about 40 years of drug abuse, drug and alcohol abuse, which I'm sure would play havoc in anybody's system.”

— Derrion, Older Adult, San Francisco County

— Health Equity in Aging Framework

There is an established impact of adverse childhood experiences, of poverty, and other environmental factors on a person’s health and likelihood of chronic or complex health conditions. Furthermore, in 2020, one in seven Californians reported delaying care. 33.2% of Black Californians reported delaying care, often due to cost or lack of health insurance.¹

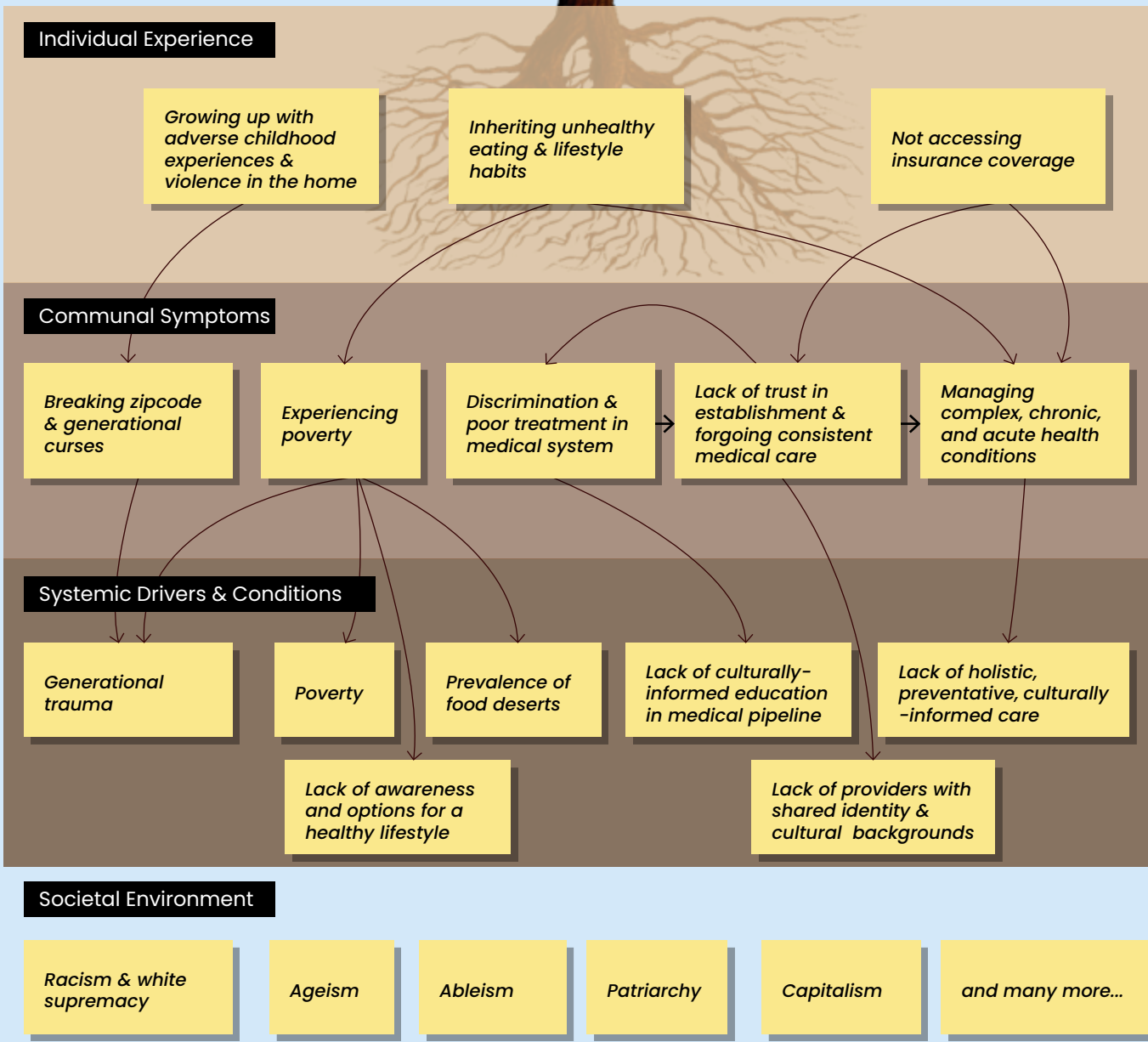


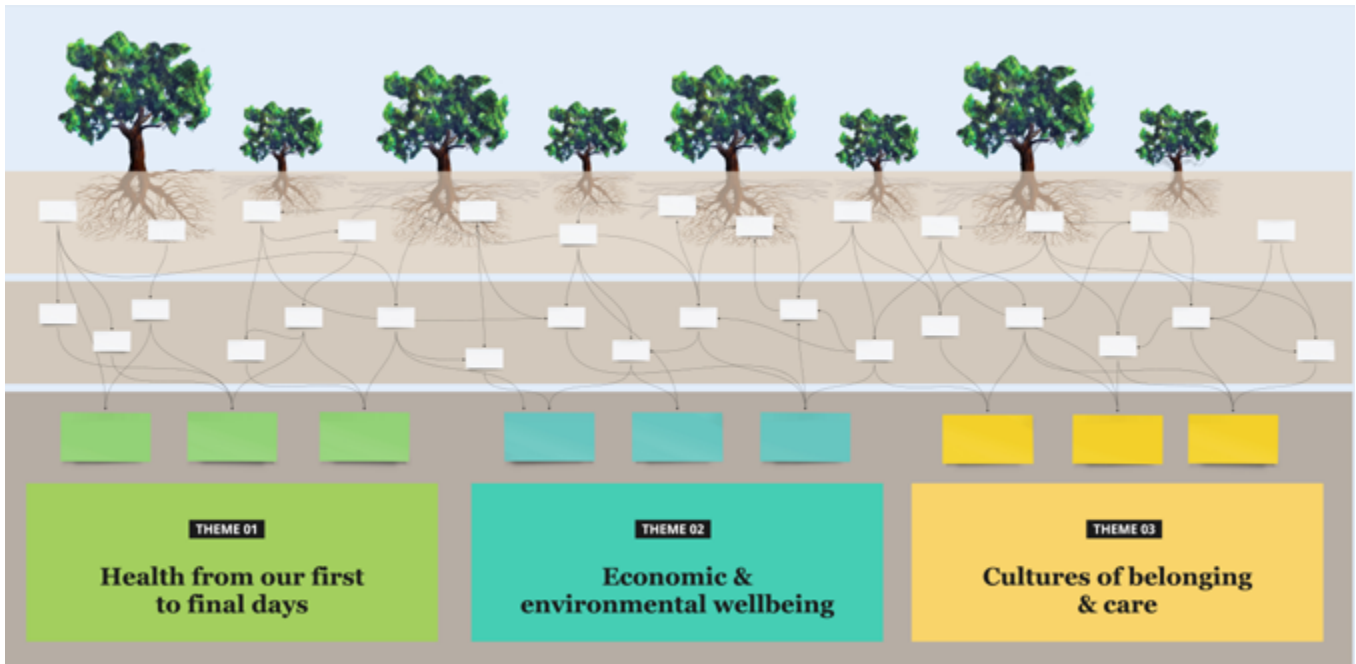
Derrion’s experience illustrates many of the statistics and patterns around health inequity in California, and requires us to confront discrimination as an ideological root of health inequity, and a perpetuating barrier to person-centered care.

Mapping Derrion’s experience across the four levels of health equity in aging—individual, communal, systemic, and societal—highlights how his experience intersects with many other stories of individuals and communities, and how health equity or inequity is perpetuated through systemic drivers and conditions.

Whether adopting a mindbody and trauma-informed approach to decriminalize addiction, or cultivating a pipeline of health and care providers with shared identities with the patients they serve: his story points us to a variety of opportunity areas for systemic change.

1. California Health Care Foundation, [“Health Disparities by Race and Ethnicity in California: Pattern of Inequity,”](#) 2021.



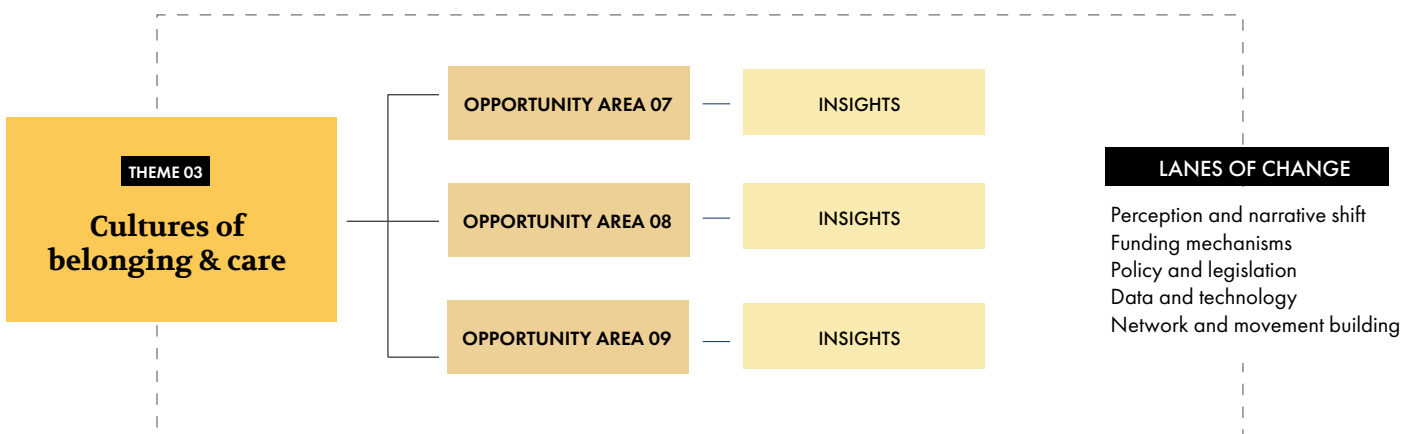
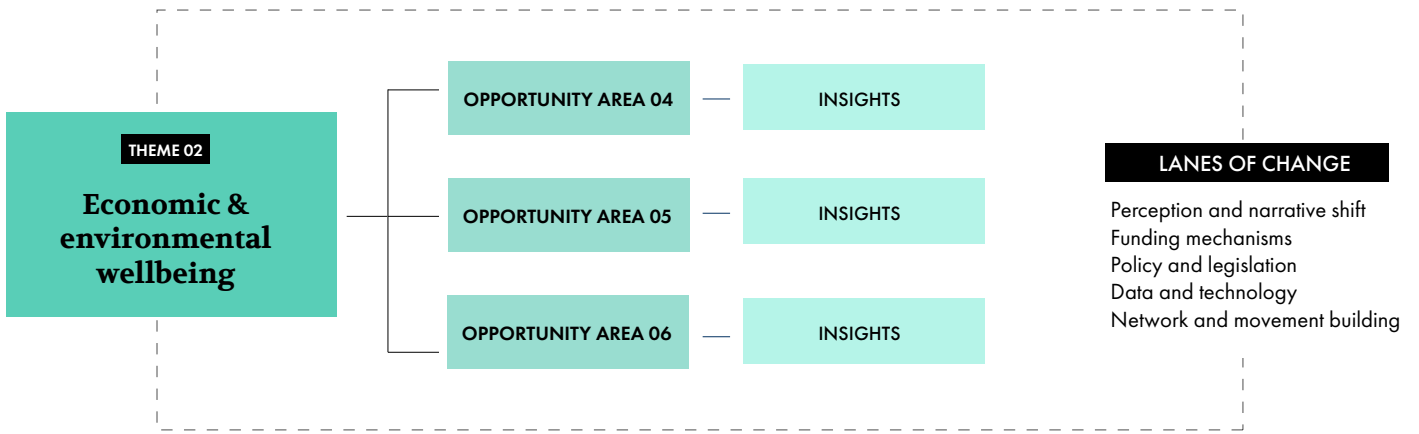
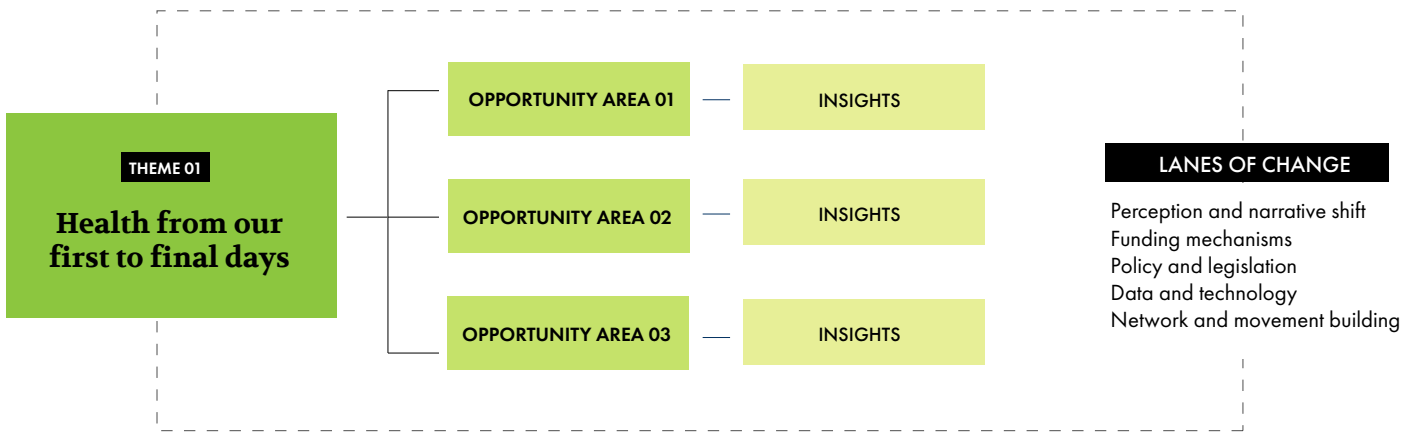


If we were to map the stories of Derrion, and the many people we met, across the four levels of health inequity, we can identify the patterns—the root systems—that connect us all together. In this way, the framework functions as a tool for highlighting, prioritizing, and convening around collective opportunities to advance health equity in aging.

From the 100+ people we’ve met across California, we have mapped the patterns of health (in)equity in order to distill the following themes and opportunities for systems change. For older adults of the present, and the future, to age with dignity, we must collectively advance the following three themes:

- » **Theme 01 | Health from our first to our final days:** Reframe the paradigm on health & aging to sustain a high quality of life from our first to our final days
- » **Theme 02 | Economic & environmental wellbeing:** Recognize the long-term costs of disinvestment and restructure the system for economic and environmental wellbeing
- » **Theme 03 | Cultures of belonging & care:** Restore the connection across identities, communities, and generations to allow all older adults to age where we belong

Across these three themes, we have elevated nine opportunity areas addressing systemic drivers and conditions of health inequity. Within each of the nine opportunities, we’ve also uncovered insights that provide more details and tactics as to how we might approach moving towards that opportunity area.



THEMES & OPPORTUNITY AREAS

To continually and systemically eliminate the drivers of health disparities in aging and improve outcomes for all older adults: the following three themes and nine opportunity areas offer a roadmap for change to ensure that all older adults experience a state of total physical, social, mental, and spiritual wellbeing—thriving, not merely the absence of disease.

Health from our first to our final days

OPPORTUNITY AREA

01. Recognize discrimination as an ideological root of health inequity and honor identity & culture to deliver whole person care

INSIGHTS

- 1A. Recognizing discrimination as an ideological root of health inequity
- 1B. Honoring identity & culturally-responsive care

OPPORTUNITY AREA

02. Prioritize preventative & holistic care to sustain higher levels of wellness from our first to final days

INSIGHTS

- 2A. Prioritizing preventative health
- 2B. Adopting a mindbody & trauma-informed approach

OPPORTUNITY AREA

03. Cultivate a pipeline of health care & care providers with a heart for the work, who identify with the communities they serve

INSIGHTS

- 3A. Growing care professionals with a heart for the work
- 3B. Raising up providers who share our identities

Economic & environmental wellbeing

OPPORTUNITY AREA

04. Invest in housing, transportation, and food security to mitigate long-term, compounding health challenges over time

INSIGHTS

- 4A. Prescribing housing as medicine
- 4B. Bridging transportation gaps
- 4C. Nourishing body and the soul

OPPORTUNITY AREA

05. Reimagine the social contract between employment, retirement, and benefits to equip all older adults with economic security

INSIGHTS

- 5A. Remembering the forgotten middle
- 5B. Taking care of the people who care
- 5C. Preserving and increasing financial security

OPPORTUNITY AREA

06. Design accountability into health & social services systems to reduce fragmentation & distribute fair access to resources and care

INSIGHTS

- 6A. Reducing silos of service
- 6B. Operating on accountability rather than advocacy

Cultures of belonging & care

OPPORTUNITY AREA

07. Return to social & communal forms of care to offset social isolation and the fragility of family caregiving

INSIGHTS

- 7A. Finding purpose and forming relationships
- 7B. Strengthening family caregiving

OPPORTUNITY AREA

08. Honor elderhood as a source of connection across generations past, present, and future

INSIGHT

- 8A. Strengthening intergenerational connections

OPPORTUNITY AREA

09. Emphasize belonging as the criteria for where, how, and with whom we age in place

INSIGHT

- 9A. Establishing belonging as the criteria for aging in place

LANES OF CHANGE

Through earlier research with experts in the fields of aging and health equity, we identified five broad, often interconnected, “lanes” that are both barriers, and potential starting points for tackling the complex issues around health equity in aging.

During the United for Health Equity in Aging Summit, hosted by The SCAN Foundation in July of 2023, we used these “lanes of change” as a starting point to ask attendees how we might further the nine opportunity areas. Throughout this report, the end of each thematic section lists the ideas that were generated at the Summit. These ideas are just a starting point and illustrate just some of the ways we might begin to address health inequities in aging.

The five “lanes” are:

» **Perception and Narrative Shift**

Whether caring for an elder or aging personally, aging is a universal issue. Yet the level of priority, resources, and talent assigned toward the aging space is disproportionately low—a disparity perpetuated by the narratives and perceptions we hold around growing older. Rectifying this balance requires authentic representation, storytelling, and cultural shift.

» **Funding Mechanisms**

There is a business case to be made for broadening funding and resources to sustain programs and support emergent approaches to holistic health and community care for older adults. While the costs for providing supports might seem beyond reach, when a more comprehensive lens is applied, they can result in savings in the long-term.

» **Policy and Legislation**

Current policies around health-related programs and services often reflect the interests of those with money, power or accumulated influence, drawing from systemic inequities, biases, and trends, rather than a care-oriented political platform. There is now perhaps a greater need than ever for more integrated planning and policies that can meet the nuanced needs of the aging population using equity as the primary lens.

» **Data and Technology**

Data is a fundamental tool for understanding the state of the world, and guiding decisions around funding, policies, and programs to meaningfully advance equitable outcomes in aging. Yet gaps and siloes in data collection can paint a monolithic and misleading picture around elders and aging, perpetuating the improper allocation of resources, inaction, and further inequities.

» **Network and Movement Building**

Historically, methods of advocacy based in stratification and isolation (e.g., one small group fighting for one cause, one issue) have inhibited the shared understanding, support and learning critically needed to address ever-growing intersectional and cross-sector complexities that focus on and overlap into the aging field. In banding and convening, there is opportunity to exchange and grow collective wisdom, action, and power and create shared access to capacity, knowledge, networks, and resources to collectively transform systems around aging and care.

Within the lanes of change for each thematic area, we have highlighted a sampling of current initiatives as a acknowledgment of the tremendous work that has happened to-date and is currently underway. The lanes of change, as well as the ideas and spotlights, are positioned within an ever- and fast-changing context; consider them as a snapshot in time and a starting point to illustrate some of the ways we can continually address health inequities in aging.



Lived Experience Matters

This work is not an uncovering of the new—it is a return to the knowledge that lives deep within people, communities, and places.

Too often, there is a gap between the people most greatly impacted by systems, and those with power to shape systems, policies, and decisions. In listening to and honoring the experiences of real people—older adults, caregivers, family members, and service providers—we seek to lift up lived experience as wisdom, and a pathway toward real, systemic change.

We acknowledge and credit the many people, organizations, and movements that have been doing this work, and continue to do this work. Rather than a revelation, we hope what is shared here functions as a convening of many critical perspectives and actors across aging, health equity, disability, racial justice, social justice, and more. Aging brings us forward and together: across sectors and movements, we are all connected with the experience of aging, and we all have a reason to care.

All together, it is an invitation to continue to deepen, convene, and collectively build toward systems that support all older adults across California and nationwide in aging with equity and dignity.

Health from our first to final days

Reframe the paradigm on
health and aging to sustain
a high quality of life from our
first to our final days



Health equity in aging starts from birth. We must reframe the paradigm on health and aging to recognize how symptoms of inequity at the individual, communal, systems, and societal levels compound upon a person’s health over time.

Whether chronic disease manifesting from an inheritance of “unhealthy” eating habits, or the impact of discrimination manifesting as later-stage health challenges: it is impossible to separate the health of older adults in the present, from the compounding effects of structural and societal inequity going years or even generations back. Today, this contributes to many older adults—particularly those with marginalized identities or life experiences—living in a prolonged state of surviving, rather than a state of thriving.

To afford all people the choice to live independently and age in place, we must shift the bell curve of health so that people enter their older years with higher, more sustained levels of health. By investing in systems change today, we can serve older adults of the present, and pave toward the systems that will better serve older adults of the future.

**Recognize
discrimination as
an ideological root
of health inequity
and honor identity
& culture to deliver
whole person care**



INSIGHT 1A

Recognizing discrimination as an ideological root of health inequity

Discrimination can impact all aspects of health and social care, from access to interpersonal interactions to overall quality of care and outcomes. It reduces the delivery of health and social care to a model of access by score card, and presents a fundamental barrier to person-centered care. Working to dismantle discrimination is key to shifting the culture of care, and will take time. The shift must consistently call into question how we value one another as humans with rights and privileges; how those values are integrated into how care is given and received; how policies and programs can reflect dignity in health and care environments; who truly has access; and how care is delivered.

“



I feel like this interview could possibly be helpful for somebody else in the future... What [you] have as a study source, the problems I'm having physically now accumulated gradually over time... because of my own actions growing up. Poor eating habits—with not all of it [but] a great deal of it come up from my living situation with my parents. Very poor. Uneducated, that type of thing.”

— Derrion, Older Adult, San Francisco County



Inequities cumulate as we age, and the root of all inequity is racial and economic injustice. Due to systemic injustices and life-long discrimination, certain populations of older adults face barriers in accessing the care they need, and suffer poorer health. So it's important to view health equity through the lens of intersectionality—we need to keep in mind that race, age, ability, sexual orientation, gender identity, immigration status, religion, and national origin all contribute to our health outcomes in later life. We all deserve to age with health, dignity, and joy. And that's why we need to fix the systems that have created these inequities.”

— Janet, CEO, Metta Fund, San Francisco



Help others as much as you can. Don't say negative things to people because they're disabled...

Have respect for us... And especially people that make fun of you... Don't do that, you help 'em. Help their self esteem up, not down.”

— Amelia, Older Adult, Imperial County

“



They also made sure that they knew that being an African American you were not accepted... We were segregated up in Weed and we knew our place, but they made it known here that you were not accepted here and you were outta your place here. And they were not warm and welcoming [here].

You still have had a few challenges like that depending on where you go and who you're dealing with. It hasn't changed a whole lot and my children also experience the same thing growing up here... I'm gonna advocate to try to fight and change things and let them know I am a US citizen as well. My thing is, if you cut us, no matter what our race may be, we're gonna all bleed the same color. So if you have a problem or bias with me, that's on you."

— Virginia, Family Caregiver & Service Provider, Shasta County



I think we take so much for granted. I mean, even my own family's history, tracing that heritage, the sharecropping, the slavery, and understanding those generations and seeing the suffering and the injustice. It's like, at what point do you stop and ask permission 'to be'? I think that that's a really powerful energy that we wanna start factoring into the conversations."

— Carolyn, Senior Systems Change, Emergency Services Liaison, Disability Action Center, Butte County



[If you're poor] you get cheated outta health. Bottom line... They put you out the hospital faster. And Medicare and Medicaid they only pay for so much... 'Oh, she got the HMO, we gonna make that bed available for them.'"

— Steve, Community Member, San Francisco County



Harry

“

I was never in tune with the general population. I was always the outside looking in. That’s how I felt when I was growing up. I never fit. First I was, because I was Chinese and it was poor English, and then I was a faggot and I was too skinny. [How about now?] Oh, honey. Hallelujah. I’m beautiful. Get out of my way. I tell these people when I’m walking, I’m doing my one man, one woman parade. I don’t need anybody. It’s celebration of myself. I did well. I did well. Yeah, whatever time I have, I did well for myself.”

— Harry, Older Adult, San Francisco County

ABOUT:

Harry Wong has served as a family caregiver to many loved ones—a partner who passed away, his aging mother, and his current partner who has a chronic illness and pain. He grew up in San Francisco, largely in the closet for most of his life, and learned to assimilate and erase his accent as he grew up. Harry chose to participate in this project because he knows that not everyone feels they can speak up—whether for language barriers or for shame. He said he knows he has a voice, and feels the responsibility to share it—if it might help someone else, for the greater good.

VIDEO:

<https://vimeo.com/thescanfoundation/harry>

INSIGHT 1B

Honoring identity & culturally- responsive care

When a health care system is allowed to prioritize only the predominant culture, indigenous wisdom, cultural practices, and holistic approaches to wellness are often deprioritized, seen as inferior, or lost completely. Revitalizing holistic, preventative, and culturally-informed care honors older adults of the past, while supporting health equity for older adults of the present and the future.



If you're treating native people with non-native approaches, then you continue to see all of the outcomes that we continue to see. We have the worst outcomes of any ethnicity. [And] it's not getting better... Most providers are completely unaware of how important culture is...

People continue to be more and more disconnected from that identity... There's still a lot of shame within families that prevent people from researching or being interested in their own language. Where are they from? What are the native values? What is Native American spirituality?"

— Vanessa, LCSW, Redding Rancheria Tribal Health Center, Shasta County



Ceremony's most important to me, like my age, you know? Sometimes I have really rough mornings and aches and pains. When it comes ceremony time, I put that big, giant bear hide on. And I feel like I'm 19 years old. And I can dance that bear for three hours straight. Around a big fire, for the healing for the other people that's come to get healed from the bear, you know? So ceremony and prayer keeps me young, keeps me healthy. We stay positive. And most of all, you need to believe in your creator."

— Art, Cultural Resources Manager, Wintu Tribe of Northern California, Shasta County



The ways in which mental health care is being practiced here in the US, specifically with individual therapy in a private office space, I think it works for certain groups and individuals. But for Hmong elders, they hold very collective values. And so I think in many ways they need to hear how others in their community are doing, and so I tend to lean more towards group therapy... I think a lot of the mental health concerns for Hmong elders specifically come out of isolation and loneliness and continually feeling like outsiders to communities that they've been a part of for probably 30, 40 plus years."

— Cindy, PhD, MSW, Assistant Professor, CSU Chico, Butte County



Michelle

“

The history being taught in [my] local high school didn't teach the truth about our native history. It was one of the reasons I went to Chemawa Indian boarding school in Oregon. It was a boarding school established in the 1800s where Indian children were forcibly taken from their families at that time period. There were remnants of the old school still there when I went to school there. One of the old buildings still had the barber chair where they cut all of the children's hair and you can just feel the grief and sadness and loss in that room. It was very emotional for me.

It's a constant struggle being Native. Many native students dropped out. That constant struggle of being who you are in a society that just overlooks you and puts you down, really wears on a person and can change the trajectory of their life. It's generational trauma that people might not see or understand. We are very resilient as a people. We have our language in our DNA, our traditional medicines, our connection to the land and to creator, Olelbes. We are healing every time we practice our culture, when we speak our native language and when we have our ceremonies. We are our ancestors' prayers.”

— Michelle, Community Leader, Wintu Tribe of Northern California

ABOUT:

As a community leader enrolled in the Wintu Tribe of Northern California, Michelle is a deep steward of her culture and community. She is an artist, a weaver, and continues to actively revitalize the Wintu language, in connection with ancestors and for the next generation. She emphasizes ceremony and cultural practices as forms of spiritual and emotional healing.



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levels of wellness
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final days**



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INSIGHT 2A

Prioritizing preventative health

Health equity in aging starts from birth. From growing up in an environment of housing or food insecurity to inheriting intergenerational trauma, the state of a person's health in older age can frequently be traced decades, or generations back. Furthermore, the current paradigm of medical treatment in our country emphasizes longevity without the supports necessary to create and sustain a high quality of life. This underscores the importance of preventative health to change the bell curve of health in a person's older age, and allow more people to enter their older years with higher, more sustained levels of health. Likewise, the premise of retirement, and stopping various activities at a certain age, carries its own risks. As it relates to preventative health: how might older age be a time of staying active, rather than a retiring?

“



We are constantly dealing with... people who've been underserved in terms of access to good quality health care. Whether they've never had it, or just never had access to it, couldn't afford it. And by the time they get to an older age, because they've not had preventive services, because they've not been educated as to how they could improve their health, they may be affected by chronic disease, those kinds of things.”

— Karyne, President & CEO, National Caucus and Center on Black Aging, Washington D.C.



Our oldest volunteer is 88 years old. And he's delivering to seniors who are much younger than him, but in a very different state of health, you know? I think that's something that I've noticed here. Your health diverges so much. As soon as you're hitting fifties, sixties, seventies, you can be a lot sicker at a much younger age.”

— Rye-Ji, Metro Service Center Manager, Meals on Wheels San Diego, San Diego County



Poor medical care throughout life brings you to a point where you have high blood pressure, diabetes, vascular issues and COPD (chronic obstructive pulmonary disease), a lot of smoking. So those are the four kind of primary, where that takes a toll on your body. And those are things that people haven't gotten consistent medical care for. And compounding all of that is so many of our clients have used alcohol more.”

— Ann, Director of Clinical Services, Curry Senior Center, San Francisco



Maribelle

“

We wanna keep everybody home. But when do we wait, until someone has severe Alzheimer’s? Do we wait until someone has end stage renal disease where basically there’s not much you can do? Just improve maybe their quality of life for those years? ...

I’m a big advocate that if we are going to have programs that are maintenance programs, and that if we want a real change, we have to start early. Not wait till someone has end-stage renal disease or be so ill that then they come to these programs... We should keep everybody outta the hospital.”

— Maribelle, Program Director, DayOut El Centro Adult Day Health Care Center, Imperial County

ABOUT:

As Program Director at DayOut El Centro Adult Day Health Care Center, Maribelle credits adult day health care as one of the best programs in California. She advocates for the service to be available for everyone, and for people to explore attending at an earlier age without waiting for the escalation of a major diagnosis to qualify. She emphasizes that maintenance programs that keep people healthy, out of the hospital, and living independently at home longer should be available across class lines.

VIDEO:

<https://vimeo.com/thescanfoundation/stories-of-a-movement?ts=1246000>



Andrés

“

[Now] I don't want any other place. I stay here... All the people are like family. A lot of connection, talking. It's good here...You think you got some problem, you come over here forgot everything.”

— Andrés, Older Adult, Imperial County

ABOUT:

At the DayOut El Centro Adult Day Health Care Center, older adults gather from morning to afternoon to connect, sing, exercise, make art, and play. Andrés has attended DayOut for the past year and three months. After his son and wife passed away in a single year, Andrés fell into a period of deep depression — “I don't eat, nothing, I only cry, I go down, down, down.” He tried DayOut on recommendation from his caregiver, and credits the program for restoring him from depression.



Ruben

“

I have to work because the house, it kills you. That's why I'm alive. Look, it's the good thing, it's the good thing about working. [I am] very active all the time... I already have my pension. I can earn whatever I want. I am 78 years old. I am in very good health, thank God.”

— Ruben, Older Adult, Imperial County

ABOUT:

Ruben is 78 and continues to drive the bus into the fields each day before joining in to pick produce. When asked if he had thought about retiring, he said he already retired at age 62, but he keeps working because the nature, sunlight, and practice of staying active—in addition to no smoking, and no cerveza (beer)—is what keeps him in good health.



INSIGHT 2B

Adopting a mindbody & trauma-informed approach

Mental and social emotional health is a particular challenge; for many people, aging comes with a reckoning around regrets, shame, or unprocessed trauma in their lives. Whether having to hide their identity or being stripped of their countries, their land, their homes, or their families, the impact of decades of trauma shows up in their health and wellbeing in immediate and long-term ways. This challenge is exacerbated by stigma around mental health, addiction, and seeking help; alongside lack of holistic and culturally-informed treatment options. Cultivating a mindbody and trauma-informed approach to aging and care can restore ruptures in mental, spiritual, and social emotional health.



What is the impact? Self-medicating through alcohol... Self-medicating pain. For a lot of seniors, pain is manifested physically. As we age, all of us have pain, but the pain becomes greater when you haven't resolved a lot of the emotional issues, a lot of the trauma...

A lot of our clients in behavioral health, the majority have a major trauma. And the trauma, especially in the 70's, a lot of 'em came to San Francisco 'cause they were running from home 'cause they weren't accepted—came to San Francisco because they knew here they would be accepted. And that trauma of not being able to live your life openly, honestly, they're still coming to grips with that... So when we talk about equity, we're talking about populations that never felt equity."

— Ann, Director of Clinical Services, Curry Senior Center, San Francisco



I was never in tune with the general population. I was always on the outside looking in. That's how I felt when I was growing up. I never fit. First because I was Chinese and it was poor English, and then I was a faggot and I was too skinny... I learned to be quiet, not like the American kids... I was taught to be silent. You don't speak to the white people, you get in trouble... That's Asian. You don't express your family business, you don't express your feeling."

— Harry, Older Adult, San Francisco County



Drugs or alcohol, that's a big factor in peoples' health... That's all that stuff is, mind change, and once you get your mind changed, who knows what you'll be eating, who knows how you'll be living?

And if you can clear your mind of all this confusion that comes from up in here, all the wrong stuff that's out there in this world, then you can clear all that away. Then you're on that path, to living longer."

— Art, Cultural Resources Manager, Wintu Tribe of Northern California, Shasta County



Tong

“

When we got to the [refugee] camp I was so sick. I was dizzy, had headaches, and felt that all my body was really numb. I was admitted to the hospital. The physician came over to check me, and they said that I was so depressed that caused me to be sick... The shaman said... Your soul was lost, when you escaped to Thailand.”

— Tong, Older Adult, Butte County

ABOUT:

Tong carries with her the photos and imprints of her 15 children, some who perished in cycles of flight across Laos and Thailand, the jungle and bombings in the early 1970s. She told us her soul has left her body, and she is still on the journey of inviting it back. Today, she stays healthy with gardening, herbalism, and Hmong shamanic ceremony.



**Cultivate a pipeline
of health care & care
providers with a
heart for the work,
who identify with
the communities
they serve**



INSIGHT 3A

Growing care professionals with a heart for the work

Many caregivers and health care providers do what they do out of passion and love. Many providers enter into this work because they cared for someone—a grandmother, an aunt, an older adult at the local senior housing center—before becoming a professional, with that early experience anchoring their commitment to treat their patients today just as they would want their own family member to be treated. Cultivating providers with a heart-deep connection to the work is one of the most powerful sources of person-centered care, and healthier outcomes for all. It is essential to cultivate, retain, and compensate a pipeline of providers with a true heart for the work and the communities they serve.



It needs to be stressed with health care professionals that listen, they're not just a patient, look at them as part of your own family. And treat them like that. Treat them like that..

I'm a black man, mainly of African descent. Somebody in my grandparents' parentage was German, I got some of that in me, got Indian in me... But no matter where you came from, one thing that we all have in common, we're all in the same human family. We may not be blood relatives, but we're the same human family."

— Greg, Older Adult, San Diego County



I get too attached to people. So it's kind of hard. I don't like leaving jobs... All of my clients that I've took care of, they've all passed away. I've been with all of them till their last day... I always say, I don't want nobody to do nothing to my mom, so I'm gonna treat people how I wanna be treated..

Treat people how you wanna be treated. Work where you love your job. Do not work in a place that you're just working for a money, because you're not gonna make the job good. You're not gonna be good to people."

— Claudia, Caregiver, Imperial County



You'll have a doctor seeing so many patients and it's just like another body and... I feel like people try to do their best, but I think that people are overworked and understaffed... I don't think it should matter if you're a housekeeper, a nurse, a nurse's aide, a doctor, you know, it shouldn't matter. Ultimately we're here to provide the best care to patients...

The reason I got into nursing... With my brother having disabilities, I've been raised around with nurses and I made some of the best companions or friendships with the old little nurses that would come in taking care of my brother. I'll always remember each and every one of them. They're all so special. They'd stay with us for years. I would always say that they felt like a grandma to me, a lot of them. And I feel like that is what made me want to be a nurse was how kind and caring they were and that was really special."

— Ruby, Nurse, Shasta County



Amelia

“

I was born in Brawley and raised here, in El Centro foster care, a nice home. I grew up and then I started going to school. In 1970 I was a CNA hospital nurse for a while... I had been a nurse for 40 years until I got my stroke. I had three strokes and I broke my femur. But I keep going...

You can tell right away when somebody likes their job or don't like their job... I had to get rid of about 20 [caregivers], why?... They stole from me, clothes, money, food, and everything. I fired them. Don't play around with Lopez.”

— Amelia, Older Adult, Imperial County

ABOUT:

Amelia is a woman with a huge heart, acute sense of organization, and art hung throughout her home. She served as a nurse for 40 years in El Centro before a series of strokes left her with health complications, and in a wheelchair. She has gone through 20 caregivers through the IHHS (In-Home Supportive Services program). Claudia has been with her for the past few months; they call each other first thing in the morning and often go on excursions together, whether offering food to the homeless community or going out for a burrito.

VIDEO:

<https://vimeo.com/thescanfoundation/stories-of-a-movement?ts=1438000>



Joseph

“

We're able to find people that have a heart of love, who are passionate and have the desire to help someone they don't know, and to see them as their family or their mom or their dad... I just do the best that I can to give those who often get overlooked or left behind, to just remind them that they're not by themselves.”

— Joseph, Service Provider, Meals on Wheels San Diego, San Diego County

ABOUT:

Meals on Wheels San Diego provides “more than a meal” such as social connection, pet food, and care navigation—to “keep seniors in their homes, where they want to be.” Joseph services the metro San Diego area. Along the route, he delivers meals, and more—flowers, a newspaper, a fist bump, a listening and caring ear. He treats each person as family, and it makes all the difference.

VIDEO:

<https://vimeo.com/thescanfoundation/stories-of-a-movement?ts=1607000>

INSIGHT 3B

Raising up providers who share our identities

When it comes to treating diverse patient populations, there is no replacement for health care and care providers who understand the place where a patient is coming from. Especially as the population of older adults—and Americans at large—continues to diversify: cultivating health care and care providers with shared identities and culturally-informed backgrounds is essential to improve the patient experience and related health outcomes.

“



The caregiver is a young man. Makes it nice. He's the first gay caregiver, [a] young man. Very understanding. [Our relationship] it's closer. We could share more... He opened up his story. And usually we don't get that from a caregiver, they do what they do... And then there's no conversation, there's no anything else.”

— Harry, Older Adult, San Francisco County



Here in San Diego and the East County El Cajon region, there's a huge population of refugees from Iraq, from Iran... These people are not going through just depression and just anxiety. These people are going through war trauma and we need a provider that can understand that.

And that doesn't come from reading books. We need providers that understand that and have seen it, and culturally understand it completely.”

— Paola, Outreach Specialist, St. Paul's PACE, San Diego County



What I worry about is that if a community gets a reputation of not being friendly to people of different colors or race or you name it, our universe of who's gonna come here shrinks considerably, who's gonna be served here. So it really is important to me that we do everything we can as a community to be as welcoming as we can be...

In the health care world, the competition for doctors is so stiff... We're really trying to create a pipeline and grow our own [medical professionals]... I remember one African American, medical student and “she said... What's life gonna be like for me to live in your community? And you really had to think about it, you know? And... She never did apply to our program.”

— Dean, CEO, Shasta Community Health Center, Shasta County



Blanca

“

There is a difference because we've lived it... We've been there. Our parents were there... I don't know if I can really explain it, but you just have to be part of that culture, that you lived it. So if you lived it, then you feel it, and then you can relate. And then how you're gonna handle and give that message across to that person, whether it's a senior or a kid or a baby boomer, you just can know how to communicate cause you understand where they're coming from... Cause once you have that culture here that understands one another, I think you're more successful in treating those patients and communicating.”

— Blanca, CEO & Founder, Calexico Wellness Center, Imperial County

ABOUT:

Originally from Calexico, Blanca left to San Diego and returned to her hometown to open the Calexico Wellness Clinic in 2017-2018. At the time, approximately one primary care physician was available for every 6,000 patients. Seeing the need for health care brought her back to her own community.

Today, the Calexico Wellness Center continues to invest in a pipeline of medical professionals who identify with the patients they serve. This includes operating a medical scribing business with doctors in Mexicali and collaborating with medical schools at universities in Mexico in order to develop doctors in the future who truly understand their patients, and their culture.



LANES OF CHANGE

The following ideas were generated by attendees at the United for Health Equity in Aging Summit in July 2023. Additionally, a sampling of ongoing initiatives highlights work that is currently underway across sectors and movements, offering inspiration and reminders to collaborate, learn, and build on existing momentum. These may not be limited to the aging space, but instead offer a reminder about the analogues across movements. While not comprehensive, these ideas and initiatives offer a starting point to illustrate some of the ways we might begin to address health inequities in aging, across five “lanes of change.”

Perception and Narrative Shift

- » Critical race theory, discrimination, trauma-informed care, and aging as part of the medical education system
- » Asset-based framing around aging, wellness, and death
- » Greater narratives of multicultural and outcomes centered around cultural values, including case studies from other cultures and countries
- » Increased awareness of:
 - The necessity of preventative care
 - The demands of caregiving and how to manage them
 - The need for mental health support for healthcare providers
 - Benefits of practicing gerontology and other healthcare disciplines working with older adults

Spotlight on Current Initiatives:

- » The San Mateo County Health Department houses [The Native and Indigenous Peoples Initiative \(NIPI\)](#), created to bring about a comprehensive revival of the Native American community in San Mateo County through awareness, health education, and outreach honoring culturally appropriate traditional Native healing practices.
- » [The California Consortium for Urban Indian Health's Traditions of Health project](#) aims to improve behavioral health and primary care for Urban Indians by advancing cultural revitalization efforts of Urban Indian Health Organizations (UIHO) in California.

Funding Mechanisms

- » Increased incentives in current funding streams to support care that aligns with a person's goals and cultural and linguistic preferences.
- » Increased public benefits (Medicaid, Medicare, etc.) that directly support older adults
- » Increased health care funding that demands and allows for whole person care
- » Education and career pipelines for gerontology health care workers and caregivers
- » Mental health trainings and peer support for health care professionals like the MiMentor program
- » Furthering goals of the California Reducing Disparity project that has the goal of achieving mental health equity for five priority populations in California: African American, Latinx, Native American, Asian and Pacific Islander, and LGBTQ+
- » Long-term funding cycles to match length of time for sustained momentum and impact
- » Training & capacity building oriented around whole person care

Spotlight on Current Initiatives:

- » Inclusive Therapists created [The BIPOC Therapy Fund](#) that prioritizes mental health care access for Black, Indigenous and People of Color (BI&POC). They make it simpler and safer for folks with intersecting marginalized identities (e.g., 2SLGBTQIA+, Disabled, and Neurodivergent communities) to connect with identity-affirming therapy services, groups, and collective care spaces.
- » The American Psychological Association's Council of Representatives adopted a Racial Equity Action Plan. The action plan builds on APA's apology to communities of color for the association and psychology's roles in contributing to systemic racism. It outlines the next steps that APA and the field should take to prioritize and operationalize the commitments made in the apology. The APA promises to support more research centered on non-Western perspectives, provide more access to culturally competent training, and create more opportunities for people of color to enter the field of psychology. In August of 2023, the organization committed \$1.1 million to a new [Racial Equity Fund](#) to carry out their goals.
- » [Asian Mental Health Collective \(AMHC\)](#) created the Lotus Therapy Fund to make mental health easily available, approachable, and accessible to Asian communities worldwide. The mission of AMHC is to normalize and de-stigmatize mental health within the Asian community and provide mental care that integrates cultural experiences and emphasizes shared backgrounds.
- » [Homebridge](#), a San Francisco based organization dedicated to quality in-home supportive services, received a state grant of up to \$16.2 million to strengthen California's caregiving workforce through the In-Home Supportive Services (IHSS) Career Pathways Program. The program provides a broad array of training and career opportunities to the 550,000 IHSS home care providers who serve more than 650,000 residents statewide.

LANES OF CHANGE

Policy and
Legislation

- » Increased representation of older adult voices at all levels of government
- » Support for universal health care
- » Financial and medical training advancement incentives for working at Federally Qualified Health Centers.
- » Elimination of discriminatory policies around LGBTQ+ older adults (e.g., Social Security Disability Insurance (SSDI) benefit loss with marriage)
- » Expanded health care public benefits regardless of immigration status
- » Increased pay and pay equity policies for caregivers and health care professionals
- » Education requirements around aging-related curriculum for all health care professionals

Spotlight on Current Initiatives:

- » [Updates to Section 504 of the Rehabilitation Act](#): Health and Human Services (HHS) issues a new proposed rule to strengthen prohibitions against discrimination on the basis of a disability in health care and human services.
- » California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. CalAIM's bold transformation aligns all elements of Medi-Cal into a system that is standardized, simplified, and focused on helping enrollees live healthier lives. Success requires the investment and sustained commitment of a broad network of health partners, including plans, providers, and community-based organizations, with incentives to achieve a high quality of service. When CalAIM is fully implemented, Medi-Cal will better serve and benefit enrollees as a seamless and streamlined health care system.

Data and Technology

- » Reliable database with diverse data sets that can drive better decision-making
- » Increased collection of diverse older adult disability data to inform systems and services that can meet their needs.
- » Evaluation of current inequitable and discriminatory data collection and “standards of care” practices
- » Inclusion of qualitative and whole life experiences in medical data collection
- » Better understanding of how language differences impact access to care

Spotlight on Current Initiatives:

- » [The California Caregiver Resource Centers \(CRCs\)](#) are a network of 11 centers throughout California serving family caregivers who are providing support for those affected by chronic health conditions such as dementia, Alzheimer’s disease, cerebrovascular diseases, degenerative diseases, traumatic brain injury, and many others. The network recognized the importance of data and health records from their founding in 1984—according to Kathy Kelly, a founding team member of the CRC network and the Executive Director of the [Family Caregiver Alliance](#), “if you don’t count caregivers, they don’t count.” The California Caregiver Resource Centers developed an interactive client record management system that now includes over 10,000 records including populations frequently underrepresented, such as people with dementia and complex care needs, or living in rural areas. It incorporates a variety of data sources, from self-reported intake forms to referrals from clinicians and social workers, and captures information such as ethnicity and language preferences that is not always available at a state level to enable informed decision making on priorities, programs, and policy.
- » [The Neighborhood Atlas](#) from the Center for Health Disparities Research at the University of Wisconsin School of Medicine and Public Health publishes measures of neighborhood disadvantage with the public, based on the Area Deprivation Index (ADI). This tool recognizes how social determinants of health down to a neighborhood level are linked with health and health care outcomes, ranging from utilization of health services to higher rates of diabetes, cardiovascular disease, and early death. It offers rankings of neighborhoods based on socioeconomic advantage on a state or national level to inform health delivery and policy, especially for disadvantaged neighborhood groups.

LANES OF CHANGE

**Network and
Movement
Building**

- » Greater connections to other movements (e.g., Black Lives Matter, disability rights, climate justice, etc.)
- » Increased intergenerational programming and convenings
- » Increased relationships between older adult groups and support programs like MiMentor

Spotlight on Current Initiatives:

- » [The California Rural Indian Health Board, Inc. \(CRIHB\)](#) was formed to provide a central focal point in the Indian health field in California for planning, advocacy, funding, training, technical assistance, coordination, fund raising, education, development and for the purpose of promoting unity and formulating common policy on Indian health care issues.
- » [The Tribal MAT Project](#) is focused on sharing knowledge among Tribal and Urban Indian communities, Tribal and Urban Indian health programs, and community-based partners on best practices for prevention, treatment and recovery from opioid use disorder, stimulant use disorders, and other co-occurring substance use disorders in California Indian Country.



Economic & environmental wellbeing

Recognize the long-term costs of disinvestment and restructure the system for economic and environmental wellbeing



Economic and environmental conditions such as poverty, housing stability, food security, and transportation play a pronounced role in a person's biological age and the manifestation of health challenges over time. To invest in housing, food, transportation and any other form of infrastructure in a sustainable way, we must consider the relationship between people of color and infrastructure, especially this country's foundational infrastructure: land, cotton, railroads, water systems, fruits and vegetables, meat packing and processing, highway systems. All of this has been touched in some way by a person, a whole person, who was enslaved, an immigrant, a refugee. We must also consider that the descendants of the people who built foundational physical infrastructure are the people who are experiencing massive divestment, underinvestment, and disenfranchisement when it comes to building and maintaining proper infrastructure in their own communities. The impacts of this inequitable economic and environmental infrastructure can lead to increased health needs and higher costs over time, with compounding effects for people dealing with the effects of structural oppression on top of their age.



WATCH VIDEO: <https://vimeo.com/thescanfoundation/calexico>

Calexico

Calexico is known as the town where California and Mexico meet—where approximately 20% of the population are Medicare patients or older adults—and many of them are farmworkers.

In this video, clinic patients and providers of Calexico Wellness Clinic’s mobile clinic share perspectives and highlight some of the ways economic and environmental conditions such as poverty, housing stability, food security, pollution, and transportation play a pronounced role in a person’s biological age and the manifestation of health challenges over time.



“

A lot of them are citizens or they have their residence [or] green card... But a lot of them, because they are farm workers, they live in Mexico because it’s so expensive to live here... Being field workers, they [don’t] have enough to pay rent here. So a lot of them, they have no other choice but to live across the border...The senior citizens who are not been retired or whatever, arthritis is like a big one for them. And respiratory illness is also an issue with them because they’ve been out there smelling the pesticides and the pollution here in the valley, we have that problem.”

— Cynthia, Outreach & Marketing Manager, Calexico Wellness Center, Imperial County

**Invest in housing,
transportation,
and food security
to mitigate long-
term, compounding
health challenges
over time**



INSIGHT 4A

Prescribing housing as medicine

The U.S. history of unjust colonization, land grabs and discriminatory housing practices (e.g. redlining) that forcefully removed Native American, Indigenous and Black and African-American people from their land and their homes created generational poverty and exorbitant wealth gaps between them and European / White Americans. Racism, capitalism, and structural discrimination have constructed and continue to reinforce a system that selectively deems who is worthy of being housed. The human and business case for more affordable and accessible housing is a cornerstone of health equity discourse, with clear evidence that older adults need more financial supports and information for housing to be attainable, manageable and stable.

“



So little of patients' health is determined by health care itself. It's really determined by the environment in which people live, play, work, pray... Homelessness makes you sicker and makes it less likely that you get the care that you need to thrive. This leads me to say that there is no medicine as powerful as housing.”

— Margot, Zuckerberg San Francisco General Hospital and Trauma Center; UCSF Center for Vulnerable Populations; UCSF Benioff Homelessness and Housing Initiative, San Francisco County



I don't really like shelters and those kind of places. I'm more comfortable on the street actually. Especially with pandemic stuff going on, so it was really hard to like, put up with it, while I was waiting... I mean, you have things stolen from you every time you fall asleep instead of go to sleep. But it's the same in the shelters. It's really no difference. And in fact, it's worse in there because you're like, maybe you're expecting it a little bit less. It's nice to shut a door.”

— Perry, Older Adult, San Francisco County



One of our long-term clients had cancer. She was a homeless senior and they hadn't planned for their retirement and [her husband] was a foreman on a ranch around here, got hurt. So they had to let him go because he couldn't do his job anymore. They had nothing planned. So they were living in a tent... She gets sick, they go to the doctor, find out she has cancer.

They wouldn't treat her because she was homeless. They refused to treat her cancer because she'd have to have a port and she's not in a clean environment. I'm like, you know how many people I could point out that have a house, that don't live in a clean environment, but you refuse to treat her because she's homeless?”

— Wendy, Program Manager, Disability Action Center, Shasta County

“



Every homeless individual on our streets is about \$35,000 a year when you factor in police, fire, paramedic, hospital ICU, criminal justice system, jail, all of those things.

And so when we talk about sort of equity you can spend \$35,000 to have someone have a catastrophic human experience, or you can invest a small amount of money and keep them housed... Investing in a shallow subsidy or investing to take care of [someone's] rent for three months would have a profound impact on the number of older adults that are either experiencing homelessness or on the cusp of homelessness...

Right now, shelters are not designed well. They're really not designed for anybody with a disability, and they're not designed for older adults. If you show up at a shelter in San Diego and you're an older adult or a person with a disability and you cannot meet your [activities of daily living] ADLs, you are turned away at the door. So the most vulnerable people experiencing homelessness are not allowed into the shelters because the shelters don't have the staffing assist somebody with bathing or dressing, whatever, eating. And so they're turned away.”

— Paul, President and CEO, Serving Seniors, San Diego County



She's in the long-term care facility, but she wants her own apartment. And unfortunately, we have, there's nothing out there for her that [is] in the range on what she's able to pay in full... And then [it's] two years, two and a half years to get affordable housing here. That's tough. That's tough to tell a senior.”

— Monica, Information & Assistance Coordinator, Imperial County



John

“

I've only been in this situation for a year but what I noticed at first was every little entity had their own little control rather than everyone coming together saying let's relinquish this power and come together...

You can establish all the benefits in the world, which you do, San Diego has more than enough outlets. The problem is you're not instilling anybody the desire to go past them. You hand somebody something and you don't offer the motivational factors or anything to turn that around, sure I'll take the—sure I'll put the bandaid on the scar, but it's still going to be a scar. And you have to get past that point... The homeless thing is a lot more than just taking people off the street and putting them in a house. There's a psychology that got you there. You have to understand that there too.

— John, Older Adult, San Diego County

ABOUT:

While shadowing the Meals on Wheels route in downtown San Diego, we met John. He is an ex-marine who has been experiencing homelessness for the past year and is currently in transitional housing. He brings a systems perspective to the issue and is passionate about speaking out to make a difference.

VIDEO:

<https://vimeo.com/thescanfoundation/stories-of-a-movement?ts=3389000>

INSIGHT 4B

Bridging transportation gaps

With a dearth in supply around health care, caregivers, and the infrastructure to support independent living or aging in place, many people must defer or forego care, or travel hours to access necessary services. The literal distance to health care, particularly in severe or acute situations, heightens the importance of preventative care—and disincentivizes it at the same time. This underscores the importance of bridging the last mile of health care access and delivery to bring care to where people are: whether through telehealth, mobile clinics, transportation benefits, or health care reform.

“



They don't have anybody to take 'em to the doctor. We heard about a lady that was going to San Diego to get a procedure, but she canceled the appointment because nobody could go with her. She had no family to go with her and she couldn't drive back alone. She's like, 'well, I'll have to cancel it because I don't have anybody'. It was very sad. There's lack of services in Imperial County with those specialists. And then lack of transportation, lack of support."

— Blanca, CEO & Founder, Callexico Wellness Center, Imperial County



[For] seniors, transportation can be a real barrier ... we have a transportation benefit that has been evolving, and the whole idea is to not let that be a barrier for patients being able to access care, for seniors. I don't think there's an equivalent on the Medicare side... Medicare being such a gigantic program is quite frankly abused in many places. With these kinds of benefits [for enabling services] they're very reluctant to add more to the cost of that program, in my judgment. But it is a problem. You know, a lot of seniors get isolated and then, things happen right? Then they don't get the care they need... They're not eating properly and next thing you know, they're in the hospital and serving up a half a million dollar bill. Right? And who knows what happens?"

— Dean, CEO, Shasta Community Health Center, Shasta County

“



They don't have family around. The lady that you're seeing, her daughter lives over two hours away. So she comes periodically and checks up on her, but most of the time she's on her own. And like with these winter storms that have been coming in this year, we were trying to get her down the hill to get her to a hotel because of her health issues. And her car was snowed in and we had to get people from the church up there to go shovel out her car so we could get her down here and get her into a hotel. Because with her health issues, she couldn't be up there and her propane tank could run out and the propane company wouldn't come fill it up because there's too much snow. And so she had no heat, no way to cook nothing. And so we got her down though. But when you have seniors that don't have a support system, it's that much scarier because they could die and nobody knows."

— Wendy, Program Manager, Disability Action Center, Shasta County



Ruth

“

I think one of the reasons I wanna move out of here... They can't keep doctors up here... My husband's wound care doctor went to three or four different locations throughout his week to see people 'cause he doesn't have enough [patients] in one area to maintain his practice. So he would travel and he'd have different places to go to each week... They explained to me, there's only one neurologist in the whole area. He goes 'if you're a young new neurologist, you're gonna want to be in one of these nice cities like San Diego, San Francisco, [where] your family has activities. Where you can have a lifestyle that you want. You're not gonna be one to live up here.'”

— Ruth, Older Adult & Caregiver, Shasta County

ABOUT:

Ruth began to take care of her husband as diabetes impacted his health, when they were 59 and 63. They bounced from staying at their children's houses to staying on the streets, managing doctor's visits and amputations. He passed away a decade later, leaving Ruth in a period of deep depression—until more recently, she took in a young woman named Alexis with developmental disabilities. As we spent time with the two of them, we learned how it is not just Ruth taking care of Alexis, but the two of them taking care of each other.

INSIGHT 4C

Nourishing body and the soul

Accessing nutritious and culturally preferred food is challenging for people with marginalized identities and becomes increasingly difficult with age. The current food system relies heavily on mass production rather than cultivation and local sourcing. Consuming nutritious foods that are also culturally preferred staples can help older adults take a more holistic approach to prevent or manage certain health conditions. It is vitally important to understand how these foods are sourced and delivered, and how the experience of food can activate social connectivity as another vital source of sustenance in the lives of older adults.



They told me if I had waited one more week before I went to the hospital, that I wouldn't be here. So 'you were severely dehydrated and severely malnourished.' And I thought, 'oh my God.' And that's why I was having problems with my brain, you know?...

So they said, 'there's nothing wrong with your brain. It was just that you were not eating right and you're fine now.' I had to learn how to walk and stand up and walk again. And that's why I spent a month in rehab and from there before this business with a dementia, they put me right there at [the facility] memory unit."

— Balvina, Older Adult, San Diego County



[Our clients], they're grateful that they get those food bank boxes... [however] it's been very stressful for a lot of our clients just because the type of food bank boxes that they receive aren't really culturally appropriate.

So if you are from maybe an Asian background: you wouldn't really necessarily use like a block of cheese or something like that as your diet. So it makes it a little harder for them to utilize the things that they do get for free. So sometimes they don't even take those offers just because they know there's no use for them."

— Judy, Senior Center Program Manager, Curry Senior Center, San Francisco County



I do think that, pharmaceuticals or over the counter medications have their place, they save a lot of lives, but we're just not catching this other huge sector of life and behavior that should be a part of health care.

The way that we manage—how many fast food restaurants you can have in a square mile and in what part of town? And how many grocery stores there have to be in every community, every neighborhood next to every neighborhood? We do have so many programs for the elderly to get them meals, but are they healthy meals? And can someone with diabetes be eating this without their blood sugar spiking?"

— Vanessa, LCSW, Redding Rancheria Tribal Health Center, Shasta County

Reimagine the social contract between employment, retirement, and benefits to equip all older adults with economic security



INSIGHT 5A

Remembering the forgotten middle

The extreme cost of care and health care hits the middle class the hardest, with compounding effects for people dealing with the effects of structural oppression on top of their age. Many people who have worked their whole lives find themselves in the space of the “forgotten middle”, where they make too much to qualify for certain benefits such as Medi-Cal, yet cannot afford the costs of care and health care in older age. Ineligibility means not only compromised access to medical care, but also to supportive services which would otherwise enable healthier independent living. Older adults, family, and service providers alike call for an expansion of who is eligible, and what is covered, in order for older adults across the state to age with the supports they deserve.

“



I would say 99% of our patients are Medi-Cal, but those private pay patients, it's too expensive. \$76.27 is nothing. But for a lot of people that are paying out of pocket, it's impossible... Even though these programs are designed to be a maintenance, keep you out of the hospital and in your home, it's really only the Medi-Cal patients who are lucky enough to have it. But those people right in the middle, those middle income... Those that put into retirement, they're not eligible... They're not rich to be able to afford our services, yet they're not poor enough to get it for free. So it's those middle class families that basically are left without anything...

That's where I look and I see myself. What's gonna happen to me 10, 15 years from now if I don't start advocating for myself now? I'm 54 years old, and so you kind of wonder, you know what is going to happen? Because for anything to change in California, in the United States, it takes forever. So basically you have to be 20 to hopefully when you're 60, you'll see a difference. But if we don't start changing something, I mean, we're gonna be those people on the other side.”

— Maribelle, Program Director, DayOut El Centro Adult Day Health Care Center, Imperial County



Some people, they end up having to go private pay, so they have to sell their home, their cars, everything that they've worked hard for to be able to afford to stay here [at the nursing home]... And that's when you would hope that your social services would step up in the building. But at the same time, their hands are a little tied when it comes to dealing with people's finances too...

If I was to open my own facility, I would try to make it more financially friendly. I mean, at the end of the day, I get you have to pay to keep the lights on in a place like, But I feel like there's a difference between keeping the lights on and also just taking advantage of people in a certain situation.”

— Cierra, Family Caregiver & Service Provider, Shasta County



Jeffrey

“

We've always worked, the family has always worked, we pay our taxes, we're not eligible for any of the good care. It has to come from our pocket... So you have the haves and the have nots and I believe the have nots are the working class people now... It's not about money, it's about support, where we can go for resources when we don't know what else to do? You're knocking on my door to come in and tell you our story, who listens? Who's going to listen?”

— Debra, Family Caregiver, Imperial County

ABOUT:

Jeffrey served as a correctional officer for years, until the stress of the job led to a brain aneurysm, which is the same event that killed his father a generation ago. This shifted him and his family's life completely: losing their home, navigating medical bills and misdiagnoses, and appealing for worker's compensation.

They discovered the DayOut El Centro Adult Day Health Care Center, where the majority of attendees qualify for Medi-Cal or for both Medicare and Medi-Cal (dually eligible enrollees). However, their family is not eligible, and chooses to privately pay for the center so he can attend three days a week.

VIDEO:

<https://vimeo.com/thescanfoundation/stories-of-a-movement?ts=2747000>



INSIGHT 5B

Taking care of the people who care

The prohibitive cost of care and health care can be particularly harsh for caregivers and care providers as they become older adults themselves. Whether professional or family caregivers, the work predominantly falls to women, particularly women of color—even further exacerbating the issues of pay and gender equity. The current wages, benefits, and long-term savings options for caregivers are not commensurate with the value of the service they provide, therefore it is imperative to visibilize the physical and emotional labor of caregiving, and elevate how we value and invest in care work as a society.

“



She didn't qualify for Medi-Cal. She wasn't able to get a caregiver and her family lives out of state. So she's pretty much on her own going through cancer, having to schedule all these appointments for herself, transport herself, figure out food for herself, have absolutely no help at all.

And she used to be a caregiver. That's the really crazy part. She used to be a caregiver for seniors and now her herself as a senior, she doesn't have anybody because she doesn't qualify for Medi-Cal, and she only has Medicare. And Medicare doesn't cover the things that she actually needs.”

— Paola, Outreach Specialist, St. Paul's PACE, San Diego County



It's time for national paid family leave and caregiver credits with Social Security retirement. Most developed nations value caregiving and it's reflected in their social security systems. We need to do the same.”

— Ernest, Director of The Center for Health and Aging Innovation, New York



Paola

“

[In past jobs] I can literally go across the street and have less stress and use less of my skills and get paid more. So it almost makes you question, why am I here right now... There's people who are barely making ends meet and if your company has a food pantry for your employees, you're not paying your employees enough...

In my last job, the CEO made close to a million dollars. And I know it's like you're the CEO and whatever, but if you literally just raise somebody's income by \$2 an hour that would make a huge difference... If we were to just redirect some of that money to the actual people who are working and the people who actually make the company for what they are, that's how I would restructure it.”

— Paola, Outreach Specialist, St. Paul's PACE, San Diego County

ABOUT:

Paola has worked across health care as a case manager, care coordinator, and she is now happily employed by St. Paul's Program of All-Inclusive Care for the Elderly (PACE) as an outreach specialist. She emphasizes the need to properly support and compensate the people who provide care and health care services; in absence of this basic valuing of staff skills and time, staff turnover is frequent and patient health suffer.

VIDEO:

<https://vimeo.com/thescanfoundation/stories-of-a-movement?ts=3071000>



INSIGHT 5C

Preserving and increasing financial security

While the premise of retirement is often held up as a promised land for older age, it is a harsh reality to contend with if there isn't enough financial security. This is especially true for people of color, that tend not to have the safety net of generational wealth to rely on and historically have had fewer retirement assets and significantly less access to employer-sponsored retirement benefits. And while public benefits provide some reprieve, they come with their own hurdles to access and often don't reflect the true cost of living. As an added layer, older adults may experience increased vulnerability to financial and insurance scams, heightening the risk of financial precarity.



If you asked me, what would you do to save our seniors, one word is to not only provide the social security that they get, but at least give them enough money to be able to afford a place to live decent, with food. Because at the end of the month they don't have food and we see it, they call us... We do have the food banks, but I don't know if you guys have ever opened a box or eaten from one of those boxes, it's not something that they're going to eat... All these people, worked all their life in the fields. Most of our population here in our community, they're farm workers. They work picking up the food that we eat and for them to not be able to have a decent end of life, it's very sad. Very sad."

— Karla, Long-Term Care Ombudsman Coordinator, Imperial County



If I can start from how I got here, so people will understand... A little bit about my life and how I came here. It will give you a better idea why I am doing well, my philosophy in life, my drive... I care so well my budget, so I don't have worry anything that I don't pay this... It's something very important for me... I know that I have to pay, I pay one week before so the money go at time to the bank. I don't like to have any worry. Cause if I worry in the night, I don't sleep well the night."

— Teresa, Older Adult, San Diego County



My mom, I think because of having gone through so much in her life that I think it's made [her and her husband], made them both very resilient and they didn't complain. She still doesn't complain that much. She doesn't like to dwell in negativity... I tell people, it's her secret. Even when she was young and when she left [Chile] she didn't look back... That's when the government fell apart... I learned from her that she doesn't look back. She just takes inventory, thinks about what she has to do, what happened, and makes changes and plans. And then she plans and executes."

— Beatriz, Daughter of Teresa, San Diego County

“



Modigliani hypothesized that should we save enough through midlife that we would essentially be able to live off of that savings. Well, when we look at it empirically, it's true for white men, not true for white women, and not true for BIPOC men or women. So this just speaks to the larger systems of structural racism and sexism in these areas of literature...

We need to start wrapping our minds around inequity at writ large. We need to think about new social policies in the context of a hundred plus years...

The social security system that we have for retirement, the Medicare, Medicaid, all of these I think need to be universal. They need to start maybe at birth. Then I think we have a fighting chance for addressing equity and addressing how do you live a long, healthy life in the 21st century.”

— Ernest, Director of The Center for Health and Aging Innovation,
New York



Jesus

“

I don't have health insurance, and I am a US citizen, that is the saddest thing. I don't want to lie, and I don't want to have any issues with the government, I always tell the truth and say that I live in Mexicali...

I already got tired, I am older now and I get tired, I no longer have the same agility and strength as before. I'm doing this because I need to, working in the field is really hard and heavy. One has to enter with a good attitude, with energy. You can't think about your problems, the problems have to be forgotten there. There they demand you even if your hands hurt, 'do it, do it, let's go, let's go.' It's a struggle.”

— Jesus, Older Adult, Imperial County

ABOUT:

After many years of crossing the border each morning and working in the fields, Jesus has decided this is the last year he will work. He is a US citizen, but chooses to live in Mexicali because the rent and bills are too expensive for him to live in the US. He has known about his diabetes for the past 13 years but does not have a monitor to check his blood sugar levels daily. He goes to a doctor in Mexicali, but does not have health insurance in the US and does not claim benefits like food stamps, citing that he does not want any issues with the government.



Melissa

“

I plan on working until I see the good lord, because what makes me happy is to serve and when you serve... It's just the right thing to do. Some people feel like they need retirement but that's not me. Me, it's about giving.

[Are you planning on retiring?]

Never. I'm retiring when I see the good lord up there, that's when I'm retiring... Because what makes me happy is to serve... [and] I have to pay my bills, I don't plan to ever retire. Never. Don't want to. It's kind of like physical therapy, you start doing something and it's just what you do.”

— Melissa, Older Adult, San Diego

ABOUT:

Melissa is a trans woman in her 60's; when we met, she was coming up on her birthday in April after transitioning through surgery in 2019. After serving in the US Navy, she made it back to San Diego where she lived out of her car for eight years, working through jobs as a cleaner, caregiver, and now at a hospital. We asked if she planned to retire, and she said “never.”



**Design
accountability
into health &
social services
systems to reduce
fragmentation
and distribute fair
access to resources
and levels of care**



INSIGHT 6A

Reducing silos of service

The system of benefits, insurance, and referrals can feel purposefully opaque and complex; older adults must rely on exceptional reserves of effort, persistence, and knowledge, or advocates who can help them navigate. Whether dispensing advice on navigating benefits alongside COVID-19 supplies, or building relationships over bingo as an alternative form of intake: proximity and alternative touchpoints can reduce fragmentation and create entry points to connect older adults to the services when they may not know how or what to access.

“



I think most older adults do not have a clue about what’s available to them and what is not available to them... The aging services system or... the system that exists in our country is so fragmented that the average person is at a tremendous disadvantage to try and navigate that system when they need resources.”

— Kate, Executive Director, San Francisco Village, San Francisco County



Well, guess what? Seniors are not computer literate and they hate for you to send them to one number and then to the other. So we need to build those bridges as to like connecting them to the right place. And one place, you get it all... There’s a big need here in our community. It’s a small community, very low income community. And the seniors don’t know exactly where to go.”

— Karla, Long-Term Care Ombudsman Coordinator, Imperial County



I’ve only been in this situation [experiencing homelessness] for a year but what I noticed at first was every little entity had their own little control rather than everyone coming together saying let’s relinquish this power and come together...

We have to stop all this channeling of ‘You have to be here. You have to be there.’ You’re dealing with folks that don’t have adequate income or adequate means. So how are they supposed to go from one end of town to the other end of town on appointment basis to ascertain a home?”

— John, Older Adult, San Diego County

“



One thing that would be helpful for the senior community is just to flood that community with information about resources that are available to them.

Some things... I was very skeptical about—but there’s some good stuff out there and everybody’s not trying to prey on the elderly. And there’s some good people and some good organizations that I didn’t know about because, you know, it didn’t really affect my life directly at the time.... I just had my 72nd birthday a few weeks ago and I’m like, we really are the elders... I’m learning about some of the resources that are out there. I’m still learning.”

—Alice, Older Adult, San Diego County



Area Agency on Aging

“

We are only one of two counties in California who actually have all these programs housed under one department... Why it's so beneficial is because all those services relate to each other...

So being housed together, it really helps because we constantly have team meetings for both departments together, so that we know what's going on at all times, what services can be offered, what issues there are coming up. So I think that's a huge benefit. And we're a small county, so it doesn't make sense to be spread out so much. But not having those silos of services, and having everything in one place has been very beneficial for us.”

— Sarah, Public Administrator/Guardian/Conservator, Area Agency on Aging Director, Imperial County Public Administrator, Imperial County

ABOUT:

The Imperial County Public Administrator and Area Agency on Aging serves the county's most vulnerable populations including people experiencing homelessness, disabled clients with dementia, and older adults. The office manages the Public Administrator, Public Conservator / Guardian, Representative Payee Program, Area Agency on Aging and Indigent Burial; and provides services for older adults ranging from transportation, meals, respite care, legal advice, information and assistance coordination, long-term care ombudsman, and more. As opposed to navigating multiple offices, this particularly benefits older adults—“it's nice to call one number and get help.”

INSIGHT 6B

Operating on accountability rather than advocacy

At its best, the health care and social services systems avail equitable resources and levels of care to people, maneuvering barriers to ensure that services reach the people who need it the most. Yet in reality, access and accountability are unfairly distributed and the systems run on advocacy. Having people who can advocate on behalf of older adults makes a material difference in the quality of care they receive, whether in a hospital or a nursing home. The long-term answer lies not in teaching or equipping people with advocacy, but in asking how systems, embedded with warm handoffs and guides, can be designed for accountability, and removing advocacy as a prerequisite to access the outcomes people deserve.

“



I've had to call the medics for clients... I wait for the medics to come. As strange as this may seem, I'm even hesitant to hand off my clients to the medics just 'cause I've seen the way they load them into vehicles and try to put them on gurneys and everything—I'd be a lot more gentle. But I stay with them to make sure that they're properly taken care of because they don't have family.

When the first responders see that there's somebody there that cares for them, they treat them differently... They'll care as much as I care. But if they see me being good to them, and just showing love and affection towards them, then there's a gentleness that comes out from them that they reciprocate... I've set the bar of how they should treat this person that has nobody, who's borderline homeless.”

— Joseph, Service Provider, Meals on Wheels San Diego, San Diego County



If you don't have someone that's going to be an advocate for you, you're going to get nothing. And not only an advocate, but ask questions. Inquire... If you don't ask, you don't know. Right? And you won't get...

I joined [my brother] with his primary care doctors appointments. I'm in the office with him. I'm listening to the conversation. I'm asking questions. I'm making sure I understand what his prognosis is or what he needs as meds or why he needs this test, or when he gets the test. So that has been really helpful, because a lot of times, I think if I didn't join that meeting, or that doctor's appointment, I wouldn't know the details... To join them in their doctor's visits has been so helpful to me, because I can intervene at that moment in time. And truly understand what the doctor is saying and thinking.”

— Older Adult, Sister and Family Caregiver, San Diego County

“



I have a gentleman right now which is really sad because he just got seen by the state nurse last week. And because being Hispanic and being a man, I'm not gonna really share the truth. He never told the nurse that he's seen at behavioral health, because for a lot of people it's a taboo... He failed to tell them that he's diabetic... So you wonder, they denied him [for adult day health care]. Yet he has spinal stenosis, he has diabetes, high blood pressure. And when he ambulates, he's short of breath. How can he not qualify?... Because he said he's fine and he didn't share everything... He won't have these services and he starts crying.

And so what is it that you do? You know, there should be something out there. We should doubt the patient and get on the phone and ask the families, because you should know if you work in this industry that people keep a lot of things [private], especially older people... They even have a hard time just maneuvering a phone, making a phone call, much less the internet.”

— Maribelle, Program Director, DayOut El Centro Adult Day Health Care Center, Imperial County



LANES OF CHANGE

Perception and
Narrative Shift

- » Incorporation of anti-ageist ideologies in Diversity Equity & Inclusion trainings and programming
- » National campaign on aging as a universal issue
- » Stories that visibilize people who care (and the injustice of out-of-pocket cost as they reach older age)
- » Warmlines (peer-run listening lines)
- » Elevating the experiences of immigrants in health and wellbeing discussions

Spotlight on Current Initiatives:

- » [Century Lives](#): The Century Lives podcast, hosted by Ken Stern from the Stanford Center on Longevity, interrogates what it means to ensure that lives are not just longer, but healthier and more rewarding as well. The podcast ventures into the world of education, work, healthcare, place, and more to see how the future of centenarians has already started.

Funding Mechanisms

- » Incentives and increased funding mechanisms towards development of holistic, walkable, intergenerational communities that are accessible, and well-designed to support and help older adults and younger generations thrive together
- » Housing benefits included in CalAIM benefits
- » Funding campaign/positioning around housing as a human right and a solution
- » Embedded health and social services into common accessible spaces such as libraries, malls, parks, and other centralized locations and cultural cornerstones, particularly in rural and underserved communities to offer local care management, pharmacy, and urgent care
- » Additional funding for telehealth equipment to connect Californian Medicare beneficiaries remotely to specialists and out-of-area providers who align with their cultural and linguistic preferences.
- » Federal funding and incentives dedicated to support and sustain in-community housing for older adults
- » Tax breaks for for-profit developers to provide medium-income units
- » Cooperative / co-living programs for older adults
- » Integration of local drivers into transportation system
- » Increased healthcare funding that demands and allows for whole person care
- » Increased funding for wraparound services
- » Better onboarding, payment and support for Community Based Organizations providing health services
- » Funding for training paraprofessionals on elder care
- » Greater tax credits for caregivers

Spotlight on Current Initiatives:

- » [California Housing Accelerator](#) enables shovel-ready affordable housing projects that, despite having received one or more awards from other California Department of Housing and Community Development programs, are unable to move forward due to funding gaps that resulted from their inability to access tax-exempt bond allocations or low-income housing tax credits. To date, \$1.9 billion in funding for the California Housing Accelerator has been awarded, supporting a total of 57 projects to produce a total of 5,071 units.

LANES OF CHANGE

Policy and
Legislation

- » Targeted rental subsidy program for older adults
- » Compression of timelines and streamlined regulatory processes so affordable housing can be developed more expeditiously
- » Limitations on the use of Supplemental Nutrition Assistance Program (SNAP) benefits at unhealthy establishments and/or greater incentives for using SNAP at healthy establishments
- » Increased representation of older adult voices at all levels of government
- » Removal of income limit for contributions to Social Security
- » Increased eligibility to provide lower income Medicare beneficiaries access to Medi-Cal Community-Based Adult Services (adult day health)
- » Basic universal long-term care insurance program
- » Incorporated investments funding in K-12 and higher education
- » Enforced minimum performance levels for senior services such as increased funding and support for Long-Term Care Ombudsman programs
- » Transportation as a universal healthcare benefit with increased accessible transportation options for older adults
- » Extended non-emergency medical transportation (NEMT) programs from Medi-Cal to any Californian who meets all of several criteria, such as having their doctor prescribe transportation, recent acute or post-acute care events, and functional needs or high-risk medical conditions.
- » Guaranteed income for older adults
- » Matched savings programs or other universal program similar to 401K for those working in non-traditional settings

Spotlight on Current Initiatives:

- » Bill SB 6: “The Middle Class Housing Act” SB 6 gives local governments the option for an expedited development process to avoid the property remaining vacant.
- » Bill AB 2011: AB 2011 allows for ministerial, by-right approval for affordable housing on commercially-zoned lands, and also allows such approvals for mixed-income housing along commercial corridors, as long as the projects meet specified affordability, labor, and environmental criteria. The bill also requires that all projects seeking approval under its provisions ensure all construction workers earn prevailing wages and receive health benefits.
- » Bill AB 540: The Social Service Transportation Improvement Act. This proposed bill improves access to transportation for older people and people with disabilities with the addition of a revenue stream, increased service requirements, coordination rather than consolidation of social service transportation services.
- » Baby Bonds Program: In collaboration with Darrick Hamilton, The Samuel Dubois Cook Center on Social Equity Director, William A. Darity, has proposed a federal wealth redistribution program aimed at remediating the racial wealth gap. The program calls for the issuance of government backed bonds for each child born into poverty to be redeemed when the child reaches 18 years of age.
- » [The USDA Indigenous Food Sovereignty Initiative](#) is part of the Biden-Harris administration’s and USDA’s commitment to empower tribal self-determination, promote equity and remove barriers to services and programs, and incorporate Indigenous perspectives into agriculture. The Initiative promotes traditional food ways, Indian Country food and agriculture markets, and Indigenous health through foods tailored to American Indian/Alaska Native (AI/AN) dietary needs. USDA is partnering with tribal-serving organizations on projects to reimagine federal food and agriculture programs from an Indigenous perspective and inform future USDA programs and policies.
- » The Santa Clara County Board of Supervisors has approved a pilot program to ensure the missing “middle” has access to mental health treatment. The “forgotten middle” or “missing middle” are residents who earn a bit too much to qualify for government-funded health care like Medi-Cal, but cannot afford to pay for care out of pocket or the high-quality insurance that would cover such services. The new plan adds mental health services to the County’s existing Primary Care Access Program, and expands eligibility to include residents making up to 650% of the federal poverty level that means more residents can access medical and mental health care.
- » A \$25 minimum wage bill for healthcare workers was passed on June 7th in the California Senate. The proposed wage increase would be incremental at first. Starting on June 1, 2024 the minimum wage would rise to \$21 per hour for one year, then increase to \$25 per hour if it passes in the Assembly.

LANES OF CHANGE

**Data and
Technology**

- » Landscape analysis on local and state services/supports available for older adults
- » Research on the effect of aging in place strategies on government healthcare expenditures
- » Enhanced data collection methodologies that reach all and fully quantify the magnitude of the issue(s)

Spotlight on Current Initiatives:

- » [Mon Ami](#) is an operating system designed for Aging & Disability service providers, applying automation, integrations, and thoughtful design to support workflows from case management to telephone reassurance. In replacement of legacy technologies and excel spreadsheets that can limit or encumber service providers, their digital solutions reimagine digital solutions built for and in partnership with Area Agencies on Aging, State Units on Aging, and Community Based Organizations

**Network and
Movement
Building**

- » Increased multi-sector organizing around aging & care at local and state levels
- » Connections with other movements (e.g., Black Lives Matter, disability rights, climate justice, immigrant rights, etc.)

Spotlight on Current Initiatives:

- » [The Coalition for Humane Immigrant Rights](#) CHIRLA was founded in 1986 to advance the human and civil rights of immigrants and refugees. CHIRLA became a place for organizations and people who support human rights to work together for policies that advance justice and full inclusion for all immigrants. Since then, CHIRLA has become one of the largest and most effective advocates for immigrant rights, organizing, educating and defending immigrants and refugees in the streets, in the courts, and in the halls of power. They focus on a range of issue areas including immigrant access to health care, labor rights for immigrant workers, and domestic workers health and safety.



Cultures of belonging & care

Restore the connection across identities, communities, and generations to allow all older adults to age where we belong.



Health equity in aging requires a holistic definition of wellbeing—in body, mind, and spirit. With this comes the recognition that loneliness is a public health concern, with deep and disproportionate impacts on physical, social, and mental health. Widespread social disconnection points to a rift in belonging in our society across identities, communities, and generations.

This can show up disproportionately amongst older adults with diverse identities and backgrounds due to lasting impacts of isolation and discrimination; disconnection from identity, culture or homelands; and a fundamental absence of belonging and community. For those who have had to hide or reduce their identity for a lifetime: it is more important than ever to restore identity, culture, and elderhood to a place of worth. Providing options for long-term care is necessary, and does not stop with physical infrastructure. Social and cultural infrastructure is essential to enable culturally-responsive long-term care. Cultures of belonging and care must be woven into the fabric of our society, as a foundation for health equity as we all age.



WATCH VIDEO: <https://vimeo.com/thescanfoundation/hmong-cultural-center>

Hmong Cultural Center

At the Hmong Cultural Center of Butte County in Oroville, the garden is a space to gather. For the older generation, the land offers a reminder of home; for the younger generation, the garden offers a place to learn from elders and grow their connection to culture; for everyone, it is a place where they belong.

In this video, community members of the Hmong Cultural Center speak about the importance of belonging and cultural connection in service of their overall wellbeing and their ability to age in place and in community.



“

I'd say the isolation shows up in various ways and levels. Even Hmong families, they can tend to lean multi-generational in household. And so that can mean that a Hmong elder is living with a son or daughter, and then grandchildren. Many times they're not really speaking the same language anymore. Like a Hmong elder may not be able to communicate well with a grandchild who perhaps only speaks English. So that's already happening within the household, feeling isolated from their larger family members.

And then too, I think to think about outside of the home, the community that they've resettled in, some for 30, 40 plus years, they still have this language piece, that I think really causes different barriers for Hmong elders to engage with those within the community.”

— Cindy, PhD, MSW, Assistant Professor, CSU Chico, Butte County

Return to social & communal forms of care to offset social isolation and the fragility of family caregiving



INSIGHT 7A

Finding purpose and forming relationships

Social connection is a fundamental human need; and a lack thereof is associated with an increased risk for premature death (equivalent to smoking up to 15 cigarettes a day) and a host of health concerns across disease, mental health, cognitive function, viruses, and respiratory illness. The highest rates of social isolation are found among older adults, and chronic loneliness can increase the risk of developing dementia by approximately 50%.¹

For older adults in particular, social connectedness and support networks can be challenging due to the natural shrinking of social circles, cultural & language barriers, distance between families, and the legacy of geographic spread and nuclear family structures in the US. Similarly, in a capitalistic society that narrowly privileges economic contribution, decoupling one's ability to work with their worth can also feel unimaginable. Continuing to engage in meaningful activities like volunteering and learning new skills can offer a source of purpose, build reserves of social, emotional, and knowledge capital, and help form communities.

¹ Office of the U.S. Surgeon General, *"Our Epidemic of Loneliness and Isolation. The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community,"* 2023.



We had one senior, he was homeless, he was blind in one eye. And he needed to get off the streets... Our seniors... don't wanna be the burden. And we gotta get over that as well. And again, society as a whole, we never wanna be a burden... You do for yourself, you don't burden other people. And so then you get to the point where you really do need help and you don't want to ask for it... [This senior] refused to be a burden on his family to have them take care of him. He was gonna be homeless instead...

That's what society teaches us. If you're gonna be a burden, that's time to throw you away."

— Wendy, Program Manager, Disability Action Center, Shasta County



I think that maybe in a smaller town or maybe like on my block, we know who lives on my block. We know the old folks on the block, we check in on each other. We have a little village on the block, and it's doable... But to make it citywide, especially when you're talking city and not a town, I think it takes a little bit more...

[Aging], it's a time of life where your social circle shrinks in a very natural way. People die, people move away. Sometimes if you're not in the work world, you don't have kids, you don't have that social contact that you've had where you just replenished as time went on... You hear over and over again, 'I see my social circle shrinking' and it's a very important time to have a social circle around you, to have people around you."

— Jill, Service Provider, San Francisco Village



The best thing about Meals on Wheels is that it provides social contact, that's the best thing. The human contact is more important than anything because you can live without a lot of things, but you can't live without human contact... That's why this slogan is more than a meal, right? It's because—you bring 'em a meal, but we're also checking on 'em"

— Kit, Service Provider, Meals on Wheels San Diego, San Diego County



Marilyn

“

It's just me and my shadow. I don't have nobody else...

A friend of mine... I'm taking care of him, like his caretaker... He was originally from Dallas, Texas, but he has family, but his families don't talk. But his mom and dad passed on a long time ago. But his sister and brothers that don't talk, I don't know. I don't know the whole story. So I'm like his sister and he's my baby brother. I [say] my baby brother from another mother or another father. But we get along so well, you know? ... I don't have much relative[s], but it doesn't bother me. Everybody here, they're my family, you know?... Everybody's my family here. That's why I love this community.”

— Marilyn, Older Adult, San Francisco County

ABOUT:

Marilyn is known as the “Mayor of the Tenderloin” because she says hello to everybody and aims to treat them respect—as they do to her, because as she says, “that’s how it should be.” She volunteers and works for a part-time stipend at Curry Senior Center, with responsibilities ranging from serving breakfast to operating games of bingo.

VIDEO:

<https://vimeo.com/thescanfoundation/stories-of-a-movement?ts=3655000>



Elisa

“

You can say I'm happy, but of course I'm thinking of my family. And there's a time that when I'm alone, especially when I'm in the bathroom, so I've been staying there for like tears coming down... I'm trying to forget it. Forget, get away... If I have an anger, it'll be bulging my vein here. I know if I am having high blood [pressure], the veins here are bulging... [I'm] trying to get rid of the pain, helping my self as nobody will help you. You're alone. It's hard to call somebody to help you, for somebody had to pay, right?”

— Elisa, Older Adult, San Francisco County

ABOUT:

Elisa, or Tita Ellie, is a matriarch at Curry Senior Center. She came to San Francisco from the Philippines in 1989 during the time of martial law, but has lived alone since her husband passed away over 20 years ago. Her five children still live in the Philippines, and have asked her to move back—but she says that as her health begins to reflect her age, moving back would mean sacrificing the quality of health care in the US—as simple as having the option to dial in 911. According to Elisa, in the Philippines, in the case of a hospitalization, one could perish while waiting in traffic, or in the ER waiting room. She continues to live alone in the US, but finds community at Curry Senior Center. She and her peers meet every Wednesday for the garden club, where they fill the room with laughter, plant cuttings, and soil.

INSIGHT 7B

Strengthening family caregiving

Whether approached as a labor of love, obligation, or lack of choice, caregiving for a family member requires immense dedication. With a cultural departure from multigenerational homes, the prevalence of complex health challenges, and shortage of support for independent living and in-home care: the requirements of family caregiving have become a near-impossible load to carry alone. Our individualistic society makes family caregiving a fragile, if not unrealistic model. However, communal and collective forms of support offer an antidote. As people cultivate their own chosen family and sense of community, or participate in a local village model—they put down the myth of self-sufficiency, and choose interdependence as the way forward.

“



We have to come together now. And what it puts on the family, you know what I mean? The loved ones of the person that's going through it, like we have to make sacrifices and we have to make changes, you know? ...

He is very self-sufficient. We just don't ever know what's gonna happen. So it's like we reached out to this DayOut [Adult Day Health Care Center] program for somewhere for him to go to be social 'cause he's just here at home. So I just think these places and having resources like that just takes a whole weight [off]. And off for him too—it's not just us, it's him, you know? He has to get out.”

— Claire, Daughter and Family Caregiver, Imperial County



She's outliving everybody... But I just started noticing that so many women end up taking care of their husbands, in the end. So my mom had to take care of [her husband] as independent and active as he was, you know, at some point in his late nineties, he had to be taken care of and she did it, and I think he lived a lot longer.

If they hadn't gotten married, he probably would've been in nursing home. And I think she helped his life be extended for quite a few years.”

— Beatriz, Daughter of Teresa, San Diego County



I have a brother who's single, he's 75 years old. And he lives by himself... He became very sick. And he wasn't able to take care of himself... I just kicked it into gear ... it was like a full-time job... I retired last year. And I just didn't feel like I retired because I was so involved with my brother... To tell you the truth, I'm burnt out, you know. I just want to do something for myself, and to breathe, and to enjoy life in a way.”

— Older Adult, Sister and Family Caregiver, San Diego County



Virginia and Mary

“

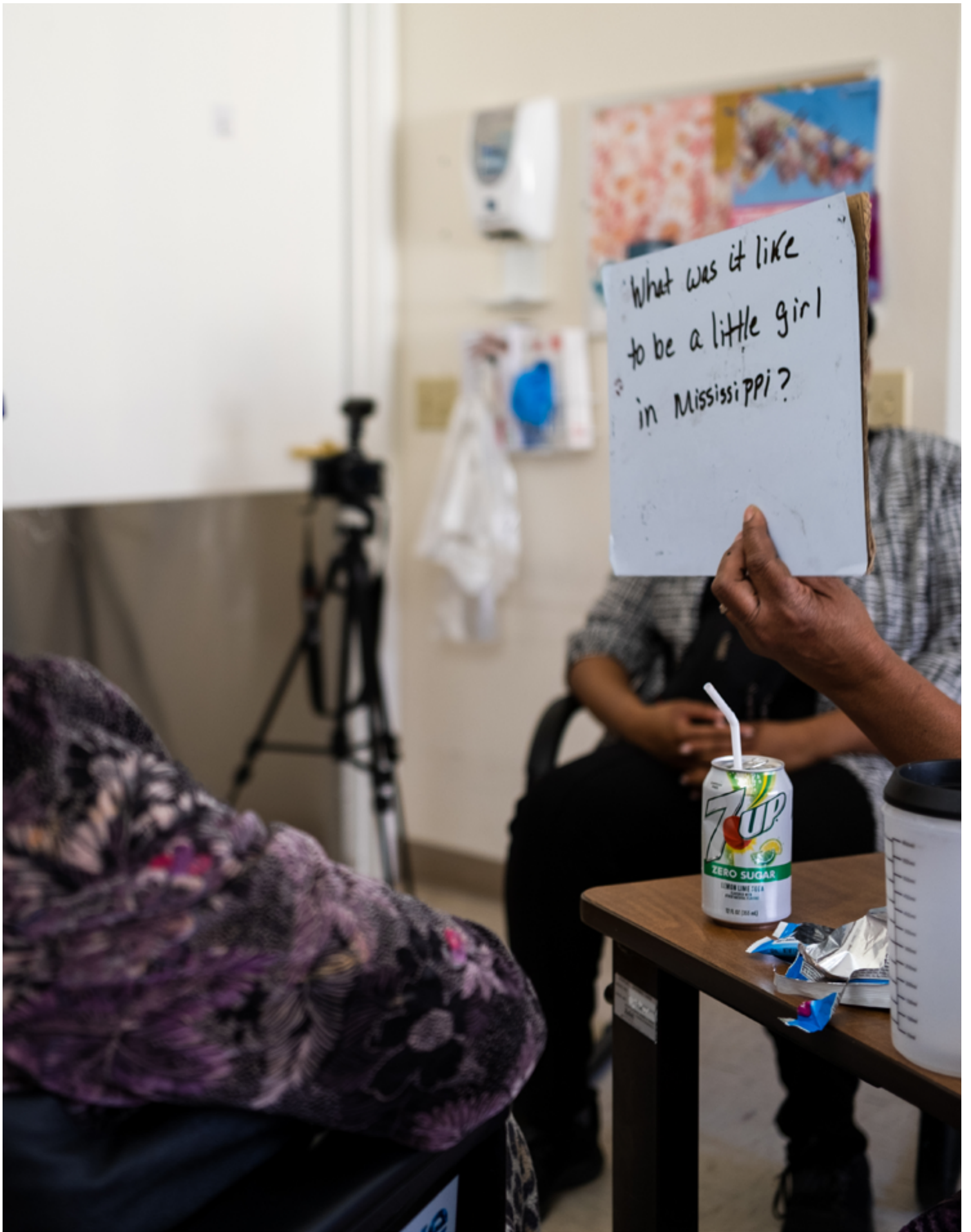
I didn't have time to not be okay... It's like I just went through the motions of doing what I have to do to get myself going. And it didn't matter if my body was racked with pain. If she's laying on the floor, I gotta help get her off the floor, and. If she needed something in the middle of the night, it was like, okay, it's like taking care of an infant all over again.

I had to push through it, and it took a lot more out of me than I even realized, and I was exhausted, totally exhausted. I couldn't even look at things that I couldn't even see straight because of my sight had got so blurry, because I was just so exhausted most of the time. But that sense of responsibility was there and I couldn't allow myself to let that go and realize, 'Hey, you need a break.'”

— Virginia, Family Caregiver & Service Provider, Disability Action Center Shasta County

ABOUT:

Virginia is a caregiver in many forms of the word: a family caregiver to her mother, who recently moved into a nursing home; a mother who at times worked four jobs to raise her children; a former professional caregiver at a nursing home; and a current team member at the Disability Action Center in Redding.



Honor elderhood as a source of connection across generations past, present, and future



INSIGHT 8A

Strengthening intergenerational connections

In a society that frames and reduces getting older to a set of needs and challenges, aging can increasingly be equated with being a burden. Instead, shifting the paradigm around aging and honoring elderhood can serve as a source of invaluable connection across generations. The highest rates of social isolation are found among older adults; and loneliness is on the rise among young adults, with 79% of people aged 18 to 24 reporting feeling lonely.¹ Intergenerational connection offers a profound mutual opportunity to strengthen a sense of belonging and social connection.

The loss of an elder represents not only the loss of a loved one, but the loss of the wisdom and connections they held with past generations— of ancestors, of homelands, of culture. Furthermore, a disconnection with identity, culture, and generational history can endanger health in mind, body, and spirit regardless of age. Shifting the paradigm around aging and cultivating spaces for intergenerational connection can facilitate the exchange of wisdom, respect, and worth for all involved.

¹ The Cigna Group, [*The Loneliness Epidemic Persists: A Post-Pandemic Look at the State of Loneliness among U.S. Adults*](#), 2021.

“



You know, I worked at a nursing home in Illinois for seven years before I came back out here. And I was blown away by the fact that they don't have college students coming in interviewing these older folks. Because what I'm thinking is do you realize how much wealth up here, these people have? And it's going right in the ground. If you would just take a little bit of time and give these people a little bit of nourishment and give them a little bit of love... It's really sad that so many young folks that you know, they're all hooked up into this technology, right? And that's gonna get them the answer. But the reality is that all those older folks that are in the nursing home have a wealth of information that you should be getting before they're gone.”

— Melissa, Older Adult, San Diego County



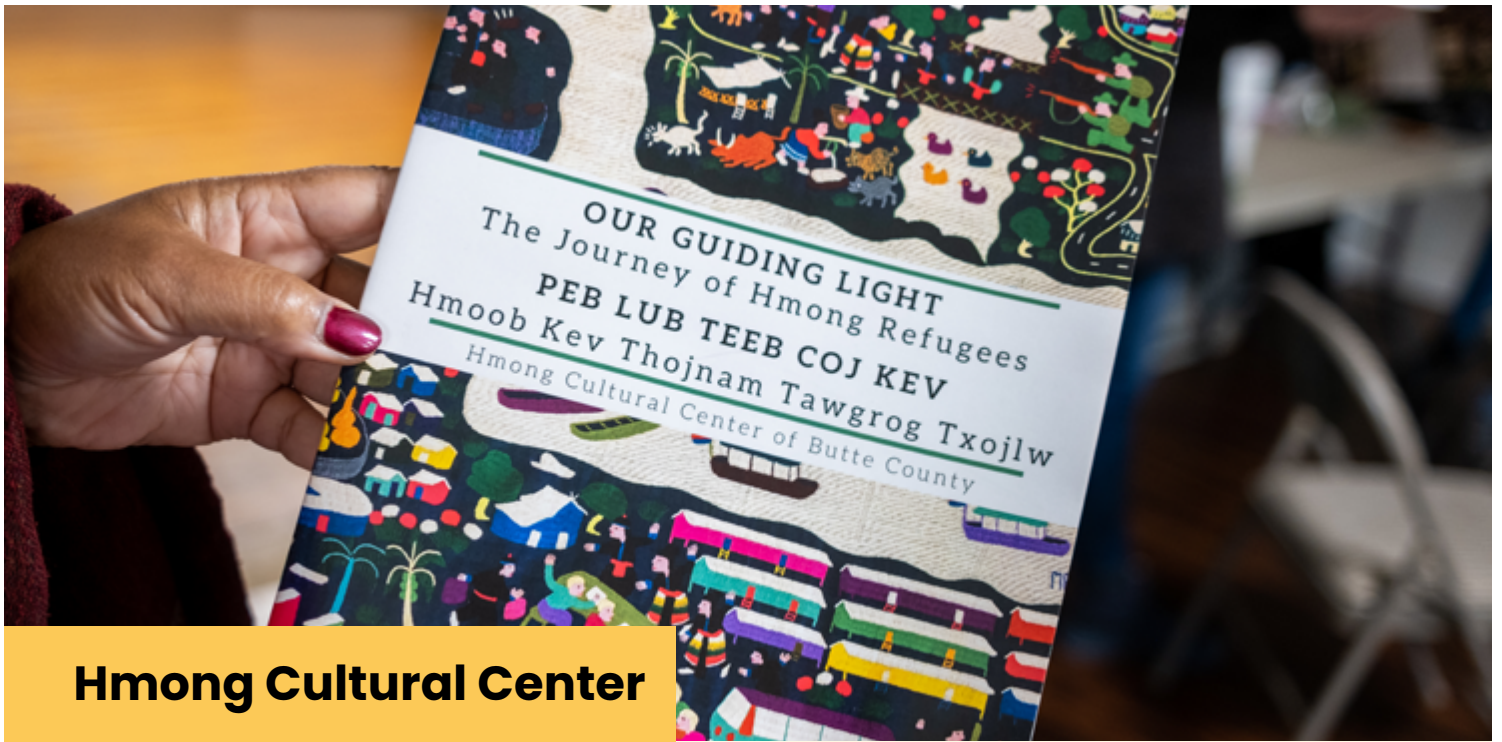
Remember how you would have multi-generational households? It doesn't happen anymore, except certain cultures. Certain cultures still do it, but not the white Americans... The Hmong they definitely are, the Native American [communities] definitely still do, but your general white population, they've forgotten that... And when these seniors come in here and they're saying that they need help, I'm like, don't you have kids? 'Well, yeah, but they're doing their own thing'... To me, family should always be there for family, no matter what.”

— Wendy, Program Manager, Disability Action Center, Shasta County



In our community, the people that are elders and getting older are a lot of social activists and people that were on the front lines and making sure that we had our rights given to us, people that were fierce and fighting for making sure that we were not forgotten, that we weren't just kicked aside and ignored. They were also the first generation that could actually say that they were native and not be afraid that they could legally be killed, where their kids taken away to a boarding school. It will be sad to see some of them go, but they're still here.”

— Vanessa, LCSW, Redding Rancheria Tribal Health Center, Shasta County



Hmong Cultural Center

“

The generation gap and understanding between the younger generation and the older generation... The kids were born in the United States, and [our] community doesn't have a system, a safe place... for the kids to learn our culture.”

— Seng, Director, Hmong Cultural Center, Butte County

ABOUT:

The mission of Hmong Cultural Center of Butte County (HCCBC) is to improve the lives of individuals and families through culturally sensitive education, advocacy, support, and services. As part of their work to preserve essential Hmong beliefs, culture, and history, they created a storytelling book called “Peb Lub Teeb Coj Kev — Hmoob Kev Thojnam Tawgrog Txojlw” (“Our Guiding Light — The Journey of Hmong Refugees”) that preserves individual and community stories and passes them through the generations. The storybook is organized across a range of topics including history and homelands, such as growing up during war and its impacts on present-day mental health; challenges with resettlement and adapting to new culture in the U.S., and overcoming adversity with love as ways to continue forward. The project was led by Hmong older adults and the Zoosiab Program (the “Happy” Program, focused on improving mental health needs of Hmong elders) of HCCBC in collaboration with the University of California, Berkeley Health Research for Action.



Vanessa

“

Our values teach us that we are supposed to care for our elders. For native people, we believe you should be taking care of your elders and making sure that they eat first...

When grandma and grandpa go, what's gonna happen to this family and how much are we gonna lose? There's going to be such a huge hole in this family. And we're going to lose our connection that we had, between them and... Everything they knew, everyone that they knew... In general, we're losing the connection with ourselves. And our own spirits, our sense of spirituality.”

— Vanessa, LCSW, Redding Rancheria Tribal Health Center, Shasta County

ABOUT:

Vanessa serves her community in a multitude of ways, particularly in behavioral health at the Redding Rancheria Tribal Health Center, which provides health services to the Native American community in Shasta County and Trinity County. Her work highlights the pivotal importance of identity and culture in one's health, regardless of age, and the cultural disconnection that many of her clients experience due to structural oppression, generational trauma, and shame. For Vanessa, honoring and taking care of elders is a fundamental value, a practice of respect and dignity. Her words remind us of the potential to heal the connection across generations past, present, and future.

VIDEO:

<https://vimeo.com/thescanfoundation/stories-of-a-movement?ts=4589000>



San Francisco Village

“

All over California and it's certainly true in San Francisco, people have come here from other places and they have left natural support networks behind inadvertently. We don't plan on that when we leave and we come out here, but we are a city of transplanted people... Whether that's immigration from another country or from another state... How do you rebuild that feeling of support and safety and belonging? ...

Trying to bring interdependence and reciprocity and mutuality back into people's awareness is challenging. What I love about young people is that this resonates with them... I think that a lot of younger people are longing to have elders in their lives. And I think that we are so disconnected from one another, because of the times we're living in. [And] these young people, they also came here from other places... Came for jobs, just like their elders did.”

— Kate, Executive Director, San Francisco Village, San Francisco County

ABOUT:

The San Francisco Village is an intergenerational, caring community model at the intersection of social care and health care. Executive Director Kate Hoepke reminds us that social care is critical for the wellbeing of older adults and their ability to age in place—having trusted relationships and people to call upon for support. Central to the model is the power of intergenerational connection and interdependence.

VIDEO:

<https://vimeo.com/thescanfoundation/stories-of-a-movement?ts=4374000>

CULTURES OF CARE

14 PRACTICES

SHARE

what you have
in order to be
cared for well

KNOW

what you
need to
be cared for
well

PROTECT

your care and
privacy from
abuse



TRUST

your

PRACTICE

with dignity
in ways that
are respectful

LISTEN

to your

KNOW

what you
need to
be cared for
well

KNOW

KNOW

**Emphasize
belonging as the
criteria for where,
how, and with
whom we age in
place**



INSIGHT 9A

Establishing belonging as the criteria for aging in place

To age in place is an aspiration that many older adults strive for, yet is rare to sustain. As such, enabling all older adults the choice to age in place is not only a shared goal across older adults, families, community organizations, and wider stakeholders—but a concrete indicator and hope for health equity in aging. In addition to medical and economic enablers toward aging in place, another essential aspect is a person’s connection to their life, their land, and their relationships—in essence, their belonging. For some, belonging looks like staying in their homes and finding care that can come to them, while other older adults would opt to move out of their homes—if it allowed them to live in community or with loved ones, where their culture, food, and language could be shared, celebrated, and preserved.

“



Everyone wants to live at home, that’s generally accepted. It’s not always attainable for people of color for many reasons. There’s a lack of cultural competence in service providers, distrust and a lack of community education, economic barriers.”

— Susan, Director of California Department of Aging



You asked me my dream... If I could get us both in a Daughters of the Revolution (DAR) home, or [another] organization that we could qualify through... That’d be great... Cause I know that this can’t go on forever.

I know what age I am. I’m not confused. And it wouldn’t be bad for me either, cause I haven’t had a little bit of extra help for me. I’m not being selfish, I’m just being realistic about the whole business of it... I’m not getting the medical care I need. I’m really not getting the medical care I need. I need to buckle down now, I’m taking care of a lot of people. It’s time for me to take care of me, the way I took care of them.”

— Ruth, Older Adult & Caregiver, Shasta County



Balvina

“

At the independent living center I could hardly wait to come home. And they're like 'oh you're going to be up there alone.' And I'm alone here!... All this money that I'm paying for nothing, I could be home and finding the help and paying for the help..

I like it out here, I walk when it's nice. The swallows come every year. They [make] eaves under here and that's where they make their mud nests... I'm Mexican, Native American. And that's what I cook too... I'm a country girl, I've always been a country girl. When I was at the independent living place, I was paying \$600 a month... The food was terrible... They make Mexican food and I go, this isn't Mexican food.”

— Balvina, Older Adult, San Diego County

ABOUT:

After Balvina's husband passed away three years ago, she fell into a depression, losing hair and losing weight, and was eventually hospitalized in San Diego with a stomach virus. Upon discharge, she entered an independent living facility, where she says "I could hardly wait to come home." People would tell her that she would be all alone if she lived at her home, but in her mind, she feels safer in her own home than she ever did at the facility.



Zoua

“

We are both a widow. We stay home that's pretty hard... I would like to see there is a senior house out there, a safe place for the senior to come together. At this time, our kids is pretty busy and they don't really have a time. So we as a senior stay home alone, pretty tough ...

[The nursing home] that's pretty difficult for us because of the language barrier, and also the cultural barriers and the food barrier as well... [my husband] is not speak the English... To the staff, they don't have communication... And you know, make it that my husband is weaker and weaker.”

— Zoua, Older Adult, Butte County

ABOUT:

Zoua is a mother, wife and community leader dedicated to upholding Hmong culture and her late husband's legacy as a Hmong Shaman. Zoua carries her husband's shamanic instruments, as the Hmong practice ancestor veneration, believing they are present and can aid the living. Zoua and her husband traversed eastern and western systems of health; they traced the origin of her Crohn's disease to the Yellow Rain of 1981 in Laos and he treated her as a shaman in tandem with her doctor's visits and prescriptions. Her husband transitioned in his final months of life in a nursing home where Hmong language, food, and other cultural norms were not commonplace or accepted. As Zoua ages herself, her wish is to have a place where Hmong elders can gather and feel safe. If Zoua's wish could be granted, she would leave her home to be in community with other Hmong elders seeking the same.

LANES OF CHANGE

Perception and Narrative Shift

- » Connections that foster intergenerational dialogue, support and community
- » Programs to pair college students with elders to learn from each other
- » Service projects that bring together younger generations and older adults
- » Older adults engaged in birthing and child-rearing activities
- » Housing and other community models that bring together young and older adults
- » University curricula and activities that integrate older adult communities

Spotlight on Current Initiatives:

- » Emeritus Programs: Many colleges throughout California offer Emeritus Programs. These programs are geared towards older adults and offer short courses and certificate programs for lifelong learning. These state-funded programs offer the opportunity for older adults to be intellectually stimulated, socially engaged and physically fit.
- » [Surgeon General's Advisory](#). The U.S. Surgeon General has released [an advisory on the healing effects of social connection and community](#). As stated in the advisory, it "calls attention to the importance of social connection for individual health as well as on community-wide metrics of health and well-being, and conversely the significant consequences when social connection is lacking."

Funding Mechanisms

- » Increase funding for current older adult day care programs at the state and local levels
- » Increased social gathering spaces for older adults that are safe, supportive and affirming
- » Blended funding opportunities

Spotlight on Current Initiatives:

- » Metta Fund: Through grantmaking and community partnerships, Metta Fund works to advance the health and wellbeing of older San Franciscans. One of their primary focus areas is around social connectedness. Towards that effort, Metta Fund supports San Francisco nonprofits to advocate for better data-gathering so senior service-providers across the City can more effectively connect older adults to programs in their community. They also provide organizations with the resources to pilot and evaluate new programs—such as helping older adults use technology to stay in touch with friends and family.

LANES OF CHANGE

Policy and
Legislation

- » Expanded view of caregiving that includes cultural and communal care so it can be funded
- » Pay for all respite and family caregivers
- » Revision of Social Security policy to prevent penalization for time spent out of the workplace and on unpaid caregiving

Spotlight on Current Initiatives:

- » National Strategy to Support Family Caregivers: Congress is expected to pass parts of that strategy into law this year, and AARP urges lawmakers to help family caregivers with financial and emotional challenges. This includes providing better access to respite care, along with paid leave and family caregiver tax credits and reimbursement programs. It includes nearly 350 tangible actions that the federal government can take now and more than 150 that can be adopted by stakeholders and other levels of government to give family caregivers the help they desperately need.
- » The California Department of Aging, as part of the Workforce for a Healthy California Initiative funded by more than \$1 billion from the 2022-23 state budget, has recognized 78 organizations across the state for funding, budgeting \$89 million to offer training and incentives for the direct care Home and Community-Based Services workforce and unpaid family and friend caregivers through the [CalGrows](#) program. CalGrows offers free career coaching, free training courses and incentive payments to those who qualify.
- » The recently passed [California State Bill 591](#) allows developers to build affordable housing for seniors and live side by side with youth transitioning out of foster care. This type of intergenerational housing wasn't feasible before SB 591 due to the way tax credits for senior housing were structured. Now, up to 20% of the units of an intergenerational housing development can be occupied by one caregiver or a transition-age youth.

Data and Technology

- » Accessible, relevant data that presents utility for diverse/ intersectional audiences
- » Better integration of trauma data (e.g., Adverse Childhood Experiences) into health and care plans for older adults
- » Use technology (e.g. web, phone) to create and enhance connections for social support, mutual aid, etc.

Spotlight on Current Initiatives:

- » [SeniorNet](#) is a nonprofit group dedicated to bridging the divide between older adults and technology. Their goal is to help older adults take advantage of new technology that can improve their quality of life, reduce isolation and engage in new and interesting ways. They believe the best way to do this is to connect older adults with each others and with both physical and online communities. In addition to hosting discussions and events, they have an interactive technical support forum and line.

Network and Movement Building

- » Connections with health initiatives across gender identities and LGBTQIA2S+ communities
- » Increased visibility and advocacy for caregivers

Spotlight on Current Initiatives:

- » [San Francisco Village](#) is a nonprofit membership organization that connects older San Franciscans to the community, resources and expertise they need to live independently in the places they call home. The community includes over 500 members over the age of 60, more than 200 multi-generational volunteers, a staff of six, a 12-member board of directors and hundreds of donors, supporters, workshop leaders and partners. They continue to partner with institutions like the San Francisco Department of Disability and Aging Services and Sutter Health, and local nonprofits like My Life My Stories and the San Francisco LGBTQ Center.
- » [Caring Across Generations](#) envisions a world where everyone can age with dignity and caregivers are respected and supported. To achieve that vision they push for innovative policies to make quality care more accessible and develop campaigns geared towards communities, activists, and elected officials. Their Care Can't Wait coalition brings together organizations, stakeholders, and advocates across the U.S. committed to building a comprehensive, 21st century care infrastructure.

— Closing

How are we connected in cultivating aging justice for all?

Over the course of this project: hundreds of people across California and nationwide have put their voices, perspectives, and expertise toward this question. The themes, opportunity areas, and lanes of change presented here are a collectively shaped answer to how we might transform the state of health equity in aging, so all older adults across California and nationwide can age with dignity.

Health from our first to final days, economic and environmental wellbeing, and culture of belonging and care: this is the ecosystem we need to ensure that all older adults experience a state of total wellbeing—thriving, not merely the absence of disease. These three themes, nine opportunity areas, and five lanes of change offer a roadmap to convene and collectively advance toward change.

We entered this conversation asking how health equity intersects with aging; how aging intersects with disability; how aging intersects with racial justice; how aging intersects with social justice; and how all our movements fit together, and can work together.

Indeed, universally: we are all connected with the experience of aging, and we are all impacted by manifestations of equity or inequity, and the systems and societal environment that brings them to bear. We all have a reason to care.

The wellbeing of older adults in our society offers us the deepest look in the mirror at the state of health equity, and equity at large. Aging justice, as a social justice framework, invites us into a collective conversation to explore and advance equity and justice for older adults past, present, and future as it relates to race, class, gender, age, ability, and other aspects entwined with oppression and liberation. Aging is a foundation for justice in and of itself.



SANSEVIERA
Prefers lower light
Allow soil to dry out

— Taking the next steps

Over the course of expert interviews, community research, and the 2023 United for Health Equity in Aging Summit, hundreds of people across California and nationwide have contributed to this ongoing work. And the conversation is not done: it continues.

In order to amplify and sustain continued collaboration across sectors and movements, The SCAN Foundation will continue to convene, coordinate, and invest in movement-level work through the following opportunities:

» **Participate in Equity Community Organizing (ECO) Groups**

Equity Community Organizing (ECO) groups are the next stage of investment in the [Advancing Health Equity Initiative](#), launched with a Request for Proposals (RFP) in fall 2023. ECO Groups are invited to identify and prioritize key drivers of health inequities based on their communities' experiences, to work together to codesign solutions addressing these inequities, and move from community engagement to ownership. ECO Groups are encouraged to use models of community organizing to collectively mobilize around issues and strategies to achieve their goals, with an emphasis on increasing the influence of groups historically underrepresented in policies and decisions that directly impact them.

ECO Groups should include a diverse and intergenerational representation of community members, bringing together many forms of expertise to increase access to justice for all. This may include representative(s) working on local [Master Plan for Aging](#) (MPA) activities, people with lived experience such as older adults, people with disabilities, and/or family caregivers, representatives from health plans and care delivery organizations, community-based organizations, elected officials and staff, government entities, faith based entities, retail clinics, local merchants, and others in their community.

ECO Groups are jointly supported by The SCAN Foundation and the California Health Care Foundation.

» **Engage in Harnessing Momentum**

The inaugural United for [Health Equity in Aging Summit](#) (July 2023) was the starting point for a multi-month effort to harness momentum among cross-sector leaders, community advocates, older adults, and philanthropy—in the aging and disability sectors, and racial equity and social justice movements. The Harnessing Momentum work provides advocates and leaders with virtual community building and networking opportunities to build upon shared learning, discussion, action plan development, and more. It will additionally cultivate opportunities for funders to support cross-sector partnerships.

Across storytelling workshops, webinars, roundtable series, and additional virtual engagement opportunities, participants are invited to traverse a range of topics such as elevating the drivers of health inequities in their own communities, envisioning how ideal systems can and should be built to center the needs of marginalized communities, and harnessing opportunities for greater health equity in California and nationwide.

» **Stay in Touch**

- **The Advancing Health Equity in Aging Initiative:** Visit the [Advancing Health Equity in Aging Initiative website](#) for latest updates.
- **The SCAN Foundation (TSF):** [Sign up for the newsletter](#) to stay in the know with news on transforming care for older adults.
- **California Health Care Foundation (CHCF):** Learn more about CHCF's [approach to health equity](#) and [sign up](#) to receive CHCF newsletters and publications.

All are invited to participate in this movement: because we all have a connection with aging, and we can all find our lane for affecting change. We thank the many people who have led this work, and continue to do this work, across many spheres, organizations, and communities.

— A final acknowledgment

How are we connected in cultivating aging justice for all?

If justice is love in action, then grief is the shadow of love. Grief and love—this is what fuels our movements, and reminds us of the people we are doing this work for. Aging is a foundation for justice in and of itself.

Throughout this process, we have heard many people express gratitude to our team for listening. We've continued to hear from the people about how they were reminded of the power of their own voice. They have reached into themselves and entrusted us with their stories, wrapped in hope, joy, and pain. And they have done so not for themselves, but for the greater good: because they know intimately the challenges and failures in aging and care today, and know that the system must change.

This continues to remind us of not only the power of listening, but of the responsibility that comes with it—to continue elevating and transforming peoples' stories into real, systemic change. Over 100 people have entrusted us with their stories, and they are now entrusted with you. These are the people we, and this movement, are accountable to.

We thank every person we met with for sharing their stories, as the seeds of cultivating aging justice for all.





— Supported by

This project is a collaboration produced by [The SCAN Foundation](#), [California Health Care Foundation](#), [Metta Fund](#), and [Greater Good Studio](#) as part of the [Advancing Health Equity in Aging Initiative](#). We thank our community partners who made the connections in this project possible: the [Imperial County Public Administrator and Area Agency on Aging](#), [Curry Senior Center](#), [Meals on Wheels San Diego County](#), and [Disability Action Center](#).



— Project Team

Greater Good Studio is a design firm dedicated to the social sector. We partner with organizations and communities to design human-centered solutions and build capacity for social innovation.



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